



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.....**SHRI TRASHI WANGDI KHARMA**.....

Sex.....**Male**.....

Date of Birth.....**9.8.85 (9th Aug. eighty five)**.....

Place of Birth.....**Dengzi Village**.....

Name of Father.....**Shri Kejang Norbu Kharma**.....

Name of Mother.....**Smti Lofra pama**.....

Registration No.....**195/2002**.....

Date of Registration.....**2.8.2002**.....

Date...**2.8.2002**.....

*Devi*  
Registrar  
of Births & Deaths  
West Kameng District  
Kalaktang  
Signature of issuing authority

Seal

*Self attested*  
*[Signature]*  
*06/10/22*