

Application Form for Legal Adoption of a Child from Basundhara

BASUNDHARA, BASUNDHARA NAGAR
ABHINABA BIDANASI, CUTTACK-753014

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To

The Secretary,
BASUNDHARA

DECLARATION

Dear Madam,

We have to request you to allow us to take a male/female child from your Institution Basundhara in adoption on the following condition:

1. We promise to treat the child as our natural born child and shall not transfer him/her to another person or family.

If at any time in future, we find it difficult to maintain the child, we undertake to return the child to the Institution at our own cost and with full compensation.

2. We shall keep your Institution 'Basundhara' informed of the progress of the child once in every six months till five years, from the date of adoption.
3. We Shall be responsible for his/her future maintenance and education on par with our own children (if any) or as our own legally adopted child.

To substantiate your confidence we give the following declaration in favour of the said adoption.

Signature of the Parents

Place:

Prospective Adoptive Father

Date:

Prospective Adoptive Mother

APPLICATION FORM

Photograph of Mother
(Attested)



Child



Photograph of Father
(Attested)



- 1. Full Name of Father: _____
S/o: _____
Mother: _____
D/o: _____
- 2. Date of Birth a) Husband _____ (b) Wife _____
- 3. Date of Marriage : _____
- 4. Religion: _____
- 5. Nationality: _____
- 6. Education a) Husband: _____
b) Wife: _____
- 7. Permanent Address: _____

Present Address: _____

With Telephone No. _____
- 8. Occupation and address/es of Employer/s or business
a) Husband _____

b) Wife _____

- 9. Do the applicants have any Issue including Adoptive children and if so
Name and sex of child & Date of Birth

- 10. Financial Condition of applicant:
a. Annual Income during the past three years. _____
b. Source of Income _____

- c. Present total Income per annum _____
- d. Capital(Nature) land, house etc. _____
- e. Bank balance, Investments, Insurance etc, _____
- f. Tax arrears of debts (if any) _____
- 11. Has any of the applicants convicted? _____
- 12. Object in asking the child for adoption _____
- 13. Has he or she or both been Medically examined (in the case of she by Gynecologist and certified to be incapable of producing any children). If so give the name and address of the doctor and date of examination with testimonials. _____
- 14. Have you any other dependents On you, if so who are they? _____
- 15. Whether you desire to have a Male or female child ? _____
- 16. Description and age of the Child proposed to be adopted. _____

Signature- Husband

Date.....

Signature- Wife

Witness Name: _____
 Designation: _____
 Address(Permanent): _____

 (Present): _____

The applicants are known to me and both of them are from respectable family & to my knowledge both have sufficient means to maintain the child and inherit the property.

Date.....

Signature

Office Note with Secretary's recommendation.