For office use only

**No. /FPA/****year/SDFPB/****Unit**

**Date: / /****year**

**SINGLE DIGIT FINGERPRINT BUREAU**

**APPLICATION FORM FOR OBTAINING ATTESTED FINGERPRINT SLIPS**

|  |
| --- |
| Passport Size Photograph |

1. Name of the Applicant (In CAPS) :

2. Age and Sex :

3. Permanent Address :

4. Present Address :

5. Contact Number(s) Mob : Landline:

6. Proof of residence and identity produced (put **√** mark)

|  |  |  |
| --- | --- | --- |
| : a) |  | Passport |
| : b) |  | Election ID card |
| : c) |  | Ration Card |
| : d) |  | Driving License |
| : e)  : f) |  | Aadhaar card  Any others (specify) |
|  |

7. Passport Number:

8. No. of attested Finger Print Slips required :

9. Purpose for which the attested FP Slip is required :

10. Details of Remittance of Finger Printing fee

1. Name of Treasury :

2. Amount remitted : `

3. Chelan Number :

4. Date :

Certified that the particulars given above by me are true and that the original documents for which photocopies produced are submitted for verification.

Signature of the applicant with date

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1. Date of receipt of the application :
2. Date of issue of attested Finger print Slip :
3. Finger Print taken by :
4. Finger Print attested by :