

ତେଶା ତେଶା ସରକାର GOVERNMENT OF ODISHA Bରିବାର କଲ୍ୟାଣ ବିଭାଗ DEPARTMENT OF HEALTH AND FAMILY

WELFARE

COMMUNITY HEALTH CENTER GODIBANDHA COMMUNITY HEALTH CENTER GODIBANDHA ସମ୍ -5 FORM-5



ଜନ୍ନ ପ୍ରମାଣପତ୍ର BIRTH CERTIFICATE

(ଜନ୍ମ ,ମୃତ୍ୟୁ ସହିତରଣ ଅଧିନିୟମ , ୧୯୬୯ ର ଧାରା ୧୨/୧୭ କଥା ଓଡ଼ିଶା ଜନ୍ମମୃତ୍ୟୁ ପଡିକରଣ ନିୟମ, ୨୦୦୧ ର ନିୟମ ୮/୧୩ ଅନୁସାରେ ପ୍ରଦାନ କରାଗଳା) (ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ODISHA REGISTRATION OF BIRTHS & DEATHS RULES 2001)

ଏହା ପ୍ରମାଣ କରାପାଇଅଛି କି ନିମ୍ନରିଖିକ ପୁତନା ଜନ୍ଦର ମୂଳ ଅଭିରେଖାରୁ ଗୃହିତ ହୋଇଅଛି , ସାହା . ଓଡିଶା ରାଜ୍ୟ ଜିଲ୍ଲା ସ୍ଥାନୀଅ ଅକଳ ତହସିଲ୍ / ବୁକ୍ community health Center Godibandha ପାଇଁ ରେଜିଖି ରେ ରଲ୍ଲିଖିତ ଅଛି This is to certify that the following information has been taken from the original record of birth which is the register For community health center godibandha of tansil/block talcher sadar of district angul of state/union territory odisha, india.

DAR MR / NAME: BHUMIKA NAIK

corf 1

NO. 1

ଜନ୍ମ ତାରିଖ / DATE OF BIRTH: 20-08-2015 TWENTIETH-AUGUST-TWO THOUSAND FIFTEEN

ମାତାତ ନାମ / NAME OF MOTHER: GITANJALI NAIK

CILLIQ OF / MOTHER'S AADHAAR NO:

ଗିଶ୍ୱ ର ଜନ୍ମ ସମୟ ରେ ମାତା ପିତାକ ଠିକଣା / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

CENTRAL COLONY, GHANTAPADA, , COLLIERY , ANGUL , ODISHA

ଫଡିକରଣ ସଂଖ୍ୟା / REGISTRATION NUMBER: 1701

গানুক্ধ / REMARKS (IF ANY):

ର୍ଲଗମନ ତାରିଖ / DATE OF ISSUE: 30-05-2019 ଲିଂଗ / SEX: ମହିଳା / FEMALE

ଜନ୍ମ ହାନ / PLACE OF BIRTH: KALAMCHUIN PHC (N)

ପିତାକ ନାମ / NAME OF FATHER: BHRAMAR NAIK

ଆଧାର କାର୍ଡ / FATHER'S AADHAAR NO:

ପିତା ମାତାକ ହ୍ରାହୀ ଠିକଣା/ PERMANENT ADDRESS OF PARENTS:

CENTRAL COLONY, GHANTAPADA, COLLIERY , ANGUL , ODISHA

ପଜିକରଣ ତାରିଖ / DATE OF REGISTRATION: 31-08-2015

ର୍କଗମନ ଅଧିକାରୀ / ISSUING AUTHORITY :

GOODA (GO G JOY) RÉGISTRÁR (BIRTH & DEATH) COMMUNITY HEALTH CENTER GODIBANDHA COMMUNITY HEALTH CENTER GODIBANDHA

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"THIS IS A COMPUTER GENERATED CERTIFICATE." " THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

" 20040 or 10 7040 TOODE GRED DOG ' / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

