(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
ANGUL 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 ANGUL MUNICIPALITY of Tahasil ANGUL of District ANGUL of State of ODISHA

Date of Birth 10/03/2014 Permanent Address LAKEIPASI, DANARA, TALCHAR, ANGUL, ODISHA, INDIA

Sex MALE

Name RITESH DAS

Name of Father RAJENDRA DAS Place of Birth CHANDAN NURSHING HOME, ANGUL

Name of Mother MANDAKINI DAS

Date Of Registration 22/03/2014 Registration No. 1894/2014

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

Date : 28/5/14