(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ORISSA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
ANGUL MUNICIPALITY

CERTIFICATE OF BIRTH

Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and rules of Orissa 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 .....ANGUL MUNICIPALITY..... of Tahasil....ANGUL.....
of District.....ANGUL.....of State of.....ORISSA.....

Date of Birth.....12/05/2010.....

Permanent Address.....DANARA,DERA,COLLIERY.....

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

Name.....SUBHASHREE THAMBA.....

Place of Birth.....CHANDAN NURSHING HOME.....

Name of Father.....ANANDA CHANDRA THAMBA.....

Registration No.....948/2010.....

Name of Mother.....SWAGATIKA THAMBA.....

Date Of Registration.....04/12/2010.....

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

Date : 6-12-10

11/10