

(English Version)



FORM NO-7/8
ISSUE NO : 2116/2022



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**

NAME: PRIYANSHI NAIK

SEX: FEMALE

DATE OF BIRTH:
18/07/2018

PLACE OF BIRTH:
SIDHARTH HOSPITAL , GODIBANDHA , ANGUL

NAME OF MOTHER:
KRISHNA NAIK

NAME OF FATHER:
SUNIL NAIK

MOTHER'S ID PROOF NO:

FATHER'S ID PROOF NO:

ADDRESS OF PARENT AT THE TIME OF CHILD
BIRTH: JILINDA, HENSMUL, TALCHER, ANGUL, ODISHA, INDIA

PERMANENT ADDRESS OF PARENTS:
JILINDA, HENSMUL, TALCHER, ANGUL, ODISHA, INDIA

REGISTRATION NO:
1831/2018

REGISTRATION DATE:
20/07/2018

UBRN NO:
21RB344-0113-001831-2018

DATE OF ISSUE:
21/09/2022



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2022.09.21 12:22:20 IST
Reason: Birth Certificate
Location: GODIBANDHA

Dr Satyapriya Sambit
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 it's 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.