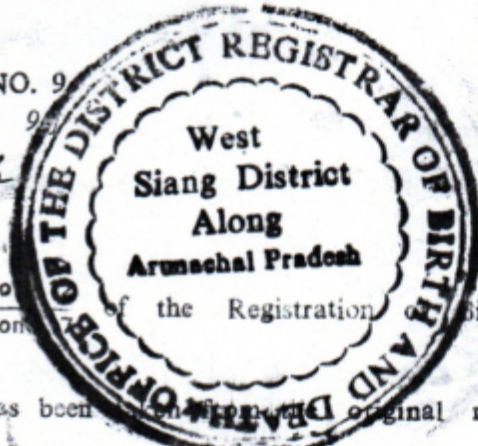


FORM NO. 9

135 (H)

[ See Rule 9 ]

GOVERNMENT OF *Arunachal Pradesh*  
DEPARTMENT OF *Economics & Statistics*



CERTIFICATE OF BIRTH issued under Section *1* of the Registration Births and Deaths Act, 1969. issued under Section *1*

This is to certify that the following information has been entered in the original record of birth which is in the register for *Birth of Along* of Tehsil *Along* of (local area)

District *West Siang* of State *Arunachal Pradesh*

Name *SHRI GINNEY BOMJEN* Sex *Male*

Date of birth *01-01-71* Registration No. *ALG-B-1321/89*

Place of birth *Abetani Nagar, Along* Date of Registration *16-10-89*

Name of Father/Mother *Shri Lijin Bomjen* Permanent address of Father/Mother *Abetani Nagar, P.O. Along, Dist. West Siang (A.P.)*  
*Smt. Lubin Bomjen* Nationality of Father and Mother *Indian*

*[Signature]*  
**Addl. District Registrar**  
**For District Registrar**  
**(Birth and Death)**  
**West Siang District**  
**ALONG**

*[Facsimile Signature]*  
Chief Registrar  
(Facsimile signature)

Date *Arunachal Pradesh*