Schedule XXX--Form No. 7

FORM NO. 7

(See Rule 8)

BIRTH CERTIFICATE

(Issued Under Section 17)

This is to certify that the following information has been taken from the original record of birth, which is the register for (local areas)

THE YEAR 2015 OF GODIBANDHA C.H.C TALCHER of Tahsil

of District ANGUL. of State of Orissa.

Name Krishnananda Sahoo.

Sex male.

Date of Birth 17.06.2015.

Place of Birth N.S.C. Hospital

Name of Father Sasen Kumar Sahoo.

Name of Mother Renky Sahoo.

Permanent Address of parents ~~At~~. Bagheimara. PO Ghantapada. PS Colliery Dist - Angul.

Registration No. 1292 (ODISHA)

Date of Registration 01.07.2015.

Date 08.10.2015

Signature of Issuing Authority
Register Births & Deaths
Godibandha C.H.C.
Dist. - Angul
Seal

8/10/15

8/10/2015

OGP(FORMS) DTP--172--8,00,000-14-10-2011