

(English Version)



FORM NO-7/8

ISSUE NO : 470/2021

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.....**20/01/2021**.....

Permanent Address.....**LAKSHANPUR, JAMIRA,**.....

Sex.....**MALE**.....

**BHOJPUR, BIHAR, INDIA**.....

Name.....**MD KAAMIL ALI**.....

Name of Father.....**MD KAUSHAR ALI**.....

Place of Birth.....**KRISHNA CLINIC , GODIBANDHA ,**.....

Name of Mother.....**RAUSHAN ARA**.....

**ANGUL**.....

Date Of Registration.....**25/01/2021**.....

Registration No.....**59/2021**.....



Signature valid

Digitally signed  
SATYAPRIYA SAMBIT  
Date: 2021.06.30 11:26:42  
IST  
Reason: Birth Certificate  
Location: GODIBANDHA

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

**Date :30/06/2021**

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