(English Version) FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

SEAL TALCHER MUNICIPALITY BIRTHS & DEATHS

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

TALCHER MUNICIPALITY

Date of Birth 20/03/2012 Permanent Address BAGHAMARA GHANTAPADA

Sex FEMALE COLLIERY ANGUL ODISHA

Name SHWETALIN SAHOO

Name of Father RAJ KISHORE SAHOO Place of Birth JENA AND JENA NURSINGHOME

Name of Mother JAYANTI SAHOO TALCHER

Date Of Registration 26/03/2012 Registration No. 609/2012

4.7.12

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date : 06/07/2012