(English Version)

FORM NO. - 7 / 8

REGISTRAR OF BIRTHS & DEATHS BHUBANESWAR MUNICIPAL CORPORATION CITY HEALTH OFFICER

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
BHUBANESWAR MUNICIPAL CORPORATION
CERTIFICATE OF BIRTH

NO. 36131 PH/VS
dt. 20/11/17

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 the following information has been taken from the original record of birth which is in the register for Bhubaneswar Municipal Corporation of Tahasil BHUBANESWAR of District KHORDHA of State of ODISHA

Date of Birth 08/08/2017

Sex MALE

Name SHREYAAN KOUL

Name of Father AMIT KOUL

Name of Mother SRISHA CHOWDHURY

Date Of Registration 12/08/2017

Permanent Address AT-C-201 SKYLINE HOUSING SOCIETY, SHANKAR KALATNAGAR WAKAD PUNE, PUNE, MAHARASHTRA, INDIA

Place of Birth SUM HOSPITAL, BHUBANESWAR

Registration No 15359/2017

Signature valid
Digitally signed by Dr CHANDRIKA PRASAD DAS
Date: 2017.11.20 15:49:39 IST
Reason: Birth Application
Location: BHUBANESWAR

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, please visit https://www.ulbodisha.gov.in. Tampering of this certificate will [illegible] legal action.

Date 20/11/2017

Signature of Issuing Authority
Registrar
Births & Deaths
BHUBANESWAR MUNICIPAL CORPORATION

"File No.:-018251 0086 2024
Uploaded on dt:- 25-10-2024
At http://www.homeodisha.gov.in
>Branch>Passport>Certificate>Year"

AUTHENTICATED

25/10/2024

GOVERNMENT OF ODISHA * HOME DEPTT. *

Dr. Santosh Bala
Special Secretary
Home Department
Govt. of Odisha
Bhubaneswar (INDIA)