

SCHEDULE XXII
[See regulation 51(2)]

PERMISSION BY CHILD WELFARE COMMITTEE TO THE CONSENT GIVEN BY THE GUARDIAN OF THE CHILD FOR ADOPTION BY HIS/HER RELATIVE (WHERE BIOLOGICAL PARENTS ARE NOT ALIVE/NOT ABLE TO GIVE CONSENT)

I. I/We, the undersigned give the following declaration before the Child Welfare Committee (District-----):

Male Guardian	Female Guardian
Name	Name
Surname	Surname
Son of,	Wife/daughter of.....,
Date of birth: Day ...Month	Date of birth: Day ... Month
Year.....	Year.....
Permanent	Permanent
Address.....	Address.....
Present Address:	Present Address:
declare that:	
<p>The child (name) (Surname)</p> <p>Sex: Male [] Female [], Date of birth: Day Month Year....., Place of birth....., daughter/son of, permanent resident of, and presently residing at</p> <p>..... is under my/ our custody due to death of his/her parents(both). The natural parent(s) of the above mentioned child/children is/are my/our _____ (please specify the relation and attach proof of supporting documents).</p> <p>I/We</p> <p>(i) give consent to the surrender of the child named ----- to my/our relative for adoption;</p> <p>(ii) hereby terminate the legal guardian-ward relationship with the said child or children;</p> <p>(iii) understand that the said child shall be adopted by his/her relative residing in India or abroad;</p> <p>(iv) understand that the adoption of this child will create a permanent parent-child relationship with the adoptive parent(s);</p> <p>(v) shall have no claim over the child;</p> <p>(vi) declare that I/we have fully understood the above statements carefully;</p> <p>(vii) have information about the effects of my/our consent;</p> <p>(viii) am/are making the statement without coercion or threat and without receiving any payment or compensation of any kind.</p>	

Signed at on.....

[Signature or Thumb Impression of the Guardian(s)]

II. Acceptance of child’s relative adopting the child.

Adoptive Father	Adoptive Mother
Family name:	Family name:
First name(s):	Firstname(s):
Date of birth: daymonthyear ...	Date of birth: daymonthyear ...
Permanent	Permanent
Address: -----	Address: -----

I/We

- (i) accept and understand that the adoption of this child will create a permanent parent-child relationship with us.
- (ii) certify that the consent have not been induced by payment or compensation of any kind.
- (iii) declare that I/we have fully understood the above statements.

Signed at on.....

(Signature or Thumb Impression of the adoptive parent(s))

Adoptive Father

Adoptive Mother

III. Declaration by Witnesses

I/we the undersigned know the guardian of the child/children very well and have witnessed the above statement of consent or surrender.

(a) Signature, Name and Address of the first Witness
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(b) Signature, Name and Address of the second Witness
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.....

Photograph of the guardian	Photograph of child	Photograph of prospective adoptive parents
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IV. Certification of Child Welfare Committee

Name (s):

Designation:

The Child Welfare Committee hereby certifies that the person and the witness (es) named above appeared before the Committee and signed this document in our presence.

Signed at on.....

Signature and Seal

Child Welfare Committee
