

(English Version)

FORM NO. -7/8



GOVERNMENT OF ORISSA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
BHUBANESWAR MUNICIPAL CORPORATION

CERTIFICATE OF BIRTH

6645
15/4/2010

Issued under section 12/13 of the Registration of Births and Deaths Act, 1969 and rules of Orissa
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.....**ORISSA**.....

Date of Birth..... 18/02/2010
Sex..... FEMALE
Name..... **SNEHA KAITY**
Name of Father..... **AMIYA KAITY**
Name of Mother..... **BABLY KAITY**
Date Of Registration..... 10/03/2010
Permanent Address..... PLOT NO-886, KAPILA
..... PRASAD, JOGESWAR PATNA, OLD TOWN,
..... **BHUBANESWAR KHURDA ORISSA**
Place of Birth.....
..... **ANNAPURNA MEMORIAL HOSPITAL**
Registration No..... 3617/2010

Date 18.03.
Sneha Kaity

Signature of Issuing Authority
Registrar
Births & Deaths
BHUBANESWAR MUNICIPAL CORPORATION

6645
15/4/2010