



FORM NO. 9

(See Rule 9)

GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF ECONOMICS AND STATISTICS

Issued under section 12 }
Issued under section 17 } of the Registration of Birth
and Deaths Act, 1969.

This is to certify that the following information has been taken from the original record of birth which is in the register for KALAKTANG of Tehsil KALAKTANG (Local area)

of District WEST KAMENG

of State Arunachal Pradesh

Name SHRI RINCHIN MORBU

Sex MALE

Date of Birth 6/2/1977

Place of Birth BUHA

Name of Father/Mother SHRI WANGDI

Registration No. 687

Date of Registration 5/6/2001

Signature of issuing authority

Seal

Date.....

Handwritten signature: This is done