

FORM NO-5 ISSUE NO: 913/2023





ORTHS CHC

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 8/13 Rule of the Odisha Registration of 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: DANISH RANJAN PRADHAN

SEX: MALE

DATE OF BIRTH: 18/12/2019

PLACE OF BIRTH: CITY HOSPITAL, GODIBANDHA, ANGUL

NAME OF MOTHER: BIJAYALAXMI SAHOO

NAME OF FATHER: SAROJ PRADHAN

MOTHER'S ID PROOF NO:

FATHER'S ID PROOF NO:

ADDRESS OF PARENT AT THE TIME OF CHILD BIRTH:GHANTAPADA, COLLIERY, TALCHER, DHENKANAL, ODISHA, INDIA

PERMANENT ADDRESS OF PARENTS: GHANTAPADA, COLLIERY, TALCHER, DHENKANAL, ODISHA, INDIA

REGISTRATION NO:

REGISTRATION DATE: 20/12/2019

UBRN NO: 21RB344-0113-000013-2019

DATE OF ISSUE: 19/04/2023



Signature valid

Digitally signed by
KARNAR M. M. ANTA
Date: 2021 M. 11:10:10 IST
Reason: Birks ertificate
Location: GOD/BANDHA

Dr Kamaram Mahanta 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.birthdeath.odisha.gov.in Tampering of this certificate will attract