ଜିଲା ଶିଶୁ ସୁରକ୍ଷା ୟୁନିଟ: କେନ୍ଦ୍ରାପଡ଼ା (ବିଜ୍ଞପ୍ତି)

ଏଡବାରା ସର୍ବସାଧାରଣଙ୍କ ଅବଗତି ନିମନ୍ତେ କଣାଇ ଦିଆଯାଉଅଛି କି ପ୍ରତିପାଳକ ଯଦ୍ନ (Foster Care) ବ୍ୟବୟା କେନ୍ଦ୍ର ଓ ରାଜ୍ୟ ସରକାରଙ୍କ ମିଳିତ ଉଦ୍ୟମରେ ପ୍ରଚଳନ କରାଯାଇଅଛି । ଏହି ପ୍ରଚଳିତ ବ୍ୟବୟାର ଲକ୍ଷ୍ୟ ଯେଉଁଠି ଯଦ୍ନ ଓ ସୁରକ୍ଷା ଆବଶ୍ୟକ କରୁଥିବା ଶିଶୁମାନଙ୍କୁ ଅୟାୟୀ ଭାବରେ ଅଣସମ୍ପର୍କୀୟ ପରିବାର ସହିତ ସ୍ପନ୍ଧ କିମ୍ବା ଦୀର୍ଘ ସମୟ ପାଇଁ ରଖା ଯାଇଥାଏ ଏବଂ ଆବଶ୍ୟକୟଳେ ପାରିବାରିକ ପରିଛିତି ପରିବର୍ତ୍ତନ ହେଲେ ପୁନଷ୍ଟ ସେମାନଙ୍କୁ ପରିବାର ସହିତ ମିଳନ କରିବାର ବ୍ୟବୟା ରହିଅଛି । ଏହା କିଶୋର ନ୍ୟାୟ ଆଇନ ୨୦୧୫ ଅନ୍ତର୍ଗତ ଧାରା ୪୪ ଓ କିଶୋର ନ୍ୟାୟ ନିୟମ ୨୦୧୬ ଅନ୍ତର୍ଗତ ଅଧିନିୟମ ୨୩ ଏବଂ ମତେଲ ଗାଇଡ ଲାଇନ, ପ୍ରତିପାଳନ ଯଦ୍ନ (Foster Care) ୨୦୧୬ ଅନୁଯାଇ ଶିଶୁ ମାନଙ୍କୁ ଥଇଥାନ କରାଯିବାର ବ୍ୟବୟା ରହିଅଛି । ପ୍ରତିପାଳନ ନିମନ୍ତେ ଇତ୍କୁକ ସଂଗଠନ / ପିତାମାତା ମାନେ ଜିଲା ଶିଶୁ ସୁରକ୍ଷା ଅଧିକାରୀ, ଜିଲା ଶିଶୁ ସୁରକ୍ଷା ୟୁନିଟ, ଜିଲାପାଳଙ୍କ କାର୍ଯ୍ୟାଳୟ, କେନ୍ଦ୍ରାପଡା, ଫୋନ ନମ୍ବର – ୦୬୭୨୭-୨୩୨୦୦୫ ଆବେଦନ କରନ୍ତୁ । ଦରଖାୟ ଫର୍ମ ଓ ନିଯମାବଳୀ ସମ୍ବନ୍ଧୟ ସମସ୍ତ ତଥ୍ୟ www.kendrapara.nic.in ରେ ମଧ୍ୟ ଉପଲକ୍ତ ଅଛି ।

କିଲାପାଳ, କେନ୍ଦ୍ରାପଡା

ANNEXURE- A

APPLICATION FORM To be submitted by foster parents in response to the advertisement given by DCPU or an Agency permitted by DCPU (Photograph of both the Applicant) Agency /DCPU Details Name of the Agency/DCPU Address Telephone Fax E-mail Date (Form Submitted)

B. Details of the Applicant

	Care giver/parent -1	Care giver/parent -2
Name		
Date of Birth		
Age		
Educational status		
Marital status		

Ministry of Women and Child Development, November, 2016

MODEL GUIDELINES FOR FOSTER CARE, 2016

Religion Adhar card no. Occupation Address and contact details Number of biological children Annual income Mother Tongue Other language known C. Preference of child to be taken in Foster Care a) Age Group i) 6-9 years ii) 10-12 years iii) 13-18 b) Any other preferences (Gender, Religion, Disability.) c) Type of placement i) Short term ii) Long term D. Reasons to be wanting to foster care E . We have the consent of all family members including children for fostering a child. Yes No E We agree to participate in all training programmes organized by the Government/ agency? Yes No F. We agree to facilitate the monitoring visit of the CPO/Social Worker to our home and make all our family members available for the meetings? Ministry of Women and Child Development, November, 2016 Page 4	Nationality			
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Ministry of Women and Child Development November 2016	home and make all our family members available for the meetings?			
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MODEL GUIDELINES FOR FOSTER CARE, 2016

	Yes	No	
26. Details o	of Two references:		
	1	Declaration	
We	hereb	y declare that the particulars furnished by us	
in this applicati	on form are true to	the best of our knowledge and belief. In case	
any informatio	n is found to be	incorrect, our application shall liable to be	
rejected.			
Date:		Name &	
Place:		Signatures of both the Spouses	

(3)