



National Forensics Agency

Digital Forensic Request Form

DFRF-01

a).

Requesting Department: _____ Date: _____

FIR/Case Number: _____ Offense/Law: _____
(e.g. 307/CrPC)

Submitting Officer (Name/ID#): _____ Mobile/Phone: _____

Investigation Officer (Name/ID#): _____ Mobile/Phone: _____

Requesting Authority: _____ Phone (Office): _____

Address: _____

Date/Time of Seizure: _____ Location of Seizure: _____

b).

() Device type(s) attached for digital evidence (List all the items submitted in the Case):

Device(s)/Item(s)	Quantity	Any Other Device(s): Details
Multimedia Analysis (Storage Capacity Not Required)		
Desktop Computer		
Laptop		
Tablet PC/I-Pad		
Digital Notebook		
Android Phone		
I-Phone		
Classic Phone		
Smart Watch		
Storage Devices HDD/SSD/USB/Memory Card etc.		
Digital Camera		
PS/Gamming Console		
DVR/NVR		
SIM Card (Storage Capacity Not Required)		

DETAILS OF EACH ITEM LISTED IN SECTION "B" OF DFRF-01
(ATTCH MULTIPLE SHEETS IN CASE OF MULIPLE ITEMS)

c).

Description of the Evidence:

S/No	Device Information	Remarks
	Type:	
	Make:	
	Model:	
	S.No./IMEI:	
	Storage Capacity/Size:	
	Condition:	

d).

**Tick (✓) the required digital evidence /information type(s) with comprehensive details:
(multiple selections allowed).
(attach separate sheets for each device if required).**

Services Required		
Image Forensic		Web History
Audio/Video Forensic		Email History
Complete data extraction.		Call History
Complete data from Live System		Social Media Accounts
Data Extraction from damaged device.		SMS
Recovery of Deleted Data.		Cookies/Session Tokens
Audios		Recycle Bin data
Videos		Malware/Virus/Ransomware analysis
Images		MS Office Documents/files
SIM Data		Database files
Contacts		Forensic Analysis Report on the bases of given scope/keywords.

List of Keywords desired to search (Comma Separated): __________
_____**Reason/Scope of Digital Forensic Analysis:** __________

d).

Checklist of required documents (attached):

Authority of Investigation (Proof)	<input type="checkbox"/>	Case Summary	<input type="checkbox"/>
Seizure Memo (CTC)	<input type="checkbox"/>	Chain of Custody Form (Original)	<input type="checkbox"/>

e).

Signatures/Stamps with date and time:

Requesting Authority	
Investigation Officer	
Submitting Officer	
Received By	