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**GOVERNMENT OF ODISHA**  
**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**BHUBANESWAR MUNICIPAL CORPORATION**

**CERTIFICATE OF BIRTH**

*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 **25/08/2012** Permanent Address **AT:BADANUAPATANA,**

Sex **FEMALE** **PO: BANAMALIPUR, PS: BALIPATNA, KHURDA,**

Name **PADMINI SARATHI MANIK** **ODISHA, INDIA**

Name of Father **KAILASH CHANDRA MANIK** Place of Birth **BMC HOSPITAL, BHUBANESWAR**

Name of Mother **RANJITA MANIK**

Date Of Registration **03/09/2012** Registration No **18000/2012**

Signature valid

Digitally signed by **SADAS CHANDRAN KASAD**  
Date: 2013.09.05 17:47:13  
IST  
Reason: BMC Application  
Location: BHUBANESWAR

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, please visit <https://www.ubodisha.gov.in>. Tampering of this certificate will attract penal action.

Date **05/09/2013**

**Signature of Issuing Authority**  
**Registrar**  
**Births & Deaths**  
**BHUBANESWAR MUNICIPAL CORPORATION**