

(English Version)



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Angul Municipality

FORM NO-7/8

ISSUE NO : 3124/2021

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 following information has been taken from the original records of birth which is in the
register for **Angul Municipality** of Tahasil **ANGUL**
of District **ANGUL** of State **ODISHA**

Date of Birth..... **17/02/2021**

Sex..... **FEMALE**

Name..... **LAVANYA BEHERA**

Name of Father..... **AJAY KUMAR BEHERA**

Name of Mother..... **MONALISA SAHOO**

Date Of Registration..... **25/02/2021**

Permanent Address..... **KARNAPUR, BIKRAMPUR,**

ANGUL, ODISHA, INDIA

Place of Birth..... **CHANDAN NURSHING HOME, ANGUL**

Registration No..... **1350/2021**



Signature valid

Digitally signed by GIRIJA
SANKAR MALLICK
Date: 2021.04.24 08:42:09
IST
Reason: BM Application
Location: ANGUL

MR GIRIJA SANKAR MALLICK
Issuing Authority
Registrar, Births & Deaths
ANGUL MUNICIPALITY

Date : 24/04/2021

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued as per section 45&6 of Information Technology Act 2000 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.athodisha.gov.in>. Tampering of this certificate will attract penal action.