LONG SENTENCE PRISONER'S RECORD			PRISION FORM 3		
General Register No:	KRC0000340/18		Serial No:	350	
Name:	SAS MITALUMINOUS		Age on conviction	68	
Place of birth :			Married or Single	Separated	
Occupation when free :	Doctor		Number of Children (if any):	1	
Employed or not :	Employed				
Address at time of arrest :	CHIEF				
	VILLAGE				
	GOMBOLOLA				
	AREA				
	DISTRICT				
Name and Address of next of kin :			Relationship :		
Crime of which convicted :					
Place crime committed :			Date:	02-01-1998	
Court :			Sentence :	02-01-1998	
Standard of Education :	No school		Religion :	Hindu	

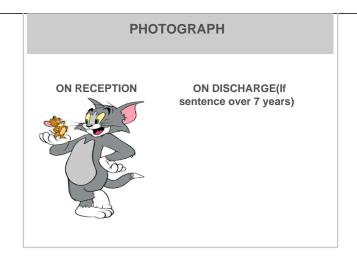
MEDICAL EXAMINATION ON RECEIPTION

Date :		Medical Officer :		
COLOUR OF HAIR				
NATIONALITY	Uganda			
PLACE OF BIRTH				
OCCUPATION:	TRADE			
	EMPLOYED AT TIME OF CONVICTION?			
	IN OWN EMPLOYMENT?			
	UNEMPLOYED?			
DESCRIPTION MARKINGS ON BODY				
	STATEMENT SH	OWING 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
Kampala (R)			02-01-19 98		SAS MIT ALUMIN OUS	Kampala (R)
Kampala (R)			02-01-19 98		SAS MIT ALUMIN OUS	Kampala (R)
Kampala (R)			02-01-19 98		SAS MIT ALUMIN OUS	Kampala (R)

DESCRIPTION OF PRISONER							
Date when description taken	Build	Weig ht	Heig ht	Com plexi on	Hair	Eye	Skin
			.0				

DISTINCTIVE MARKS OF PRISONER				
HEAD				
RIGHT SIDE				
LEFT SIDE				



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 HIS	TORY SHEET			
Vaccinated				Fit to work as			
Re-vaccinated				Medical officer			
Has had smallpox				Date			
State of health, special remarks				(To be completed in c Light Labour only)	ase of		
		RECORD OF A	ADMISSIONS TO HO	OSPITAL, ACCIDENTS, ATIONS	SPECIAL		
		Record	of admissions to he examinations	ospital, accidents, spec - Continued	ial		
		E	xamined prior to di	scharge – Remarks:			
	Date :			Medical Officer :			
A/C No		UG/000000051/1	8	PROPERTY BOOK No	UG/0000	000051/18	
			RECORD OF SUPPLEM	MENTARY CASH, ETC			
	Date	Amount	IN or OUT	Supplementary property Bo Folio No.		nitials of Officer in Charge	

No:	KRC0000340/18
Name:	SAS MITALUMINOUS
Sentence:	8 years , 6 months
years:	8
Period In days:	{days}
Date of commencement:	30-110001
Date due for periodical review:	
Date of expiration:	
Treated as appellant:	
Earliest possible date for release:	29-06-2004
Examined:	
Date:	01-11-2018

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

PROGRESS IN STAGE				
Stage	Date	Remarks		
Stage II	13-09-2017	Stage Assigned		
Stage III	13-09-2017	Stage Promotion		
Stage IV	13-09-2017	Stage Promotion		
Stage IV	13-09-2017	Stage Demotion		
Special Stage	13-09-2017	Stage Promotion		

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 Prices Name and Relationship of Visitor						

WELFARE DETAILS AT RECEIPTION BOARD								
Name :	SAS MITALUMINOUS	Number :	KRC0000340/18					
Seen by Receiption Board on :	{seen_by_reception}	at:						
Sex:		Age:	68					
Married (or) Single :	Separated	Literate :	Yes					
Degree of education (school attended – standard reached):		No school						
Religion:								
Physical and Mental state (to be filed by Prisons Medical Officer before the prisoner is seen by Receiption 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 :		1,Male,14 days						
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:	Kampala (R)				
Name (In full) :		SAS MITALUMINOUS				
	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 ch	arge:			
	Superintendent's opinion ar	nd recommendation :					
	Date :		Superintend	ent :			
		Dis	posal on Release				
Date	Whether on Licence, Und Pardon, Remission, or Ex Sentence or Death, etc.		Licence Number	Date of Expire Supervision	ed on Licence or	Destination	
		PARTICUL	ARS OF AFTER – CA	RE			