



FORM No. 7

(See Rule 8)

BIRTH CERTIFICATE

(Issued Under Section 17)

This is to certify that the following information has been taken from the original record of birth, which is the register for (local areas). U.G.P.H.C. Biswanathpur of Tahsil Lanjigash of District Kalahandi of State of Orissa.

Name Mamata majhi

Name of Mother Smt. Uja majhi

Sex Female

Permanent Address of parents At. Bengaom

Date of Birth 01.06.2008

P Dist. Kalahandi

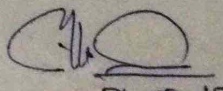
Place of Birth Bengaom

Registration No 944

Name of Father Son Bachu majhi

Date of Registration 15.06.08

Date 21.05.12


Signature of Issuing Authority
Cum-medical officer I/C
U.G.P.H.C. Biswanathpur
Kalahandi
Seal