

Registration Form

Name of the Applicant	<input type="text"/>
Age of applicant	<input type="text"/>
Profession	<input type="text"/>
Monthly Salary / Earnings	<input type="text"/>
E-mail	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Details about the spouse:

Name of the spouse	<input type="text"/>
Age of the spouse	<input type="text"/>
Profession of the spouse	<input type="text"/>
Monthly Salary	<input type="text"/>

Details about the child you wish to adopt:

Age of the child, you wish to adopt	<input type="text"/>
You want to adopt	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Reasons for adopting	<input type="text"/>

The address of the Directorate :

Director - Social Welfare
Directorate of Social Welfare
Old Engineering College Complex
Chepauk, Chennai -600 005
Ph:- 28545745, 28545748, 28545728