(English Version)

FORM NO. -7/8

9452

9 | 05 | 2012

GOVERNMENT OF ORISSA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

BHUBANESWAR MUNICIPAL CORPORATION

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 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.....**KHURDA**.....of State of.....**ODISHA**.....

Date of Birth.....02/08/2011.....

Sex.....FEMALE.....

Name..**ANISHA SINHA**.....

Name of Father..MANI KANT MANI.....

Name of Mother..PRAJNA MONALISA SATPATHY

Date Of Registration.....02/08/2011.....

Permanent Address...FLAT NO - C2, TRIMURTI APARTMENT, ROAD NO - 1A, HARMU,, RANCHI, JHARKHAND

Place of Birth...KAR CLINIC AND HOSPITAL PVT LTD, BHUBANESWAR

Registration No.....13263/2011

Signature of Issuing Authority

Registrar

Births & Deaths

BHUBANESWAR MUNICIPAL CORPORATION

Registrar Births & Deaths
Bhubaneswar Municipal Corporation

Date **08/05/2012**

"File No.:-018251 00352022
Uploaded on dt. 28-02-2022
At http://www.homeodisha.gov.in
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AUTHENTICATED

28/2/2022

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

GOVERNMENT OF ODISHA
HOME DEPTT.