

(English Version)



FORM NO-7/8

ISSUE NO : 10094/2021



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.....19/04/2021..... Permanent Address.....SARANG, PARJANG,.....  
Sex.....MALE..... DHENKANAL, ODISHA, INDIA.....  
Name.....SOUBICK MAJHI.....  
Name of Father.....SANJEEB KUMAR MAJHI..... Place of Birth.....DHH ANGUL, ANGUL.....  
Name of Mother.....DIPTIMAYEE JENA.....  
Date Of Registration.....06/05/2021..... Registration No.....3079/2021.....



Signature valid

Digitally signed by GIRIJA  
SANKAR MALLICK  
Date: 2021.12.10 15:31:27  
IST  
Reason: Birth Application  
Location: ANGUL

MR GIRIJA SANKAR MALLICK  
Issuing Authority  
Registrar, Births & Deaths  
ANGUL MUNICIPALITY

Date :10/12/2021

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.