



# GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE  
TALCHER 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 **TALCHER MUNICIPALITY** of Tahasil **TALCHER**

of District **ANGUL** of State of **ODISHA**

Date of Birth **26/05/2013**

Permanent Address **EKADAL PADMABATI PUR**

Sex **MALE**

**TALCHER, ANGUL, ODISHA, INDIA**

Name **SOYAMSHREE BISWAL**

Name of Father **BISHNU CHARAN BISWAL**

Place of Birth **SUBDIVISIONAL HOSPITAL**

Name of Mother **BINODINI PRADHAN**

**TALCHER**

Date Of Registration **29/05/2013**

Registration No **902/2013**

Signature of Issuing Authority  
Registrar

Births & Deaths

**TALCHER MUNICIPALITY**

Date : **22-07-2013**