

## 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:

<b>Habits:</b>	Alcohol	Smoking	Tobacco
<b><u>Nature of Job:</u></b>	Drugs	Any other	

<b>I. General Examinations -</b>	Colour _____	Dedema _____
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**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

Anxiety state

Affective disorder
- Migraine

Depressive

**VIII Skin Problems**

Any other (specify)

- Leprosy
- Leucoderma

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<br>(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)