

(English Version)



FORM NO-7/8

ISSUE NO : 365/2021

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 following information has been taken from the original records of birth which is in the register for Talcher Municipality of Tahasil TALCHER of District ANGUL of State ODISHA

Date of Birth.....15/08/2008

Sex.....FEMALE

Name.....SRADHARANI GARANAYAK

Name of Father.....SANTOSH KUMAR GARANAYAK

Name of Mother.....SUSANTI GARANAYAK

Date Of Registration.....26/08/2008

Permanent Address.....GAHAM, GAHAM, SAMAL

BARRAGE, ANGUL, ODISHA, INDIA

Place of Birth.....SUBDIVISIONAL HOSPITAL,
TALCHER

Registration No.....1224/2008



Signature valid

Digitally signed by
RASHMIREKHA AAMANTA
Date: 2021.03.02 15:24:51
IST
Reason: Birth Application
Location: TALCHER

MISS RASHMIREKHA AAMANTA

Issuing Authority

Registrar, Births & Deaths

TALCHER MUNICIPALITY

Date :02/03/2021

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.