(English Version)

FORM NO-7/8

ISSUE NO : 1781/2021

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..... **13/05/2021**

Sex..... **MALE**

Name **PRIYANSU SINGH**

Name of Father **ROHITA KUMAR SINGH**

Name of Mother **BIMALA SINGH**

Date Of Registration..... **15/05/2021**

Permanent Address..... **BHEJIA COLONY NO-4,**
AKHUAPAL, PARJANG, DHENKANAL, ODISHA,
INDIA

Place of Birth..... **CITY HOSPITAL , GODIBANDHA ,**
ANGUL

Registration No..... **705/2021**

Signature valid
Digitally signed by SATYAPRIYA SAMBIT
Date: 2021.12.18 13:26:27 IST
Reason: Birth Certificate
Location: GODIBANDHA

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

Date :18/12/2021

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.