(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

TALCHER 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 TALCHER MUNICIPALITY of Tahasil TALCHER of District ANGUL of State of ODISHA

Date of Birth 07/09/2014

Sex FEMALE

Name S NANDINI

Name of Father K. SANTOSH

Name of Mother BANITA BEHERA

Date Of Registration 19/09/2014

Permanent Address GURUDWAR, SOUTH BALANDA, BIKRAMPUR, ANGUL, ODISHA, INDIA

Place of Birth SUBDIVISIONAL HOSPITAL, TALCHER

Registration No 1840/2014

22.8.16

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date : 20/08/2016