Vigilance & Anti-Corruption Bureau
Thiruvananthapuram

No.S-520/2017                                      Dated: 30.05.2017

Circular No.4/2017

Sub:- Use of CCTNS forms in Vigilance & Anti-corruption Bureau -reg.

A new format of the FIR and other important forms being used all over the country need to be adopted in Vigilance & Anti-corruption Bureau which is an investigation agency of the Government. Moreover all VACB Officers are declared as Police Stations. Therefore now onwards all units will use the CCTNS forms like:

(1). FIR
(2). Arrest/Court surrender form
(3). Property Search and Seizure form.
(4). Final Form/Report
(5). Court disposal form
(6). Result of appeal form
(7). Crime details form

Copies of the formats are enclosed herewith.

Loknath Behera IPS
Director

To

1. The ADGP – I
2. The ADGP – II
3. All Unit Heads
4. LA/ALAs
5. IB Inspector
6. Manager/Accounts Officer
   Audit Officer/Administrative Assistant/SS/JS
7. CAs to the Director/ADGP I & II/SP(Int.)
FIRST INFORMATION REPORT
(Under Section 154 Cr.P.C.)

1. District.................................................. P.S. .......................................... Year .................................. FIR No. .............. Date .................................. 

2. (i) Act .................................................. Sections .................................................. 

(ii) Act .................................................. Sections .................................................. 

(iii) Act .................................................. Sections .................................................. 

(iv) Other Acts & Sections .................................................. 

3. (a) Occurrence of offence: Day .................. Date from .................. Date to ..................

Time Period .................................. Time from .................. Time to ..................

(b) Information received at P.S.: Date .................. Time ..................

(c) General Diary Reference: Entry No. .................. Time ..................

4. Type of Information: Written / Oral

5. Place of Occurrence: (a) Direction and distance from P.S. ..................................................

Beat No. ..................................

(b) Address ..................................................

(c) In case, outside the limit of this Police Station, then

Name of P.S. .................................. District ..................................

6. Complainant / Informant:

(a) Name ..................................................

(b) Father's/Husband's Name ..................................

(c) Date/Year of Birth .................................. (d) Nationality ..................................

(e) Passport No. .................................. Date of Issue .................. Place of Issue ..................................

(f) Occupation ..............................................

(g) Address ..................................................

7. Details of known/suspected/unknown accused with full particulars:
(Attach separate sheet, if necessary)

(1) ..................................................

(2) ..................................................

(3) ..................................................

8. Reasons for delay in reporting by the complainant / informant ..................................

9. Particulars of properties stolen (Attach separate sheet, if necessary)

..................................................

..................................................

..................................................

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N.C.R.B.
### Physical Features, Deformities and Other Details of the Suspect/Accused
(If known / seen)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Sex</th>
<th>Date/Year of Birth</th>
<th>Build</th>
<th>Height (cms.)</th>
<th>Complexion</th>
<th>Identification Mark(s)</th>
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<thead>
<tr>
<th>Deformities/ Peculiarities</th>
<th>Teeth</th>
<th>Hair</th>
<th>Eyes</th>
<th>Habit(s)</th>
<th>Dress Habit(s)</th>
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<tr>
<th>LANGUAGE/ DIALECT</th>
<th>PLACE OF</th>
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<tbody>
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<td>Burn Mark</td>
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These fields will be entered only if complainant/informant gives any one or more particulars about the suspect/accused.
ARREST/ COURT SURRENDER FORM  
(Separate form for each accused)  

1. District: ........................................ P.S. .......................... Year: .................... FIR/Proceeding /G.D. No. ............. Date:.............  
   Alphanumeric code of the accused:.................. (Write A1 to A9 for the first 9 persons, B1 for 10th person & so on)  

2. Date, Time and Place of arrest/surrender: Date: .................... Time: .................... G.D.No.:..........................  
   Place of arrest: P.S. ............................................. District:..........................  

3. Name of the court (if surrendered):.................................................................  

4. Acts and Sections:..................................................................................................  

5. Arrested and forwarded/ Arrested and released on bail or PR bond/ Arrested but released on anticipatory bail/ 
   Arrested and remanded to police custody/ Surrendered in court and bailed out/ Surrendered in court and sent to 
   judicial custody/ Surrendered in court and remanded to police custody.  
   (tick '✓' applicable portion).  

6. Particulars of the arrested person:  
   (i) Name: ...........................................................................................................  
   (ii) Father’s/ Husband’s Name: ...........................................................................  
   (iii) First Alias: .................... (iv) Second Alias: ..................................................  
   (v) Nationality: ........................................ (vi) (a) Voter Id. card No.: ...........  
      (b) Passport No.: .................... (c) Date of issue: ........... (d) Place of issue: ...........  
   (vii) Religion: ........................................ (viii) Caste/Tribe: ................................  
   (ix) SC/ST/OBC: ........................................ (x) Occupation: ............................  
   (xi) Permanent Address: ........................................ Distt: .................... P.S. ..........  
   (xii) Present Address: ........................................ Distt: .................... P.S. ..........  

7. Injuries, cause of injuries and physical condition of the arrested person (Indicate if medically examined):  
   ........................................................................................................................................................................  

8. The arrested person, after being informed of the grounds of arrest and his legal rights, was duly taken into 
   custody on ..........(date) at ..........(hours) at ..........(place). The following article(s) was/were found 
   on physical search, conducted on the person of the arrested person and was/were taken into possession, for which a 
   receipt was given to the arrested person. If no article found, 'NIL' may be indicated.  
   (1) ............ (2) ............  
   (Attached separate sheet, if required).  

   Necessary wearing apparels were left on the arrested person for the sake of human dignity and body protection.  
   The arrested person was cautioned to keep himself/herself covered for purpose of identification.  

   Intimation given to Shri/Smt. .................... (relation of) .................... on (date)........... at (hrs.) .......  

--- : 1/2 : ---  

9. Physical features, deformities and other details of the arrested person:  

   .................................................................................................................................................................  

   N.C.R.B.  
   I.I.F.-III
Physical features, deformities and other details of the suspect/accused: (If known/seen)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Sex</th>
<th>Date/Year of Birth</th>
<th>Build</th>
<th>Height (cms.)</th>
<th>Complexion</th>
<th>Identification Mark(s)</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Deformities/ Peculiarities</th>
<th>Teeth</th>
<th>Hair</th>
<th>Eyes</th>
<th>Habit(s)</th>
<th>Dress Habit(s)</th>
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<table>
<thead>
<tr>
<th>LANGUAGE/DIALECT</th>
<th>PLACE OF</th>
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<tbody>
<tr>
<td>Burn Mark</td>
<td>Leucoderma</td>
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<td>Mole</td>
<td>Scar</td>
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<td>Tattoo</td>
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<td>19</td>
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</tbody>
</table>

These fields will be entered only if complainant/informant gives any one or more particulars about the suspect/accused.
PROPERTY SEARCH & SEIZURE FORM
(Search/Production/Recovery u/s 51/102/165 Cr.P.C.……… etc.)

1. District .................................... P.S. ................................ Year ........ Fir/G.D.No........ Date........

2. Acts and Sections ..............................................................


4. Property seized/recovered: (a) Date....................... (b) Time.....................
   (c) Place ........................................................................
   (d) Description of the place ........................................

5. Person from whom seized/recovered:
   Name ........................................ Father’s/Husband’s name ..................................................
   Sex .................................. Age ...................... Occupation ........................................
   Address .................................................................
   Professional receiver of stolen property. Yes/No

6. Witnesses:
   (i) Name ........................................ Father’s/Husband’s name ..........................................
       Age .................................. Occupation ............................... Address .................................
       ..........................................................................................
   (ii) Name ........................................ Father’s/Husband’s Name ..........................................
        Age .................................. Occupation ............................... Address .................................
        ..........................................................................................

7. Action taken/recommended for disposal of perishable property ..........................................................

8. Action taken/recommended for keeping of valuable property ..........................................................

9. Identification required. Yes/No

10. Details of properties seized/recovered (Use appropriate prescribed form(s) and attach).
    (1) ..................................................................................
    (2) ..................................................................................
    (Attach separate sheet, if required)

-1/2-

N.C.R.B.
11. Circumstances/grounds for seizure

12. The above mentioned properties were seized in accordance with the provisions of law in the presence of the above said witnesses* and a copy of the seizure form was given to the person/ the occupant of the place from whom seized.

13. The following properties were packed and/or sealed and the signature of the above said witnesses obtained thereon or on the body of the property.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Property</th>
<th>Indicate whether signature obtained on the packet or on the body of the property</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
</table>

Signature of the person from whom seized
(If present)

Witness-1

Signature

Signature of Investigating officer

Witness-2

Name ..............................................

Rank ........................................ No. .........

Place ........................................ Date .........

* In case the property is seized from such a place that no receipt is required to be given to anybody, this portion of the sentence should be struck off.
Attachment to Item 10 of Property Search & Seizure Form

Details of Counterfeit Currency recovered/seized:

District........................................ P.S........................................ Year............. FIR No..................... Date......................

<table>
<thead>
<tr>
<th>SL. No.</th>
<th>Number of pieces</th>
<th>Series</th>
<th>Serial Number</th>
<th>Type of currency</th>
<th>Denomination</th>
<th>Visible counterfeiting mark(s)</th>
</tr>
</thead>
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<tr>
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</tr>
</tbody>
</table>

Witness-1

Signature

Signature of Investigating Officer

Name........................................

Rank...................................... No............

Witness - 2

Signature
Attachment to Item 10 of Property Search & Seizure Form.

Details of Narcotic drugs recovered/seized:

District ........................................ P.S. ...................................... Year ........... FIR No. .............. Date ..............

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of drug</th>
<th>No. of packets</th>
<th>Weight (kg/gms.)</th>
<th>Description of the packing and marking, if any</th>
<th>Method of concealment</th>
<th>Estimated value (Rs.)</th>
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</thead>
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<tr>
<td>1</td>
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</tbody>
</table>

Whether the notice under Section 59 of NDPS Act served on the person? Yes/No

Whether the Laboratory analysis form filled on the spot? Yes/No

Witness-1

Signature of Magistrate (when present) /Gazetted Officer

Signature

Name

Witness - 2

Signature of Investigating Officer

Court

Name

Rank

No.

Signature

FINAL FORM/ REPORT
(Under Section 173 Cr.P.C.)

IN THE COURT OF

1. District ......................................... P.S. ......................................... Year ............ F.I.R No............ Date ............

2. Final Report / Charge Sheet No ................................................................. 3. Date............................

4. (i) Act ................................................................. Sections ...................................................

(ii) Act ................................................................. Sections ...................................................

(iii) Act ................................................................. Sections ...................................................

(iv) Other Acts & Sections ........................................................................

(tick '✓' applicable portion).

6. If F.R. Unoccurred: False/Mistake of Fact/Mistake of law/Non cognisable /Civil nature.
(tick '✓' applicable portion).

7. If Charge sheet: Original / Supplementary.
(tick '✓' applicable portion).

8. Name of I.O ................................................. Rank ......................................................... No. ............
(at the time of charge sheet)

9. (a) Name of complainant / informant ................................................................

(b) Father's / Husband's name ...........................................................................

10. Details of Properties/Articles/Documents recovered/seized during investigation and relied upon (separate list can be attached, if necessary).

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Property description</th>
<th>Estimated value (Rs.)</th>
<th>P.S. Property Register No.</th>
<th>From whom/ where recovered or seized</th>
<th>Disposal</th>
</tr>
</thead>
<tbody>
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</table>

11. Particulars of accused persons charge-sheeted: (Use separate sheet for each accused)
Sl. No. .......
(i) Name ........................................................................................................ Whether verified ............

(ii) Father's/Husband's name .............................................................................. (iii) Date/Year of birth ............

(iv) Sex ...........................................(v) Nationality ...................(vi) Passport No. .............................................

Date of Issue ................................ Place of Issue .............................................

(vii) Religion ...................................(viii) Whether SC/ST/OBC ..................... (ix) Occupation ..................
(x) Address ................................. Whether verified ..............................

(xii) Provisional criminal No. .................................

(xii) Regular criminal No. (if known) ................................. (xiii) Date of arrest .................................

(xiv) Date of release on bail ................................. (xv) Date on which forwarded to court .................................

(xvi) Under Acts & Sections .................................

(xvii) Details of bailors / sureties:

Name ........................................ Father's/Husband's name .................................

Occupation ................................. Address .................................

Identification .................................

(xviii) Previous convictions with case references .................................

(xix) Status of the accused:
Forwarded / Bailed by police / Bailed by court / Judicial custody / Absconding / Proclaimed offender
(tick '✓' applicable portion).

12. Particulars of accused persons - not charge sheeted (suspect): (Use separate sheet for each suspect)
Sl. No. .................................

(i) Name ........................................ Whether verified .................................

(ii) Father's/Husband's Name ................................. (iii) Date/Year of birth .................................

(iv) Sex ................................. (v) Nationality ................................. (vi) Passport No. .................................

Date of Issue ................................. Place of Issue .................................

(vii) Religion ................................. (viii) Whether SC/ST/OBC ................................. (ix) Occupation .................................

(x) Address ................................. Whether verified .................................

(xi) Provisional criminal No. .................................

(xii) Suspicion approved : Yes/No

(xiii) Status of the accused (suspect):
Bailed by police/Bailed by court/ Judicial custody/Not arrested
(tick '✓' applicable portion).

(xiv) Under Acts & Sections .................................

(xv) Any Special remarks including reasons for not charge sheeting .................................

.................................

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### N.C.R.B.

**I.I.F.-V**

#### 13. Particulars of witnesses to be examined:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Father's/Husband's name</th>
<th>Date/Year of birth</th>
<th>Occupation</th>
<th>Address</th>
<th>Type of evidence to be tendered</th>
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#### 14. If FR is false, indicate action taken or proposed to be taken u/s 182/211 I.P.C

#### 15. Result of Laboratory analysis

#### 16. Brief facts of the case (Add separate sheet, if necessary)

#### 17. Refer Notice served: Yea/No  
(Advice=judgement to be placed)  
Date

#### 18. Despatched on

#### 19. No. of enclosures

#### 20. List of enclosures: As annexed

Forwarded by Officer in charge

<table>
<thead>
<tr>
<th>Name</th>
<th>Rank</th>
<th>No.</th>
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Signature of Investigating Officer submitting Final report/Charge sheet

<table>
<thead>
<tr>
<th>Name</th>
<th>Rank</th>
<th>No.</th>
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</table>
COURT DISPOSAL FORM

IN THE COURT OF ........................................................................

1. District ........................................ P.S. ........................................ Year ............. FIR / Proceeding No. ............. Date ............. 2. Charge sheet No. ............. Date .............


5. Date of framing charge in court ........................................................................ 6. Type of case ........................................................................ 7. Date of judgement ........................................................................

8. Name(s) of the prosecutor ........................................................................

9. Details of court disposal in respect of the adult accused persons :

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the accused</th>
<th>Provisional criminal number</th>
<th>Regular criminal number</th>
<th>Type of disposal</th>
<th>Acts &amp; Sections of law under which convicted</th>
<th>Type of punishment</th>
<th>Period of punishment</th>
<th>Amount of Fine (Rs.)</th>
<th>Period of Bond</th>
<th>Amount of Bond (Rs.)</th>
<th>Finger prints taken Yes/No</th>
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10. Details of Court disposal in respect of Juveniles:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the accused</th>
<th>Provisional criminal number</th>
<th>Regular criminal number</th>
<th>Type of disposal</th>
<th>Acts &amp; Sections of law under which convicted</th>
<th>Type of punishment</th>
<th>Period of detention / cure</th>
<th>Amount of fine (Rs.)</th>
<th>Name &amp; Address of the Special home/ Juvenile home/Observation house, to which sent</th>
<th>Finger prints taken Yes/No</th>
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11. Reasons of Acquittal

12. Other comments / strictures passed by the court

13. Appeal preferred Yes / No - By State / By accused / By complainant

Signature of the P.P./A.P.P. preparing the form

Name ..............................................

Date ..............................................
RESULT OF APPEAL FORM

IN THE COURT OF .................................................................

1. District ......................................................... P.S. .................................... Year ................. FIR / Proceeding No. ................................................ Date ........................................

2. Charge sheet No. ................................................................ Date ........................................

3. Judicial file/Court case No. .................................................................

4. Appellant party : State / Accused / Complainant

5. Appeal No. ........................................................................ 6. Date of appeal ........................................

7. Date of judgement ........................................................................

8. Particulars of the results of appeal in respect of the adult accused persons:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the accused</th>
<th>Provisional criminal number</th>
<th>Regular criminal number</th>
<th>Acts &amp; Sections of law under which convicted</th>
<th>Result of appeal</th>
<th>Type of punishment</th>
<th>Period of punishment</th>
<th>Amount of fine (Rs.)</th>
<th>Period of bond</th>
<th>Amount of bond (Rs.)</th>
</tr>
</thead>
<tbody>
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<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

The columns showing "Acts & Sections of Law" onward should be filled up only in case there is change in punishment in case of conviction or when acquittal is set aside, both in respect of adults and juveniles.

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### 9. Particulars of the results of appeal in respect of Juvenile

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the accused</th>
<th>Provisional criminal number</th>
<th>Regular criminal number</th>
<th>Acts &amp; Sections of law under which convicted</th>
<th>Result of appeal</th>
<th>Type of punishment</th>
<th>Period of detention/case</th>
<th>Amount of fine (Rs.)</th>
<th>Name &amp; address of the Special home/Juvenile home/Observation house, to which sent</th>
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10. Any notable observations of the Appellate court on the Investigation / Prosecution / Lower courts:

11. Other comments / strictures passed by the court:

12. Remarks, particularly in regard to further appeal, if any:

--- : 2/2 : ---

Signature of the P.P./A.P.P. preparing the form

Name ________________________________

Date ________________________________
CRIME DETAILS FORM

1. District .................................. P.S. .................................. Year .................. FIR No. ............ Date ..................

2. Acts and Sections ...........................................................................................................................

3. Place of occurrence shown by:

Name .................................................. Father's/Husband's Name ..................................................

Address .............................................................................................................................................

4. Type of crime:
   (i) Major Head .................................. (ii) Minor Head.........................................................

   (iii) Method(s) ...................................
       (1) ...........................................................
       (2) ...........................................................
       (3) ...........................................................

   (iv) Conveyance(s) used ...........................................................

   (v) Character assumed ...........................................................

   (vi) Language / Dialect used ...........................................................

   (vii) Special feature -1 ...........................................................

   Special feature -2 ...........................................................

   Special feature -3 ...........................................................

   (viii) Type of place of occurrence ...........................................................

   (ix) Type of property stolen [4 types] (Major head of the property to be filled):
       1) ...........................................................
       2) ...........................................................
       3) ...........................................................
       4) ...........................................................

5. Particulars of the victim(s) (Attach separate sheet, if required):

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Father's/ Husband's Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Nationality</th>
<th>Religion</th>
<th>Whether SC/ST/OBC</th>
<th>Occupation</th>
<th>Address</th>
<th>Injured (Grievous/ Simple)</th>
<th>Means of causing injury</th>
</tr>
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--- : 1/2 : ---
6. Motive of crime .................................................................

7. Details of properties stolen/involved (Use appropriate prescribed form(s) and attach).

8. Date and time of visit to the place of occurrence:
   Date ..................    Time ..................

9. Description of the place of occurrence.

10. Description of physical evidence from the scene of crime for the property recovered/seized for the purpose of investigation.

(i) Witness: Name ..................................................................
    Address .............................................................................

(ii) Witness: Name .................................................................
    Address .............................................................................

11. Sketch/Map of the place of occurrence (Attach sketch/map with legends separately, if needed. If to scale, indicate so. May be certified and signed by witnesses, if required).

   Whether the Sketch/Map prepared by draftsman? Yes/No

   Signature of Investigating Officer

   Name .................................................................
   Rank ............................... No. ..............

   Place .................................
   Date : .............................
Details of identifiable numbered or unnumbered property including fire-arms seized/ recovered/ stolen/ involved:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Type of property</th>
<th>Estimated value (Rs.)</th>
<th>Quantity</th>
<th>Make</th>
<th>Model/ Bore</th>
<th>Number</th>
<th>Special marks of identification</th>
<th>Country of origin</th>
<th>Seized/ Recovered/ Stolen/ Involved</th>
<th>Belonging to victim/ acceptor or abandoned</th>
<th>Insurance certificate No.</th>
<th>Name of insurance company</th>
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</table>

Witness-1

Signature

Witness-2

Signature

Signature of Investigating Officer

Name

Rank No.
Details of Cultural property seized/recovered/stolen:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Type</th>
<th>Material used</th>
<th>Nomenclature</th>
<th>Height (cm)</th>
<th>Breadth (cm)</th>
<th>Depth (cm)</th>
<th>Weight (kg/gm)</th>
<th>Age AD/BC</th>
<th>Estimated Value (Rs.)</th>
<th>Special Features</th>
<th>Seized/Recovered/Stolen</th>
<th>Photograph collected Yes/No</th>
<th>ASI certificate No.</th>
<th>Insurance certificate No. and name of the company</th>
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Witness-1

Signature

Witness-2

Signature

Signature of Investigating Officer

Name: ____________________________

Rank: ____________________ No.: ___________
Details of Automobile seized/recovered/stolen/involved

<table>
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<tr>
<th>Sl. No.</th>
<th>Type of automobile</th>
<th>Estimated value (Rs.)</th>
<th>Make</th>
<th>Colour</th>
<th>Model (Year)</th>
<th>Regns. No.</th>
<th>Chassis No.</th>
<th>Engine No.</th>
<th>Seized/Recovered/Stolen/Involved</th>
<th>Belonging to victim/accused or abandoned</th>
<th>Insurance certificate No.</th>
<th>Name of insurance company</th>
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Witness: 1

Signature

Witness: 2

Signature

Signature of Investigating Officer

Name ........................................

Rank ................. No. ............