(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
ANGUL MUNICIPALITY

CERTIFICATE OF BIRTH

Issued under section 12(1) 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 24/12/2016

Sex FEMALE

Name JAGYASENI BEHERA

Name of Father TARANI BEHERA

Name of Mother PINKY BEHERA

Date Of Registration 05/01/2017

Permanent Address KALANDA, HINDOL, DHENKANAL, DHENKANAL, ODISHA, INDIA

Place of Birth KALYANI NURSHING HOME, ANGUL

Registration No. 85/2017

14/12/2017

Date :

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY