

(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 Tahasil TALCHER  
of District ANGUL of State of ODISHA

Date of Birth 09/02/2019

Sex FEMALE

Name ALISHA PRUSTY

Name of Father AMIT KUMAR PRUSTY

Name of Mother LAXMIPRIYA SAHU

Date Of Registration 20/02/2019

Permanent Address DEULABEDA TELI SAHI,

HANDIDHUA, COLLIERY TALCHER, ANGUL,

ODISHA, INDIA

Place of Birth SUBDIVISIONAL HOSPITAL,

TALCHER

Registration No. 185/2019



Signature valid

Digitally signed by ATASI  
PARIDA  
Date: 2019.03.11 16:09:55  
IST  
Reason: Birth Application  
Location: TALCHER

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, please visit <https://www.ulbodisha.gov.in>. Tampering of this certificate  
will attract penal action.

Date :

11/03/2019

Signature of Issuing Authority  
Registrar  
Births & Deaths  
TALCHER MUNICIPALITY