

(English Version)



FORM NO. 7/8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

CERTIFICATE OF BIRTH

Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and rules of Odisha
Births and Deaths, Rule 2001.



This is to certify that the following information has been taken from the original record of birth which is in the
Register for **TALCHER MUNICIPALITY** of District **ANGUL** of State of **ODISHA** of Tahasil **TALCHER**

Date of Birth **29/03/2017**

Permanent Address **PAIK SAHI W.NO-3, TALCHER**

Sex **FEMALE**

TOWN, TALCHER, ANGUL, ODISHA, INDIA

Name **DEEPALI DEBATA**

Name of Father **DEEPAK DEBATA**

Place of Birth **PAIK SAHI W.NO-3, TALCHER,**

Name of Mother **MITA DEBATA**

ANGUL

Date Of Registration **01/04/2017**

Registration No. **739/2017**



Date :

28/06/2017

REGISTRAR

SIGNATURE & DEATHS
Talcher Municipality Authority
Registrar

Births & Deaths

TALCHER MUNICIPALITY