



ଓଡ଼ିଶା ଓଡ଼ିଶା ପରକାର GOVERNMENT OF ODISHA ସ୍ୱାପ୍ୟୁ ଓ ପରିବାର କଲ୍ୟାଣ ବିଭାଗ DEPARTMENT OF HEALTH AND FAMILY WELFARE



COMMUNITY HEALTH CENTRE BANARPAL

ଜନ୍ମ ପ୍ରମାଣପତ୍ର BIRTH CERTIFICATE

(ଜନ୍ମୁକ୍ୟୁ ଫଜିକରଣ ଅଧନିୟମ , ୧୯୭୯ ର ଧାରା ୧୨/୧୭ ତଥା ଓଡ଼ିଶା ଜନ୍ମୁକ୍ୟୁ ଫଜିକରଣ ନିୟମ, ୨୦୦୧ ର ନିୟମ ୮/୧୩ ଅନୁସାରେ ପ୍ରଦାନ କରାଗଲା) (ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ODISHA REGISTRATION OF BIRTHS & DEATHS **RULES 2001)**

ଏହା ପ୍ରମାଣ କରାପାଉଅଛି କି ନିମ୍ନଲିଖିତ ସ୍ୱଟନା ଜନ୍ମର ମୂନ ଅଭିଲେଖୀରୁ ଗୁହିତ ହୋଇଅଛି , ପାହା ଓଡ଼ିଶା ରାଜ୍ୟ ଜିଲ୍ଲା ହାନୀଅ ଅତନ ଡହସିଲ୍ / କ୍ଲକ୍ ପାଇଁ ରେଜିଷ୍ଟ ରେ ଉଲି.ଖିତ ଅଧି THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR COMMUNITY HEALTH CENTRE BANARPAL OF TAHSIL/BLOCK BANARPAL OF DISTRICT ANGUL OF STATE/UNION TERRITORY

ପ୍ରଥମ ନାମ / NAME: SHREYANSH SAHOO

ODISHA, INDIA.

ଡ଼ନ୍ନ, ତାରିଖ / DATE OF BIRTH: 14-09-2020 FOURTEENTH-SEPTEMBER-TWO THOUSAND TWENTY

ମାତାକ ନାମ / NAME OF MOTHER: LUCY PRADHAN

ଆଧାର କାର୍ଟି / MOTHER'S AADHAAR NO:

ଶିଶୁ ର ଜନ୍ନ ସମୟ ରେ ମାତା ପିତୀକ ଠିକଣା $/ \, ext{ADDRESS OF PARENTS AT THE TIME OF <math> ext{MC OF}$ OF THE CHILD: AT/PO/PS-BANARPAL BANARPAL, , BANARPAL, ANGUL, ODISHA

ପଜିକରଣ ସଖ୍ୟା / REGISTRATION NUMBER: B-2020: 21-01438-001013

ମନ୍ତବ୍ୟ / REMARKS (IF ANY):

ର୍ନିଶମନ ତାରିଖ / DATE OF ISSUE: 12-10-2020

ଲିଗ / SEX: ପୂର୍ଷ / MALE

জন্ম প্রান / PLACE OF BIRTH: SARCIJINI HEALTH CARE

> NAME OF FATHER: KUMAR SAHOO

FATHER'S AADHAAR NO:

্র সাইকি হ্রাম্ম তিল্লা/ PERMANENT ADDRESS OF PARENTS

AT/PO/PS-BANARPAL, BANARPAL, BANARPAL, ANGUL, ODISHA

ପଜିକରଣ ତାରିଖ / DATE OF REGISTRATION: 12. 20: 1020 25-09-2020

คือที่สามารถและ / issuing Authority :

NITY HEALTH CENTRE BANARPAL

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" ପ୍ରତ୍ୟେକ ଜନ୍ନ ଏବଂ ମୃତ୍ୟୁର ପର୍ଜିକରଣ ସ୍ୱଳିଷ୍ଟିତ କରନ୍ତ୍ " / ENSEREREGISTRATION OF EXERCIBIRTH AND DEATH ।

