(English Version) FORM NO.- 7 / 8

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 27/11/2013

Sex FEMALE

Name AEISURYA NAIK

Name of Father PRAKASH NAIK

Name of Mother SUJATA NAIK

Date Of Registration 30/11/2013

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

Place of Birth SUBDIVISIONAL HOSPITAL, TALCHER

Registration No 2076/2013

12.2.14.

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date :