

(English Version)



FORM NO-7/8

ISSUE NO : 3454/2021

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Angul 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 **Angul Municipality** of Tahasil **ANGUL**
of District **ANGUL** of State **ODISHA**

Date of Birth..... **07/03/2016**

Permanent Address..... **NEW ANANTA BERAN, KUIO,**

Sex..... **FEMALE**

ANGUL, ODISHA, INDIA

Name..... **GUNGUN PRIYADARSHINI**

Name of Father..... **BIGAN BEHERA**

Place of Birth..... **KALYANI NURSHING HOME, ANGUL**

Name of Mother..... **NIRUPAMA NAYAK**

Date Of Registration..... **14/03/2016**

Registration No..... **1883/2016**



Signature valid

Digitally signed by GIRIJA
SANKAR MALLICK
Date: 2021.05.03 13:02:57
IST
Reason: Birth Application
Location: ANGUL

MR GIRIJA SANKAR MALLICK
Issuing Authority
Registrar, Births & Deaths
ANGUL MUNICIPALITY

Date :03/05/2021

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.