

(English Version)



FORM NO-7/8

ISSUE NO : 436/2022

GOVERNMENT OF ODISHA  
DEPARTMENT OF HEALTH AND FAMILY WELFARE  
BIRASAL 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 **BIRASAL CHC** of Tahasil **KANKADAHAD** of District **DHENKANAL** of State **ODISHA**

Date of Birth.....**02/02/2011**.....

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

Name.....**JITENDRA BARIK**.....

Name of Father.....**MANAS BARIK**.....

Name of Mother.....**SAROJINI BARIK**.....

Date Of Registration.....**04/02/2011**.....

Permanent Address.....**PANGATIRA, PANGATIRA,**.....

**PARJANG, DHENKANAL, ODISHA, INDIA,**.....

**759120**.....

Place of Birth.....**MAHABIROD GOVT. HOSPITAL,**.....

**MAHABIROD, DHENKANAL**.....

Registration No.....**107/2011**.....



Signature valid

Digitally signed by  
DR. PRADEEP KUMAR JENA  
Date: 2022.04.22 10:17:07  
IST  
Reason: Birth Certificate  
Location: BIRASAL

**DR PRADEEP KUMAR JENA**  
Issuing Authority  
Registrar, Births & Deaths  
**BIRASAL CHC**

**Date :22/04/2022**

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.