

Fill this form during adoption verification										
Verifier's name			Village Organisation							
Verifier's designation			Village							
Mediator's name			Block							
			District							
	Member's Name	Father's/Husband's Name	Group's Name	Name of the video	Date of Verification	Put a ✓ if the member has adopted the essential point.				
						1	2	3	4	5
1										
2										
3										
4										
5										
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7										
8										
9										
10										
11										
12										
13										
14										
15										
Problems faced during adoption:						Signature of Verifier				