

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 ) CHONGKHAM of Tahsil CHONGKHAM of District LOHIT of state ARUNACHAL PRADESH

Name *Miss Jyoti Rekha Kalita*

Sex *female*

Date of Birth *16/8/1984*

Place of Birth *Chongkham*

Name of Father *Dr. U. K. Kalita*

Name of Mother *Nang Brova Namchom*

Registration No. *408/06*

Date of Registration *14/11/2006*

Date *14/11/2006*

Signature of Issuing Authority

*[Signature]*  
Registrar

Seal BIRTH AND DEATH

Chongkham Circle, Chongkham.

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