

(English Version)

2847

29.08.2022



FORM NO-7/8

ISSUE NO : 3237/2022

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Dhenkanal 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 **Dhenkanal Municipality** of Tahasil **DHENKANAL**
of District **DHENKANAL** of State **ODISHA**

Date of Birth.....10/12/2009.....

Permanent Address.....AMALAPADA ROAD, TALCHER.....

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

TOWN, TALCHER, ANGUL, ODISHA, INDIA.....

Name.....SAYANTAN SWATAHSIDDHA SAHOO.....

Name of Father.....SANATAN SAHOO.....

Place of Birth.....SANJIBANI NURSING HOME,.....

Name of Mother.....MINATI DAS.....

DHENKANAL.....

Date Of Registration.....16/12/2009.....

Registration No.....4967/2009.....



Signature valid

Digitally signed by DR JYOTISH
CHANDRA MOHAPATRA
Date: 2022.08.29 16:41:55
IST
Reason: Birth Application
Location: DHENKANAL

DR JYOTISH CHANDRA MOHAPATRA
Issuing Authority
Registrar, Births & Deaths
DHENKANAL MUNICIPALITY

Date :29/03/2022

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.birthdeathodisha.gov.in>. Tampering of this certificate will attract penal action.