

(English Version)



FORM NO-7/8

ISSUE NO : 7470/2020



GOVERNMENT OF ODISHA
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 Odisha
Births and Deaths, Rule 2001*

This is to certify that following information has been taken from the original records of birth which is in the
register for **Angul Municipality** of Tahasil **ANGUL**
of District **ANGUL** of State **ODISHA**

Date of Birth.....06/06/2020.....

Permanent Address.....SANDA, PARAJANG,.....

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

DHENKANAL, ODISHA, INDIA, 759019.....

Name..AESHA MAHAPATRA.....

Name of Father..SASADHAR MAHAPATRA.....

Place of Birth.....SURENDRA HOSPITAL, ANGUL.....

Name of Mother..ANIMARANI MISHRA.....

Date Of Registration.....16/06/2020.....

Registration No.....3617/2020.....



Signature valid

Digitally signed by BINOD
CHANDRA PANDA
Date: 2020.06.16 15:02:04
IST
Reason: Birth Application
Location: ANGUL

MR BINOD CHANDRA PANDA
Issuing Authority
Registrar, Births & Deaths
ANGUL MUNICIPALITY

Date :09/09/2020

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued as per section 4,5&6 of Information Technology Act 2000 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.ulbodisha.gov.in>. Tampering of this certificate will attract penal action.