



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
COMMUNITY HEALTH CENTER GODIBANDHA

FORM-1



BIRTH CERTIFICATE

(ISSUED UNDER SECTION 12(1) OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8(1) OF THE ODISHA REGISTRATION OF BIRTHS & DEATHS RULES 2001)

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH/DEATH IN THE REGISTER FOR COMMUNITY HEALTH CENTER GODIBANDHA OF TAHSIL/BLUCK TALCHER/GADAR OF DISTRICT/ANGUL OF STATE/UNION TERRITORY ODISHA, INDIA.

ନାମ / NAME: PRIYANSHI PRIYADARSHINI SAHOO

ଲିଙ୍ଗ / SEX: ମହିଳା / FEMALE

ଜନ୍ମ ତାରିଖ / DATE OF BIRTH:

19-04-2017

NINETEENTH APRIL TWO THOUSAND SEVENTEEN

ଜନ୍ମ ସ୍ଥାନ / PLACE OF BIRTH:
NEHUR SATARD HOSPITAL

ମାତାଙ୍କ ନାମ / NAME OF MOTHER:
RASHMITA SAHOO

ପିତାଙ୍କ ନାମ / NAME OF FATHER:
MANU SAHOO

ପିତା ଓ ମାତାଙ୍କ ଠିକଣା ଓ ଜନ୍ମ ସ୍ଥାନ / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

ପିତାଙ୍କ ଠିକଣା / PERMANENT ADDRESS OF PARENTS:

KALAM CHHUIN, COLLIERY, ANGUL, ODISHA

KALAM CHHUIN, COLLIERY, ANGUL, ODISHA

ରଜିଷ୍ଟ୍ରେସନ୍ ନମ୍ବର / REGISTRATION NUMBER:
B-2017-21-01512-001135

ରଜିଷ୍ଟ୍ରେସନ୍ ତାରିଖ / DATE OF REGISTRATION:
23-05-2017

ଟିପ୍ପଣୀ / REMARKS (IF ANY):

ବିଷୟକ ତାରିଖ / DATE OF ISSUE:
23-05-2017

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UPDATED ON:
23-05-2017 09:39:37



"THIS IS A COMPUTER GENERATED CERTIFICATE."
"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-05/CBS DATED 17-04-2015 HAS
APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES."

"ପ୍ରମାଣିତ କରାଯାଇଛି ଯେ ଏହି ପ୍ରମାଣିତ ପତ୍ରଟି ସତ୍ୟ ଅଟେ" / ENSURE REGISTRATION OF YOUR BIRTH AND DEATH

