

(English Version)



FORM NO-7/8

ISSUE NO : 28270/2021

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Bhubaneswar Municipal Corporation

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 **Bhubaneswar Municipal Corporation** of Tahasil **BHUBANESWAR** of District **KHORDHA** of State **ODISHA**

Date of Birth.....**19/11/2020**.....

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

Name.....**SWASTIK SHRIYAN SAAD**.....

Name of Father.....**KAMLESH SAD**.....

Name of Mother.....**KRISHNA PRIYADARSINI**.....

Date Of Registration.....**23/11/2020**.....

Permanent Address.....**SAIKHEDA KHURD,**.....

PO-MASOD,, TEH-MULTAI, BETUL, MADHYA.....

PRADESH, INDIA.....

Place of Birth.....**AMRI HOSPITAL, BHUBANESWAR**.....

Registration No.....**21744/2020**.....



Date :27/09/2021

DR BASANTA KUMAR MISHRA
Issuing Authority
Registrar, Births & Deaths
BHUBANESWAR MUNICIPAL CORPORATION

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.