

(English Version)



FORM NO-7/8

ISSUE NO : 608/2022

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.....17/04/2019.....

Permanent Address.....JAGANNATHPUR, COLLIERY,

Sex.....FEMALE.....

TALCHER, ANGUL, ODISHA, INDIA.....

Name.....SIBANSHI DHAR.....

Name of Father.....TOPHAN KUMAR DHAR.....

Place of Birth.....SUBHALAXMI NURSING HOME ,

Name of Mother.....SOUMYA SUCHARITA DASH.....

GODIBANDHA , ANGUL.....

Date Of Registration.....18/05/2019.....

Registration No.....1172/2019.....



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2022.03.07 13:00:49
IST
Reason: Birth Certificate
Location: GODIBANDHA

DR SATYAPRIYA SAMBIT

Issuing Authority

Registrar, Births & Deaths
GODIBANDHA CHC

Date :07/03/2022

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.