

Application for Adoption

(To be submitted in triplicate)

From:

To:
The Director / Commissioner,
Women Development and Child Welfare Department,
AP Hyderabad.

Sir / Madam,

Sub:- Adoption of a child from Sisuvihar of Women
Development and Child Welfare Department --Reg.

* * *

We have no children. We wish to adopt a child from Sisuvihar of Women Development and Child Welfare Department.

- 1 a. Name of the Husband
b. Age
c. Occupation
- 2 a. Name of the wife
b. Age
c. Occupation
d. Address
- 3 Monthly Income of (*)
a. Husband
b. Wife
- 4 Properties (of both wife & husband)
a. Movable
Immovable (copy of the deed to be enclosed)
- 5 Liabilities of
a. Husband
b. Wife
- 6 Other members of the family
- 7 Savings

- 8 Description of the child for adoption
 - a. Age
 - b. Sex
- 9 Reasons for taking the child for adoption
- 10 Any other information

SIGNATURE

STATION:

DATE

Note: - (*) Certificate to be enclosed in support of the income, both wife and husband has to be signed.

MEDICAL FITNESS CERTIFICATE FOR ADOPTIVE PARENTS

(TO BE SUMMED IN SEPERATLY ADOPTIVE MOTHER / FATHER)

Name: Date:
Sex: Occupation
Date of birth: Blood group
Height (cm) Weight (kg)

HISTORY OF ILLNESS IN THE FAMILY

Blood pressure: Diabetes:
T.B. Asthma:
Epilepsy Mental illness

PERSONAL HISTORY

Previous illness – Accident:

If yes (Specify) Surgery

Disease

Emotional Health:

Habits: Alcohol Smoking Tobacco
Nature of Job: Drugs Any other

I. General Examinations - Colour _____ Dedema _____

II. Cardio Vascular System –

Breathlessness Palpitations Chest pains

Findings Heart Sound Murmur

III. Respiration System:

Symptoms – Cough Chest pains Breathlessness

Findings – Foreign sounds

IV. Renal System – Urinal complaints

V. Menstruation – Any menstrual problem (Especially irregular bleeding)

VI. Other - Herina

If yes (specify) Hydrocel

VII Mental Condition –

Fits

Migraine

Anxiety state

Depressive

Affective disorder

Leprosy

Leucoderma

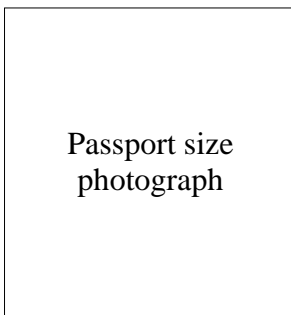
VIII Skin Problems

Any other (specify)

IX Any medication at present long term / short term – (specify) problem.

X. Relevant Investigation:

Notes of Examination physician regarding current health status of applicant:



Signature of the
Physician

Qualification

Reg. No.

Note: This form is for both male and female applicants. Please write **NA** when not applicable.

**WOMEN DEVELOPMENT AND CHILD WELFARE DEPARTMENT
:A.P.: HYDERABAD.**

DECLARATION OF WILLINGNESS TO ADOPT

This is to state that we the undersigned adoptive
parents Mr. _____ and Mrs. _____
both residing at _____
_____ are
willing to adopt _____ DOB _____ from
_____. We are willing to care for _____
_____ and raise adopted boy / girl as our own son / daughter
and to provide all the necessities required for his healthy and wholesome growth
and development in to an adult.

Adoptive Mother:

Adoptive Father:

Place:

Date:

LIST OF DOCUMENTS

- | | |
|--|---------------|
| 1. Marriage Certificate / Wedding Card / Wedding Photo | 1+2 Copies |
| 2. Medical Fitness Certificate adoptive parents
(Issued by Civil Surgeon/Asst. Civil Surgeon) | 1 + 2 Copies |
| 3. Current Photograph of adoptive parents (Post card Size) (Joint photos) | 2 copies |
| 4. Employment Certificate | 1 +2 copies |
| 5. Salary Certificate | 1 + 2 copies |
| 6. Infertility Certificate (Gynecologist) | 1 + 2 copies |
| 7. Declaration of willingness to adopt | 3 copies |
| 8. Consent letter | 3 copies |
| 9. Property documents | 3 copies |
| 10. Passport size photos of adoptive parents | 2 copies each |

CONSENT LETTER

I _____ W/o _____ do hereby give my consent for the said proposal of adoption of Baby / Master _____ . I further state that I am willing to be the mother of the said child proposed to be adopted by my husband.

(Proposed Adoptive Mother)