

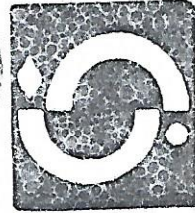
No.



GOVERNMENT OF
ARUNACHAL PRADESH

DEPARTMENT OF ECONOMICS
AND STATISTICS

Form-5



BIRTH CERTIFICATE

(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) **VILL- LIBU BENE** of tahsil/block **KAMBA** of District **WEST SIANG** of State Arunachal Pradesh.

Name **SIRI DEJOM RONYA**

Sex **MALE**

Date of Birth **20/10/1982**

Place of Birth **LIBU BENE**

Name of Mother **SMTY LUKTO RONYA**

Name of Father **LT. SIREK MADE RONYA**

Address of parents at the time of birth of the child

Permanent address of parents

VILL- LIBU BENE

PO/PS- KAMBA

DISTRICT WEST SIANG

ARUNACHAL PRADESH

Registration No **KMB/B-25/2016**

Date of Registration **11/05/2016**

Remarks (if any)

Signature of the issuing authority
Address of the issuing authority

Date of Issue **11/05/2016**

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

Seal

"Ensure registration of every birth and death"