LONG SENTENCE PRISONER'S RECORD PRIS			PRISIO	RISION FORM 3		
General Register No:	CENR0000127/18		Serial N	No:	127	
Name:	jkskjbji ibijdjqibi dbi		Age on	conviction	29	
Place of birth :	bbn dnms		Married	d or Single	Divorced	
Occupation when free :	Artist		Numbe	er of Children (if any):	0	
Employed or not :						
Address at time of arrest :	CHIEF					
	VILLAGE					
	GOMBOLOLA					
	AREA					
	DISTRICT					
Name and Address of next of kin:			F	Relationship :		
Crime of which convicted :						
Place crime committed :				Date:		
Court :			S	Sentence :		
Standard of Education :			F	Religion :		

MEDICAL EXAMINATION ON RECEIPTION

Date :		Medical Officer :		
COLOUR OF HAIR				
NATIONALITY				
PLACE OF BIRTH				
OCCUPATION:	TRADE			
	EMPLOYED AT TIME OF CONVICTION?			
	IN OWN EMPLOYMENT?			
	UNEMPLOYED?			
DESCRIPTION MARKINGS ON BODY				
	STATEMENT SH	IOWING TRADE FOLLOWING AT	EACH PRISON	
Prisons	То	Trade of Occupation		Supt's Initials

RECORD OF PREVIOUS CONVICTIONS	C.R.O No					
Station	Court	Place	Date	Crime	Name	Prison s in which Under gone
Central Region		ndnbdnb	14-08-20 18	Mistake of fact	jkskjbji ibijdjqibi dbi	

DESCRIPTION OF PRISONER							
Date when description taken	Build	Weig ht	Heig ht	Com plexi on	Hair	Eye	Skin
	Health y		28 .0		Brown Hairs	Black eyes	

DISTINCTIVE MARKS OF PRISONER				
HEAD	{head}			
RIGHT SIDE	{right_side}			
LEFT SIDE	{left_side}			

ON RECEPTION ON DISCHARGE(If sentence over 7 years)

SPECIAL REMARKS

The following are subject to which special attention should be called for the information of the Authorities of prisons, viz, a administrations or denials of previous convictions, escapes or attempts to escape specious circumstances connected with visits, correspondence, corporal punishment, violent conducts, any peculiar mental or bodily condition requiring special treatment. Attempts to commit suicide or bodily injuries, whether convicted at the same time and place jointly with other prisoners, giving the General Register Number and names of the latter with their relationship, if any. Every entry to be concise and in order of date. Escapes, attempts to escape and any peculiar mental or bodily condition requiring special treatment should be entered in red ink.

Date	Prison	Subject of Remarks	Supt's Initial
RECOR	D OF SCHO	OL AND CLA	ASSES
Date	Prison	Subject of Remarks	Supt's Initial

MEDICAL HISTORY SHEET					
Vaccinated		Fit to work as			
Re-vaccinated		Medical officer			
Has had smallpox		Date			
State of health, special remarks		(To be completed in case of Light Labour only)			

RECORD OF ADMISSIONS TO HOSPITAL, ACCIDENTS, SPECIAL

			EXAMINAT	TIONS				
		Record of admissions to hospital, accidents, special examinations - Continued						
		examinations - Continued						
			Examined prior to discl	harge – Remarks:				
	Date :		N	Medical Officer :				
A/C No				PROPERTY BOOK No				
			RECORD OF SUPPLEMEN	NTARY CASH, ETC				
	Date	Amount		Supplementary property Book Folio No.	Initials of Officer in Charge			
No:			CENR0000127/18					
Name:			jkskjbji ibijdjqibi dbi					
Senten	ice:		0					
years:			{year}					

Period In days:								
Date of comme	ncement:							
Date due for pe	riodical review:							
Date of expiration	on:							
Treated as appe	ellant:							
Earliest possibl release:	e date for							
Examined:								
Date:								
	FORFEITURE OF REMISSION							
	Date		Days Date forfeited		e	Days forfeited		
	Actual date of release							
	Examined prior release	to						
		PROGRESS IN STAGE						
		Stage		Date		Remarks		

PROGRESS IN STAGE					
Date	Offence	Punishment Awarded	Supt's Initials		

NEWSPAPER REPORT OF TRIAL AND APPEAL (IF ANY)

(To be pasted below) The title of the date of the newspaper, and name of the Judge of Magistrate of the court by whom the prisoner was trial to be inserted above the report. The name of the Judge of Magistrate should be stated whether a report is available or not

RECORD OF VISITS AND LETTERS						
Date Due	Date Paid	Prices	Name and Relationship of Visitor			

Name: jkskjbji ibijdjqibi dbi Number: CENR0000127/18 Seen by Receiption Board on: Sex: Male Age: 29 Married (or) Single: Divorced Literate:

Degree of education (school atte	Degree of education (school attended – standard reached):		No school			
Religion :		{pr_region}				
Physical and Mental state (to be prisoner is seen by Receiption E	filed by Prisons Medical Officer before the Board) :					
History since last imprisonment authorities i.e. After care :	(if any) previous action taken by prison					
Note from previous records (if any re disciplinary offences, medical history special occurrences :						
Recommendation regarding classification :						
Instructions reposition with any special recommendations from the Board :						
Number of children, sex, ages :		{no_of_children_sex_ages}				
Who are dependent members of prisoner's family and where are they living :						
What income is there :						
Do dependents of prisoner own	land or property :					
Does the Board consider an inve	estigation by Welfare Officer necessary :					
Has prisoner any salary or debts owing to him or property with police :						
Does prisoner, or his family own money as the result of his imprisonment :						
Any further details :						
Date :		Officer in charge :				

DISCHARGE BOARD SUMMARY

To be completed three months before the month of discharge

Prison :			
Name (In full) :		jkskjbji ibijdjqibi dbi	
Superintendent :			
Former employment :			
Address on discharge if none fixed, state town to which proceeding :			
What he wishes to do :			
Any offer of help or employment :			
Vocational and spare time training :			
Amount of previous cash :			
Earliest date of discharge :			
Licence expires (If has any) :			
Date :		Officer in charge :	
Superintendent's opinion ar	nd recommendation :		
Date :		Superintendent :	

	Dis	posal on Release		
Date	Whether on Licence, Under Supervision, Pardon, Remission, or Expiration of Sentence or Death, etc.	Licence Number	Date of Expired on Licence or Supervision	Destination

PARTICULARS OF AFTER – CARE