

# INITIAL INSPECTION FORM FOR RESCUE OF INFANTS

Saranalayam, 89 Babuji Nagar, Tirunelveli – 627 001,

Name of Child: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_ Unique Physical Mark: \_\_\_\_\_

Mother of Child: \_\_\_\_\_ Father of Child: \_\_\_\_\_

Address: \_\_\_\_\_ Panchayat: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Reason for Surrender: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Place of Abandonment: \_\_\_\_\_ District: \_\_\_\_\_ Taluk: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ Town: \_\_\_\_\_ Physician: \_\_\_\_\_

Police Station: \_\_\_\_\_ Town: \_\_\_\_\_ Officer: \_\_\_\_\_

Condition & Health of the child: \_\_\_\_\_ First Responder: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Social Welfare Authority: \_\_\_\_\_ Division: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Saranalayam Staff: \_\_\_\_\_ Section: \_\_\_\_\_

Date of Admission to *Vidiyal*: \_\_\_\_\_ Admin/*Vidiyal* Signature: \_\_\_\_\_

## For Office Use:

Case No: \_\_\_\_\_ Date: \_\_\_\_\_

Observation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval of Director: \_\_\_\_\_

Date: \_\_\_\_\_