## APPLICATION FOR OBTAINING COPY OF FIR FOR THE ACCUSED

1.	FIR No. / Year/Date (if known)								
2.	Expected Date of Registration of FIR	Fro	m			To			
3.	Police Station								
4.	District								
5.	Name/details of the complainant								
6.	Name of the accused/ alleged person								
7.	Applicant's detail								
(i)	Name								
(ii)	Parentage								
(iii)	Address								
(iv)	Contact Phone Number(s)								
(v)	Relation with the accused/alleged person	on							
8.	Purpose of applying for the copy of FIR								
Not	te:- Police Station Record will be checked application.	d onl	y for th	e de	etails		mentic		
	Application Receipt of Details								
Name of	the D.O/Receiving Clerk			1					
Time									
Date									
Diary No									
DD/PO/	Cash Receipt No.								

supplied/refused to suppl	PS _	_ Year	Pages of FIR No	

STAMP of Police Station / DCP Office receiving application

Signatures of D.O/ Receiving Clerk