

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 anyone 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.....