(English Version)

FORM NO-7/8

ISSUE NO : 1454/2021

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..... **02/08/2021**

Sex..... **MALE**

Name **ARYAN SAMAL**

Name of Father **SUBUN SAMAL**

Name of Mother **MONIKA MONALISA DAS**

Date Of Registration..... **09/08/2021**

Permanent Address..... **SANTHAPADA, SANTHAPADA, TALCHER, ANGUL, ODISHA, INDIA**

Place of Birth..... **SANJIBANI CLINIC, TALCHER**

Registration No..... **826/2021**

Signature valid

Digitally signed by RASHMIREKHA AAMANTA
Date: 2021.11.01 17:02:08 IST
Reason: Birth Application
Location: TALCHER

MISS RASHMIREKHA AAMANTA
Issuing Authority
Registrar, Births & Deaths
TALCHER MUNICIPALITY

Date :01/11/2021

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.