



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) Kalaktang of Tahsil Kalaktang of District West Kameng of State Arunachal Pradesh.

Name Dojee Chhodon Namsa

Sex Female

Date of Birth 26-01-1993

Place of Birth Boka Vill

Name of Father Shri Sang Rakpa

Name of Mother Smt. Sai Ebon

Registration No. 69/2004

Date of Registration 10-5-2004

Date 10-5-2004

Signature of issuing authority

*[Handwritten Signature]*  
Registrar

Seal of Births & Deaths  
West Kameng District  
Kalakang