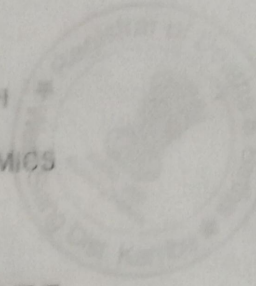




Form-5

GOVERNMENT OF  
ARUNACHAL PRADESH

DEPARTMENT OF ECONOMICS  
AND STATISTICS



### BIRTH CERTIFICATE

(Issued under Section 12(1) of the Registration of Births and Deaths Act, 1969 and Rule 9(1) 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) **VILL- DEGO KAMKI** of  
cansil/block **KAMBA** of District **WEST SIANG** of  
State Arunachal Pradesh.

Name **MISS GESMI KAMKI**

Sex **FEMALE**

Date of Birth **28/09/1997**

Place of Birth **DEGO KAMKI**

Name of Mother **SMTY YAGUM KAMKI**

Name of Father **SHRI GUMGE KAMKI**

Address of parents at the time of birth of the child

Permanent address of parents

**VILL- DEGO KAMKI**

**VILL- DEGO KAMKI**

**PO/PS- KAMBA**

**PO/PS- KAMBA**

**DISTRICT WEST SIANG**

**DISTRICT WEST SIANG**

**ARUNACHAL PRADESH**

**ARUNACHAL PRADESH**

Registration No **KMB/B-1/2017**

Date of Registration **04/09/2017**

Remarks (if any)

Signature of the issuing authority  
Address of the issuing authority

Date of Issue **04/09/2017**

Registrar of Births & Deaths  
West Siang District  
Kamba (A.P.)

Seal

**"Ensure registration of every birth and death"**