

(English Version)

FORM NO-7/8



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.....**26/06/2021**.....

Permanent Address.....**GHANTAPADA, COLLIERY,**.....

Sex.....**MALE**.....

TALCHER, ANGUL, ODISHA, INDIA.....

Name.....**JAGDISH SAHOO**.....

Name of Father.....**SANJIT SAHOO**.....

Place of Birth.....**SS HOSPITAL , GODIBANDHA ,**.....

Name of Mother.....**MANINI PRADHAN**.....

ANGUL.....

Date Of Registration.....**15/07/2021**.....

Registration No.....**1075/2021**.....



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2021.08.11 13:01:58
IST
Reason: Birth Certificate
Location: GODIBANDHA

DR SATYAPRIYA SAMBIT
Issuing Authority
Registrar, Births & Deaths
GODIBANDHA CHC

Date :11/08/2021

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.birthdeath.odisha.gov.in> Tampering of this certificate will attract penal action.