(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

OFFICE OF THE REGISTRAR BIRTHS & DEATHS 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 03/03/2014

Sex MALE

Name SHASHANKA SEKHAR ROUT

Name of Father SUBHENDHU SEKHAR ROUT

Name of Mother TAPASWANI ROUT

Date Of Registration 11/03/2014

Permanent Address AT-SANAJORADA, PO-KARNAPUR, PS-BIKARAMPUR, ANGUL, ODISHA, INDIA

Place of Birth SANJIBANI CLINIC, TALCHER

Registration No 319/2014

18.12.14

REGISTRAR BIRTHS & DEATHS Talcher Municipality

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date : 15/12/2014