CHANDIGARH ADMINISTRATION AFFIDAVIT

Statement given by two credible persons (Correction in the Birth Report)

I, 5/0
Resident of
Do hereby solemnly Affirm and declare as under:
1.That a male /female child was born to Mrs.
W/O
Resident of
On Chandigarh (Name of Hospital)
2 That the name of the father/mother of the male/female child wrongly been/has
Been mentioned as (per nick name)
3. That the name of the father/mother mentioned as At the hospital record is only his/her pet/nick name.
4. That the correct and full name of the father/mother of the male/female child is (are) are
5. That Mrs. / Sh. is known by both
The Names
Alias in her/his family.
6. That there is not person Named in his family
7. That the male/female child born on has neithe
Been adopted or acquired either by Mrs.

v/o	s/o	7
). I Personally known to Sh.		-]
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/0	from the last	
Place:	Date:	
	DEPONENT	
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