

ଓଡ଼ିଶା ଓଡ଼ିଶା ସରକାର GOVERNMENT OF ODISHA ସ୍ୱାସ୍ୟ ଓ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ DEPARTMENT OF HEALTH AND FAMILY WELFARE COMMUNITY HEALTH CENTER GODIBANDHA



ଜନ୍ନ ପ୍ରମାଣପତ୍ର BIRTH CERTIFICATE

(ଜନ୍ମ ,ମୃତ୍ୟ ଫଜିକରଣ ଅଧିନିୟମ , ୧୯୭୯ ର ଧାରା ୧୨/୧୭ ତଥା ଓଡ଼ିଶା ଜନ୍ନମୃତ୍ୟ ପଂଜିକରଣ ନିୟମ, ୨୦୦୧ ର ନିୟମ ୮/୧୩ ଅନୁସାରେ ପ୍ରଦାନ କରାଗଲା) (ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ODISHA REGISTRATION OF BIRTHS & DEATHS RULES 2001)

ଏହା ପ୍ରମାଣ କରାଯାଉଅଛି କି ନିମ୍ନଲିଖିତ ସୂଚନା ଜନ୍ମର ମୂଳ ଅଭିଲେଖାରୁ ଗୁଡିତ ହୋଇଅଛି , ସାହା . ଓଡିଶା ରାଜ୍ୟ ଜିଲ୍ଲା ସ୍ଥାନୀଅ ଅ'ଚଳ ତହସିଲ୍ / ବ୍ଲକ୍ COMMUNITY HEALTH CENTER GODIBANDHA ପାଇଁ ରେଜିଖି ରେ ଉଲ୍ଲିଖିତ ଅଛି 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

ପ୍ରଥମ ନାମ / NAME: ANSHUMAN SAHOO

ଜନ୍ମ ତାରିଖ / DATE OF BIRTH: 10-01-2012 TENTH-JANUARY-TWO THOUSAND TWELVE

ମାତୀକ ନାମ / NAME OF MOTHER: SASMITA PRADHAN

ଏକକ ଚିନ୍ନଟ ସଂଖ୍ୟା / MOTHER'S UID NO:

ଶିଶ୍ର ଉନ୍ନ ସମୟ ରେ ମାତା ପିତୀକ ଠିକଣା / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

KUKUDANGA, , ANUGUL , ANGUL , ODISHA

ଫଜିକରଣ ସଂଖ୍ୟା / REGISTRATION NUMBER:

ମନ୍ତବ୍ୟ / REMARKS (IF ANY):

ନିଗମନ ତାରିଖ / DATE OF ISSUE: 19-12-2016 ଲିଂଗ / SEX: ପୃରୃଷ / MALE

ଜନ୍ମ ପ୍ରାନ / PLACE OF BIRTH: NEHUR SATABDI HOSPITAL

ପିତୀକ ନାମ / NAME OF FATHER: KUMUDA CHANDRA SAHOO

ପିତାକ ଏକକ ଚିନ୍ନଟ ସଂଖ୍ୟା / FATHER'S UID NO:

ପିତା ମାତୀକ ପ୍ରାୟୀ ଠିକଣା/ PERMANENT ADDRESS OF PARENTS:

KUKUDANGA, ANUGUL, ANGUL, ODISHA

ଫଜିକରଣ ତାରିଖ / DATE OF REGISTRATION: 20-01-2012

ନିଗମନ ଅଧିକାରୀ / ISSUING AUTHORI

ରେଡ଼ିଷ୍କାର (ଜନ୍ମ ଓ ମୃତ୍ୟୁ) REGISTRAR (BIRTH & DEATH) COMMUNITY HEALTH CENTER GODIBANDHA COMMUNITY HEALTH CENTER GODIBANDHA

UPDATED ON: 19-12-2016 13:35:56



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" গ্রহত্থক করু থক গুরুত্বর প্রকিল্লের গুরুত্বকৈ করু " / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

