

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) LIBU BENE VILLAGE of Tahsil KAMBA of District WEST SIANG of State ARUNACHAL PRADESH



Name MISS REGE BOJE

Sex FEMALE

Date of Birth 05-06-1991 ( FIFTH JUNE NINETEEN HUNDRED NINETY ONE )

Place of Birth LIBU BENE


Name of Father SHRI BARE BOJE

Name of Mother SHRY YADO BOJE

Registration No. KMB/B-50/05

Date of Registration 13th May 05

Date 13/05/05

  
Signature of issuing authority

Seal **Registrar  
Birth & Death  
West Siang District  
Kamba**