

(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 05/12/2017

Permanent Address LODHANI, PARJANGA,

Sex FEMALE

DHENKANAL, ODISHA, INDIA

Name DURGAMAYEE SAHOO

Name of Father TITAN SAHOO

Place of Birth DHH ANGUL, ANGUL

Name of Mother MINA SAHOO

Date Of Registration 23/12/2017

Registration No. 7849/2017



Signature valid

Digitally signed by  
PRAFULLA KUMAR SAHU  
Date: 2018.01.03 17:41:59  
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 : 08/01/2018

Signature of Issuing Authority  
Registrar  
Births & Deaths  
ANGUL MUNICIPALITY