(English Version)

FORM NO.- 7 / 8

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 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 10/01/2017

Sex FEMALE

Name BAVISHA SAHOO

Name of Father SIBA SAHOO

Name of Mother MAMALI SAHOO

Date Of Registration 30/01/2017

Permanent Address MEENABAZAR, VIKRAMPUR, ANGUL, ODISHA, INDIA

Place of Birth DHH ANGUL, ANGUL

Registration No 613/2017

Signature valid
Digitally signed by PRAFULLA KUMAR SAHU
Date: 2018.05.31 11:34:49 IST
Reason: Birth Application
Location: ANGUL

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

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 : 31/05/2018

12/17