

This is to certify that the following information
birth which is in the register for.....
(Loc.....)

of District.....

of State Arunachal Pradesh

Name: SH. TACHIK BAKI

Sex: FEMALE

Date of Birth: 01-01-1981

Place of Birth: SITYUM

Name of Father/Mother: TAPU BAKI

Signature

Signature of issuing authority

SEA/DR/1, 3 DMA 171

Up to Submitting

Date: 01-04-91