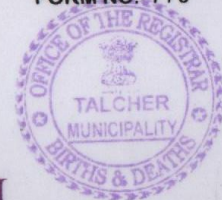


(English Version)



FORM NO. 7/8



GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
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 22/04/2016

Permanent Address KANDHABERINI

Sex FEMALE

PADMABATIPUR, TALCHER, ANGUL, ODISHA,

Name SHITAL SAHOO

INDIA

Name of Father DAYANIDHI SAHOO

Place of Birth JENA AND JENA NURSINGHOME,

Name of Mother REENA MOHAPATRA

TALCHER

Date Of Registration 30/04/2016

Registration No. 712/2016

Date : 28/07/2016

5.8.16
REGISTRAR
Signature of Issuing Authority
Talcher Municipality
Registrar
Births & Deaths
TALCHER MUNICIPALITY