

BILQUIS EDHI CHILD ADOPTION CENTRE



TEL NOS. 2413232-2443158

FAX NO. 2418753

BIL	LQUIS EDHI CHILD ADOPTION CENTRE		
age of the same	" ADOPTION FORM "		
NAME OF HUSBAND	NAME OF FATHER		
NAME OF GRAND FATHER	RELIGION	CAS	TE
QUALIFICATION —	OCCUPATIONMC	ONTHLY INC	OME
PLACE OF BIRTH	CITY/ VILLAGE		
NAME OF COUNTRY)			
	NATIONAL IDENTITY CARD NO.		
	(PHOTO COPY OF N. I. CARD)		
NAME OF WIFE	NAME OF FATHER		
NAME OF GRAND FATHER	OCCUPATION IF ANY MONTHLY INCOM	1E	
	CITY/VILLAGE		
NATIONALITY	NATIONAL IDENTITY CARD NO.		
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	TELEPHONE NO	Y	
OFFICE ADDRESS			1190
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