

(English Version)



GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
ANGUL MUNICIPALITY

FORM NO.-7/8

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 **Angul Municipality** of Tahasil **ANGUL** of State of **ODISHA**

Date of Birth..... **12/06/2018** Permanent Address **GOBARA, BIKRAMPUR, ANGUL,**
Sex..... **MALE** **ODISHA, INDIA**
Name..... **CHIRANJEEB BEHERA**
Name of Father..... **BALARAM BEHERA**
Name of Mother..... **ANITA BEHERA**
Date Of Registration..... **30/06/2018** Registration No..... **3697/2018**



Signature valid

Digitally signed by
SUBHANU K. JENA
Date: 2018.07.21 07:52
IST
Reason: I am the Applicant
Location: ANGUL

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

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 2008 and its subsequent amendments in 2008. For any query, please visit <http://www.ubbodisha.gov.in>. Tampering of this certificate will attract penal action.

Date : **26/10/2018**