

(English Version)



FORM NO-7/8

ISSUE NO : 589/2021

**GOVERNMENT OF ODISHA**  
**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**BANARPAL 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 **BANARPAL CHC** of Tahasil **BANARPAL** of District **ANGUL** of State **ODISHA**

Date of Birth.....	11/09/2019	Permanent Address.....	BADAKERJANG, NISHA,
Sex.....	FEMALE		ANGUL, ODISHA, INDIA
Name.....	KRISHNAMAYEE SAHU		
Name of Father.....	BIKASH KUMAR SAHU	Place of Birth.....	SAROJINI HEALTH CARE ,
Name of Mother.....	SUBHADRA SAHU		BANARPAL , ANGUL
Date Of Registration.....	23/09/2019	Registration No.....	920/2019



Signature valid

Digitally signed by  
SANKARSAN GAN  
Date: 2021.08.05 12:29:35  
PDT  
Reason: Birth Certificate  
Location: BANARPAL

**DR SANKARSAN GAN**  
**Issuing Authority**  
**Registrar, Births & Deaths**  
**BANARPAL CHC**

Date :05/08/2021

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 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.