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NO.1 COVERNMENT OF ODISHA
QUE I SOGNO SOUR GENT
DESARRATION OF HEALTH AND FAMILY WELFARE
COMMUNITY HEALTH CENTER GODDBANDHA



ଜନ୍ମ ପ୍ରମଣ୍ଡପତ୍ର BIRTH CERTIFICATE

(ଜନ୍ମ, ମୃତ୍ୟ ଫରିକରଣ ଅଧିନିୟମ , ୧୬୨୯ ର ଧାରା ୧୬/୧୭ ରଥା ତରିଖା ଜନ୍ମମୃତ୍ୟ ଫରିକରଣ ନିସମ , ୨୦୦୧ ର ନିସମ ୮/୧୩ ଅନୁସାରେ ପୁରାକ କରାଲର) (ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE ୫/13 OF THE ODISHA REGISTRATION OF BIRTHS & DEATHS RULES 2001)

ଏକ ସ୍ୱାପର କରସାଉତ୍ତର ଓ ବିମ୍ନଣ୍ଡିକୁ ଦୁବନା କଳ୍ପର ଦୁବ ଅଭିରେଷକୁ ସ୍ୱଦିନ କୋଇଅଛି , ସାହା , ଓଡ଼ିଆ ରାଜ୍ୟ କିଲ୍ଲା ଗୁଲାଅ ଅବକ ବହରିର / ଲୁକ COMMUNITY HEALTH CENTER GODIBANDHA ରାସ ରେହିଣ୍ଟ ରେ ଉତ୍ତର ଓଡ଼ିଆ THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE

REGISTER FOR COMMUNITY HEALTH CENTER GODIBANDHA OF TAHSIL/BLOCK TALCHER SADAR OF DISTRICT ANGUL OF STATE/UNION TERRITORY ODISHA, INDIA.

ପୁଣମ ନାମ / NAME: SHASWATI BISWAL

ଜନ୍ମ ଟାରିଖ / DATE OF BIRTH: 13-08-2016

THIRTEENTH-AUGUST-TWO THOUSAND SIXTEEN
PLOTE RIP / NAME OF MOTHER:

SUBHASINI SAHOO ଏହାର ଚିହ୍ନଟ ସଂଖ୍ୟା / MOTHER'S UID NO:

ଶିଷ୍କ ର ଜନ୍ନ ସମୟ ରେ ମାତା ପିତୀକ ଠିକଣା / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

EKADAL, , TALCHER SADAR, ANGUL, ODISHA

ଫଳିକରଣ ସଂଖ୍ୟା / REGISTRATION NUMBER B-2016: 21.01512-002044

ମନ୍ତବ୍ୟ / REMARKS (IF ANY):

ନିଉମନ ତାରିଖ / DATE OF ISSUE:

ଲିଗ / SEX: ମହିଳା / FEMALE

ଜନ୍ମ ପ୍ରାନ / PLACE OF BIRTH: GODIBANDHA CHC

ପିତୀକ ନାମ / NAME OF FATHER: INDRAJIT BISWAL

ପିତୀକ ଏକକ ଚିନ୍ନଟ ସଂଖ୍ୟ / FATHER'S UID NO:

ପିତା ମାତୀକ ପ୍ରାସୀ ଠିକଣା/ PERMANENT ADDRESS OF

EKADAL, TALCHER SADAR, ANGUL,

ODISHA

ଫଜିକରଣ ତାରିଖ / DATE OF REGISTRATION:

ନିରମନ ଅଧିକାରୀ / ISSUING AUTHORITY :

REGISTRAR (BIRTH & DEAOLD 10 16

ACOMMUNITY HEALTH CENTER GODIBANDHA

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"THE GOYT. OF INDIA VIDE GENCLIAR ON GENTIFICATE."

"THE GOYT. OF INDIA VIDE GENCLIAR NO. 1/22004-WSICHS) BATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES:
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THE REGISTRATION NUMBER IS UNIQUE TO EACH EVENT.

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