SUBMISSION OF EXHIBITS FOR FORENSIC ANALYSIS TO

CENTRAL FORENSIC SCIENCE LABORATORY

DIRECTORATE OF FORENSIC SCIENCE SERVICES
MINISTRY OF HOME AFFAIRS, GOVT. OF INDIA
30, GORACHAND ROAD, KOLKATA - 700 014
PH: 033 2284 1638, FAX: 033 2284 9442

(This form to be completed in duplicate)

CFS	L No. *:		
Name of I.O.:		Police Station:	
District:		Phone No.	
Name of Forwarding	g Authority:		
Rank:			
Phone No.:	Fax No.:	STD Code	
Case No	Dated	P.S:	
District:	State:	U/S:	
Custody Ref. No./Pe	olice station Name		
Offence (s)			8
Date and time of off	fence:		
Place of Offence:			
Circumstance:			
	ctim (if applicable) Sex & Age (approx.)		
2. Person(s) ch (including S	narged or suspect Sex & Age)		

3. Charge sheet to be filed on

I. HISTORY OF THE CASE:

^{*} To be filled by CFSI.(K) Customer Service Branch

II. LIST OF EXHIBITS SENT FOR EXAMINATION:

Sl. No.	Description of exhibits	No. of Parcel	How, When and by whom found	Source of Exhibits	Remarks

Name	of	packing	&	Dispatching	Officer	
------	----	---------	---	-------------	---------	--

Rank:

III. NATURE OF FORENSIC EXAMINATION REQUIRED: (If more than 2 kind of tests mention order of importance)

	Authorizing officer Signature
Specimen seal impression (Covered with cello-tape)	Name:
	Rank: