The Child Adoption

Section 12 - Social Background

This should include his social history i.e. brief background of the birth parents and circumstances necessitating the childs surrender or abandonment, etc. Please do not give identifying information such as name and address of birth parents or relatives.)I _____ Social Worker hereby certify that the information given in this form about child _____ is correct. Signature:Place : Name:Date : Designation:We have read and understood the contents of the Child Study Report and are willing to accept _____ as our adoptivechild.(Signature of the male applicant) (Signature of the female applicant)(Name of the male applicant) (Name of the female applicant)Place : Place :Date : Date : SCHEDULE-3 [See paragraphs 2(19), 6(14) and 7(16)] MEDICAL EXAMINATION REPORT (MER) OF THE CHILDA duly licensed physician should complete the report. If any information is not available, please state unknown. A. General Information