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 2010 OF GODIBANDHA C.H.C TALCHER.
of Tahsil.....
of District ANGUL. of State of Orissa.

Name Somalen Pradhan.

Sex female

Date of Birth 08.03.2010.

Place of Birth N.S.C. Hospital.

Name of Father Adikanda Pradhan.

Name of Mother Sandhya Pradhan.

Permanent Address of parents At. Heldi. PO. Padmabatipur P.S. Talcher. Dist - Angul.

Registration No. 386. (ODISHA)

Date of Registration 20.03.2010.

Date 31.12.2015.

Signature of Issuing Authority
Registrar Birth & Death
Godibandha C.H.C.
Dist - Angul
Seal

31/12/15

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