

(English Version)



FORM NO-7/8

ISSUE NO : 4921/2021

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..... **21/06/2021**

Permanent Address..... **HATATOTA TALCHER,**

Sex..... **MALE**

TALCHER, TALCHER TOWN, ANGUL, ODISHA,

Name..... **SAI KRISHNA KUMAR**

INDIA

Name of Father..... **MANAS RANJAN KUMAR**

Place of Birth..... **ARETE CARE HOSPITAL, ANGUL**

Name of Mother..... **LIPIKA CHAND**

Date Of Registration..... **28/06/2021**

Registration No..... **4251/2021**



Signature valid

Digitally signed by: GIRIJA
SANKAR MALLICK
Date: 2021.07.27 17:26:56
IST
Reason: Birth Application
Location: ANGUL

MR GIRIJA SANKAR MALLICK

Issuing Authority

Registrar, Births & Deaths
ANGUL MUNICIPALITY

Date :27/07/2021

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.



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