

KERALA STATE COUNCIL FOR CHILD WELFARE

THYCAUD P. O. TRIVANDRUM. Phone: 0471-2324939, 2324932



APPLICATION FOR ADOPTION OF A CHILD

- | | | |
|--|---------|------|
| 1. Name and Address of the Applicant | Husband | Wife |
| 2. Age and Date of Birth | Husband | Wife |
| 3. Educational Qualifications | Husband | Wife |
| 4. Occupation | Husband | Wife |
| 5. Income from Occupation | Husband | Wife |
| 6. Details of Landed Properties and Other Assets | | |
| 7. Annual Income from All Sources | | |
| 8. Savings | | |
| 9. Family Background | | |
| 10. Health Conditions: | | |
| 11. Reasons for Adoption: | | |

12. Details of the child to be adopted.

(a) Age: (b) Sex: (c) General Appearance (Color):

13. Any Other Information.

DECLARATION

I do hereby declare that the details furnished above are true to the best of my knowledge. We are ready to obey all rules and regulations. Also ready to submit any more information.

Place:

Date:

Signature of Applicants

FOR OFFICE USE ONLY

1. Registration No:

2. Date of Home Study:

3. Decisions of the Committee:

Hon. General Secretary