

English Version



FORVING

ISSUE NO. 2140/2020

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Angul Municipality

CERTIFICATE OF BIRTH

*Issued under Section 12(1) 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..... 06/12/2019

Sex..... FEMALE

Name..... SAKSHI SOMALEEN BEHERA

Name of Father..... JITENDRA BEHERA

Name of Mother..... SASMITA BEHERA

Date Of Registration..... 26/12/2019

Permanent Address..... LINGARAKATA, CHAINPAL

TALCHER, ANGUL, ODISHA, INDIA, 759104

Place of Birth..... DHH ANGUL, ANGUL

Registration No..... 8002/2019



Signature valid

Digitally signed by BINOD
CHANDRA PANDA
Date: 2020.02.17 15:44:05
IST
Reason: Birth Application
Location: ANGUL

MR BINOD CHANDRA PANDA
Issuing Authority
Registrar, Births & Deaths
ANGUL MUNICIPALITY

Date :17/02/2020

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 2008 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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