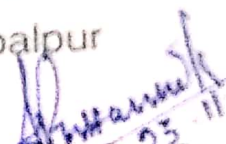


ଜିଲ୍ଲାପାଳଙ୍କ କାର୍ଯ୍ୟାଳୟ, ସମ୍ବଲପୁର
ଜିଲ୍ଲା ଶିଶୁ ସୁରକ୍ଷା ଯୁକ୍ତି, ସମ୍ବଲପୁର
ବିଜ୍ଞପ୍ତି

ଇସ୍ତାହାର ସଂଖ୍ୟା 365 ତା 23/11/20

ଏତତ ଦ୍ୱାରା ସର୍ବସାଧାରଣଙ୍କ ଅବଗତ ନିମନ୍ତେ ଜଣାଇ ଦିଆଯାଉଅଛି କି ଯେ, କିଶୋର ନ୍ୟାୟ ଆଇନ ୨୦୧୫ ଅନୁକ୍ରମ ଧାରା ୪୪ ଓ କିଶୋର ନ୍ୟାୟ ୨୦୧୬ ଅନୁକ୍ରମ ଅଧିନିୟମ ୨୩ ଏବଂ ମଡେଲ ରାଜତ ଲାଇନ, ପ୍ରତିପାଳନ ଯତ୍ନ (Foster Care) ୨୦୧୬ ଅନୁଯାୟୀ ଶିଶୁମାନଙ୍କୁ ଅଲଥାନ କରାଯିବାର ବ୍ୟବସ୍ଥା ରହିଅଛି। ଏହି ବ୍ୟବସ୍ଥାର ମୂଳ ଲକ୍ଷ ହେଉଛି ଯେଉଁଠି ଯତ୍ନ ଓ ସୁରକ୍ଷା ଆବଶ୍ୟକ କରୁଥିବା ଶିଶୁମାନଙ୍କୁ ଅସାଧ୍ୟ ଭାବରେ ଅଣସମ୍ପର୍କୀୟ ପରିବାର ସହିତ ସ୍ୱଳ୍ପ କିମ୍ବା ଦୀର୍ଘ ସମୟ ପାଇଁ ରଖାଯାଇଥାଏ ଓ ପ୍ରତିପାଳନ ନିମନ୍ତେ ଇଚ୍ଛୁକ ଥିବା ପିତାମାତାମାନେ ଜିଲ୍ଲା ଶିଶୁ ସୁରକ୍ଷା ଅଧିକାରୀ, ଜିଲ୍ଲା ଶିଶୁ ସୁରକ୍ଷା ଯୁକ୍ତି, ହିତାୟ ମହଲା, ଜିଲ୍ଲାପାଳଙ୍କ କାର୍ଯ୍ୟାଳୟ, ସମ୍ବଲପୁର ଠିକଣା ରେ ଆବେଦନ କରିପାରିବେ ଏବଂ ଦରଖାସ୍ତ ପର୍ଯ୍ୟନ୍ତ ଓ ନିୟମାବଳୀ ସମ୍ବନ୍ଧୀୟ ସମସ୍ତ ତଥ୍ୟ www.sambalpur.nic.in ରେ ଉପଲବ୍ଧ ଅଛି।

By order of the Collector,
Sambalpur


ଜିଲ୍ଲା ଶିଶୁ ସୁରକ୍ଷା ଅଧିକାରୀ,
District Child Protection Officer,
Sambalpur
23.11.20

APPLICATION FORM

To be submitted by foster parents in response to the advertisement given by
DCPU or an Agency permitted by DCPU

(Photograph
of both the Applicant)

Agency /DCPU Details :

Name of the Agency/DCPU

Address

Telephone

Fax

E-mail

Date (Form Submitted)

B. Details of the Applicant

	Care giver/parent -1	Care giver/parent -2
Name		
Date of Birth		
Age		
Educational status		
Marital status		

MODEL GUIDELINES FOR FOSTER CARE, 2016

Nationality		
Religion		
Adhar card no.		
Occupation		

- Address and contact details
- Number of biological children
- Annual income
- Mother Tongue
- Other language known

C. Preference of child to be taken in Foster Care

a) Age Group

- i) 6-9 years ii) 10-12 years iii) 13-18

b) Any other preferences :

(Gender, Religion, Disability.)

c) Type of placement

i) Short term

ii) Long term

D. Reasons to be wanting to foster care

E. We have the consent of all family members including children for fostering a child.

Yes

No

E. We agree to participate in all training programmes organized by the Government/ agency?

Yes

No

F. We agree to facilitate the monitoring visit of the CPO/Social Worker to our home and make all our family members available for the meetings?

MODEL GUIDELINES FOR FOSTER CARE, 2016

Yes

No

26. Details of Two references:

Declaration

We _____ hereby declare that the particulars furnished by us in this application form are true to the best of our knowledge and belief. In case any information is found to be incorrect, our application shall liable to be rejected.

Date:

Name &

Place:

Signatures of both the Spouses