

CASE EXHIBITS SUBMISSION FORM (CESF)

Name & Rank of IO: _____

Mobile No. _____ Email: _____

P.S. _____ Case No. _____ Date: _____

U/S: _____

Forwarding Authority: _____

Postal Address: _____

Pin Code: _____ District: _____ State: _____

Mobile No. _____ Email: _____

A. History of the Case

B. List of the Case Exhibits / samples forwarded for Examination

Sl. No	Description of Exhibits (including the packing and sealing of the exhibits)	No. of parcel	How, when and by whom collected	Source of Exhibits	Remarks

C. Nature of Forensic Examination Required: _____

I hereby declare that I have gone through the Case Exhibit Submission Guidelines and following the same at the time of sending the samples / exhibits.

Please tick in the above boxes to agree upon

Specimen Seal Impressions in Sealing Wax _____

(covered with Cello tape)

Signature seal of Investigating Officer

Ref. Letter/Memo No.

Date:

AUTHORIZATION CERTIFICATE

Certified that the Head of the Department of Forensic Medicine, NEIGRIHMS, Shillong has the authority to examine the CaseExhibitsof P.S.:.....CaseNo.:.....Dated:U/S:..... and also to take portions thereof or take them to pieces for the purpose of examination.

Signature, Designation & Stamp
Of the Forwarding Authority