

CERTIFICATE OF BIRTH

MARION COUNTY PUBLIC HEALTH DEPARTMENT

DIVISION OF HEALTH & HOSPITAL CORP.
3838 NORTH RURAL ST., INDIANAPOLIS, IN 46205

This Certifies

THAT ACCORDING TO THE RECORDS OF THE HEALTH DEPARTMENT

NAME

ELENA ISHAAN MOTWANI

SEX F

WAS BORN IN

MARION COUNTY INDIANA, ON JULY 20

YEAR 2017

CHILD OF

ISHAAN DILIP MOTWANI and ROSHNI JAYENDRA KOLI

BIRTHPLACE OF FATHER

INDIA

BIRTHPLACE OF MOTHER INDIA

RECORD WAS FILED

07/25/2017

CERTIFICATE NUMBER OR 009138

DATE ISSUED

08/02/2017

VOLUME AND PAGE

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R SCOTT

CLERK

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MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT

Prevent. Promote. Protect.

Virginia A. Caine, M.D.

MARION COUNTY HEALTH OFFICER

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

STATE OF INDIANA

भारत गणराज्य REPUBLIC OF INDIA

 ଅର୍ଥ / Type |

P

संयुक्त कोड / Country Code

IND

पासपोर्ट नं. / Passport No.

K 16 16435

उपनाम / Surname

MOTWANI

વિદ્યા નવ્યા નામ / Given Name(s)

ISHAAN DILIP

राष्ट्रीयता / Nationality

INDIAN

लिंग / Sex

M

जन्मतिथि / Date of Birth

17/10/1989

जन्म स्थान / Place of Birth

ULHASNAGAR DIST THANE

जारी करने का स्थान / Place of Issue

THANE

जारी करने की तिथि / Date of issue

20/09/2011

समाप्ति की तिथि / Date of Expiry

19/09/2021

P<INDMOTWANI<<ISHAAN<DILIP<<<<<<<<<<<<<<<<<<<<<<
K1616435<4IND8910174M2109192<<<<<<<<<<<<<<<<<8

UNITED STATES OF AMERICA



K7636916

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PED-17SEP2018

VNUSAMOTWANI<<ISHAAN<DILIP<<<<<<<<<<<<<<<<<
K1616435<4IND8910174M1809174H8BMB1600F530137

पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian
MOTWANI DILIP TOPANDAS

माता का नाम / Name of Mother
MOTWANI SONI DILIP

पति या पत्नी का नाम / Name of Spouse

पता / Address
**A/4 REGENCY GARDEN NEAR POORNIMA
TALKIES MURBAD ROAD**

KALYAN W PIN-421301 DIST THANE MS

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

फाइल नं. / File No.
THNT03052511

भारत गणराज्य REPUBLIC OF INDIA

**सर्ग / Type**

P

www.irs.gov / Country Code

IND

www.4 / Passport No.

K 1628472

উপনাম / *urnams*

KOLI

दिया गया नाम / Given Name(s)

ROSHNI JAYENDRA

राष्ट्रीयता / Nationality

INDIAN

शिव / 1343

F

overliffa / Date of Birth

25/11/1989

जन्म स्थान / Place of Birth

ULHASNAGAR DIST THANE

जारी करने का स्थान / Place of Issue

THANE

जारी करने की तिथि / Date of Issue

13/10/2011

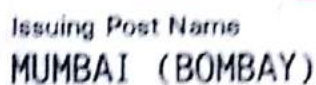
समाप्ति की तिथि / Date of Expiry

12/10/2021

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K1628472<6IND8911252F2110123<<<<<<<<<<<<<<<2

UNITED STATES OF AMERICA



Surname

KOLI

Given Name
ROSHNI JAYENDRA

Passport Number
K1628472

Box
F

Birth Date
25NOV1989

Visa Type /Class
R H4

Nationality
IND

Éntrios

Issue Date
17JAN2017

Expiration Date
17SEP2018

1010

Annotation

PA: MOTWANI, ISHAAN DILIP

M0263524

PN-DELOITTE CONSULTING LLP
P#-EAC1513754267

PED-17SEP2018

VNUSAKOLI<<ROSHNI<JAYENDRA<<<<<<<<<<<<<<<<<<<
K1628472<6IND8911252F1809174H4BMB1EHDP842207

पिता / आवेदनी अधिवाहक का नाम / Name of Father / Legal Guardian

KOLI JAYENDRA RAMCHANDRA

माता का नाम / Name of Mother

KOLI PRITI JAYENDRA

पति या पत्नी का नाम / Name of Spouse

पता / Address

KALAN NIKETAN APT FLAT NO 303

3RD FLR NEAR HEMRAJ DIARY

ULHASNAGAR-421001 DI ST THANE MS

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

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