

(English Version)



FORM NO-7/8

ISSUE NO : 1752/2021

**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.....**10/07/2021**.....

Permanent Address.....**GHANTAPADA, COLLIERY,**.....

Sex.....**FEMALE**.....

**TALCHER, ANGUL, ODISHA, INDIA**.....

Name.....**HIDYASHA SAHOO**.....

Name of Father.....**DEBASISH SAHOO**.....

Place of Birth.....**SS HOSPITAL , GODIBANDHA ,**.....

Name of Mother.....**SHIBANEE PRADHAN**.....

**ANGUL**.....

Date Of Registration.....**15/07/2021**.....

Registration No.....**1097/2021**.....



Signature valid

Digitally signed by  
SATYAPRIYA SAMBIT  
Date: 2021.12.15 11:55:01  
IST  
Reason: Birth Certificate  
Location: GODIBANDHA

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

Date :15/12/2021

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.