LONG SENTENCE PRISONER'S RECORD **PRISION FORM 3 General Register Serial No:** 38 CEN/000038/2018 No: Itishree Debasmita Behera 30 Name: Age on conviction Nayagarh Place of birth: **Married or Single** Married Occupation when {occupation_when_free} Number of Children (if 0 free: any): **Employed or not:** Address at time of **CHIEF** arrest: **VILLAGE GOMBOLOLA AREA DISTRICT** Name and Address Relationship: of next of kin: Crime of which convicted: Place crime Date:

committed :	
Court :	Sentence :
Standard of	Religion:
Education :	
	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

	STAT	EMENT SHOWING	TRADE FOLLOW	/ING AT EACH PR	RISON	
Prisons	То		Trade o	f Occupation		Supt's Initials
RECORD OF PREVIOUS CONVICTIONS			C.R.C	O No		
Station	Court	Place	Date	Crime	Name	Prisons in which Undergone

			DESCRIPTION	OF PRISONER			
Date when description	Build	Weight	Height	Complexion	Hair	Eye	Skin

DISTINCTIVE MARKS OF PRISONER

HEAD

RIGHT SIDE

LEFT SIDE

ON R

PHOTOGRAPH

ECEP ISCHA
TION RGE(If senten ce over 7 years)

ON D

SPECIAL REMARKS

The following are subject to which special attention should be called for the information of the Authorities of prisons, viz, a administratio ns or denials of previous convictions, escapes or attempts to escape specious circumstance s connected with visits, co rrespondence , 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

	RECORD OF SCHO	OOL AND CLASSES	
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 ADM	ISSIONS TO HOSPITAL, ACCIDENTS, SPECIAL EXAMINATIONS	
Record of admis	sions to hospital, accidents, special examinations - Continued	
	Examined prior to discharge – Remarks:	

Date :			Medical	Officer :			
A/C No			PROPERT N				
	RECORD	OF SUPPLEM	MENTARY CA	ASH, ETC			
Date	Amount	IN or	OUT		mentary Book Folio o.	Initials of Officer in Charge	
	No:						
	Name:						
	Sentence:						
	years:						
P	eriod In days:						
Date o	of commencement:						

PROGRESS IN STAGE Stage Date Remarks						
Examined prior to release						
Actual date of release						
Date	Da	ays forfeited	Date		Days forfeited	
		FORFEITURE (
Dat	te:					
Exam	ined:					
Earliest possible	date for re	elease:				
Treated as	appellant:					
Date of expiration:						
Date due for per	riodical re	view:				

			TOTAL DAYS FORFEITED
	PROGRESS	S IN STAGE	
Date	Offence	Punishment Awa	arded Supt's Initials
	NEWSPAPER REPORT OF T	RIAL AND APPEAL (I	IF ANY)
		f the Judge of Magistra	of Magistrate of the court by whom the ate should be stated whether a report is
	RECORD OF VISIT	S AND LETTERS	
Date Due	Date Paid	Prices	Name and Relationship of Visitor

	_	_		
	WELFARE DE	ETAILS AT RECEIPTION BO	OARD	
Name :		Number :		
Seen by Receiption Board on :		at :		
Sex:		Age :		
Married (or) Single :		Literate :		
	school attended – standard ached) :			
Re	eligion :			
Medical Officer befo	state (to be filed by Prisons re the prisoner is seen by tion Board) :			
-	risonment (if any) previous n authorities i.e. After care :			
	cords (if any re disciplinary story special occurrences :			
Recommendation r	egarding classification :			

Instructions reposition with recommendations from t				
Number of children, se	ex, ages :			
Who are dependent members of and where are they I				
What income is the	ere:			
Do dependents of prisoner own	land or property :			
Does the Board consider an inves Officer necessar				
Has prisoner any salary or debt property with poli	_			
Does prisoner, or his family own of his imprisonme	-			
Any further detai	ls:			
Date :		Officer in charge :		
	DISCHARG	E BOARD SUMMARY		
To	o be completed three m	onths before the month of	discharge	
Prison :				
Name (In fu	ıll) :			
Superintend	ent :			

Form	ner employment :				
	e if none fixed, state town to proceeding:	to which			
What he wishes to do :					
Any offer o	of help or employment :				
Vocational	and spare time training :				
Amour	nt of previous cash :				
Earlies	t date of discharge :				
Licence	expires (If has any) :				
Date :		Office	r in charge :		
Superintendent's	opinion and recommendat	tion :			
Date :		Supe	rintendent :		
		Disposal on Release			
Date	Whether on Licence, Under Supervision, Pardon, Remission, or Expiration of	Licence Number	Date of Expired on Licence or Supervision	Destination	

	Sentence or Death, etc.			
PARTICULARS OF AFTER – CARE				