

(English Version)

FORM NO-7/8



**GOVERNMENT OF ODISHA**  
**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**Vyasanagar 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 following information has been taken from the original records of birth which is in the register for **Vyasanagar Municipality** of Tahasil **VYASANAGAR** of District **JAJPUR** of State **ODISHA**

Date of Birth..... **05/07/2018**

Permanent Address..... **GANDAGARA, KENDUAPADA,**

Sex..... **MALE**

**BHADRAK, BHADRAK, ODISHA, INDIA**

Name..... **SATYAM SETHI**

Name of Father..... **RAMESH CHANDRA SETHI**

Place of Birth..... **LAXMI HOSPITAL, VYASANAGAR**

Name of Mother..... **PRATIMA SETHI**

Date Of Registration..... **06/07/2018**

Registration No..... **1603/2018**



Signature valid

Digitally signed by MOHAN  
CHARAN JENA  
Date: 2018.10.26 13:15:15  
IST  
Reason: Birth Application  
Location: VYASANAGAR

Signature of Issuing Authority  
**Registrar Birth & Death**  
**cum E.O. Vyasanagar**  
**Municipality Jaipur Road**

**Date :26/10/2018**

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued under section 4,5&6 of Information Technology Act 2000 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.ulbodisha.gov.in>. Tampering of this certificate will attract penal action.