

(English Version)

FORM NO-7/8

ISSUE NO : 102/2022



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
BHANDARIPOKHARI 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 **BHANDARIPOKHARI CHC** of Tahasil **BHANDARIPOKHARI** of District **BHADRAK** of State **ODISHA**

Date of Birth..... **23/05/2017**
Sex..... **MALE**
Name..... **SMRUTI RANJAN HOTA**
Name of Father..... **SATRUGHNA HOTA**
Name of Mother..... **RASHMI PRIYA HOTA**
Date Of Registration..... **29/05/2017**

Permanent Address..... **GURUDWARA, SOUTH BALANDA,**
VIKRAMPUR, ANGUL, ODISHA, INDIA
Place of Birth..... **BHANDARIPOKHARI CHC,**
BHANDARIPOKHARI, BHADRAK
Registration No..... **386/2017**



Signature valid

Digitally signed by
KAMALA KANTA SWAIN
Date: 2022.05.29 03:34 IST

DR KAMALA KANTA SWAIN
Issuing Authority
Registrar, Births & Deaths