GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
BHAWANIPATNA MUNICIPALITY

CERTIFICATE OF BIRTH

This is to certify that the following information has been taken from the original record of birth which is in the register for Bhawanipatna Municipal Council of Tahasil BHAWANIPATNA of District KALAHANDI of State of ODISHA.

Date of Birth..................... 05/07/1980
Sex............................... MALE
Name............................. MANORANJAN NAIK
Name of Father.................. BHAIRAB NAIK
Name of Mother............... SAKUNTALA NAIK
Date Of Registration........... 24/12/2019

Permanent Address.................. AT - GOSAL PADA
PO/PS-BHAWANIPATNA, KALAHANDI, ODISHA.
INDIA
Place of Birth................... AT - GOSAL PADA, PO/PS - BHAWANIPATNA, KALAHANDI
Registration No................. 7584/2019

Signature valid
Digitally signed by
BISWANATH BHRA
Date: 2019-12-26 18:13:01
IST
Reason: Electronic Signature
Location: BHAWANIPATNA

Date :.............................. 27/12/2019

Signature of Issuing Authority
Registrar
Birth & Death
BHAWANIPATNA MUNICIPALITY
AUTHENTICATED

Dr. Santosh Bai
Special Secretary
Home Department
Govt. of Odisha
Bhubaneswar (INDIA)