

**GOVERNMENT OF MANIPUR  
DEPARTMENT OF SOCIAL WELFARE**

**SPONSORSHIP OF THE CHILD  
(AIDS TO DEPENDENT CHILDREN)  
INFORMATION DATA**

1. Name of Boy/Girl : .....
2. (i) Name of Father : .....
- (ii) Name of Mother: .....
- (iii) Name of Foster parent : .....
3. Full Home Address : .....
4. Date of Birth : .....
5. (i) Name of School: .....
- (ii) Address of School : .....
6. Standard : .....
7. Reason for Referral : .....
- (Financial aids etc.)
8. Family set up. : .....

Name	Age	Living/Death	Course of	Occupation	Income
1.	2.	3.	4.	5.	6.

- Father :  
 Mother :  
 Step Mother :  
 Siblings :
- 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.

Other relatives

9. **DETAILS OF FAMILY HISTORY**
  - (i) father/Guardian(Foster Father)
  - (ii) Mother/Step Mother
  - (iii) Siblings
10. **PERSONAL HISTORY OF CHILD**
  - (i) Family Relationship
  - (ii) School (Attitude to class work- Interested, Apathetic, Distract, Gloomy, Restless attendance).
  - (iii) Peer group relationship

- (iv) Health
- (v) Has the child been immunized against (Tick) only
  - i) Small Pox Yes/No.
  - ii) B.C.G. Yes/No.
  - iii) D.P.T. Yes/No.
  - iv) T.T Yes/No.

(If not above please advise to do these immunization schedule)

- 11. General observation of the worker  
(Physical, Health, attendance, Teacher-Child Relationship peer Group relationship, cleanliness of the child).

(SIGNATURE OF WORKER)

- 12. Overall assessment and future plans.

(SIGNATURE OF OFFICER)

DEPARTMENT OF SOCIAL WELFARE

School Progress Report of  
The Dependent Children for the year ending 199

1. Name of the Child :
2. Course of Study/Training pursued :
3. Date of Joining the Course in your Institution :
4. Present standard of study :
5. Date of joining present standard :
6. Approximate date of conclusion of course in our Institution :
7. (i) Date of commencement and termination of Examination. :
- (ii) Whether Child was continuously on the rolls of the Institution. :
- (iii) If no. indicate the reasons of absence and the period of absence.

Any warning/caution issued to the children for progress of studies/poor conduct or For other reasons give details.

Please state, if the Child is in receipt of financial Assistance from any other source, if so, the name of the source, the amount per month any other details may be indicated.

8. Whether the child is continuously Residing in approved hostel :
9. Character antecedent of the child :
10. Any other remarks :

Signature of the  
Head of the Institution

Name .....

Designation :

Date .....

Place .....

Seal of the Institution.