

(English Version)



FORM NO.-7/8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY



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,

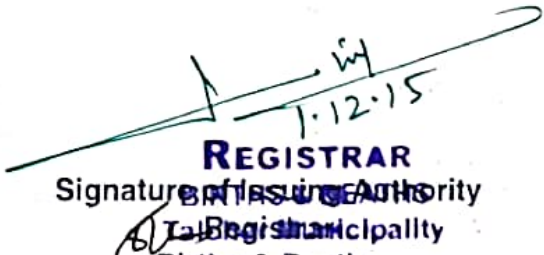
INDIA

Place of Birth SUBDIVISIONAL HOSPITAL,

TALCHER

Registration No 1192/2015

Date : 23/11/2015


REGISTRAR
Signature of Issuing Authority
Talcher Municipality
Births & Deaths
TALCHER MUNICIPALITY

