

(English Version)



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Angul Municipality

FORM NO-7/8

ISSUE NO : 7126/2021

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.....29/06/2015.....

Permanent Address.....PLOT NO.113,KOLOTHIA,.....

Sex.....MALE.....

NEAR MANGALA TEMPLE AIGINIA,.....

Name.....NAVYM JAIN.....

BHUBANESWAR, KHORDHA, ODISHA, INDIA,.....

Name of Father.....SHASANK KUMAR JAIN.....

Place of Birth.....SURENDRA HOSPITAL, ANGUL.....

Name of Mother.....RESHMI JAIN.....

Date Of Registration.....02/07/2015.....

Registration No.....4071/2015.....



Signature valid

Digitally signed by GIRIJA
SANKAR MALLICK
Date: 2021.09.29 12:26:21
IST
Reason: Birth Application
Location: ANGUL

MR GIRIJA SANKAR MALLICK

Issuing Authority

Registrar, Births & Deaths
ANGUL MUNICIPALITY

Date :29/09/2021

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.

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At <http://www.homeodisha.gov.in>

> Branch > Passport > Certificate > Year

AUTHENTICATED

[Signature]
28/10/2021



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