FORM-XXII See rule 79

DEPARTMENT OF SOCIAL DEFENCE

INTERVIEW REGISTER

Name of the child	Name & addresses of person(s) who have	Relationship	Behaviour & attitude of the child after	Follow-up action if any suggested	Remarks of the Superintendent
&	interviewed the child		interview. Remarks		& Signature
	(Name to be recorded)		of the Officer who		_
Date of Interview.					
			interview		
		& person(s) who have interviewed the child (Name to be recorded)	& person(s) who have interviewed the child (Name to be recorded)	person(s) who have of the child after interview. Remarks (Name to be recorded) of the Officer who	person(s) who have interviewed the child (Name to be recorded) Date of Interview. person(s) who have interview. Remarks of the Officer who conducts the