

**(APPLICATION TO BE SUBMITTED IN TRIPLICATE)**

**From:**

**To**

The Director / Commissioner,  
Women Development and Child Welfare Department,  
A.P., Hyderabad.

Sir/Madam,

**Sub:** Adoption of a Child, Male / Female from Sisuvihar/Sishugreha Department of Women Development and Child Welfare & P.D.,DWCD Agency – Requesting – Regarding.

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We wish to adopt a Male / Female Child in the age group of \_\_\_\_\_ from Sisuvihar/Sishugreha of Women Development and Child Welfare Department, DWCD.

I. Applicant Status:	i) Couple		ii) Single Parent	
<b>If Couple:</b> a) Date of Marriage:				

<b>1.</b>	<b>Father</b>	<b>Mother</b>
a) Name of the PAPs:		
b) Age:		
c) Education:		
d) Occupation:		
e) Speaking languages & writing languages		
f) Office address, Phone No. & E-Mail ID:		

	<b>Father</b>	<b>Mother</b>
<b>2.</b> Contact / Present Address & Telephone No.		
Office:		
Residential		
a) Housing status: Own House/Flat :		
Tenant:		
b) Permanent Address & PIN Code:		
<b>3. Monthly Income of</b>	<b>Father</b>	<b>Mother</b>
	Rs.	Rs.
<b>4. Properties</b>	<b>Father</b>	<b>Mother</b>
a) Movable		
b) Immovable (assets details along with a copy of the deed to be Enclosed)		
<b>5. Liabilities</b>	<b>Father</b>	<b>Mother</b>

**6. Savings:**

<b>LIC/Any other Insurance</b>	<b>Policy Name &amp; Number</b>	<b>Amount</b>
<b>Bank Fixed Deposits</b>	<b>Name of the Bank &amp; A/c.No.</b>	<b>Amount</b>
<b>Postal Recurring/Fixed Deposits</b>	<b>Name of the Post Office &amp; Account No.</b>	<b>Amount</b>
<b>Any Other</b>		<b>Amount</b>

**7. Details of other members of the family to take care of the child:**

a. Grand Parents:

b. Uncle / Aunts:

c. Others please specify:

**8.**

**a) Description of the child for adoption:**

<b>0-1 years</b>		<b>1-3 years</b>		<b>3-5 years</b>		<b>5 &amp; above Upto 14 years</b>	
<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>

**b) Description of the differently abled child for adoption:**

HIV		Hepatitis-B		Cardio Vascular Disease		MRPH		Others	
M	F	M	F	M	F	M	F	M	F

**9. Motivation for adoption:**

**SIGNATURE**

Adoptive Mother

**SIGNATURE**

Adoptive Father

## MEDICAL FITNESS CERTIFICATE FOR ADOPTIVE PARENTS

(TO BE SUBMITTED IN SEPERATLY OF ADOPTIVE FATHER)

Name:		Date of Birth:	
Blood group:		Height:	
Weight:			

### **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	

### **HABITS:**

Alcohol		Smoking		Tobacco		Drugs	
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Any Other:

### **NATURE OF JOB:**

<b>I. General Examination</b>	Color		Edema	
<b>II. Cardio Vascular System</b>				
Breathlessness		Palpitations		Chest Pain
Finding		Heart Sound		Murmur
<b>III. Respiratory Systems</b>				
Symptoms – Cough				
Finding – Abnormal Sounds:				

<b>IV. Renal System - Urinary Complaints.</b>			
<b>V. Hernia</b>		Yes/No	If yes (Specify Hydrocele)
<b>VI. Mental Condition</b>			
Fits:	Migraine:	Anxiety State:	Depression:
Affective disorder:			
<b>VII. Skin Problems</b> Any Other (Specify):			
<b>VIII. Any medication at present long term/short term – (Specify) problem</b>			
<b>IX. Relevant Investigation</b>			

**Notes** of Examination physician regarding current health status of applicant  
:

- a) Chest X Ray :
- b) ECG :
- c) Complete Blood Picture :
- d) Complete Urine examination :

Please Paste the  
Passport size photo  
of Father

Signature of the Physician:

Qualification:

Reg. No.

## MEDICAL FITNESS CERTIFICATE FOR ADOPTIVE PARENTS

(TO BE SUBMITTED IN SEPERATLY OF ADOPTIVE MOTHER)

Name:		Date of Birth:	
Blood group:		Height:	
Weight:			

### **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	

### **HABITS:**

Alcohol		Smoking		Tobacco		Drugs	
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Any Other:

### **NATURE OF JOB:**

<b>I. General Examination</b>	Color		Edema	
<b>II. Cardio Vascular System</b>				
Breathlessness		Palpitations		Chest Pain
Finding		Heart Sound		Murmur
<b>III. Respiratory Systems</b>				
Symptoms – Cough				
Finding – Abnormal Sounds:				
<b>IV. Renal System - Urinary Complaints.</b>				

<b>V. Menstruation - Any menstrual Problem (Especially irregular bleeding)</b>			
<b>VI. Hernia</b>		Yes/No	If yes (Specify Hydrocele)
<b>VII. Mental Condition</b>			
Seizures:	Migraine:	Anxiety State:	Depression:
Any other disorder:			
<b>VIII. Skin Problems</b> Any Other (Specify):			
<b>IX. Any medication at present long term/short term – (Specify) problem</b>			
<b>X. Relevant Investigation</b>			

**Notes** of Examination physician regarding current health status of applicant  
:

- e) Chest X Ray :
- f) ECG :
- g) Complete Blood Picture :
- h) Complete Urine examination :

Please Paste the  
Passport size photo  
of Father

Signature of the Physician:

Qualification:

Reg. No.



**WOMEN DEVELOPMENT AND CHILD WELFARE DEPARTMENT,  
A.P., HYDERABAD**

**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)**

**ADOPTION IS A PERMANENT SOLUTION FOR A TEMPORARY PROBLEM  
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 \_\_\_\_\_ 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: \_\_\_\_\_



	Female:                          age :			
	<b>Specific documents required if PAs separated:</b>			
iii)	Divorce Decree in case the spouses were earlier divorcees.  a. If the spouses having biological / adoptive children details thereof :  No. of children :  Male/Female :  Name :  Age:			
iv)	Widow / Widower (Death Certificate of the spouse)  if the couple have biological / adopted children earlier:  No. of children:  Male / Female:  Name of the child:  Age :			
v)	Unmarried:  if he/she adopted children earlier:  No. of children:  Male/ Female:  Age :			
11	Two letters of recommendation from persons who know the family well enough to recommend them as a married couple and they can become good parents and take care of the child.			
12	Self Address Envelop Covers with stamps – 5			

## **ELIGIBILITY FOR PROSPECTIVE ADOPTIVE PARENTS (PAP'S)**

### **TO ADOPT A CHILD**

1. The composite age of prospective adoptive parents should not cross 90 years for applying below one year children/ infant children.
2. The prospective adoptive parent's age should not cross 55 years (either of the parents).
3. Single Parent's age should be between 30-45 years. The difference between the child and single parent should be 21 years.
4. Income of the prospective adoptive parents should be at least Rs.5, 000/- per month i.e., 60,000/- per annum.
5. Parents who are having below 45 years age eligible to get adoption of infant children.
6. Parents crossed 45 years of age eligible for adoption of the child in the age group as follows:

<b>Age of prospective adoptive parents</b>	<b>Age group of the child</b>
46 years	1-2 years
47 years	2-3 years
48 years	3-4 years
49 years	4-5 years
50 years	5 and above

**Note :** The applications for adoption can be submitted to the Director/Commissioner, Women Development & Child Welfare, Hyderabad or directly to the Project Director, District Women Child Development Agencies.

## **PARTICULARS OF DEMEND DRAFT**

From 01-04-2009 the Department is collecting service charges from the Prospective Adoptive Parents for an amount of Rs.1,500/-(Rs.5,00/- Registration, Counseling & 1,000/- towards Home Study) at the time of filing the application.

The prospective adoptive parents should take the Demand Draft for Rs.1, 500/- (Rupees. Fifteen Hundred Only/-) in favour of “**Chairman, Voluntary Coordinating Agency, Hyderabad.**”

**At the time of submission of the Application the PAPS should fill the Details of Demand Draft / Banker’s Cheque / any other**

Demand Draft/Banker’s Cheque/ any other No         :  
Amount   :  
Name of Bank & Branch with Address                         :  
Date   :

### **Importance of Legalization:**

Legalization of adoptions in the Hon’ble Family Court *within 30 days* after foster care *which is mandatory*. Otherwise, the children will not be considered as the legal heirs of the Prospective Adoptive Parents. If the adoption is not legalized the adopted children can not accomplish the ripen fruits of adoption.

### **Birth Certificate:**

After legalization of their adoption, parents should take the Birth Certificate of the adoptive child. The requisite certificate will be issued by the local birth certificate issuing authority of the concerned city/town/area.

## Police Clearance Certificate

**ADOPTION COORDINATING AGENCY - Hyderabad, D.No: 8-3-222, Vengalrao Nagar,  
Ameerpet, Hyderabad – 500038.**

To  
The Station House Officer,  
\_\_\_\_\_,  
\_\_\_\_\_.

This is to inform you that

Mr. \_\_\_\_\_ and  
Mrs. \_\_\_\_\_ R/o: \_\_\_\_\_

\_\_\_\_\_ have registered their name with  
Adoption Coordinating Agency, Hyderabad. As part of adoption procedure followed, this  
couple requires a police clearance certificate, for adopting a child. Their address is given  
below.

Hence, you are requested to do the needful.

**Address of the PAPs-**

Yours faithfully,

For Director