



ଓଡ଼ିଶା ଓଡ଼ିଶା ସରକାର GOVERNMENT OF ODISHA ସ୍ୱାତ୍ୟୁ ଓ ପରିବାର ଜଲ୍ୟାଣ ବିଭାଗ ARTMENT OF HEALTH AND FAMILY WELFARE



ଜନ୍ମ ପ୍ରମାଣପତ୍ର BIRTH CERTIFICATE

COMMUNITY HEALTH CENTER GODIBANDHA

(ଜନ୍ମ ,ମୃତ୍ୟୁ ଫଡ଼ିକରଣ ଅଧିନିୟମ , ୧୯୬୯ ର ଧାରା ୧୨/୧୭ ତଥା ଓଡ଼ିଶା ଜନ୍ମମୃତ୍ୟୁ ଫଜିକରଣ 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

ଏହା ପ୍ରମାଣ କରାଯାଉଅଛି କି ନିମ୍ନଲିଖିତ ପ୍ରଚନା ଜନ୍ଦର ମୂଳ ଅଭିଲେଖାରୁ ଗୁହିତ ହୋଇଅଛି , ସାହା . ଓଡ଼ିଶା ରାଜ୍ୟ ଜିଲ୍ଲା ହାନୀଅ ଅଟଳ ତହସିଲ୍ / ବ୍ଲକ୍ COMMUNITY 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.

ପୁଥମ ନାମ / NAME: PRIYA DARSHANI PRADHAN

ଜନ୍ମ ତାରିଖ / DATE OF BIRTH: 31-07-2016 THIRTY-FIRST-JULY-TWO THOUSAND SIXTEEN

ମାତୀକ ନାମ / NAME OF MOTHER: SUJATA PRADHAN

ଏକକ ଚିନ୍ନଟ ସଂଖ୍ୟା / MOTHER'S UID NO:

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

KANDHAL, , TALCHER SADAR, ANGUL , ODISHA

ଫଜିକରଣ ସଂଖ୍ୟା / REGISTRATION NUMBER: B-2016: 21-01512-001960

সরুব্ধ / REMARKS (IF ANY):

ନିରମନ ତାରିଖ / DATE OF ISSUE: 14-09-2016 ଲିଂଗ / SEX: ମହିଳା / FEMALE

ଜନ୍ମ ପ୍ରାନ / PLACE OF BIRTH: NEHUR SATABDI HOSPITAL

ପିତା'କ ନାମ / NAME OF FATHER: PRASANT KUMAR PRADHAN

ପିତାକ ଏକକ ଚିନ୍ନଟ ସଂଖ୍ୟ / FATHER'S UID NO:

ପିତା ମାତ୍ୟକ ପ୍ରାୟୀ ଠିକଣା/ PERMANENT ADDRESS OF PARENTS:

KANDHAL, TALCHER SADAR, ANGUL, ODISHA

ଫଜିକରଣ ତାରିଖ / DATE OF REGISTRATION: 02-09-2016

ନିରମନ ଅଧିକାରୀ / ISSUING AUTHORITY :

FAREGISTRAR (BIRTH & DEATH) U ON I

COMMUNITY HEALTH CENTER GODIBANDHA

UPDATED ON: 02-09-2016 12:57:26



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"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

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" প্রভেগন ଜନ୍ম থকা সূত্যুর শের্টনের তুনির্কৃত করন্তু " / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

