

95( I NO. 1



## ଓଡ଼ିଶା ଓଡ଼ିଶା ସରହାର GOVERNMENT OF ODISHA

ସ୍ୱାହ୍ୟୁ ଓ ପରିବାର କର୍ୟଣ ବିଭାଗ DEPARTMENT OF HEALTH AND FAMILY WELFARE

## COMMUNITY HEALTH CENTER KOSALA

## ଜନ୍ମ ପ୍ରମାଣପତ୍ର BIRTH CERTIFICATE



( ଜଳ, ମୁକ୍ୟ ଫଳିକରେ ଅଧିନିୟମ , ୧୯୬୯ ର ଧାରା ୧୯/୧୭ ଜଣ ଓଡ଼ିଶା ଅଷ୍ଟ୍ରମୁଣ୍ଡ ଫଳିକରଣ ନିୟମ, ୨୦୦୭ ର ନିୟମ ୮/୧୯ ଅନୁସାରେ ପୁରାନ କରାଗଣ ) IISSUED 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 ପ୍ରମଣ ପ୍ରଥେଗଞ୍ଚଳି ଓ ନିମ୍ନ ଅଧିକ ପ୍ରତମ ବମ୍ବର ପୂଳ ଅଧିକଥାରୁ ପୂହିତ ହୋଇଥିଛି । ପହା । ଓଡ଼ିଆ ରହା ହିଲ୍ଲା ପ୍ରତୀୟ ଅଟେ ହେଉଲ୍ / କଳ ପର୍ଯ ହେଉଁକ୍ । ରେ ଜଳିକ୍ତ ଅଳି 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 KOSALA OF TAHSIL/BLOCK CHHENDIPADA OF DISTRICT ANGUL OF STATE/UNION TERRITORY ODISHA, INDIA.

DER RIFI / NAME: CHINMAYA MAHALIK

କଳ୍ଲ ଜାଲିକ / DATE OF BIRTH 03-08-2018 THIRD-AUGUST-TWO THOUSAND EIGHTEEN

PIECE DET / NAME OF MOTHER:

BIND SIE / MOTHER'S AADHAAR NO:

ଶନ୍ତ ଓ ଓଡ଼ ସମୟ ରେ ମାହା ପିହୀକ ଚିକ୍ଷା / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

KANALOL, CHHENDIPADA, ANGUL, ODISHA

CORGO CIEN / REGISTRATION NUMBER: B-2018: 21-01509-001361

PIGGY / REMARKS (IF ANY):

ดีอกก อเอีย / DATE OF ISSUE: 24-08-2018

UPDATED ON: 24-08-2018 11:40:56 ATO / SEX: DOB / MALE

OR DIR / PLACE OF BIRTH: KRISH HOSPITAL

DOTO GIO! NAME OF FATHER: KUNAL MAHALIK

BILLIE SIG / FATHER'S AADHAAR NO

GOI PIOTE QUOI OR ON PERMANENT ADDRESS OF PARENTS:

KANALOI, CHHENDIPADA, ANGUL, ODISHA

ଫଳିକରଣ ରାହିଲା / DATE OF REGISTRATION: 12-08-2018

FORM BURNET TESUING AUTHORITY

ରେଥିଷ୍ଟାର (ବନ୍ଧ ଓ ମୃତ୍ୟୁ ) REGISTRAR (BIRTH & DEATH)

COMMUNITY HEALTH CENTER KOSALA

Registrar Births & Deaths Kosala CHC Dist Angul

"THIS IS A COMPUTER GENERATED CERTIFICATE."

"THE GOVT, OF INDIA VIDE CIRCULAR NO. 1/12/2014 VSICRS-DATED 27-JULY 2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES."

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