FORM NO.5 (See Rule 8)

CERTIFICATION OF THE PARTY OF T



(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)	\
of Tahsil Arum	of District Xohid
of State Ascens Chal Badesh	
Name Sta Bijny yen	
Sex Male	
Date of Birth. 62 - 55 - 85	
Place of Birth Kalai VW.	
Name of father XI. Jorgeso yun	
Name of Mother Smle Balangly y	
Registration No. 1074	
Date of Registration 13-12-03	

Signature Constitute authority

Seal

Hawai shit District