

(English Version)



FORM NO-7/8

ISSUE NO : 3505/2022

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

Date of Birth.....26/05/2016.....

Permanent Address.....RAKAS, TALCHER, ANGUL,.....

Sex.....FEMALE.....

ODISHA, INDIA, 759103.....

Name.....LAXMIPRIYA NAIK.....

Name of Father.....PRAKASH NAIK.....

Place of Birth.....DHH ANGUL, ANGUL.....

Name of Mother.....SANDHYARANI NAIK.....

Date Of Registration.....13/06/2016.....

Registration No.....4196/2016.....



Signature valid

Digitally signed by GIRIJA
SANKAR MALLICK
Date: 2022.03.22 16:41:20
IST
Reason: Birth Certificate
Location: ANGUL

MR GIRIJA SANKAR MALLICK

Issuing Authority

Registrar, Births & Deaths
ANGUL MUNICIPALITY

Date :22/03/2022

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