

No

Form-5



GOVERNMENT OF
ARUNACHAL PRADESH

DEPARTMENT OF ECONOMICS
AND STATISTICS



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/focal body) **Singchung** of tahsil/block **Singchung** of District **west kameng** of State Arunachal Pradesh.

Name **KAMLESH PRASAD** Sex **Male**
Date of Birth **21st October'1986** Place of Birth **Singchung**
Name of Mother **Smti Sonmati Devi**
Name of Father **Shri Ram Nagina Prasad**

Address of parents at the time of birth of the child **Singchung, west kameng District (A.P)**
Permanent address of parents **Vill.-Shankar Patty PO.- Shankar Pat Kholi Kusinagar District Uttar Pradesh**

Registration No **Sng-213/2008** Date of Registration **10/7/2008**

Remarks (if any) **As per affidavit report** Signature of the Issuing authority *[Signature]* **10/7/08**

Address of the Issuing authority **Registrar of Births & Deaths SINGCHUNG West Kameng District Arunachal Pradesh**

Date of Issue **10/7/2008**

Seal :-

"Ensure registration of every birth and death"