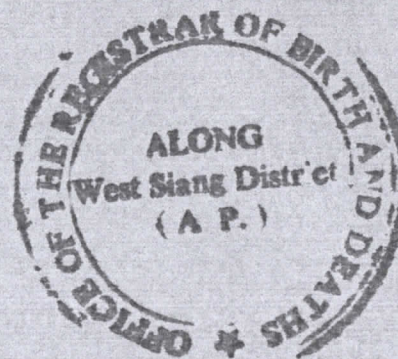


Form No. 5

(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 SIANG

of State..... ARUNACHAL PRADESH

Name..... MASTER JOMAR YAJO

Sex..... MALE

Date of Birth..... 09.04.1988 (Ninth April Nineteen Hundred Eighty Eight)

Place of Birth..... ALONG

Name of Father..... SHRI TAME YAJO

Name of Mother..... MRS YASUR YAJO

Registration No..... 416/02

Date of Registration..... 14.02.02

Date..... 14.02.02

Sujana
Self Attested

[Signature]
14/2/2002
Signature of issuing authority
Seal Registrar of Birth and Deaths
Along
District 'A. P.'