

(English Version)



FORM NO-5
ISSUE NO : 2419/2022



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 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: NIKHIL NAIK

SEX: MALE

DATE OF BIRTH:
20/09/2019

PLACE OF BIRTH:
NEHURU SATABDI CENTRAL HOSPITAL , GODIBANDHA
, ANGUL

NAME OF MOTHER:
ANJALI NAIK

NAME OF FATHER:
ARUNA NAIK

MOTHER'S ID PROOF NO:

FATHER'S ID PROOF NO:

ADDRESS OF PARENT AT THE TIME OF CHILD
BIRTH: BHALUGADIA, KUMUNDA, KANIHA, ANGUL,
ODISHA, INDIA

PERMANENT ADDRESS OF PARENTS:
BHALUGADIA, KUMUNDA, KANIHA, ANGUL, ODISHA,
INDIA

REGISTRATION NO:
2936/2019

REGISTRATION DATE:
20/09/2019

UBRN NO:
21RB344-0113-002936-2019

DATE OF ISSUE:
14/11/2022



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2022.11.14 12:11:57 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.