

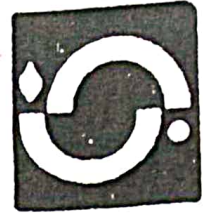
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GOVERNMENT OF
ARUNACHAL PRADESH

DEPARTMENT OF ECONOMICS
AND STATISTICS

Form-5



BIRTH CERTIFICATE

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 9/14 of the Arunachal Pradesh Registration of Births and Deaths Rules 2001)

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) **VILL- KAMBA CAMP** of tahsil/block **KAMBA** of District **WEST SIANG** of State Arunachal Pradesh.

Name **MISS MITI PARO** Sex **FEMALE**
Date of Birth **21 /01/1998** Place of Birth **KAMBA CAMP**
Name of Mother **SMTY YAPOK PARO**
Name of Father **SHRI TATEM PARO**

Address of parents at the time of birth of the child
VILL- KAMBA CAMP
PO/PS- ~~KAYING~~ KAMBA
DISTRICT WEST SIANG
ARUNACHAL PRADESH

Permanent address of parents
VILL- KAYING
PO/PS- KAYING
DISTRICT SIANG
ARUNACHAL PRADESH

Registration No **KMB/B-11/2016**

Date of Registration ~~2007~~ **14/07/16**

Remarks (if any)

Signature of the issuing authority
Address of the issuing authority

Date of Issue ~~12~~ **14/07/2016**

Registrar of Births & Deaths
West Siang District
Kamba, (A.P.)

Seal

"Ensure registration of every birth and death"

Self attested
Miti Paro
12/01/23