

(English Version)



FORM NO-7/8

ISSUE NO : 3982/2020

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Berhampur 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 following information has been taken from the original records of birth which is in the
register for **Berhampur Municipal Corporation** of Tahasil **BERHAMPUR**
of District **GANJAM** of State **ODISHA**



Date of Birth..... **01/02/2020**

Sex..... **MALE**

Name..... **ANEEK TRIPATHY**

Name of Father..... **TIRTHANKARA TRIPATHY**

Name of Mother..... **PRANGYA TRIPATHY**

Date Of Registration..... **15/02/2020**

Permanent Address..... **GOUTAM NAGAR 12TH LANE,**

SADAR THANA, BERHAMPUR, GANJAM, ODISHA,

INDIA

Place of Birth..... **CHRISTIAN HOSPITAL, BERHAMPUR**

Registration No..... **2963/2020**



Signature valid

Digitally signed by: MANAS
RANJAN PANDA
Date: 2020.02.15 08:15:30
IST
Reason: Birth Application
Location: BERHAMPUR

DR MANAS RANJAN PANDA
Issuing Authority
Registrar, Births & Deaths
BERHAMPUR MUNICIPAL CORPORATION

Date :25/02/2020

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.

"File No.: -018251...01272022
Uploaded on dt: 20-08-2022
At <http://www.homeodisha.gov.in>
>Branch>Passport>Certificate>Year"

AUTHENTICATED

[Signature]
19/8/2022



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