

(English Version)



FORM NO-7/8

ISSUE NO : 1418/2021

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Talcher 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 **Talcher Municipality** of Tahasil **TALCHER**
of District **ANGUL** of State **ODISHA**

Date of Birth.....**28/07/2020**

Permanent Address.....**MAHABIROD, MAHABIROD,**

Sex.....**FEMALE**

PARJANG, DHENKANAL, ODISHA, INDIA

Name.....**MANASWINI ROUL**

Name of Father.....**MANAS ROUL**

Place of Birth.....**MCNALISA NURSING HOME AND**

Name of Mother.....**PUJALINI BEHERA**

RESEARCH CENTRE, TALCHER

Date Of Registration.....**30/07/2020**

Registration No.....**817/2020**



Signature valid

Digitally signed by
RASHMIREKHA AAMANTA
Date: 2021.10.15 15:26:08
IST
Reason: Birth Application
Location: TALCHER

MISS RASHMIREKHA AAMANTA
Issuing Authority
Registrar, Births & Deaths
TALCHER MUNICIPALITY

Date :**27/10/2021**

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.tbodisha.gov.in>. Tampering of this certificate will attract penal action.