

(English Version)



FORM NO-7/8

ISSUE NO : 23/2021



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..... **05/01/2021** ..... Permanent Address..... **GURUDWAR, SOUTH BALANDA,**  
Sex..... **MALE** ..... **COLLIERY, ANGUL, ODISHA, INDIA** .....  
Name..... **TANMAY SINKU** .....  
Name of Father..... **SAMUEL SINKU** ..... Place of Birth..... **SS HOSPITAL, GODIBANDHA,**  
Name of Mother..... **MANJU SINKU** ..... **ANGUL** .....  
Date Of Registration..... **21/01/2021** ..... Registration No..... **77/2021** .....



Signature valid

Digitally signed by  
SATYAPRIYA SAMBIT  
Date: 2021.02.18 17:52:49  
IST  
Reason: Birth Certificate  
Location: GODIBANDHA

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

Date : 18/02/2021

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 2008 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.