



FORM No. 7

(See Rule 8)

GOVERNMENT OF ODISHA  
DEPARTMENT OF HEALTH AND FAMILY WELFARE  
RAIRANGPUR 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 **RAIRANGPUR Municipal Council**

of Tahasil **RAIRANGPUR**  
of District **MAYURBHANJ** of State of **ODISHA**

Date of Birth **19/03/2018**

Sex **MALE**

Name **SAUNA SHIBA MAJHI**

Name of Father **ABHIRAM MAJHI**

Name of Mother **MINATI MAJHI**

Date Of Registration **28/03/2018**

Permanent Address **AT- NEUTI, PO- BHALUBASA,**

**PS- RAIRANGPUR, MAYURBHANJ, ODISHA,**

**INDIA**

Place of Birth **SUB DIVISIONAL HOSPITAL,**

**RAIRANGPUR**

Registration No. **7691/2018**



Signature valid

Digitally signed by **RAIRANGPUR**

proceeding with the

Date: **28/03/2018**

Time: **15:43:48**

IST

Reason: **RAIRANGPUR**

Location: **RAIRANGPUR**

Signature of Issuing Authority

Seal

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 2008 and its subsequent amendments in 2008. For any query, please visit <https://www.albodisha.gov.in>. Tampering of this certificate will attract penal action.

Date **24/07/2020**