

(English Version)



FORM NO-7/8

ISSUE NO : 1813/2020

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.....13/10/2019.....

Permanent Address.....SULEIPAL, GANDAMALA,.....

Sex.....MALE.....

RENGALI DAM SITE, ANGUL, ODISHA, INDIA.....

Name.....CHIRAK RANJAN GARANAYAK.....

Name of Father.....BIJAY KUMAR GARANAYAK.....

Place of Birth.....CHANDAN NURSHING HOME, ANGUL.....

Name of Mother.....SUNITA GARANAYAK.....

Date Of Registration.....19/10/2019.....

Registration No.....6327/2019.....



Signature valid

Digitally signed by BINOD  
CHANDRA PANDA  
DN: cn=BINOD CHANDRA PANDA,  
o=ANGUL MUNICIPALITY,  
ou=REGISTRATION, email=binod.chandra.panda@angul.nic.in,  
c=IN  
Reason: I am Application  
Location: ANGUL

MR BINOD CHANDRA PANDA  
ISSUING AUTHORITY  
Registrar, Births & Deaths  
ANGUL MUNICIPALITY

Date : 10/02/2020

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.