FORM No. 5 (See Rule 8)





This is to certify that the following information has been taken which is the register for (Local Area) Pasignat		
of Taksil Pasignat of Different	100	
of State Arupa chal hadesh		
Name TASMINE MEGU		
Sex_Female		
Date of Birth 12- 02- 1990		
Place of Birth Pasignal		
Name of Father Ourt nugu		
Name of Mother Brung		
Registration No		
Date of Registration 29-07-04		

Date 29- 7.04

Signature of issuing authority

Seal Disable Basis Stang Disable

Presignet