**KERALA POLICE**

**WEEKLY DIARY**

From : TESTER INSPECTOR, SDFPB, District1

To : THE DIRECTOR, FINGERPRINT BUREAU, TVM

Date of receipt by Dy. Director :

Date of receipt by Director :

**Weekly Diary of** **Name,** **Office,** **District for the period from** **date to** **date**

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

TI Name

Tester Inspector

Single Digit Fingerprint Bureau

Idukki