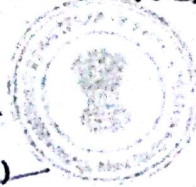


Form No. 5

(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) : ALONG of Tahsil : ALONG of District : WEST SLANG of State : ARUNACHAL PRADESH. Name : MISS ZARINA LOLLEN. Sex : FEMALE. Date of Birth : 09-04-1993. In words (NINTH APRIL NINETEEN HUNDRED AND NINETY THREE) Place of Birth : ALONG. Name of Father : SRI HOKTO LOLLEN. Name of Mother : SMTI MORDE LOLLEN. Registration No. : ALG-1460/2006. Date of Registration : 03-08-2006. Date : 03/08/2006.

Signature of issuing authority

Seal