

(English Version)



FORM NO-5
ISSUE NO : 678/2023



GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

GODIBANDHA CHC

CERTIFICATE OF BIRTH

*Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and 8/13 Rule of the Odisha
Registration of Births and Deaths, Rule 2001*

This is to certify that following information has been taken from the original records of birth which is in the
register for **GODIBANDHA CHC** of Tahasil **TALCHER**
of District **ANGUL** of State **ODISHA**

NAME: AYUSH MAHALIK

SEX: MALE

DATE OF BIRTH:
31/07/2017

PLACE OF BIRTH:
CITY HOSPITAL , GODIBANDHA , ANGUL

NAME OF MOTHER:
SAKUNTALA MAHALIK

NAME OF FATHER:
SUMANT MAHALIK

MOTHER'S ID PROOF NO:

FATHER'S ID PROOF NO:

ADDRESS OF PARENT AT THE TIME OF CHILD
BIRTH: TENTULEI, VIKRAMPUR, TALCHER, ANGUL,
ODISHA, INDIA

PERMANENT ADDRESS OF PARENTS:
TENTULEI, VIKRAMPUR, TALCHER, ANGUL, ODISHA,
INDIA

REGISTRATION NO:
1899/2017

REGISTRATION DATE:
01/08/2017

UBRN NO:
21RB344-0113-001899-2017

DATE OF ISSUE:
28/03/2023



Signature valid

Digitally signed by
KARNARAM MAHANTA
Date: 2023.03.28 10:17:24 IST
Reason: Birth Certificate
Location: GODIBANDHA

Dr Kamaram Mahanta
Issuing Authority
Registrar, Births & Deaths
GODIBANDHA CHC

THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FASCIMILE SIGNATURE OF THE ISSUING AUTHORITY.

It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature, stamp or seal. This certificate is issued as per section 4, 5 & 6 of information technology Act 2000 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.birtheath.odisha.gov.in> Tampering of this certificate will attract penal action.