

FORM TO BE NOTARIZED WITH BOTH PARENTS SIGNATURE

PARENTAL AUTHORIZATION FOR MINORS (FOR VISA)

(Children under 18 years old)

I, the undersigned,

Mr HIMANSHU SUSHIL SRIVASTAVA

and

Mrs ANUPRIYA RASTOGI

Capacity (parents or legal guardians)

(Both parents or guardians should provide a copy of his / her ID card with signature and the child birth certificate. If separated or divorced, or in case of adoption, the legal guardian should provide a copy of the judgement.)

having full and complete custody of

Name of minor URJIT GESHUA SRIVASTAVA

Date of birth (day/month/ year): 04/Aug/2020

Residing at 1370 QUAIL RUN CT APT 324

ZIONSVILLE, IN - 46077

do hereby authorize my child to leave the United States of America,

from (day/month/year) 01/01/2021 to (day/month/year) 30/04/2021

Place: ZIONSVILLE

Date: 19th/Dec./2020

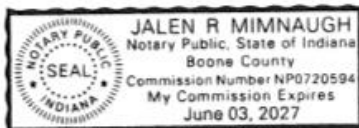
State of Indiana County of Boone

The foregoing instrument was acknowledged before
me this 19th Day of December, 2020

by _____

Mother Signature Anupriya Rastogi

Father Signature Himanshu Srivastava



[Signature] 12/19/2020