FORM No. 9 (See Rule 9)

GOVERNMENT OF ARUNACHAL PRADESH DEPARTMENT OF BIRTH & DEATH

Name MST NOKLAM Wagersex Mal

Place of Birth. 27/1/81 Segistration No. 290/90

Place of Birth. TCZY: Date of Registration 1/1/90.

lame of Father / Mother Sn. N. Wangsen Permanent address of Father / Mother VIII. Luakers

(Kanubari) Po Kanubari

Nationality of Father and Mother. Indian St. Tizap (AP).

Signature of issuing authority

Date Olot May 20

Chief Registrar Facsimile Signature