



ଓଡ଼ିଶା ଓଡ଼ିଶା ସରକାର GOVERNMENT OF ODISHA

ସ୍ୱାହ୍ୟ ଓ ପରିବାର ତଲ୍ୟାଣ ବିଭାଗ DEPARTMENT OF HEALTH AND FAMILY WELFARE

COMMUNITY HEALTH CENTER GODIBANDHA COMMUNITY HEALTH CENTER GODIBANDHA



ଜନ୍ନ ପ୍ରମାଣପତ BIRTH CERTIFICATE

(ଜନ୍ମ ,ମୃତ୍ୟୁ ପଂଜିକରଣ ଅଧିନିୟମ , ୧୯୬୯ ର ଧାରା ୧୨/୧୭ ତଥା ଓଡ଼ିଶା ଜନ୍ନମୃତ୍ୟୁ ପଂଜିକରଣ ନିୟମ, ୨୦୦୧ ର ନିୟମ ୮/୧୩ ଅନୁସାରେ ପ୍ରଦାନ କରାଗଲା) (ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ODISHA REGISTRATION OF BIRTHS & DEATHS

ଏହା ପ୍ରମାଣ କରାପାରଅଛି କି ନିମ୍ନଲିଖିତ ସୂଚନା ଜନ୍ସର ମୂଳ ଅଭିଲେଖାରୁ ଗୃହିତ ହୋଇଅଛି , ସାହା . ଓଡ଼ିଶା ରାଜ୍ୟ ଜିଲ୍ଲା ସ୍ଥାନୀଅ ଅତଳ ତହସିଲ୍ / ବ୍ଲକ୍ COMMUNITY HEALTH CENTER GODIBANDHA ପାଇଁ ରେଜିଙ୍କ୍ ରେ ଉଲ୍ଲିଖିତ ଅଛି THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR COMMUNITY HEALTH CENTER GODIBANDHA OF TAHSIL/BLOCK TALCHER SADAR OF DISTRICT ANUGUL OF STATE/UNION TERRITORY ODISHA,

ପ୍ରଥମ ନାମ / NAME: HELINA PRADHAN

ଙ୍କନ୍ତ ତାରିଖ / DATE OF BIRTH: 20-02-2016 TWENTIETH-FEBRUARY-TWO THOUSAND SIXTEEN

পাতা' ল নাপ / NAME OF MOTHER: TRUPTIMAYEE SAHOO

ଏକକ ଚିନ୍ନଟ ସଂଖ୍ୟା / MOTHER'S UID NO:

ଶିଶ୍ର ର ଜନ୍ମ ସମୟ ରେ ମାତା ପିତା'କ ଠିକଣା $\,$ / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

BADASINGADA, SINGIDA(BADA), , BIKRAMPUR , ANUGUL , ODISHA

ଫଡ଼ିକରଣ ସଖ୍ୟ / REGISTRATION NUMBER: B-2016: 21-01512-000572

সকুৰণ / REMARKS (IF ANY):

ନିସମନ ତାରିଖ / DATE OF ISSUE:

ଲି'ଗ / SEX: ମହିଳା / FEMALE

ଜନ୍ନ ସ୍ଥାନ / PLACE OF BIRTH: KALAMCHUIN PHC (N)

ପିତା'କ ନାମ / NAME OF FATHER: NABAKISHOR PRADHAN

ପିତା'କ ଏକକ ଚିହ୍ନଟ ସଂଖ୍ୟା / FATHER'S UID NO:

ସିତା ମାତ୍ୟକ ସ୍ଥାୟୀ ଠିକଣା/ PERMANENT ADDRESS OF PARENTS:

BADASINGADA, SINGIDA(BADA), BIKRAMPUR, ANUGUL, **ODISHA**

ଫଜିକରଣ ତାରିଖ / DATE OF REGISTRATION: 30-03-2016

ନିଗମନ ଅଧିକାରୀ / ISBUING AUTHORITA ରେଜିଲ୍ଲାର (ଜନ୍ମ ସେମ୍ବର୍ଣ୍ଣା) REGISTRAR (BIRTH & DEATH) COMMUNITY HEALTH CENTER GODIBANDHA COMMUNITY HEALTH CENTER GODISANDHA

UPDATED ON . 30-03-2016 16:54:35



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"পুরুপ্ত প্রত্তিক্র বুলিক্তি ভক্তি "/ ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

