FORM No. 5 (See Rule 8)

BIRTH CERTIFICATE (Issued under Section 12/17)

This is to certify that the following information has been to	aken from the original record of birth
which is the register for (Local Area)	
of Tahsilof District	dotid
of State Aruno Olal Bradesh	
Name Szi Sory Pu	
sex Male	
Date of Birth. 22 - 7-1969	
Place of Birth Malle Yell.	
Name of Father Sri Heprailum Bul	
Name of Mother Sonti Tuhussai Bu	
Registration No. 12-5	
Date of Registration. 28-5-2002	

Date.....

Signature of is

Seal