SELF DECLARATION (To Be Filled by one of the Parent/Guardian)

l, do h	ereby solemnly affirm and declare that:
	(Name of Child) who is was born on/(DD/MM/YY).
2. Miss male/female sibling).	. is the only girl child in my family (with no
I confirm that the information provided abo	ove is true.
Date:	
Place:	Name & Signature of Parent