

FORM 23
[Rule 19(22)]
APPLICATION FOR SURRENDER OF CHILD

Date

To

Child Welfare Committee,
District.....

I/ We.....(name of the applicant/s)(relation with the child)
of.....(name of the child), aged about.....years , intend to surrender.....name of
child) before this Child Welfare Committee as.....(reason/s for
surrender).

I/we am /are fully conscious and making this application before this Child Welfare Committee. I
have not been forced or unduly influenced by any one to take this decision of
surrendering..... (name of child). I shall have no objection if the child is given in adoption. I
am fully aware of the consequences of surrendering the child.

Full signature of the applicant(s)/

Thumb impression (if the CWC deems appropriate)

Name and address.

.....

(Signature of the Chairperson/ member

Before whom such application is submitted)

Committee member/s present:_____

Date.....

Time.....

Place.....