

DISTRICT SERIAL NO. C. R. PAGE FINGER PRINT SLIP DUPLICATE SLIP SENT

BUREAU NO. D. C. No. 1. F.P.S. 2. F.P.B. 3. N.C.F.B.

FULL NAME (in block letters) MALE/FEMALE

FIRST ALIAS IDENTIFIED / UNIDENTIFIED

SECOND ALIAS DATE OF BIRTH/APP. AGE

Father's Husband's name (with aliases)

HEIGHT:

BUILD:

ID-MARKS:

DEFORMITY:

OFFENDER
CRIMINAL

NO. OF COPIES MADE.

CONVICTION (S)

Sl No	Name under which convicted	Distt. & court with case No.	Date of conviction	Section	Sentence	Jail and Admn. No.	P.S. case No./FIR. Date	Identifying Officer

Signature of the prosecuting officer in verification of the fact that the convictions in the F.P. slip have been verified from police, jail or judicial records & they are correct in their details.

District

Date

PROSECUTING OFFICER

