(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

TALCHER MUNICIPALITY

OFFICE OF THE REGISTRAR BIRTHS & DEATHS 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 Tahasil....TALCHER.....

of District.....ANGUL.....of State of.....ODISHA.....

Date of Birth.....30/12/2014.....

Sex.....FEMALE.....

Name.....PRANGYASHREE DAS.....

Name of Father.....PARSURAM DAS.....

Name of Mother.....RINKI DAS.....

Date Of Registration.....31/12/2014.....

Permanent Address.....NAKEIPASHI, DANARA,

COLLIERY, ANGUL, ODISHA, INDIA.....

.....

Place of Birth.....SANJIBANI CLINIC, TALCHER.....

.....

Registration No.....2390/2014.....

9.3.15

Signature of Issuing Authority

Registrar

Births & Deaths

TALCHER MUNICIPALITY

REGISTRAR BIRTHS & DEATHS Talcher Municipality

Date 23/02/2015