

**SCHEDULE XXI**  
**[See regulation 54(1)]**

**FAMILY BACKGROUND REPORT OF THE CHILD AND THE BIOLOGICAL  
PARENTS IN CASES OF INTER-COUNTRY RELATIVE ADOPTIONS**

DATE OF HOME VISIT:

**1. Personal particulars about the child**

- 1.1 Full name of the child:
  - 1.2 Sex: Male Female
  - 1.3 Date of birth (Birth Certificate of the child to be attached):
  - 1.4 Place of birth:
  - 1.5 Religion:
  - 1.6 Language spoken (if applicable):
  - 1.7 Order of birth in the family:
  - 1.8 Present educational status:
  - 1.9 Whether the child is able to express any feeling/opinion regarding his/her adoption? Yes No
  - 1.10 If the child is above 5 years of age, written statement/ translation of statement of consent of the child for the proposed adoption by the social worker in English to be enclosed.
  - 1.11 Disability/special needs (if any to be reflected in the Medical Examination Report)  
Yes No
  - 1.12 Whether the child has been counselled thoroughly about the effects of adoption?  
Yes No NA (Not applicable in case the child is below 5 years old)
  - 1.13 Whether the child knows about the legal termination of parent-child relationship due to the adoption? Yes No (Not applicable in case the child is below 5 years old)
  - 1.14 Who has provided counselling to the child?  
Parent/s Guardian Child Welfare Committee Social Worker Teacher  
Uncle Aunt Sibling Grandparent/s  
Any other (Specify)
  - 1.15 General Personality and description of the child:
- 1.16 Social and educational background of the child:

**2. Details about the biological parents of the child or guardian of the child, as the case may be.**

<b>Details of the father/guardian</b>		<b>Details of the mother/guardian</b>	
Date of birth and age		Date of birth and age	
Religion		Religion	
Nationality		Nationality	
Present and Permanent Address		Present and Permanent Address	
Educational Qualifications		Educational Qualifications	
Present Occupation		Present Occupation	
Total income per month (proof to be given)		Total income per month (proof to be given) , if applicable	
Whether suffering from any disease (if yes, details to be given)		Whether suffering from any disease (if yes, details to be given)	

**3. Details about other family members living with the biological parents/guardians (Other individuals who reside in the household or outside)**

Name in full	Age/Sex	Occupation details	Marital status	Relationship to the child

**4. Opinion about the proposed adoption by each member of the family**

**5. Remarks of District Child Protection Unit:**

(The District Child Protection Unit is required to provide counselling to the biological parents about the effects of adoption, give reasons for proposing the child in adoption to a relative. Further, the District Child Protection Unit has to mention if the adoptive parents have already interacted with the child, if yes when, reason/s or motivation/s for adoption. District Child Protection Unit may also describe about home of the biological family, whether the parents of the child/ren are in touch with the prospective adoptive parents, and description of living accommodation and photograph of the child with adoptive family, etc.

**6. Whether the envisaged placement is in the best interests of the child:**

Signature with Stamp of the officer concerned from District Child Protection Officer  
Address:

**Documents to be attached with the Report**

- (a) Proof of residence of the biological family/guardian
- (b) Proof of income of the biological family/guardian
- (c) Proof of date of birth of the biological family/guardian
- (d) Medical certificate in case the biological parent(s) have any medical condition
- (e) Proof of date of birth of the child
- (f) Medical Examination Report of the child to be adopted

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