

(English Version)

FORM NO.-7/8



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
PARADEEP MUNICIPALITY
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 **PARADEEP MUNICIPALITY** of Tahasil **KUJANG** of District **JAGATSINGHPUR** of State of **ODISHA**.

Date of Birth **03/02/2016** Permanent Address **TELUKUNCHI DOOR NO-1/437,**
Sex **FEMALE** **KOTTA STREET, ICHHAPURAM, SRIKAKULAM,**
Name **CHALLA NANDINI REDDY** **ANDHRA PRADESH, INDIA**
Name of Father **CHALLA RAJU REDDY** **Place of Birth QTR NO-MB/50, MADHUBAN,**
Name of Mother **CHALLA DAMAYANTI REDDY** **PARADEEP JAGATSINGHPUR**
Date Of Registration **17/03/2017** Registration No **372/2017**



Date :

30/3/17
Registrar Birth & Death,
Signature of Issuing Authority
Register
EX-1011001111
PARADEEP MUNICIPALITY