FORM – 11.F5

FINGER PRINT RECORD SLIP

CLASSIFICATION NO.

REGULAR CRIMINAL NO.

PROVISIONAL CRML. NO.

RIGHT HAND

Thumb	Index	Middle	Ring	Little

LEFT HAND

Thumb	Index	Middle	Ring	Little

LEFT HAND **PLAIN PRINTS** **RIGHT HAND**

Thumb Thumb

Signature of Magistrate / Gazetted Officer / Officer in verification of the fact that the impressions above were taken before him and that they were the impressions of the convict named on the reverse.

Date : Signature : Rank / No. of Officer

Impressions taken by : Rank / No. Date Place

Impressions taken by : Rank / No. Date Place

To be filled by FPB Update code

Name FPB SL. NO.

Henry classification

CLASSIFIED BY: TESTED BY : INDEXED BY: RECORDED BY :

CODIFIED BY : CHECKED BY:

FINGER PRINT RECORD SLIP

DISTRICT SERIAL NO : MALE : IDENTIFIED : DUPLICATE SLIP SENT

BUREAU NO. : FEMALE: UNIDENTIFIED: 1. F.P.B. ……..… 2. F.P.B. ……
3 F.P.B. ……..

First Alias :
Second Alias :
Father's / Husband's Name (with address) :
Address :

Date of Birth / App. Age
Height :
Build :
ID-Marks l Deformity :

No. of copies made :

Conviction (s)

Sl. No.	Name under which convicted	Dist. 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 conviction in the F.P. slip have been verified from Police, Jail or judicial records and they are correct in their details.

District :
Date :

PROSECUTING OFFICER