AFFIDAVIT TO BE GIVEN BY THE PARENTS TO APPLY FOR OCI FOR A MINOR CHILD

I/We,				(Mother)	&
				(Father)	of
(Name of the	applicant/minor	child) residing	at	(House	No)
		_(Street)			_(City)
	(State)	(Post Code) do h	ereby declare tha	t I/we have no	
objection to the issua	ance of OCI for our ch	ild.			
Name of the child	:				
Date of Birth	:/		-		
Place of Birth	:				
Mother	(Name)		(Signatur		
	,		(0	•	
Father					_
	(Name)		(Signatu	ıre)	
Date:					
Place:					