FORM No. 5 (See Rule 8)

BIRTH CERTIFICATE
(Issued under Section 12/17)

DUPLICATE

This is to certify that the following information has been	taken from th	ne original r	ecord of birth
which is the register for (Local Area)	Papun	fan	
of State Asconsolal Kadesh			
Name Poozam Pongu		•	
Name 1002am fangu Sex fonde			
Date of Birth			
Place of Birth			
Name of Father. Tapu langu Name of Mother. Jannija langu			
Registration No. 213			
Date of Registration. 05/05/93			

Date.

Signature of issuing authority

Seal

ARTISTO AN MRTHS & DEATH ap in pare District