

(English Version)



FORM NO-7/8

ISSUE NO : 618/2020

**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..... **29/04/2020** ..... Permanent Address..... **SANTHAPADA, SANTHAPADA,**  
**TALCHER, ANGUL, ODISHA, INDIA**  
Sex..... **MALE** .....  
Name..... **HEYANSH MOHANTY** .....  
Name of Father..... **AUROVIND MOHANTY** ..... Place of Birth..... **SANJIBANI CLINIC, TALCHER**  
Name of Mother..... **PADMALAYA SINGH** .....  
Date Of Registration..... **04/05/2020** ..... Registration No..... **441/2020**



Signature valid

Digitally signed by ATASI  
PARIDA  
Date: 2020.06.18 12:17:32  
IST  
Reason: Birth Application  
Location: TALCHER

**MRS ATASI PARIDA**

Issuing Authority

Registrar, Births & Deaths

**TALCHER MUNICIPALITY**

Date :18/06/2020

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 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.