

(English Version)



FORM NO-7/8

ISSUE NO : 216/2021

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..... 15/02/2021

Permanent Address..... CHAINPAL, CHAINPAL

Sex..... MALE

COLONY, TALCHER, ANGUL, ODISHA, INDIA

Name..... ABHINAV BEHERA

Name of Father..... SUBHRANSU SEKHAR BEHERA

Place of Birth..... SS HOSPITAL , GODIBANDHA ,

Name of Mother..... PINKI BEHERA

ANGUL

Date Of Registration..... 20/02/2021

Registration No..... 281/2021



Signature valid

Digitally signed by
SATYAPRIYA SAMBIT
Date: 2021.04.15 11:33:36
IST
Reason: Blank Certificate
Location: GODIBANDHA

DR SATYAPRIYA SAMBIT

Issuing Authority

Registrar, Births & Deaths
GODIBANDHA CHC

Date : 15/04/2021

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.