

**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) **CHANGLANG** of Tehsil **CHANGLANG** of District **CHANGLANG** of State Arunachal Pradesh.

Name **MENGNON TAIKIN**

Sex **FEMALE**

Date of Birth **15/09/99**

Place of Birth **RANGLOM VILLAGE**

Name of Father **JUNGHANG TAIKIN**

Name of Mother **MENGCHAK TAIKIN**

Registration No. **CLG-172/2006**

Date of Registration **31/05/2006**

Date **05/06/2006**

( **B.C.LAHON** )

Signature of issuing authority

Seal of District Registrar  
**BIRTHS & DEATHS**  
Changlang Dist. (A.P.)