

(English Version)



FORM NO-7/8

ISSUE NO : 956/2022



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 Rules of Odisha
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**

Date of Birth..... **03/08/2009**

Permanent Address..... **PADMABATIPUR, COLLIERY,**

Sex..... **MALE**

TALCHER, ANGUL, ODISHA, INDIA

Name..... **SOUMYARANJAN KHILAR**

Name of Father..... **DILLIP KHILAR**

Place of Birth..... **NEHURU SATABDI CENTRAL**

Name of Mother..... **MILI KHILAR**

HOSPITAL , GODIBANDHA , ANGUL

Date Of Registration..... **30/04/2010**

Registration No..... **505/2010**



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2022.04.19 12:42:16
IST
Reason: Birth Certificate
Location: GODIBANDHA

DR SATYAPRIYA SAMBIT
Issuing Authority
Registrar, Births & Deaths
GODIBANDHA CHC

Date :19/04/2022

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. 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.