

(English Version)



FORM NO-7/8

ISSUE NO : 1463/2022



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..... **28/04/2019**

Permanent Address..... **NARAHARIPUR, HENSMUL,**

Sex..... **MALE**

TALCHER, ANGUL, ODISHA, INDIA

Name..... **OMM GOCHHAYAT**

Name of Father..... **BRUNDABAN GOCHHAYAT**

Place of Birth..... **GODIBANDHA CHC , GODIBANDHA ,**

Name of Mother..... **RASMITA GOCHHAYAT**

ANGUL

Date Of Registration..... **31/05/2019**

Registration No. **1315/2019**



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2022.06.23 12:24:45
IST
Reason: Birth Certificate
Location: GODIBANDHA

DR SATYAPRIYA SAMBIT
Issuing Authority
Registrar, Births & Deaths
GODIBANDHA CHC

Date :23/06/2022

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.