

(English Version)



FORM NO-7/8

**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..... **25/10/2019**

Permanent Address..... **BALHAR, TALCHER TOWN,**

Sex..... **FEMALE**

**TALCHER, ANGUL, ODISHA, INDIA**

Name **SAI SUBHASHREE KUANAR**

Name of Father **SANJEEB KUMAR KUANAR**

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

Name of Mother **NARAYANI PATTANAYAK**

Date Of Registration..... **31/10/2019**

Registration No..... **1214/2019**



Signature valid

Digitally signed by ATASI  
PARIDA  
Date: 2019.11.21 16:11:26  
IST  
Reason: Birth Application  
Location: TALCHER

**MRS ATASI PARIDA**  
Issuing Authority  
Registrar, Births & Deaths  
**TALCHER MUNICIPALITY**

**Date :21/11/2019**

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.