Schedule XXX–Form No.7

FORM No. 7

(*See* Rule 8)

BIRTH CERTIFICATE

(Issued under Section 17)

This is to certify that the following information has been taken from the original record of birth, which is the register for (local areas) THE YEAR 2014 OF GODIBANDHA C.H.C. TALCHER of Tahasil

of District ANGUL. of State of Orissa.

Name Sesha Priya Sahoo.

Sex Female

Date of Birth 13-04-2014.

Place of Birth Krishna Clinic.

Name of Father Mithun Kumar Sahoo

Name of Mother Sandhyarani Sahoo.

Permanent Address of parents At. Natidi. P.O. Danara. P.S. Vikramapur. Dist. Angul (ODISHA)

Registration No. 833.

Date of Registration 24.04.2014.

Date 30-04-2015

Signature of Issuing Authority
Registar Births & Deaths
Godibandha C.H.C.
Dist. :- Angul

Seal

30/4/15

OGP (Forms) DTP--165--8,00,000--11-11-2010