

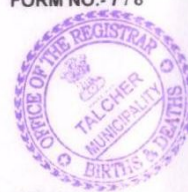
(English Version)



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 07/10/2015

Permanent Address SIARIMALIA, SANDA

Sex FEMALE

PARJANG, DHENKANAL, ODISHA, INDIA

Name SULAGNA SAHU

Name of Father SAROJA KUMAR SAHU

Place of Birth JENA AND JENA NURSINGHOME,

Name of Mother SUNITA SAHU

TALCHER

Date Of Registration 10/10/2015

Registration No. 1740/2015

Date :
25/03/2016

31.3.16
Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY