

Sondhar Charitable Trust

Admission Form for Child Support · Village Sondhar, District Tehri, Uttarakhand

Application number (office use)	Date received (office use)
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Please complete this form as fully as possible. If you do not know an answer, write “Not known”. Completing this form does not guarantee admission; each case is reviewed fairly according to need and available capacity.

1. Child’s Details

Full name	Name used at home		
Date of birth	Age		Gender
Aadhaar number (if available)	Place of birth		
Village / town	District / state		
Current address			

Present family situation

☐ Both parents ☐ Single parent ☐ Orphaned ☐ Living with relatives ☐ Other

Please describe the child’s present living situation

2. Parent / Guardian Details

Guardian’s full name	Relationship to child
Phone / WhatsApp number	Alternative phone number
Aadhaar number (if available)	Occupation
Guardian’s full address	
Father’s name and status	Mother’s name and status

3. Family and Financial Information

Number of family members

Children in household

Approx. monthly income

☐ Own home ☐ Rented home ☐ Temporary housing ☐ No stable housing

Main sources of family income and financial difficulties

Other support currently received (government scheme, NGO, relative, pension, etc.)

4. Education

Current / most recent school

Current / last class completed

School location

Medium of instruction

☐ Currently attending ☐ Attendance irregular ☐ Not attending ☐ Never attended

If schooling stopped or is irregular, please explain why

Learning needs, strengths, interests, or support previously received

5. Health and Wellbeing

Blood group (if known)

Known allergies

Medical conditions, disability, medication, dietary needs, or recent treatment

Emotional, behavioural, safety, or care concerns the Trust should know about

6. Reason for Seeking Admission

Please explain why the child needs support and what assistance is being requested

Any urgent concern or deadline

7. Community Reference

Please provide a teacher, village representative, social worker, neighbour, or other person familiar with the child's circumstances.

Reference name

Role / relationship

Phone number

Village / organisation

8. Documents Attached

Document	Attached	To follow	Not available
Child's Aadhaar / identity document	☐	☐	☐
Guardian's Aadhaar / identity document	☐	☐	☐
Address proof	☐	☐	☐
School records / transfer certificate	☐	☐	☐
Income certificate / local reference	☐	☐	☐
Parent death certificate (if applicable)	☐	☐	☐
Medical records (if relevant)	☐	☐	☐
Passport-size photographs	☐	☐	☐

9. Declaration and Consent

I confirm that the information provided in this form is true to the best of my knowledge.

I understand that submission does not guarantee admission and that the Trust may verify the information, contact references, request documents, and arrange a family or home visit.

I consent to the Trust securely using this information only for assessment, safeguarding, care planning, and necessary communication concerning the child.

Guardian's full name

Place and date

Guardian's signature / thumb impression

Witness signature and name

10. For Trust Use Only

Initial review by / date

Follow-up contact date

☐ Documents requested ☐ Conversation completed ☐ Visit required ☐ Verification completed

Assessment notes and next steps

Decision

Decision date / authorised by

Keep completed forms confidential and share them only through Trust-approved channels.