

(English Version)



FORM NO-7/8

ISSUE NO : 1598/2019

**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 following information has been taken from the original records of birth which is in the register for **Talcher Municipality** of Tahasil **TALCHER** of District **ANGUL** of State **ODISHA**

Date of Birth..... **11/02/2019** ..... Permanent Address..... **RODHASAR, GHANTAPADA,** .....  
Sex..... **FEMALE** ..... **COLLIERY, ANGUL, ODISHA, INDIA** .....  
Name..... **ARADHYA PRIYADARSINI SAHOO** .....  
Name of Father..... **SAGAR SAHOO** ..... Place of Birth..... **SANJIBANI CLINIC, TALCHER** .....  
Name of Mother..... **RIMA SAHOO** .....  
Date Of Registration..... **15/02/2019** ..... Registration No..... **163/2019** .....



Signature valid

Digitally signed by: ATASI  
PARIDA  
Date: 2019.12.23 10:35:56  
IST  
Reason: Birth Application  
Location: TALCHER

**MRS ATASI PARIDA**

Issuing Authority

Registrar, Births & Deaths  
**TALCHER MUNICIPALITY**

Date :13/12/2019

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 2000 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.ulbodisha.gov.in>. Tampering of this certificate will attract penal action.