



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 **BOMDI LA** of Tehsil **BOMDI LA** (Local area)

of District **WEST KAMENG**

of State Arunachal Pradesh

Name **MASTER SUROJ CHONGROJU**

Sex **MALE**

Date of Birth **14TH, NOVEMBER, 1988.**

Place of Birth **BOMDI LA**

Name of Father/Mother **SHRI SANGRI CHONGROJU / SMTI NEKHE CHONGROJU.**

Signature of issuing authority
[Handwritten Signature]
District Registrar

Seal of Births & Deaths

Date **27/3/2001** District **Bomdila**

Registration No. **142/2001**

Date of Registration **27/3/2001**