



FORM NO-5 ISSUE NO: 1194/2023



GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Talcher Municipality

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 Talcher Municipality of Tahasil TALCHER of District ANGUL of State ODISHA

NAME: SAMPURNA NAIK

SEX: FEMALE

DATE OF BIRTH: 24/10/2017

PLACE OF BIRTH: SUBDIVISIONAL HOSPITAL, TALCHER

NAME OF MOTHER: SATYABHAMA NAIK

NAME OF FATHER: MANOJ KUMAR NAIK

MOTHER'S AADHAAR CARD NO:

FATHER'S AADHAAR CARD NO: *******2959

ADDRESS OF PARENT AT THE TIME OF CHILD BIRTH:DERA, DERA COLLIERY, COLLIERY, ANGUL, ODISHA, INDIA

PERMANENT ADDRESS:
DERA, DERA COLLIERY, COLLIERY, ANGUL, ODISHA, INDIA

REGISTRATION NO: 1307/2017

REGISTRATION DATE: 01/11/2017

UBRN NO: 21UB344-0029-001307-2017 DATE OF ISSUE: 24/07/2023



Signature valid

Digitally signed by
KARNAR MAD ANTA
Date: 202 X22 16:06:04 IST
Reason: Birth yertificate
Location: TALE-HER

Dr Kamaram Mahanta
Issuing Authority
Registrar, Births & Deaths
SUPERINTENDENT, SDH, TALCHER

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 it's 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.