

ଓଡ଼ିଶା ଓଡ଼ିଶା ସରକାର GOVERNMENT OF ODISHA ସ୍ୱାହ୍ୟୁ ଓ ପରିବାର କଲ୍ୟଣ ବିଭାଗ PEPARTMENT OF HEALTH AND FAMILY WELFARE

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COMMUNITY HEALTH CENTER GODIBANDHA

## ଜନ୍ନ ପ୍ରମାଣପରୁ BIRTH CERTIFICATE

( ଜନ୍ମ, ମୃତ୍ୟୁ ଫଡିକରଣ ଅଧିନିସମ , ୧୯୬୯ ର ଧାରା ୧୬/୧୭ ତଥା ଓଡିଶା ଜନ୍ମୁତ୍ୟୁ ଫଡିକରଣ ନିସମ, ୨୦୦୧ ର ନିସମ ୮/୧୩ ଅନୁସାରେ ପ୍ରଦାନ କରାଗରା ) (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 କରାପାରଅଛି କି ନିମ୍ନଲିଖିତ ସ୍ୱତନା ଜନ୍ୱର ମୂଳ ଅଭିଲେଖାରୁ ସୂହିତ ହୋଇଅଛି , ସାହା . ଓଡ଼ିଶା ରାଜ୍ୟ ଜିଲ୍ଲା ପୁାନୀଅ ଅ'ଚଳ ଚହସିଲ୍ / ଲୁକ୍ COMMUNITY HEALTH CENTER GODIBANDHA ପାଇଁ ରେଜିଷ୍ଟ 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 TAHSIL/BLOCK TALCHER SADAR OF DISTRICT ANGUL OF STATE/UNION TERRITORY ODISHA, INDIA.

ପୁଥମ ନାମ / NAME: SAI SUSRITA SINGH

ନମ୍ବୀ

NO. 1

ଜନ୍ନ ତାରିଖ / DATE OF BIRTH: 20-07-2016 TWENTIETH-JULY-TWO THOUSAND SIXTEEN

PIGTO RIPI / NAME OF MOTHER: RAMITA MALLICK

ଏକକ ଚିନ୍ନଟ ସଂଖ୍ୟା / MOTHER'S UID NO:

ଶିଶ୍ର ର ଜନ୍ନ ସମସ ରେ ମାତା ପିତୀକ ଠିକଣା / ADDRESS OF PARENTS AT THE TIME 🏻 ପିତା ମାତୀକ ପ୍ରାସୀ ଠିକଣା/ PERMANENT ADDRESS OF PARENTS: OF BIRTH OF THE CHILD:

DERA, DERA COLLIERY TOWNSHIP, , COLLIERY , ANGUL , ODISHA

ଫଳିକରଣ ସଂଖ୍ୟ / REGISTRATION NUMBER: B-2016: 21-01512-001869

দান্ত্রব্ধ / REMARKS (IF ANY):

ନିରମନ ତାରିଖ / DATE OF ISSUE: 09-09-2016

ଳିଂଗ / SEX: ମହିଳା / FEMALE

ଜନ୍ନ ପ୍ଲାନ / PLACE OF BIRTH: DERA. GODIBANDHA, TALCHER SADAR, ANGUL, **ODISHA** 

DOTO HIS / NAME OF FATHER: SARBAJIT SINGH

ପିତାକ ଏକକ ବିହ୍ନଟ ସଂଖ୍ୟା / FATHER'S UID NO:

DERA, DERA COLLIERY TOWNSHIP, COLLIERY, ANGUL, **ODISHA** 

ଫଜିକରଣ ତାରିଖ / DATE OF REGISTRATION: 26-08-2016

ନିରମନ ଅଧିକାରୀ / ISSUNGAUTHORUT

REGISTRAR (BIRTH & DEATH)

INITY HEALTH CENTER GODIBANDHA

UPDATED ON: 09-09-2016 13:42:46



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THE REGISTRATION NUMBER IS UNIQUE TO EACH EVENT.
" 26040 99, 45 7040 00000 9940 0000 "/ ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

