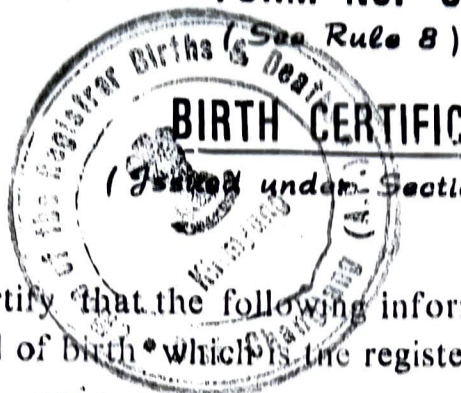


FORM NO. 5



This is to certify that the following information has been taken from the original record of birth which is the register for (local Area) **KHIMIYANG,** of Tehsil **KHIMIYANG** of District **CHANGLANG,** of State Arunachal Pradesh.

Name **MISS WESAM MANDOK,**

Sex **FEMALE,**

Date of Birth **10-11-1993,**

Place of Birth **Songkhe Havi Village,**

Name of Father **Shri Hothong Mandek,**

Name of Mother **Mrs Jophiak Mandek,**

Registration No. **57/2006,**

Date of Registration **24/7/2006,**

Date **24/7/06,**

Signature of issuing authority

Seal

Registrar

Births & Deaths, Khimiyang

hereby (A, P)