

(English Version)



FORM NO-7/8

ISSUE NO : 56/2021

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..... **21/01/2021**

Permanent Address..... **SANTHAPADA, TALCHER,**

Sex..... **FEMALE**

**ANGUL, ODISHA, INDIA**

Name..... **DEBANSHI SAMAL**

Name of Father..... **HADIBANDHU SAMAL**

Place of Birth..... **SIDHARTH HOSPITAL , GODIBANDHA**

Name of Mother..... **SUNITA DAS**

**, ANGUL**

Date Of Registration..... **10/02/2021**

Registration No..... **170/2021**



Signature valid

Digitally signed by  
SATYAPRIYA SAMBIT  
Date: 2021.02.10 15:01:50  
IST  
Reason: Birth Certificate  
Location: GODIBANDHA

**DR SATYAPRIYA SAMBIT**

Issuing Authority

**Registrar, Births & Deaths  
GODIBANDHA CHC**

**Date :10/03/2021**

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.