



FORM NO. -7/8

20503

NO.....PH/VS,dt. 16/9/13

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

Issued under section 12(1) 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 possession of **BHUBANESWAR MUNICIPAL CORPORATION** of Tahasil **BHUBANESWAR** of District **KHURDA** of State of **ODISHA**

Date of Birth **30/10/2007**

Permanent Address **AT-MAHURA,**

Sex **MALE**

**PO-RETANGA,PS-KHANDAGIRI, KHURDA,**

Name **SIBANSU SEKHAR PARIDA**

**ODISHA, INDIA**

Name of Father **SUSIL KUMAR PARIDA**

Place of Birth **ANNAPURNA MEMORIAL HOSPITAL,**

Name of Mother **SURAJITA PARIDA**

**BHUBANESWAR**

Date Of Registration **07/11/2007**

Registration No **16614/2007**

Date **16/07/2013**

Signature of Issuing Authority  
Registrar  
Births & Deaths  
BHUBANESWAR MUNICIPAL CORPORATION