

(English Version)



FORM NO-7/8

ISSUE NO : 4/2021

**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.....09/11/2020

Permanent Address.....BANARAPAL, BANARPAL,

Sex.....MALE

BANARPAL, ANGUL, ODISHA, INDIA

Name.....DANISH MOHAPATRA

Name of Father.....PRADEEP MOHAPATRA

Place of Birth.....SUBDIVISIONAL HOSPITAL,

Name of Mother.....MANORAMA MOHAPATRA

TALCHER

Date Of Registration.....18/11/2020

Registration No.....1265/2020



Signature valid

Digitally signed by  
RASHMIREKHA AAMANTA  
Date: 2021.01.01 16:46:03  
IST  
Reason: Blank Application  
Location: TALCHER

MISS RASHMIREKHA AAMANTA

Issuing Authority

Registrar, Births & Deaths

TALCHER MUNICIPALITY

Date :01/01/2021

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.