

(English Version)



FORM NO-7/8

ISSUE NO : 310/2021



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..... **01/03/2021**

Permanent Address..... **HANDIDHUA, HANDIDHUA**

Sex..... **MALE**

**COLLIERY, ANGUL, ODISHA, INDIA**

Name..... **PRIYANSHU RANJAN NAHAK**

Name of Father..... **BIPIN NAHAK**

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

Name of Mother..... **SANDHYA RANI NAHAK**

**ANGUL**

Date Of Registration..... **05/03/2021**

Registration No..... **412/2021**



Signature valid

Digitally signed by  
SATYAPRIYA SAMBIT  
Date: 2021.04.27 10:02:02  
IST  
Reason: Birth Certificate  
Location: GODIBANDHA

**DR SATYAPRIYA SAMBIT**

**Issuing Authority**

**Registrar, Births & Deaths  
GODIBANDHA CHC**

**Date :27/04/2021**

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.