



ISSUE NO : 1364/2021

**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.....	19/01/2021	Permanent Address.....	KARNAPAL, SEEPUR, SAMAL.
Sex.....	MALE	.....	BARRAGE, ANGUL, ODISHA, INDIA
Name.....	ARIYAN SAHU	.....	Place of Birth.....
Name of Father.....	AJIT KUMAR SAHU	.....	KRISHNA CLINIC, GODIBANDHA,
Name of Mother.....	NALINI SAHU	.....	ANGUL
Date Of Registration.....	20/01/2021	Registration No.....	87/2021

**Signature valid**

Digitally signed by  
 SATYAPRIYA SAMBIT  
 Date: 2021.01.20 12:03:29  
 IST  
 Reason: Bm Certificate  
 Location: GODIBANDHA

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

**Date : 27/10/2021**

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