I.		, son/w	ife of		
do	hereby solemnl	y affirm and declare on oath as	under:		
1.	That I have surviving children of my own.				
2.	That the details of my own, surviving children are –				
	Sl. No.	Full Name	Gender	Date of Birth	
	1				
	2				
	3				
	4				
	5				
Place: Date:			(Name & Signature of Parent) Deponent		
Ve	rification:				
Ve	rified at	that the conto	that the contents of the above affidavit as contained in		
_	ragraphs 1 to 2 ncealed therefro	2 are true and correct to my m.	knowledge and r	nothing material has been	
	ace:		(Name & Signature of Parent)		
Da	ite:		Deponent		