Schedule XXX--Form No. 7

FORM NO. 7

(See Rule 8 *)*

BIRTH CERTIFICATE

(Issued Under Section 17)

This is to certify that the following information has been taken from the original record of birth, which is the register for (local areas)

2011 HEALTH OFFICER SAMBALPUR MUNICIPALITY ..... of Tahsil... SAMBALPUR .....

of District... SAMBALPUR .....of State of Orissa.

Name..... Aadya Agrawal ..... Name of Mother..... Reena Agrawal .....

Sex..... Female ..... Permanent Address of parents..... Guru Nanak Complex Po. Baraipali Dist-Sambalpur

Date of Birth..... 24-12-2011 .....

Place of Birth..... Astha N. Home. Sambalpur Registration No..... 9509 .....

Name of Father..... Bijkash Agrawal Date of Registration..... 31-12-11 .....

Date..... 07-03-12 .....

Signature of Issuing Authority

Registrar of Births & Death
& Health Officer
Sambalpur Municipality

Seal

OGP (Forms) DTP--228--8,00,000-10-12-2009

File No.:-018251 0099 2021
Uploaded on dt:- 30-10-2021
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>Branch>Passport>Certificate>Year

AUTHENTICATED

29/10/2021

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

GOVERNMENT OF ODISHA
HOME DEPT.