

No. _____



GOVERNMENT OF
ARUNACHAL PRADESH
DEPARTMENT OF ECONOMICS
AND STATISTICS



FORM NO.5



BIRTH CERTIFICATE

(Issued under Section 21/17 of the Registration of Births and Deaths Act, 1969 and Rule 9/14 of the ARUNACHAL PRADESH Registration of Births and Deaths Rule 2001)

This is to certify that the following information has taken from the original record of birth which is the register for (Local area/local block) KAMJA of Tahsil / block WAKRO of District LOHIT of State **ARUNACHAL PRADESH**

Name: POLANSO MININ
Date of birth 15/10/1994
Name of Father SOHANG MININ
Name of Mother BASELU MININ

Sex MALE
Place of birth KAMJA

Address of parents at the time of birth of the child
Village/Town: KAMJA
Post: WAKRO P.S: WAKRO
Dist: LOHIT
State: ARUNACHAL PRADESH

Permanent address of parents
Village/Town KAMJA
Post WAKRO P.S: WAKRO
Dist: LOHIT
State: ARUNACHAL PRADESH

Registration No.: 2023/1997
Remarks (if any): _____

Date of Registration 11/07/1997

Date 18/07/2016

(DAKTO RIBA) EAC
Signature of Issuing authority
Address of the issuing authority
Registrar
SEAs and Deaths
Lohit Dist, Wakro

"Ensure registration of every birth and death"

Self Attested