

(English Version)



FORM NO-7/8

ISSUE NO : 1623/2022

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
CAPITAL HOSPITAL, BHUBANESWAR

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 **CAPITAL HOSPITAL, BHUBANESWAR** of Tahasil **BHUBANESWAR** of District **KHORDHA** of State **ODISHA**

Date of Birth.....**15/10/1994**..... Permanent Address.....**AT-GARAGALI, PO-KOUDUKOL,**
Sex.....**FEMALE**.....**JAJPUR, ODISHA, INDIA**
Name.....**MANASWINI PAUL**.....
Name of Father.....**MANOJ KISHOR PAUL**..... Place of Birth.....**CAPITAL HOSPITAL,**
Name of Mother.....**KABITA PAUL**.....**BHUBANESWAR(CAPITAL HOSPITAL UNIT)**
Date Of Registration.....**24/10/1994**..... Registration No.....**7549/1994**



Signature valid

Digitally signed by DR DHANANJAY DAS
DHANANJAY
Date: 2022.02.10 13:50:42 IST
Reason: Birth Certificate
Location:
BHUBANESWAR(CAPITAL
HOSPITAL Unit)

DR DHANANJAY DAS

Issuing Authority

Registrar, Births & Deaths

CAPITAL HOSPITAL, BHUBANESWAR

Date :10/02/2022

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

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AUTHENTICATED

[Signature]
5/4/2022

Dr. Santosh Baia
Special Secretary
Home Department
Govt. of Odisha
Bhubaneswar (INDIA)