



FORM No. 5
(See Rule 8)

BIRTH CERTIFICATE
(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of birth which is the register for (Local Area) SINGCHUNG
of Tahsil SINGCHUNG of District WEST KHASI
of State ARUNACHAL PRADESH

Name SHRI SOMIT BUDOI

Sex MALE

Date of Birth 2ND FEBRUARY, 1984

Place of Birth MAGO PAM

Name of Father SRI CUMBU BUDOI

Name of Mother SMTI ALOK BUDOI

Registration No. SHG/220/2001

Date of Registration 18TH JUNE, 2001

Date 18.6.2001

*Attested by
my own*

(K. PETANG)
18/6/2001

Signature of issuing authority
Registrar

Seal of Registrar
Singchung
West Khasi District

Sub-Divisional Disaster Management Officer
Arunachal Govt. Press-220/2000-Dir. (E&S)-30,000-6-2000.
Singchung

West Khasi District (A.P.)