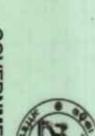
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## GOVERNMENT OF ODISHA DEPARTMENT OF HEALTH AND FAMILY WELFARE GODIBANDHA CHC

## 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

2002-202-	Name of Mother NALINI SAHU ANGUL	Name of Father AJIT KUMAR SAHU Place of Birth	Name ARIYAN SAHU	Sex	Date of Birth 19/01/2021 Permar
Repistration No. 87/2021	L.	of Birth KRISHNA CLINIC, GODIBANDHA.		BARRAGE, ANGUL, ODISHA, INDIA	Permanent Address KARNAPAL, SEEPUR, SAMAL



Date :27/10/2021



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

Act 2000 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. 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