No: 4395/2018





Form-5



(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) : $AALO$ of tahsil/block : $AALO$ of District : $West$ of	
State Arunachal Pradesh.	
Name: SHRI MONYA NASO. Date of Birth: 2ND APRIL 1979 Name of Mother: SMTI GOMBE NAS	Place of Birth : E.Y/ VILL
Name of Mother:	
Address of parents at the time of birth of the child: EYI VILL. PO/PS AALO: DISTRICT WEST SIANG ARUNACHAL PRADESH Registration No.: 43.95/2018	Permanent address of parents: EYI VILL. PO/PS AALO DISTRICT WEST STANG ARUNACHAL PRADESH. Date of Registration: 10/11/2015
Remarks (if any):	Signature of the issuing authority Address of the issuing authority
Date of Issue : 10/11/2018	of Birth and DeathWest Siang District, Aalo (A.P)
	Seal :-

"Ensure registration of every birth and death"