



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
BHAWANIPATNA MUNICIPALITY

CERTIFICATE OF BIRTH

Issued under section 12(1) 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 **BHAWANIPATNA MUNICIPAL COUNCIL** of Tahasil..... **BHAWANIPATNA**
of District..... **KALAHANDI** of State of..... **ODISHA**

Date of Birth..... **15/05/2017**

Sex..... **FEMALE**

Name..... **ALISHA HATI**

Name of Father..... **KRUSHNA HATI**

Name of Mother..... **KANTI HATI**

Date Of Registration..... **22/05/2017**

Permanent Address..... **AT-BALIJOE,**

PS-BHAWANIPATNA SADAR, KALAHANDI,

ODISHA, INDIA

Place of Birth..... **DISTRICT HEADQUARTER HOSPITAL,**

BHAWANIPATNA

Registration No..... **2695/2017**



27/02/2018

Date :

APanda
22/02/2018

Signature of Issuing Authority

Registrar, DHO

Birth & Death

BHAWANIPATNA MUNICIPALITY