glish Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

OFFICE OF THE REGISTRAR TALCHER MUNICIPALITY BIRTHS & DEATHS

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 09/08/2015

Sex FEMALE

Name SRUSTI RANI NAIK

Name of Father GOUTAM NAIK

Name of Mother SUMATI NAIK

Date Of Registration 14/08/2015

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

Place of Birth SUBDIVISIONAL HOSPITAL, TALCHER

Registration No 1389/2015

13.1.16

REGISTRAR
BIRTHS & DEATHS
Talcher Municipality

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date :
11/01/2016