

DS No.	Bureau No.	Male/Female	Identified/Unidentified	Duplicate slip sent to	
				1.FPB	
				2.NCRB	
				3	
				4	

Full Name (In Block Letters)		Date of Birth /Age:		OFFENDER	
First alias		Height:		CRIMINAL	
Second alias		Build:		Deformity	
Father's/Husband's name with alias		ID Marks:			

Address	

No. of copies made

CONVICTION(S)

SI. No.	Name under which convicted	District and Court	Court case No.	Date of conviction	Section	Sentence	Jail and jail No.	Police Station Case No. and date	Identifying Officer

Signature of the Prosecuting Officer in verification of the fact that the convictions in the finger print slip have been verified from Police, Jail or Judicial records and they are correct in their details.

District:	
Date:	

PROSECUTING OFFICER