

(English Version)



FORM NO. -7/8

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
BHUBANESWAR MUNICIPAL CORPORATION

2659
NO. PH/VS, dt. 5/2/14



Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and rules of Odisha Births and Deaths, Rule 2001.

CERTIFICATE OF BIRTH

This is to certify that the following information has been taken from the original record of birth which is in the register for **BHUBANESWAR MUNICIPAL CORPORATION** of Tahasil **BHUBANESWAR**

of District **KHURDA** of State of **ODISHA**

Date of Birth **29/03/2013**

Permanent Address **AT-BAGHAMUNDA**

Sex **FEMALE**

PO-K.N.PATANA, VIA-KAKATPUR, PURI

Name **SUBHASHREE SAHOO**

ODISHA, INDIA

Name of Father **ALEKHA SAHOO**

Place of Birth ANNAPURNA MEMORIAL HOSPITAL,

Name of Mother **USHARANI SAHOO**

BHUBANESWAR

Date Of Registration **03/04/2013**

Registration No. **5850/2013**

Signature of Issuing Authority

Registrar

Births & Deaths

BHUBANESWAR MUNICIPAL CORPORATION

Date

15/12/2013