(English Version)

FORM NO. 7/8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

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 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 07/08/2012

Sex FEMALE

Name ALESKA SAHOO

Name of Father PRAVAT SAHOO

Name of Mother ARATI SAHOO

Date Of Registration 13/08/2012

Permanent Address NEW BALANDA HANDIDHUA COLLIERY ANGUL ODISHA INDIA

Place of Birth JENA AND JENA NURSINGHOME TALCHER

Registration No 1547/2012

3.12.13

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date : 03.12.2013