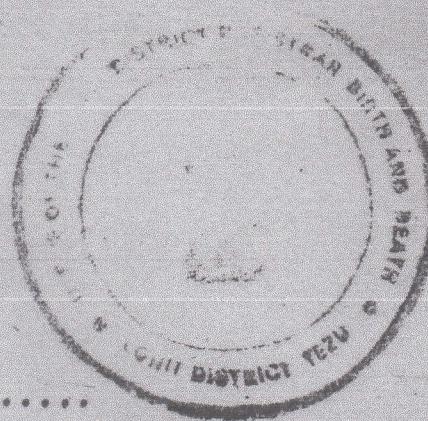


FORM NO 9  
(See RULE 9)

GOVERNMENT OF ARUNACHAL PRADESH.  
DEPARTMENT OF VITAL STATISTICS.....



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

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

District....Lohit....., of state Arunachal Pradesh..

Name...Miss. JIYAMSA JAYANG Sex...Female..

Date of Birth...13-11-1979.., Registration No.(D) 375187...

Date of Birth...Kharaling/Vill Dated of Registration 18/8/84.

Name of Father/Mother....., Permanent address of Father/  
Sri Chikhim Jayang....., Mother Kharaling Vill. P.O. Tengu.

Nationality...INDIAN....., Lohit Dist, Arunachal Pradesh.

Signature of issuing authority

(SEAL)  
Addl. District Registrar

Birth & Death

Lohit District, Tawang

Date 18/8/84

Chief Registrar  
(Fassimile signature)

157867

00000