(English Version)

FORM NO-7/8

ISSUE NO : 271/2022

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**

Date of Birth..... **13/08/2014**

Sex..... **MALE**

Name **SAI SHREYANS PRADHAN**

Name of Father **SUKANT PRADHAN**

Name of Mother **CHINMAYEE SAHOO**

Date Of Registration..... **16/08/2014**

Permanent Address..... **EKADAL, PADMABATIPUR,**

TALCHER, ANGUL, ODISHA, INDIA

Place of Birth..... **KRISHNA CLINIC , GODIBANDHA ,**

ANGUL

Registration No..... **1795/2014**

Signature valid

Digitally signed by SATYAPRIYA SAMBIT
Date: 2022.01.31 10:11:45 IST
Reason: Birth Certificate
Location: GODIBANDHA

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

Date :31/01/2022

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.