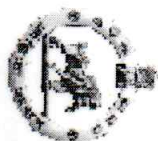
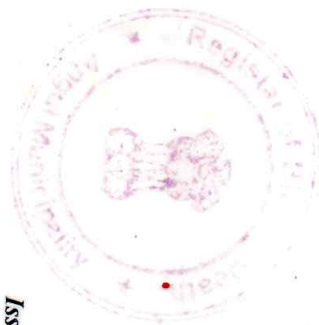


(English Version)

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 following information has been taken from the original records of birth which is in the register for **Angul Municipality** of Tahasil **ANGUL** of District **ANGUL** of State **ODISHA**

Date of Birth.....	09/11/2018	Permanent Address.....	GOBARA, VIKRAMPUR, ANGUL,
Sex.....	MALE	ODISHA, INDIA
Name.....	ARMAN SAHOO	
Name of Father.....	AMIT KUMAR SAHOO	Place of Birth.....	DHH ANGUL, ANGUL
Name of Mother.....	ANANYA SAHOO	
Date Of Registration.....	28/11/2018	Registration No.....	6861/2018



Signature valid

Digitally signed by
SUBHENDU KUMAR JENA
Date: 2019.07.23 12:20:02
IST
Reason: BMD Application
Location: ANGUL

MR SUBHENDU KUMAR JENA
Issuing Authority
Registrar, Births & Deaths
ANGUL MUNICIPALITY

Date : 25/03/2019

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued as per section 4.5&6 of Information Technology Act 2000 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.ahodisha.gov.in>. Tampering of this certificate will attract penal action.