



(See Rule 8)  
**BIRTH FORM NO. 5**  
**CERTIFICATE**  
(Issued under Section 42/17)

This is to certify that the following information has been taken from the original record of birth which is the register for (Local Area) TAWANG of Tahsil TAWANG of District TAWANG of State ARUNACHAL PRADESH

Name:- **DORJEE YETON.**

SEX :- **FEMALE.**

Date of Birth :- **03-03-1992.**

Place of Birth:- **SSB COLONY, TAWANG.**

Name of Father:- **Shri. LAMA TSERING.**

Name of Mother.- **Late. RINCHIN DREMA.**

Registration No. **TWG-284/03.**

Dated of Registration. **14-5-2003.**

Date: **15-5-03.**

Registrar, Tawang District, Arunachal Pradesh  
Tawang District, Arunachal Pradesh (A.P.)

*Attest*  
*[Signature]*  
**Dr. Wangdi Lama**  
**D.M.C. H.O.**  
**District Hospital**  
**TAWANG (A.P.)**