

(English Version)



FORM NO-7/8

ISSUE NO : 478/2022



**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 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 **GODIBANDHA CHC** of Tahasil **TALCHER**  
of District **ANGUL** of State **ODISHA**

Date of Birth..... **24/10/2010**

Permanent Address..... **GOPALPRASAD, COLLIERY,**

Sex..... **MALE**

**TALCHER, ANGUL, ODISHA, INDIA**

Name..... **ARIYAN NAIK**

Name of Father..... **DULAL NAIK**

Place of Birth..... **GOPALPRASAD, COLLIERY,**

Name of Mother..... **RUBINA NAIK**

**TALCHER, ANGUL**

Date Of Registration..... **17/02/2022**

Registration No..... **248/2022**



Signature valid

Digitally signed by  
SATYAPRIYA SAMBIT  
Date: 2022.02.18 12:46:59  
IST  
Reason: Birth Certificate  
Location: GODIBANDHA

**DR SATYAPRIYA SAMBIT**

**Issuing Authority**

**Registrar, Births & Deaths**  
**GODIBANDHA CHC**

**Date : 18/02/2022**

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued as per section 4,5&6 of Information Technology Act 2000 and its 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.