

Schedule XXX

No.....



FORM NO-7



Government Of Odisha
Department Of Health And Family Welfare

(Name of the local body issuing authority) KOSALA CHC

BIRTH CERTIFICATE

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and 8/13 of the Odisha Registration of Births and Deaths, Rule 2001)

This is to certify that the following information has been taken from the original records of birth, which is the register for (local area/local body)
KOSALA CHC of Tahsil CHHENDIPADA of District ANGUL of State ODISHA

Name.....**DEBASISH BHUTIA**.....

Sex.....**MALE**.....

Date of Birth.....**08/07/2015**.....

Place of Birth.....**CHENDIPADA CHC, KOSALA**.....

Name of Mother.....**KUMARI BHUTIA**.....

Name of Father.....**BHAJAMAN BHUTIA**.....

Permanent Address of Parents

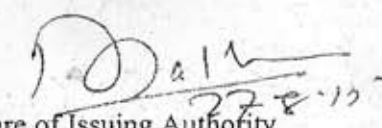
Registration No.....**1387/2015**.....

BAHALASAH, CHHENDIPADA,

Date Of Registration.....**13/07/2015**.....

ANGUL, ODISHA, INDIA

Date of Issue.....**25/08/2015**.....


Signature of Issuing Authority

Registrar, Births & Deaths

KOSALA CHC

"Ensure registration of every birth and death"