

(English Version)

FORM NO-7/8

ISSUE NO : 920/2022



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	08/02/2016	Permanent Address	SUNAKHANI, EKAGHARIA,
Sex	MALE		TALCHER, ANGUL, ODISHA, INDIA
Name	ARMAN SAHOO		
Name of Father	MANASH RANJAN SAHOO	Place of Birth	KRISHNA CLINIC, GODIBANDHA,
Name of Mother	ARATI SAHOO		ANGUL
Date Of Registration	15/04/2016	Registration No	360/2016



Signature valid

Digitally signed by  
SATYAPRIYA SAMBIT  
Date: 2022.04.12 10:26:09  
IST  
Reason: BMD Certificate  
Location: GODIBANDHA

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

Date : 12/04/2022

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.birthdeath.odisha.gov.in> Tampering of this certificate will attract penal action.