

## LONG SENTENCE PRISONER'S RECORD

## PRISION FORM 3

**General Register  
No:** CENC0000115/18

**Serial No:** 115

**Name :** Om Shaswat Acharya

**Age on conviction** 26

**Place of birth :** Uganda

**Married or Single** Married

**Occupation when  
free :** Artist

**Number 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 :**

**Relationship :**

**Crime of which  
convicted :**

**Place crime**

**Date:**

---

**committed :**

**Court :**

**Sentence :**

**Standard of  
Education :**

**Religion :**

**MEDICAL EXAMINATION ON RECEIPT**

**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 SHOWING TRADE FOLLOWING AT EACH PRISON**

Prisons	To	Trade of Occupation	Supt's Initials
---------	----	---------------------	-----------------

**RECORD OF  
PREVIOUS  
CONVICTIONS****C.R.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
--------------------------	-------	--------	--------	------------	------	-----	------

---

taken							
-------	--	--	--	--	--	--	--

DISTINCTIVE MARKS OF PRISONER

HEAD

RIGHT SIDE

LEFT SIDE

PHOTOGRAPH

ON R ECEPTION	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  
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 SCHOOL 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 ADMISSIONS TO HOSPITAL, ACCIDENTS, SPECIAL EXAMINATIONS**

**Record of admissions to hospital, accidents, special examinations - Continued**

**Examined prior to discharge – Remarks:**



**Date :**

**Medical Officer :**

**A/C No**

**PROPERTY BOOK  
No**

**RECORD OF SUPPLEMENTARY CASH, ETC**

<b>Date</b>	<b>Amount</b>	<b>IN or OUT</b>	<b>Supplementary property Book Folio No.</b>	<b>Initials of Officer in Charge</b>

**No:**

**Name:**

**Sentence:**

**years:**

**Period In days:**

**Date of commencement:**

Date due for periodical review:	
Date of expiration:	
Treated as appellant:	
Earliest possible date for release:	
Examined:	
Date:	

FORFEITURE OF REMISSION			
Date	Days forfeited	Date	Days forfeited
Actual date of release			
Examined prior to release			

PROGRESS IN STAGE		
Stage	Date	Remarks

		TOTAL DAYS FORFEITED	
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


### WELFARE DETAILS AT RECEPTION BOARD

<b>Name :</b>		<b>Number :</b>	
<b>Seen by Reception Board on :</b>		<b>at :</b>	
<b>Sex :</b>		<b>Age :</b>	
<b>Married (or) Single :</b>		<b>Literate :</b>	
<b>Degree of education (school attended – standard reached) :</b>			
<b>Religion :</b>			
<b>Physical and Mental state (to be filed by Prisons Medical Officer before the prisoner is seen by Reception Board) :</b>			
<b>History since last imprisonment (if any) previous action taken by prison authorities i.e. After care :</b>			
<b>Note from previous records (if any re disciplinary offences, medical history special occurrences) :</b>			
<b>Recommendation regarding classification :</b>			

Instructions reposition with any special  
recommendations from the Board :

Number 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 investigation 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) :

Superintendent :

<b>Former employment :</b>				
<b>Address on discharge if none fixed, state town to which proceeding :</b>				
<b>What he wishes to do :</b>				
<b>Any offer of help or employment :</b>				
<b>Vocational and spare time training :</b>				
<b>Amount of previous cash :</b>				
<b>Earliest date of discharge :</b>				
<b>Licence expires (If has any) :</b>				
<b>Date :</b>		<b>Officer in charge :</b>		
<b>Superintendent's opinion and recommendation :</b>				
<b>Date :</b>		<b>Superintendent :</b>		
<b>Disposal on Release</b>				
<b>Date</b>	<b>Whether on Licence, Under Supervision, Pardon, Remission, or Expiration of</b>	<b>Licence Number</b>	<b>Date of Expired on Licence or Supervision</b>	<b>Destination</b>

## PARTICULARS OF AFTER – CARE