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APPLICATION FORM FOR REGISTRATION OF NEW BORN CHILD

I/We shall be grateful if you kindly register the birth of the under mentioned child. The original birth certificate along with a photocopy thereof is attached herewith. It is certified that the child has not been registered as a citizen of any other country.

 2. 	Name of the (As appears Surname	in local birth certificate)	
3.	Given Name		
 4. 5. 	Full Name (As required Date of Birt	l in Birth Certificate)	
6.	Place of Bir	th	
7.	Gender (Ma	le/Female)	
8.	Address & 0		
			ssports are given below
<u>Father</u>			<u>Mother</u>
1.	Name in full	:	
	(In Capital Lett	er)	
2.	Passport No	:	
3.	Date of issue	:	
4.	Place of issue	:	
5.	Profession	:	
6.	Nationality	:	
(By birth/decent/registration/ Naturalization)		registration/	(By birth/decent/registration/ Naturalization)
			Yours faithfully,
(Fa	nther's Signature		(Mother's Signature)

Documents required:

- 1. The birth certificate in original (in English) issued by Royal Oman Police, Directorate General of Civil Status and attested by Ministry of Foreign Affairs, Sultanate of Oman
- 2. Original passports and local resident cards of both parents and photocopies 0thereof are to be submitted along with a fee of OMR 9.000/-
- 3. If either of the parent is other than Indian national an affidavit to be attested by his/her country's Embassy and duly attested by Ministry of Foreign Affairs, Sultanate of Oman

EMBASSY OF INDIA MUSCAT

SWORN AFFIDAVIT BY PARENTS APPLYING FOR REGISTRATION OF NEW BORN CHILD

I		holder	of	Indian	Passport			
No issued at on and I								
Smt holder of Indian Passport No issued								
aton	residing at		•••••	, S	ultanate of			
Oman solemnly affirm and declare that: -								
1. We are legally married on at								
2. We are blessed with a baby boy/girl on at,								
Sultanate of Oman.								
3. We have not obtained any other nationality and we have no intention to take								
any other nationality for our child								
4. This affidavit is true, it conceals nothing and no part of it is false.								
Signature:	S	ignature:						
Name of father		ame of moth	er:	•••••				
Date:								
Place:								