

(English Version)



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GODIBANDHA CHC

FORM NO-7/8

ISSUE NO : 543/2021

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..... **10/02/2021**

Sex..... **FEMALE**

Name. **KHEERANSHI BEHERA**

Name of Father **SUBASH CHANDRA BEHERA**

Name of Mother **SUDIPTA PRADHAN**

Date Of Registration..... **15/02/2021**

Permanent Address..... **BADASINGHADA, N S NAGAR,**

BHARATPUR, VIKRAMPUR, ANGUL, ODISHA.

INDIA

Place of Birth..... **KRISHNA CLINIC, GODIBANDHA,**

ANGUL

Registration No..... **210/2021**



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2021.02.17 11:25:21
IST
Reason: Birth Certificate
Location: GODIBANDHA

DR SATYAPRIYA SAMBIT

Issuing Authority

Registrar, Births & Deaths

GODIBANDHA CHC

Date :17/07/2021

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, 2008. For any query or verification, please visit <http://www.birthsdeaths.odisha.gov.in> Tampering of this certificate will attract penal action.