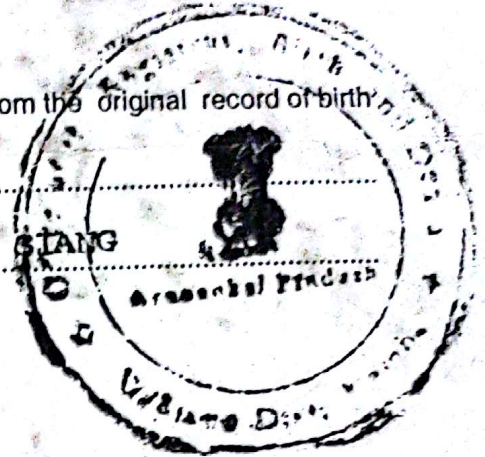


FORM No. 5  
(See Rule 8)

**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) CAMP-KAMBA  
of Tahsil KAMBA of District WEST SIANG  
of State ARUNACHAL PRADESH



Name SHRI LIMO NOSHI

Sex MALE

Date of Birth 22/8/1993 ( 22nd August Nineteen Hundred Ninety Three )

Place of Birth CAMP-KAMBA

Name of Father SHRI JUMLI NOSHI

Name of Mother SMTY YAPI NOSHI

Registration No. KMB/B-133/2006

Date of Registration 31/7/2006

Date 31/7/2006

Signature of issuing authority  
[Signature]  
REGISTRAR  
Seal **BIRTH & DEATH**  
**West Siang District.**  
**Kamba**