

LONG SENTENCE PRISONER'S RECORD

PRISION FORM 3

**General Register
No:** CENC0000070/18

Serial No: 70

Name : Khunkhar Aju

Age on conviction 23

Place of birth : Naijeria

Married or Single Separated

**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 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 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

| Date | Amount | IN or OUT | Supplementary property Book Folio No. | Initials of Officer in Charge |
|-------------|---------------|------------------|--|--|
| | | | | |
| | | | | |
| | | | | |

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 |
| | | | |

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|--|--|--|--|
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WELFARE DETAILS AT RECEPTION BOARD

| | | | |
|--|--|-------------------|--|
| Name : | | Number : | |
| Seen by Reception Board on : | | at : | |
| Sex : | | Age : | |
| Married (or) Single : | | Literate : | |
| Degree of education (school attended – standard reached) : | | | |
| Religion : | | | |
| Physical and Mental state (to be filed by Prisons Medical Officer before the prisoner is seen by Reception Board) : | | | |
| History since last imprisonment (if any) previous action taken by prison authorities i.e. After care : | | | |
| 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 :

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 :

| | | | | |
|---|---|----------------------------|--|--------------------|
| 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 and recommendation : | | | | |
| | | | | |
| | | | | |
| | | | | |
| Date : | | Superintendent : | | |
| Disposal on Release | | | | |
| Date | Whether on Licence, Under Supervision, Pardon, Remission, or Expiration of | Licence Number | Date of Expired on Licence or Supervision | Destination |

PARTICULARS OF AFTER – CARE