(English Version)

FORM NO.- 7 / 8

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 the following information has been taken from the original record of birth which is in the register for **Angul Municipality** of Tahasil **ANGUL** of District **ANGUL** of State of **ODISHA**

Date of Birth **28/09/2018**

Sex **MALE**

Name **LOKESH MAHAKHUDA**

Name of Father SHISHIR KUMAR MAHAKHUDA

Name of Mother ARCHANA MAHAKHUDA

Date Of Registration **12/10/2018**

Permanent Address BEDAPADA, HINDOL, DHENKANAL, ODISHA, INDIA

Place of Birth DHH ANGUL, ANGUL

Registration No **5928/2018**

Signature valid
Digitally signed by SUBHENDU KUMAR JENA
Date: 2018.12.[illegible] 22:20:05 IST
Reason: Birth Application
Location: ANGUL

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 : 25/12/2018

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

12/17