



FORM NO.-7

GOVERNMENT OF ODISHADEPARTMENT OF HEALTH AND FAMILY WELFARE
CUTTACK 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 the following information has been taken from the original record of birth which is in the
register for **CUTTACK MUNICIPAL CORPORATION** of Tahasil **CUTTACK SADAR**
of District **CUTTACK** of State of **ODISHA**

Date of Birth..... 16/06/2011

Sex..... MALE

Name **OM PRAKASH DAS**Name of Father **SUBASH DAS**Name of Mother **SUSANTI DAS**

Date Of Registration..... 21/06/2011

Permanent Address **AT-KANIA(MATHA SAHI)****PO-BALIKUDA, JAGATSINGHPUR, ODISHA**Place of Birth **THE CHILD N HOME, CUTTACK**

Registration No..... 10409/2011

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

Date : 22/09/2012