(English Version)

FORM NO.- 7 / 8

# GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

TALCHER MUNICIPALITY

OFFICE OF THE REGISTRAR TALCHER MUNICIPALITY BIRTHS & DEATHS

# CERTIFICATE OF BIRTH

*Issued under Section 12(1) 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 08/07/2015

Sex FEMALE

Name MADHUSMITA SAHOO

Name of Father SATYANADA SAHOO

Name of Mother LIJARANI SAHOO

Date Of Registration 23/07/2015

Permanent Address KANDHABERENI, PADMABATIPUR, TALCHER, ANGUL, ODISHA, INDIA

Place of Birth SUBDIVISIONAL HOSPITAL, TALCHER

Registration No 1192/2015

1.12.15

REGISTRAR

Signature of Issuing Authority

BIRTHS & DEATHS

Talcher Municipality

Births & Deaths

TALCHER MUNICIPALITY

Date : 23/11/2015