

OFFICE OF THE
REGISTRAR OF BIRTHS &
DEATHS & HEALTH OFFICER
DHENKANAL MUNICIPALITY
No. 1819 P.H.V.S. D. 28-08-16



FORM No. - 7/8

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
DHENKANAL 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 **DHENKANAL MUNICIPALITY** of Tahasil **DHENKANAL**
of District **DHENKANAL** of State of **ODISHA**

Date of Birth..... **13/08/2015**

Sex..... **MALE**

Name..... **HRITIK RANJAN SAHOO**

Name of Father..... **CHITTARANJAN SAHOO**

Name of Mother..... **SUBHASHREE SAHOO**

Date Of Registration..... **14/08/2015**

Permanent Address..... **REMILAN TALCHER, TALCHER**

..... **ANGUL, ODISHA, INDIA**

Place of Birth..... **DIST HQR HOSPITAL, DHENKANAL**

Registration No..... **5197/2015**

Signature of Issuing Authority
Registrar of Births & Deaths
Health Officer
DHENKANAL MUNICIPALITY