

Occupation

-355-

ANNEX-B

DISCHARGE FORM OF CHILDREN HOME

District _____

1. Children Home _____ Date of Discharge _____ Registration No. _____

2. Name _____ S/o, D/o _____

3. Age (At the time of Discharge from Home) _____ Permanent Residence _____

4. Reasons for Leaving: _____

5. Accompanied by _____ Relation _____

6. Address where She/he will live after leaving Children Home: _____

7. Permanent address of the relative if different from above _____
_____ Phone No. _____

8. What Type of Rehabilitation Mode: (i). Marriage _____ (ii). Employment _____

(iii). Referred _____ (iv). Re-adjustment with family _____ Any other _____

(Attach relevant documents related to clause 8 like nikhanama, contact letter, referral information, court orders etc)

Signature of Incharge
Children Home

Signature or Thumb
Impression of the Child

Signature or Thumb
Impression of the Relative
of Child