

(English Version)



FORM NO-7/8

ISSUE NO : 183/2021

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..... **10/02/2013**

Permanent Address..... **EKDAL, PADMABATIPUR,**

Sex..... **FEMALE**

TALCHER, ANGUL, ODISHA, INDIA

Name..... **KHUSI PRADHAN**

Name of Father..... **ABHAYA KUMAR PRADHAN**

Place of Birth..... **GODIBANDHA CHC , GODIBANDHA ,**

Name of Mother..... **LIPI BEHERA**

ANGUL

Date Of Registration..... **28/02/2013**

Registration No..... **431/2013**



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2021.04.10 10:23:51
IST
Reason: Birth Certificate
Location: GODIBANDHA

DR SATYAPRIYA SAMBIT

Issuing Authority
Registrar, Births & Deaths
GODIBANDHA CHC

Date :10/04/2021

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