

(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 **12/05/2018**

Sex **MALE**

Name **RITESH KUMAR SETHI**

Name of Father **LABA SETHI**

Name of Mother **SABITA SETHI**

Date Of Registration **22/05/2018**

Permanent Address **GHANTAPADA, GHANTAPADA,**
COLLIERY, ANGUL, ODISHA, INDIA

Place of Birth **SUBDIVISIONAL HOSPITAL,**
TALCHER

Registration No **643/2018**



Signature valid

Digitally signed by ATASI
PARIDA
Date: 2018.07.24 13:15:56
IST
Reason: Birth Application
Location: TALCHER

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

24/07/2018

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY