

Who can adopt :

1. Married Couple who have completed 4 years of their marriage.
2. Single woman (unmarried or widow or divorced or legally separated) of 35 years to 55 years of age.
3. At least 30 years of age difference between the child to be adopted and the adoptive parent/s
4. Parent/s who have already son or daughter shall not be allowed to adopt the child of the same sex.
5. If the parent/s bear any biological or adopted son or daughter at home, the newly adopting son or daughter must be younger than the child already at home.

But

If adoptive parents have already adopted son or daughter they will be allowed to adopt siblings.

Required Documents to submit with application :

- 1 Consent letter from concerned Government authority or Embassy of the home country of the prospective adoptive parent/s.
- 2 Guarantee letter from the concerned authority (Government or Embassy) of the home country specifying that under the law of the country, the status of the adopted child is equal to that of the biological child.
- 3 Birth certificate of applicant/s.
- 4 Documents proving the marital status of the applicant/s.
- 5 Family status including the birth certificate/s of biological/adoptive child
- 6 Health certificate of applicant/s issued by licensed medical practitioner.
- 7 Character certificate of applicant/s issued by Government authority mentioning not involvement in crime.

- 8 Documents of properties and at least USD thirty thousand annual income sources of the applicant/s.
- 9 Photocopy of passport of applicant/s.
- 10 Social, psychological and home study report of applicant/s.
- 11 In case of sibling adoption please submit the related documents that proves sibling.

Additional Supporting Documents

1. Covering letter from the Embassy/ Diplomatic Mission/Adoption agency.
2. Photographs which shows exteriors and interiors of living apartment/residence.
3. Commitment of the applicants to comply with post adopting requirements.
4. Five copies of photos of (Prospective Adoptive Parent)PAPs

NOTE:

All documents should be in English. Notary public/ Authorized entity must attest documents translated from other languages into English.

Prepare an index of attached documents that would help to check your documents

1. If PAP/s has/have not any biological child please tick for son or daughter or both:
- 2.If PAP/s has/have biological daughter or son please tick for opposite sex child.
3. If PPP/s has/ have already adopted siblings child please mention details of already adopted child and details of sibling to be adopted.

Kind Information:

Please send your dossier (application) through your Government authority or cocerned Embassy with a forwarding letter and their official seal or an agency of your home country enlisted in Nepal for the purpose of inter Country Adoption .

(Sample)

Inter- Country Adoption Management Development Board(ICAB)

Ministry of Women, Children and Social Welfare

Singh Durbar, Kathmandu, Nepal

Subject: Application for Adoption

Dear Sir/Madam,

I/We (adoptive mother's name) _____ age ____ years and (adoptive father's name) _____ age ____ years, with the details as stated in **INFORMATION ABOUT PROSPECTIVE ADOPTIVE PARENTS SHEET**, am/are choosing to adopt a child from Nepal. I /we hereby attach the proof of application fee of US\$ 300 (non-refundable) depositedn to the Intercountry adoption management development Board, Nepal at Everest Bank Ltd. A/C No. 00101102200050 (SWIFT CODE: E V B L N P K A) as an payment to submit my/our application. Processing fee US\$ 2700 will be deposited at the same bank after the final letter of adoption by ICAB.

(For married couple) We married in the year _____.

(For Single mother) I have completed 35 years but not crossed 55 years and have been remaining single as (please put tick mark in one of the boxes):

Unmarried **Widow** **Divorced** **Separated**

Details of Demanding Child

I/We have a strong desire to adopt a child from Nepal (please put tick mark in appropriate box):

Daughter **Son** **Open**

I/we would like to adopt (please put tick mark in appropriate box):

1. **a healthy child or**

(a) **Open** or (b) **voluntarily surrendered (Relinquished)**, or (c) **orphan**, or (d) **Abandoned in the hospital .**

or

2. **child with special needs**

a **Open** (b) **Low birth weight** (c) **sibling/twins** (d) **person with different ability** (e) **Aged child Above six years of age** (f) **person suffering from acute disease as stated in the special needs criteria** or **please quote the name of the disease.....**

or

3. **Open**

I/We prefer to adopt a child between the age group (please put tick mark in appropriate box):
 3 months to 1 years or Above 1 to 3 years or Above 3 to 6 years or Above 6 to 10 years or Above 10 to 16 years

I/We have a deep love for children. I/We would always try to instill love and pride in the child for her/his country and culture. I/We am/are committed to educate my/our adopted child as my/our own biological child and will ensure that s/he will grow up in a healthy and happy environment as an integral part of our family. S/he will enjoy the same rights as s/he is our own biological child. I/We here would like to swear to make the child the citizen of my country as soon as s/he turns to be eligible in accordance to the law of my/our land. I/We am/are committed for the protection and development of my/our adoptive child and also not to abuse her/him.

I/We am/are fully aware of “**Terms and Conditions and Process for Granting Approval for Adoption of Nepali Child by an Alien - 2065 (2008)**” and hereby follow the adoption rules of the Government of Nepal and agree to comply with all post adoption requirements.

If the child on being an adult then if he/she wants to return back to Nepal I/we shall be responsible for all necessary arrangements to send or bring back to Nepal.

I/We hereby, declare that all the information given above and in the **INFORMATION ABOUT PROSPECTIVE ADOPTIVE PARENTS (PAPs) SHEET** attached herewith are true and correct. If any of the information or documents submitted by me/us is found false, I/we agree to obey the rules and regulation.

	<i>Mother</i>	<i>Father</i>
Signature		
Family Name		
First Name		
Middle Name		
Address	House No:	
	Street:	
	State/Province:	
	Zip Code:	
	Country:	Tel:

Note :Child Care Contribution to the child homes from adoptive parents is USD five thousand will be deposited at the bank A/C, after getting final adoption letter from ICAB. Child homes must maintain proper book keeping of the amount received ,to make it transparent .The account will be audited by the authorised auditor general and should submit audit report before ICAB.

signature of the Mother
Date:

signature of Father

Information about Prospective Adoptive Parent/s

Please affix 45×45 mm photo of
mother

Please affix 45×45 mm photo of
father

Personal Details

	Mother	Father
Family Name		
First Name		
Middle Name		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	
(For married) We married on Day MonthYear		
(For single mother) I am (Please put tick in appropriate box):		
<input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated		
Date of Birth	Day Month Year	Day Month Year
Place/country of Birth		
Present Nationality		
Passport No.		
Date of Issue	Day Month Year	Day Month Year
Date of Expiry	Day Month Year	Day Month Year
Place/country of Issue		
Educational Background		
<u>Home Address</u>		
House No.		
Street		
City/Province		
Zip Code		

Country					
Telephone No.					
Fax No.					
Cell No:					
Email					
<u>Employment Details</u>					
Name of the Employer					
Address of the employer					
e-mail of the employer					
Designation					
Telephone No.			Fax No.		
Annual Income	US \$		US \$		
Child/ren at home					
Biological Child/ren - Total Number: 1, 2, 3			Adopted Child/ren - Total Number: 1, 2, 3		
No.	Daughter: Name/DOB	Son: Name/DOB	No.	Daughter: Name/DOB	Son: Name/DOB
1st			1st		
2nd			2nd		
3rd			3rd		
If PAPs has/have already adopted child					
Name of the child already adopted					
Gender			DOB		
If previously adopted child is voluntarily surrendered child:					
Name the sibling child to be adopted					
Name of the father					
Name of the mother					
Number of her/his brother and sisters					
Name of her/his brothers and sisters					

Signature of (applicant) Mother
Date:

Signature of (Applicant)Father
Date: