P	Parental Authorization for Minors (Children under 1	8 years old)	
dian Embassy/C	Consulate General Of India		
e, the undersign	ned,		
Mr. VARU	INKUMAR REDDY KAITHI		
and			
Mrs. TEJ	TASREE KALLALA		
	ents or guardians should provide a copy of his/her ID card with s separated or divorced, or in case of adoption, the legal guardian		
ving full and cor	omplete custody of		
Name	ARYAN REDDY KAITHI	HI	
Date of Birth	Nov-24-2024		
residing at	10926 POBLADO RD APT 2512 SANDIEGO CA,92127		
The issua	to leave the United States of America uance of Renunciation Certificate/Declaration uance of OCI card		
	PLACE :	SAN DIEGO, CA	
	DATE :	02-21-2025	
K-Feje	jamee K.V	ARUN Reddy	
(Mother's	s Signature) (Father	(Father's Siganture)	
	PARENTAL AUTHORISATION FORM MUST BE NOTARIZE	ED.	
And the second section is a second second section of the section of the second section of the section of the second section of the se	Kaptividha Feb 21, 2025		

PRAPTI MIDHA

Notary Public - California San Diego County Commission # 2425372

My Comm. Expires Nov 6, 2026

See A Hacked CA Notary Cutificate

CALIFORNIA ACKNOWLEDGMENT

	ARTER BEREIN FRANK IN DER FRANKE IN DER FRANKE IN DER FRANK IN DER FRA
A notary public or other officer completing this certificate veri to which this certificate is attached, and not the truthfulness	fies only the identity of the individual who signed the document, accuracy, or validity of that document.
State of California	
County of SANDIEGO	
	APTI MIDNA, NOTARY PUBLIC
Date personally appeared T£JASREE KAL	Hara Insert Name and Title Of the Officer
	Name(s) of Signer(s)
REDDY KAITHI	
to the within instrument and acknowledged to me that authorized capacity(ies), and that by his/her/their signatupon behalf of which the person(s) acted, executed the	ature(s) on the instrument the person(s), or the entity
PRAPTI MIDHA Notary Public - California San Diego County Commission # 2425372 My Comm. Expires Nov 6, 2026	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.
Place Notary Seal and/or Stamp Above	Signature of Notary Public
	ONAL
Completing this information can of fraudulent reattachment of this	deter alteration of the document or form to an unintended document.
Description of Attached Document Title or Type of Document: lavental Au Document Date: [-eb 21, 25	ithonization of Minurs Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer – Title(s): Partner – Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:	□ Partner − □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other: □