

FORM No. 9
(See Rule 9)

135 (H)

GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF BIRTH & DEATH

CERTIFICATE OF BIRTH ^{issued under Section 12} of the Registration of Births and Deaths Act, 1969.
_{issued under Section 17}
This is to certify that the following information has been taken from the original record of birth which is in the register for..... of Tehsil..... of..... (local area)

District : **LOHIT** of state : **ARUNACHAL PRADESH**
Name..... Sex, **F**
Date of Birth..... Registration No.....
Place of Birth..... Date of Registration.....
Name of Father / Mother..... Permanent address of Father / Mother.....
Nationality of Father and Mother.....

Signature of issuing authority
(SEAL)
Date.....

[Handwritten Signature]
Chief Registrar
(Facsimile Signature)