(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

OFFICE OF THE REGISTRAR TALCHER MUNICIPALITY BIRTHS & DEATHS

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

Sex FEMALE

Name SHITAL SAHOO

Name of Father DAYANIDHI SAHOO

Name of Mother REENA MOHAPATRA

Date Of Registration 30/04/2016

Permanent Address KANDHABERINI, PADMABATIPUR, TALCHER, ANGUL, ODISHA, INDIA

Place of Birth JENA AND JENA NURSINGHOME, TALCHER

Registration No 712/2016

5.8.16

REGISTRAR
BIRTHS & DEATHS
Talcher Municipality

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date : 28/07/2016