

FINGER PRINT SLIP

STATE PIN

MZ

CLASSIFICATION

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RIGHT HAND ROLLED PRINTS

THUMB	INDEX	MIDDLE	RING	LITTLE

LEFT HAND ROLLED PRINTS

THUMB	INDEX	MIDDLE	RING	LITTLE

LEFT HAND

PLAIN PRINTS

RIGHT HAND

Signature of Magistrate/Gazetted Officer/Officer in verification of the fact that the impression of the above were taken before him and that they were the impression of the convicts name on the reverse.

Date :

(Signature of Magistrate/GO/Officer with name)

Impression taken by : Rank/No.: Date : Place :

Impression tested by : Rank/No.: Date : Place :

FINGER PRINT SLIP

Full Name :

Alias :

Father's/ Mother's/ Husband's Name :

Full Address :

.....

Gender : Male Female

Identity : Identified Unidentified

Date of Birth : Age

Height : ft inch(es)

Build : Thin Medium Strong

Status : Arrested Convicted

ID Mark:.....

Deformities:.....

Name of District :

PS Name & Case No :FIR Date:.....

Section of law :

CONVICTION DETAILS

Name under which Convicted :

District : Name of Court :

Date of Conviction : Cr No. :

Name of Jail : Jail Admin No. :

PS Case No. : FIR Date :

Section of Law :

Sentence :

Signature of the Prosecuting Officer in verification of the fact that the convictions in the FP Slip have been verified from police,jail or judicial records and they are correct in details.

District :

Date :

(PROSECUTING OFFICER)