



FORM NO-5

ISSUE NO: 2756/2023



GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

CAPITAL HOSPITAL, BHUBANESWAR

CERTIFICATE OF BIRTH

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and 8/13 Rule of the Odisha Registration of 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 CAPITAL HOSPITAL, BHUBANESWAR of Tahasil BHUBANESWAR of District KHORDHA of State ODISHA

NAME: ARVIND DASH

SEX: MALE

DATE OF BIRTH:

PLACE OF BIRTH:

06/11/2011

CAPITAL HOSPITAL, BHUBANESWAR(CAPITAL

HOSPITAL UNIT)

NAME OF MOTHER:

NAME OF FATHER:

SAGARIKA NANDA

AJAYA KUMAR DASH

MOTHER'S ID PROOF NO:

FATHER'S ID PROOF NO:

ADDRESS OF PARENT AT THE TIME OF CHILD BIRTH:AT-PLOT NO-SCR/34,UNIT-3,BHUBANESWAR, PS-KHARABELA NAGAR, KHORDHA, ODISHA, INDIA

PERMANENT ADDRESS : AT-PLOT NO-SCR/34, UNIT-3, BHUBANESWAR, PS-KHARABELA NAGAR, KHORDHA, ODISHA, INDIA

REGISTRATION NO: 22113/2011

REGISTRATION DATE: 14/03/2023

UBRN NO: 21UB362-0178-022113-2023 DATE OF ISSUE: 14/03/2023



Signature valid

Dr Dhananjay Das Issuing Authority Registrar, Births & Deaths DEPUTY SUPERINTENDENT CAPITAL HOSPITAL

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It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature, stamp or seal. This certificate is issued as per section 4,5 & 6 of information technology Act 2000 and it's 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.