

INDIAN UNION
STATE

Front
FINGER PRINT RECORD SLIP
(Regulation 491)
Classification No.

(Right Hand Rolled Prints) Thumb	Index	Fold Middle	Ring	Fold Little

(Left Hand Rolled Prints) Thumb	Index	Fold Middle	Ring	Fold Little

Fold Left	Plain Prints of Index	Middle, Ring and Little Fingers taken simultaneously Right

Signature of Magistrate/Gazetted Officer/Officer, in verification of the fact that the impression above were taken before him and that they are the impressions of the convict named on the reverse:

DateSignature and rank of officer
..... Result of search Ref: Traced/Untraced
Date Name of F.P.B. Impression taken by
.....RankDate.....Place.....District..... Taken by
..... Rank..... Date..... Place..... District.....

Thumbs simultaneously
Left Right

Classified Date.....
Tested by..... Date.....
Index by..... Date.....
Recorded by..... Date.....

(Reverse)

Serial No.	P.R. No.	Bureau No.	Male	Identified	Duplicate slip sent to			
			Female	Unidentified	(1) C.F.P.B.	(2)....	(3)....	(4)....

1.Full name with aliases (in block letters)..... Age.....
.Village..... District.....

2. Father’s or husband’s name with aliases..... Religion
Police-station..... State.....

Serial No.	Name under which convicted	District	Court C.B. Case No.	Date of conviction	Section sentence	Jail and admission No.	Police station Case No. and date	Identifying officer	Remarks
			Court Case No.						

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
Certified that the impression, personal details and convictions are correctly taken and recorded. Signature in full and rank of officer preparing the slip. District Date	Certified that the impression have been tested by testing officer, personal details verified and the convictions compared with police jails and judicial records. Signature in full of prosecuting officer/Sub-Inspector DistrictDate.....