



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
BHAWANIPATNA MUNICIPALITY

CERTIFICATE OF BIRTH

Form No-7

(See Rule-8)

(Issued Under Section 17, 12)

This is to certify that the following information has been taken from the original record of birth, which is the
register for (local areas) **2008 Part-III** of Tahasil **BHAWANIPATNA**

of District **KALAHANDI** of State of Odisha.

Name **NANDINI GOUD**

Name of Mother **DAMAYANTI GOUD**

Sex **FEMALE**

Permanent Address of parents **AT-JANAKPUR,**

Date of Birth **28/11/2008**

PO-GUDIALIPADAR, PS-SADAR

DIST-KALAHANDI, STATE-ODISHA

Place of Birth **GOVT. H.Q.HOSPITAL, BHAWANIPATNA**

Registration No. **3858**

Name of Father **DEBARAJ GOUD**

Date of Registration **08.12.2008**

Date : **12/12/12**

[Signature]
Signature of Issuing Authority

Registrar

Birth & Death

BHAWANIPATNA MUNICIPALITY