

[ See Rule 9 ]

GOVERNMENT OF.....

DEPARTMENT OF.....

CERTIFICATE OF BIRTH issued under Section 12 of the Registration of Births and Deaths Act, 1969. issued under Section 17

This is to certify that the following information has been taken from the original record of birth which is in the register for LEKANG of Tehsil..... of..... (local area)

District LOHIT of State ARUNACHAL PRADESH

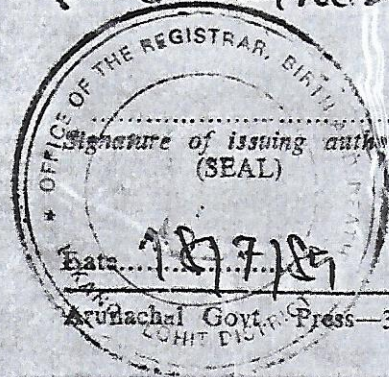
Name CHOWKALINGNA Sex MALE

Date of birth MANPON 4 Registration No. 423

Place of birth 13-2-84 Date of Registration New Moking 18-7-88

Name of Father/Mother..... Permanent address of Father/Mother N/Moking

Mr. Chasak Niding Manpong Nationality of Father and Mother India



(S. DE. LALAN)  
Registrar  
(Signature)  
Lekang  
Lohit District