

(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: 2020.09.09 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.