

(English Version)



FORM NO-5  
ISSUE NO : 532/2023



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: ARADHANA PRUSTY

SEX: FEMALE

DATE OF BIRTH:  
08/05/2019

PLACE OF BIRTH:  
SS HOSPITAL , GODIBANDHA , ANGUL

NAME OF MOTHER:  
SUMITRA PRUSTY

NAME OF FATHER:  
SUSANTA PRUSTY

MOTHER'S ID PROOF NO:

FATHER'S ID PROOF NO:

ADDRESS OF PARENT AT THE TIME OF CHILD  
BIRTH:TUMUGOLA, SAMAL, ANGUL, ODISHA, INDIA

PERMANENT ADDRESS OF PARENTS:  
TUMUGOLA, SAMAL, ANGUL, ODISHA, INDIA

REGISTRATION NO:  
1549/2019

REGISTRATION DATE:  
21/05/2019

UBRN NO:  
21RB344-0113-001549-2019

DATE OF ISSUE:  
14/03/2023



Signature valid

Digitally signed by  
KARNARAM MAHANTA  
Date: 2023.03.14 11:27:30 IST  
Reason: Birth Certificate  
Location: GODIBANDHA

Dr Karnaram Mahanta  
Issuing Authority  
Registrar, Births & Deaths  
GODIBANDHA CHC

THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FASCIMILE 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 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.