

(English Version)

FORM NO-7/8

ISSUE NO : 1056/2021



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	11/08/2021	Permanent Address	DERA, DERA COLLIERY,
Sex	FEMALE		TALCHER, ANGUL, ODISHA, INDIA
Name	VAISHNAVI PRADHAN		
Name of Father	CHIDANANDA PRADHAN	Place of Birth	SS HOSPITAL, GODIBANDHA,
Name of Mother	LIPSA BISWAL		ANGUL
Date Of Registration	15/08/2021	Registration No	1232/2021



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2021.09.21 10:13:20
IST
Reason: Birth Certificate
Location: GODIBANDHA

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

Date :21/09/2021

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.birthdeath.odisha.gov.in> Tampering of this certificate will attract penal action.