

(English Version)



FORM NO-7/8

ISSUE NO : 1412/2021



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.....	17/02/2021	Permanent Address.....	BALHAR, TALCHER, ANGUL,
Sex.....	FEMALE		ODISHA, INDIA
Name.....	ARADHYA AVANSHI BAI		
Name of Father.....	BHOLESWAR BAI	Place of Birth.....	CITY HOSPITAL, GODIBANDHA,
Name of Mother.....	SUCHISMITA BEHERA		ANGUL
Date Of Registration.....	20/02/2021	Registration No.....	333/2021



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2021.10.29 14:20:25
IST
Reason: Birth Certificate
Location: GODIBANDHA

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

Date :29/10/2021

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