



FORM NO-5 ISSUE NO: 458/2025



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: ELINA SAMAL

SEX: FEMALE

DATE OF BIRTH: 02/07/2020

PLACE OF BIRTH:

SS HOSPITAL , GODIBANDHA , ANGUL

NAME OF MOTHER: ASHANTI SAMAL NAME OF FATHER:

LIPU SAMAL

MOTHER'S ID PROOF NO:

FATHER'S ID PROOF NO:

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

PERMANENT ADDRESS OF PARENTS: CHALAGARH, GHANTAPADA, COLLIERY, TALCHER,

ANGUL, ODISHA, INDIA

REGISTRATION NO: 1523/2020

REGISTRATION DATE: 21/07/2020

UBRN NO: 21RB344-0113-001523-2020 DATE OF ISSUE: 25/02/2025



Signature valid

Digitally signed by
SATYAPPAYA 5 VIBIT
Date: 2023-002 / 13:10:59 IST
Reason: Bin etrificate
Location: GOUBANDHA

Dr Satyapriya Sambit Issuing Authority Registrar, Births & Deaths GODIBANDHA CHC

THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE 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 penal action.