**KERALA POLICE**

**WEEKLY DIARY**

From : TESTER INSPECTOR, Unit

To : THE DIRECTOR, FINGERPRINT BUREAU, TVM

**Weekly Diary Header**

Date of receipt by Dy. Director :

Date of receipt by Director :

|  |  |  |
| --- | --- | --- |
| **Date & Day** | **Nature of duty** | **Remarks** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Submitted,

OfficerName

Designation

Unit2