

## **FORM FOR ADOPTION OF A CHILD FROM ORPHANAGE**

**Name of the Applicant:**

**Age of applicant:**

**Profession:**

**Monthly Salary / Earnings:**

**E-mail:**

**Phone:**

**Address:**

### **Details about the spouse:**

**Name of the spouse :**

**Age of the spouse :**

**Profession of the spouse :**

**Monthly Salary :**

### **Details about the child you wish to adopt:**

**Age of the child, you wish to adopt :**

**You want to adopt Boy /Girl :**

**Reasons for adopting:**

**The address of the Directorate :**  
**Director - Social Welfare**  
**Directorate of Social Welfare**  
**117, Raja Mandi Complex**  
**Jammu, Jammu and Kashmir -180001**

**Ph:- 2545745, 2545748, 2545728**