

(English Version)



FORM NO-7/8

ISSUE NO : 294/2021

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.....	11/03/2021	Permanent Address.....	SANTHAPADA, TALCHER,
Sex.....	MALE		ANGUL, ODISHA, INDIA
Name.....	DIBESHNU SAHOO		
Name of Father.....	BISHNU CHARAN SAHOO	Place of Birth.....	KRISHNA CLINIC , GODIBANDHA ,
Name of Mother.....	DIPTIMAYEE SAHOO		ANGUL
Date Of Registration.....	15/03/2021	Registration No.....	409/2021



Signature valid

Digitally signed  
SATYAPRIYA SAMBIT  
Date: 2021.04.23 12:28:21  
IST  
Reason: Birth Certificate  
Location: GODIBANDHA

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

Date :23/04/2021

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 2000 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.birtheath.odisha.gov.in> Tampering of this certificate will attract penal action.



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