



# STANDARD OPERATING PROCEDURE FOR CASES OF **MISSING CHILDREN**



Date of Issue: 23.11.2016

## Background

The Hon'ble Supreme Court of India in Bachpan Bachao Andolan vs. Union of India (WP (Civil) 75 of 2012) on 10<sup>th</sup> May 2013 had directed formulation of a **Standard Operating Procedure for cases of Missing Children**. The Juvenile Justice (Care and Protection of Children) Act, 2015 under section 2 (14) (vii) includes a 'Missing Child' as a 'child in need of care of protection' and in Rule 92 of the "**Juvenile Justice (Care and Protection of Children) Model Rules, 2016**", a procedure of inquiry regarding a missing child has been laid down.

## Objective

This Standard Operating Procedure (SOP) envisages to assist Police, Child Welfare Committee and Juvenile Justice Board in dealing with the cases of missing and found or recovered children. The Objective of the SOP is to put in place guidelines while dealing with cases of missing children and to work in coordination with stakeholders and respond with urgency to issues of missing child. Ensure expeditious and effective law enforcement including prosecution. Create mechanism and systems to prevent further victimization of missing children. Ensure that appropriate and timely protection/care/attention is provided to victims/witnesses.



## Dimensions to understanding the concept of "missing child"

Generally stating, missing children are usually children who are separated from the parents/family/guardian. However, this SOP also includes within its purview procedures set out in relation to those children who may have been found/traced by the Police, CWC, Childline or any other organization and/or individual till their parents/family/guardian is traced and the child is restored. Some of such children may have been subsequently residing in Child Care Institutions ("CCI").

Thus, for the purposes of the procedures set out here under this SOP:

a 'missing child' may be one who is lost (separated from family), has left home on his/her own without a notice or has been abducted or kidnapped or trafficked or abandoned. Usually, parents/ family/ guardian will file a missing complaint in such cases.

a 'traced child' will be a child who is traced by the police on the basis of a missing child report/ FIR.

a 'found child' is a child found by the Police on the streets/ in a market place/ at railway platforms/ at bus stops/ in trains/ at a port/ at airports/ on a bus or other public transport/ in a hospital/ during rescue operations or at any public place and/or is brought before/referred to the Police by Juvenile Justice Board ("JJB") / Child Welfare Committees ("CWC") / Childline/ any other NGO or any individual.

Generally stating, missing children are children who are separated from the family/guardian and may include:

- ✓ Traced Children
- ✓ Found Children
- ✓ Run away children
- ✓ Abandoned children
- ✓ Kidnapped Children
- ✓ Lost children
- ✓ Trafficked Children
- ✓ Children missing/lost/found due to accidents, disaster, calamity, and other miscellaneous reasons.
- ✓ Children missing from CCIs

## I. DEFINITION:

Rule 92 (1) of the Juvenile Justice (Care and Protection of Children)

Model Rules 2016 defines a missing child as - "a child whose whereabouts are not known to the parents, legal guardian or any other person or institution legally entrusted with the custody of the child, whatever may be the circumstances or causes of disappearance, and shall be considered missing and in need of care and protection until located or his safety and well-being established."



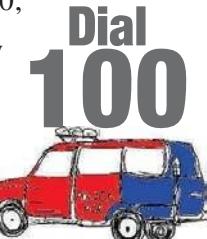
## II. WHO MAY FILE THE COMPLAINT?

1. A parent
2. A legal guardian
3. A relative
4. Child Welfare Committee
5. ChildLine 1098
6. NGOs
7. Police
8. Public Servant
9. Any person concerned with the safety and well being of the child
10. Any person who has knowledge about the incident

## III. WHERE / HOW TO REPORT A MISSING CHILD<sup>1</sup>?

### 1. Where?

- i. At the police station/AHTU/SJPU;
- ii. The PCR number: dial 100;
- iii. Any other emergency helpline number of the police;
- iv. Child Line1098;
- v. After reporting to police, the information of missing child can be entered by any individual after logging onto [www.trackthemissingchild.gov.in](http://www.trackthemissingchild.gov.in) and photograph be uploaded in the citizen's corner to assist all the stakeholders to track the missing child.



### 2. How?

In addition to all the regular means of filing a complaint i.e. in person, over the phone, over the e-mail, or other communications, a missing child's complaint may be filed through SMS to the authorities. The police should record all such information on the General Diary (GD), conduct a preliminary verification of the caller and get the FIR registered.



## IV. ROLES AND RESPONSIBILITIES OF STAKE HOLDERS

### When the Child goes missing:

#### Police

- a) As per the directions of the Hon'ble Supreme Court of India in Bachpan Bachao Andolan vs. Union



of India (WP (Civil) 75 of 2012) on 10<sup>th</sup> May 2013, - "upon receipt of a complaint regarding a missing child, an FIR should be registered forthwith as a case of trafficking or abduction".

- b) Inform the Child Welfare Police Officer and forward the FIR to the Special Juvenile Police Unit for immediate action for tracing the child. Refer Annexure -I.

- c) The police shall also:

- i. Collect a recent photograph of the missing child and make copies for District Missing Persons Unit, Missing Persons Squad, National Crime Records Bureau/Media etc.;

- ii. Fill the form "M" on the designated portal [www.trackthemissingchild.gov.in](http://www.trackthemissingchild.gov.in) Refer Annexure -II.

- iii. Fill the specific designated "Missing Persons Information Form" and immediately send to Missing Persons



Squad, District Missing Persons Unit, National Crimes Records Bureau, State Crimes Records Bureau, Central Bureau of Investigation, PCRs, Railway Police and other related institutions;

- iv. Send the copy of the FIR by post/email to the office of nearest Legal Services Authority along with addresses and contact phone numbers of parents and legal guardians of the missing child or the child care institution, after uploading the relevant information onto the designated portal;
- v. Prepare sufficient number of Hue and Cry notice containing photograph and physical description of the missing child to be sent for publication;
- vi. Give wide publicity by publishing or telecasting the photographs and the description of missing child, as feasible in
  - (a) leading newspapers
  - (b) Television/electronic media,
  - (c) local cable television network and
  - (d) social media and thereafter submit for ratification by the Board or the Committee or the Children's Court, as the case maybe;
- vii. Give wide publicity in the surrounding area through the use of loud speakers and the distribution and affixture of Hue and Cry notice at prominent places. Social networking portals, short message service alerts and slides in cinema halls can be used to reach out to the masses;
- viii. Distribute Hue and Cry notice at all the outlets of the city or town, that is, railway stations, bus stands,

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- airports, regional passport offices, and other prominent places.
- ix. Search areas and spots of interest such as movie theatres, shopping malls, parks, game parlours and areas where missing or runaway children should be identified and watched;
- x. Scan the recordings of the Close Circuit Television Cameras installed in the vicinity of the area from where the child was reported missing and on all possible routes, transit and destinations.
- xi. Inquire from under construction sites, unused buildings, hospitals and clinics, child line services and other local outreach workers, railway police and other places;
- xii. Details of missing children should be sent to the District Crime Records Bureau of the neighboring States and Station House Officers (SHOs) of the bordering police stations including in- charge of all police posts in their jurisdiction and shall conduct regular interaction with the concerned so that follow up action is ensured.
- d) Invoke the services of District Legal Services Authorities through empanelled lawyers and the paralegal volunteer (PLV) appointed at the police station or the district authority.
- e) Upload information on the [www.trackthemissingchild.gov.in](http://www.trackthemissingchild.gov.in) portal. In case the information is already uploaded, match the complaint with case details uploaded on the portal.
- f) Assess the level of threat or danger to the child, or his/her family and take immediate steps to ensure their protection.
- g) Also inform immigration authorities, Border Security Force (BSF), Railways and other transport authorities, provincial/ territorial and municipal agencies, and any NGOs involved in service delivery for spotting and recovering/rescuing the missing children.

### Risk Assessment

As per the check list at Annexure III, taking into consideration various parameters with respect to the missing child, risk assessment should be done and the "Risk Assessment Form" be filled out by the SHO/ Officer in charge to determine the:



- The urgency of investigation
- Areas of inquiry
- Types of specialist knowledge that might be needed
- The supervision that may be required
- Agencies who may be first alerted

### Organized Crime Perspective

- Where a child cannot be traced within a period of four months, the investigation of the case shall be transferred to the Anti Human Trafficking Unit in the district which shall make reports every three months to the District Legal Services Authority regarding the progress made in the investigation.

2. If trafficking or any other element of organized crime is suspected, a specialized team shall be instituted for investigation headed by the SHO.
3. Ensure the compliance of investigation as per the check list in Annexure-IV.

**Steps to be taken when a child is found or recovered:**

**1. Police**

1. After recovery, produce the child before CWC/JJB/Children's Court, as the case may be, for appropriate directions. Refer Annexure – V.
2. The child should be examined by a team of medical experts, including psycho-social experts.
3. Proper home verification be carried out before the child is reunited with Parents/ legal guardians through the CWC.
4. The recovery form "R" on the TrackChild portal must be filled and data be updated in [www.trackthemissingchild.gov.in](http://www.trackthemissingchild.gov.in). Refer Annexure –VI.
5. Send a report to the District Legal Services Authority which shall provide counselling and support services to the child and the family.
6. Conduct an enquiry whether the child has been subjected to any offence under the Act or any other law and if so, proceed accordingly.



**2. Supervising officer (Role of Supervising Officer overseeing the investigation)**

1. Supervisory Officer should ensure that SOPs issued in this regard are strictly followed. She/he should also follow the illustrative (not exhaustive) checklist provided in Annexure- IV.
2. Supervisory Officers should closely monitor and facilitate the investigation of each case of missing child, periodically review the status of each case and ensure quality of the investigation conducted.
3. Once the child is found, the Supervisory Officer should ensure that proper follow up actions are taken by the police.
4. The Supervisory Officer should ensure reward / punishment systems are in place.
5. The Supervisory Officer must ensure that full cooperation is given to the Para legal volunteers at the Police Stations and also to the District Legal Services Authorities and all grievances or issues are ironed out and addressed.

**3. Child Welfare Committee**

- a) When a missing child is found or recovered and/or a child in conflict with law is found to be a missing child by the JJB or the Police, he shall also be produced before the Committee, as the case may be, for appropriate direction.



- b) In case FIR is not registered in a case of missing/trafficked child, immediately forward the complaint/case to JJB, who shall direct the police for registration of FIR for such child and also for offences committed against such children in need of care and protection.
- c) Any three members of the Committee together, may take suo moto cognizance of any case of missing child, report to the police, or the AHTU immediately and initiate process of providing care and protection to the child.
- d) Assess the needs of the child and pass orders with respect to repatriating the child or placing the child in a fit facility or with a fit person, or declare free for adoption or foster care, or any other arrangement by following due process of law, keeping in mind the best interest of the child.
- e) Engage services of the DCPU/District Legal Services Authority in the source district of the found/traced child, to facilitate smooth and effective rehabilitation of the child, and for any other legal support. Ensure that the case of the child has been linked to the District Legal Services Authority.
- f) Ascertain if the child is in need of any medical care, and pass direction to link the child to the appropriate medical institution.
- g) In the absence of adequate proof of age, pass directions for age determination test of the child. The report of the test should be obtained immediately after the test results have been concluded. In the meantime, the child may be placed in a fit facility.
- h) Pass orders for recovery of back-wages of the child, in case the found or recovered child was trafficked for forced or/and bonded labour.
- i) Direct PO/ Police/ CWO/ Childline / DCPU/ Other organization for necessary action and follow up.
- j) Perform all duties specified under Section 30 of the Juvenile Justice (Care and Protection of Children) Act, 2015 and the rules therein, and send regular updates and report to the appropriate agency at the District /State level.

#### **4. Juvenile Justice Board (JJB)**

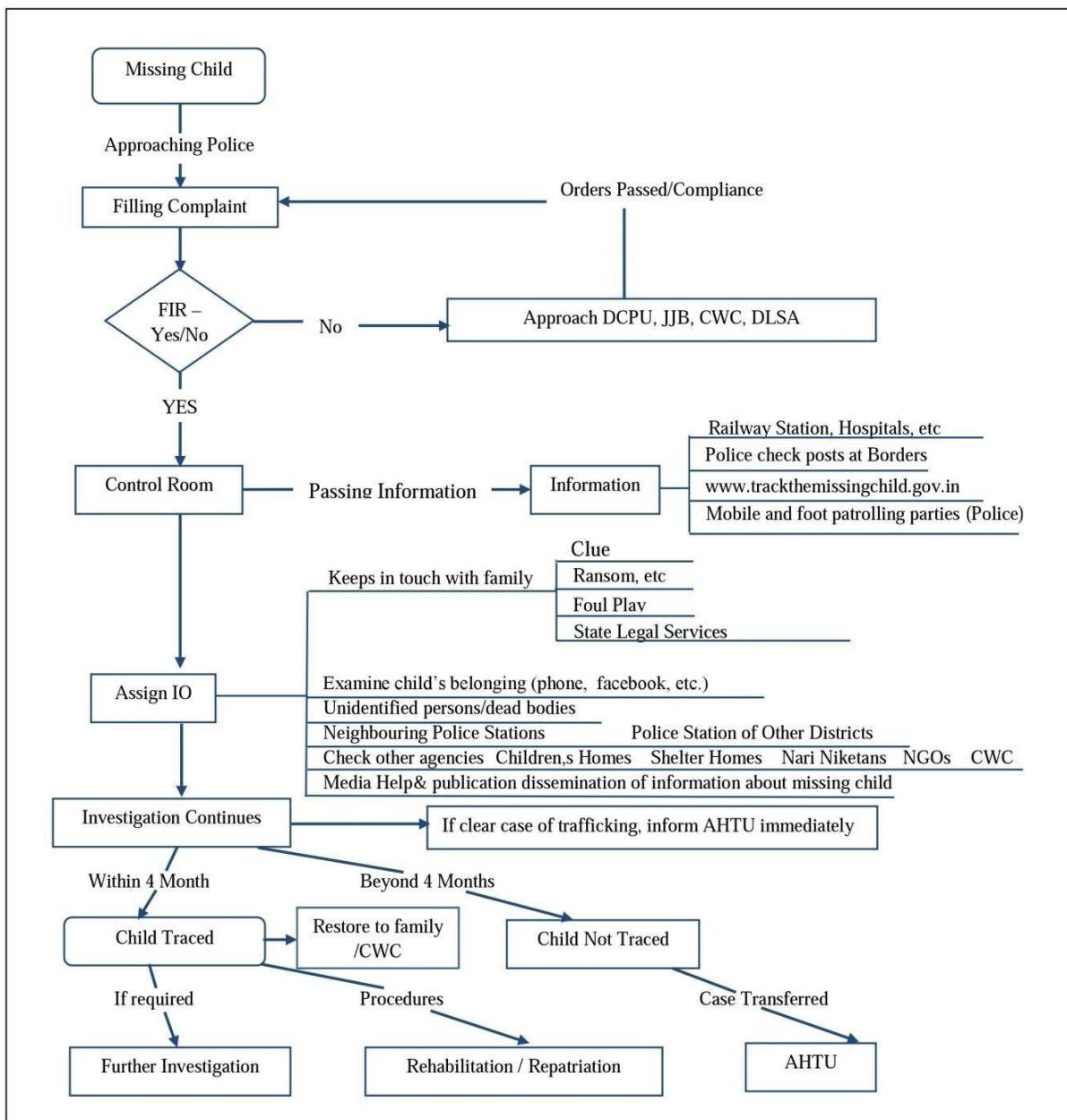
- a) If any found/traced child is produced before the Juvenile Justice Board as a child in conflict with law, such a child should immediately be redirected to the relevant Child Welfare Committee after due enquiry, for initiating the process of rehabilitation.
- b) Incase FIR is not registered in a case of missing/trafficked child, immediately direct the police for registration of FIR for offences committed against children in need of care and protection.
- c) Ensure availability of free legal aid for the child through the District Legal Services Authority.
- d) Create an individual care plan as per the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Rules therein, for each child's including follow up by the Probation Officer the District Child Protection Unit or a member of a non-governmental organisation, as it may be required as per Section 8 (3) (h) or Section 19 (2) of the Juvenile Justice (Care and Protection of Children) Act, 2015.



# ANNEXURES



## ANNEXURE 1: PROCESS TO BE FOLLOWED UPON RECEIPT OF A MISSING CHILD COMPLAINT



## ANNEXURE -II: FORM 'M'



**MISSING CHILDREN TRACKING PORTAL -- FORM "M"**  
**(For Missing)**

Passport Size  
Photograph

[To be filled up English Block Capitals Only]

**A. PERSONAL DETAILS**

1. Missing Child's Name*:	First	Middle	Last
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Child's Nick Names:	First	Middle	Last
Nick Name 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	Middle	Last
Nick Name 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First	Middle	Last
Nick Name 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Gender*:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
4. Date of Birth*:	<input type="text"/> / <input type="text"/> / <input type="text"/>	/	Age: <input type="text"/>
5. Education:	(Please fill us as per Annexure - I)		
6. Father's Name:	First	Middle	Last
	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Father's Alias Name:	First	Middle	Last
	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Mother's Name:	First	Middle	Last
	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Mother's Alias Name:	First	Middle	Last
	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Spouse's Name:	First	Middle	Last
	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Spouse's Alias Name:	First	Middle	Last
	<input type="text"/>	<input type="text"/>	<input type="text"/>



12. No. of Siblings:

13. Name(s) of Siblings: \_\_\_\_\_

First

Middle

Last

15. Relationship with Local Guardian:  Father  Mother  Husband  Other

16. Nationality\*:

17. Religion: \_\_\_\_\_ (Please fill up as per **Annexure – II**)

17. Mother Tongue: \_\_\_\_\_ (Please fill up as per Annexure – III)

18. Aadhaar No: \_\_\_\_\_

## B. CONTACT DETAILS

1. House No.:

2. Road/Other:

### 3. Gram Panchayat:

4 Block:

5. Post Office:

6 Police Station\*

7. Towns

8. Sub-District: \_\_\_\_\_

9. Display

18. Gant chart

Digitized by srujanika@gmail.com

12. PHONEVIEW

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13. Mobile: + 9 1 \_\_\_\_\_

14. Email: \_\_\_\_\_

**C. MISSING EVENT DETAILS**

1. Missing Place Name(s)\*: \_\_\_\_\_

2. Village: \_\_\_\_\_

3. State\*: \_\_\_\_\_

4. District\*: \_\_\_\_\_

5. Police Station\*: \_\_\_\_\_

6. Date of Missing\*: \_\_\_\_\_

7. Time of Missing: \_\_\_\_\_

8. Cause of Missing: \_\_\_\_\_

9. Missing Event Information: \_\_\_\_\_

10. Type of Person\*:  DESERTED  ESCAPEE  KIDNAPPED  MISSING  WANTED**D. POLICE COMPLAINT DETAILS**1. Case Started\*:  YES  NO

2. GDE No.\*: \_\_\_\_\_

3. GDE Date\*: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(If YES : Case Started (FIR No. and Date is Mandatory)

3. FIR No.: \_\_\_\_\_

4. FIR Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Act1: \_\_\_\_\_ 6. Section1: \_\_\_\_\_

7. Act2:  8. Section2: 8. Act3:  10. Section3: 

#### E. INFORMANT'S DETAILS

First	Middle	Last
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1. Informant's Name:   2. Address: 3. State: 4. District: 5. Police Station: 6. Pin: 7. Contact No.: 8. Email: 9. Informants Relation: 10. Probable Places1: 10. a. State: 10. b. District: 10. c. Police Station: 11. Probable Places2: 11. a. State: 11. b. District: 11. c. Police Station: 12. Probable Places3: 12. a. State:



12. b. District:

12. c. Police Station:

## **F. SUSPECTS**

*[If suspect type is minor, don't fill up the rest portion of suspect details]*



#### G. PHYSICAL FEATURES

**1. Complexion:**  Dark  Whitish  Fair  Very Fair  Sallow

**2. Build:**  Fat (stout/strong)  Normal (muscular)  Thin(lanky)  Stocky

**3. Eye:** \_\_\_\_\_ (Please fill p as per Annexure – IV)

**4. Hair:** \_\_\_\_\_ (Please fill p as per Annexure – V)

**5. Teeth Feature:** \_\_\_\_\_ (Please fill p as per Annexure – VI)

**6.a) Height \***  Height(in Feet and Inch) OR  Height(in cm)

(If Height (in Feet and Inch))  
**Height\*:**  Ft  Inch

OR  
 (If Height (in cm))  
**Height\*:**  cm

**6. b) Weight\*:**  kg.  gms.

**7. Wearing Apparel (Upper):**

**8. Wearing Apparel (Lower):**

**9. Blood Group:**  A+  A-  B+  O+  O-  AB+  AB-  Other



#### H. SPECIAL IDENTIFICATION MARKS

**1. Burn Marks / Tattoos / Leucoderma / Mole / Scar (You may select multiple identification marks):**

(Please fill up as per Annexure – VII) \_\_\_\_\_

**2. Face:** \_\_\_\_\_ (Please fill up as per Annexure – VIII)

**3. Nose:** \_\_\_\_\_ (Please fill up as per Annexure – IX)

**4. Speech / Voice:** \_\_\_\_\_ (Please fill up as per Annexure – X)

#### I. PECULIARITIES & DISABILITIES

**1. Head / Face:** \_\_\_\_\_ (Please fill up as per Annexure – XI)

**2. Other Parts of Body:** \_\_\_\_\_ (Please fill up as per Annexure – XII)

**3. Disabilities:** \_\_\_\_\_ (Please fill up as per Annexure – XIII)

**4. Habits:** \_\_\_\_\_ (Please fill up as per Annexure – XIV)

#### J. LANDMARK INFORMATION

**1. Mandir/Masjid:** \_\_\_\_\_

**2. Bus Stand:** \_\_\_\_\_

**3. Railway Station:** \_\_\_\_\_

**4. School:** \_\_\_\_\_

**5. Market Place:** \_\_\_\_\_

**6. Fair:** \_\_\_\_\_

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7. Missing Event Details:

8. Nearby River:

First

Middle

Last

9. Panchayat Member Name:

10. Other Information:

**Declaration:** I would like/not like police to publish the photograph of my        in various media for wide publicity.

Date:  /  /

\_\_\_\_\_  
Signature of information provider

Signature of the receiving officer  
Name:  
Designation:



**-:ANNEXURES:-**

**Annexure - I**

<input type="checkbox"/> DIPLOMA HOLDERS	<input type="checkbox"/> DOCTORATE	<input type="checkbox"/> GRADUATE	<input type="checkbox"/> HIGHER/SENIOR SECONDARY
<input type="checkbox"/> ILLITERATE	<input type="checkbox"/> MATRICULATE	<input type="checkbox"/> MIDDLE SCHOOL	<input type="checkbox"/> M.PHIL
<input type="checkbox"/> POST GRADUATE	<input type="checkbox"/> PRIMARY SCHOOL	<input type="checkbox"/> PROFESSIONAL DIPLOMA	<input type="checkbox"/> PROFESSIONAL GRADUATES
<input type="checkbox"/> PROFESSIONAL POST GRADUATE	<input type="checkbox"/> PUC/PLUS 2	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> SECONDARY SCHOOL
<input type="checkbox"/> OTHER			

**Annexure - II**

<input type="checkbox"/> BUDDHIST	<input type="checkbox"/> CHRISTIAN	<input type="checkbox"/> HINDUISM	<input type="checkbox"/> ISLAM	<input type="checkbox"/> JAIN
<input type="checkbox"/> JEWS	<input type="checkbox"/> PARSI	<input type="checkbox"/> SIKH	<input type="checkbox"/> YEHUDI	<input type="checkbox"/> OTHERS

**Annexure - III**

<input type="checkbox"/> ADI	<input type="checkbox"/> AKA	<input type="checkbox"/> APATANI	<input type="checkbox"/> ASSAMESE	<input type="checkbox"/> AWADHI
<input type="checkbox"/> BADAGA	<input type="checkbox"/> BAGNI	<input type="checkbox"/> BAGRI	<input type="checkbox"/> BENGALI	<input type="checkbox"/> BHOJPURI
<input type="checkbox"/> BODO	<input type="checkbox"/> BRIJ	<input type="checkbox"/> BUNDELKHANDI	<input type="checkbox"/> CHHATISGAT HI	<input type="checkbox"/> DEORI
<input type="checkbox"/> DHUNDHADI	<input type="checkbox"/> DOGARI	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> GARHAWALI	<input type="checkbox"/> GUJARATI
<input type="checkbox"/> HARO	<input type="checkbox"/> HARYANVI	<input type="checkbox"/> HILL MIRI	<input type="checkbox"/> HINDI	<input type="checkbox"/> KAKBARAK
<input type="checkbox"/> KANNADA	<input type="checkbox"/> KASHMIRI	<input type="checkbox"/> KHAMTI	<input type="checkbox"/> KHASI	<input type="checkbox"/> KHOWA
<input type="checkbox"/> KONKANI	<input type="checkbox"/> KOTHA	<input type="checkbox"/> KUCHHI	<input type="checkbox"/> KUI	<input type="checkbox"/> KUMAYNI
<input type="checkbox"/> LADAKHI	<input type="checkbox"/> MAITHILI	<input type="checkbox"/> MALAYALAM	<input type="checkbox"/> MALWI	<input type="checkbox"/> MANIPURI
<input type="checkbox"/> MARATHI	<input type="checkbox"/> MARVARI	<input type="checkbox"/> MEERUN AND BULLANDAS	<input type="checkbox"/> MEITEI	<input type="checkbox"/> MEITEILON
<input type="checkbox"/> MEMBA	<input type="checkbox"/> MIJI	<input type="checkbox"/> MISHIMI	<input type="checkbox"/> MISHIMI IDU	<input type="checkbox"/> MISHIMI MIJU
<input type="checkbox"/> MISHING	<input type="checkbox"/> MIZO	<input type="checkbox"/> MOIMONSHINGH I	<input type="checkbox"/> MONPA	<input type="checkbox"/> NAGAMESE
<input type="checkbox"/> NEPALI	<input type="checkbox"/> NISHI	<input type="checkbox"/> NOCTE	<input type="checkbox"/> ORIYA	<input type="checkbox"/> PAHADI
<input type="checkbox"/> PUNJABI	<input type="checkbox"/> RAJASTHANI	<input type="checkbox"/> REANG	<input type="checkbox"/> REWAPARI	<input type="checkbox"/> SADRI
<input type="checkbox"/> SANTHALI	<input type="checkbox"/> SHERDUKPE N	<input type="checkbox"/> SINDHI	<input type="checkbox"/> SINGPHO	<input type="checkbox"/> SOLUNG
<input type="checkbox"/> TAGIN	<input type="checkbox"/> TAMIL	<input type="checkbox"/> TANGSA	<input type="checkbox"/> TELUGU	<input type="checkbox"/> TODA

 TULU URDU VARADI WANGCHU YOBIN**Annexure – IV**

- |                                                    |                                               |                                                  |                                                   |
|----------------------------------------------------|-----------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Eye blue                  | <input type="checkbox"/> Eye brown            | <input type="checkbox"/> Eye reddish             | <input type="checkbox"/> Eye markedly close set   |
| <input type="checkbox"/> Eye normal                | <input type="checkbox"/> Eye protruding       | <input type="checkbox"/> Eye sunken              | <input type="checkbox"/> Eye slit                 |
| <input type="checkbox"/> Eye artificial left       | <input type="checkbox"/> Eye artificial right | <input type="checkbox"/> Eye-brows – artificial  | <input type="checkbox"/> Eye-brows-clearly united |
| <input type="checkbox"/> Eye-brows – oblique       | <input type="checkbox"/> Eye-brows – straight | <input type="checkbox"/> Eye-brows – thin        | <input type="checkbox"/> Eye-brows – widely       |
| <input type="checkbox"/> Using Spec                | <input type="checkbox"/> Eye artificial       | <input type="checkbox"/> Eye left squint         | <input type="checkbox"/> Eye right squint         |
| <input type="checkbox"/> Eye conspicuously small   | <input type="checkbox"/> Eye cats             | <input type="checkbox"/> Eye green               | <input type="checkbox"/> Eye markedly wide set    |
| <input type="checkbox"/> Eye-brows – arched/curved | <input type="checkbox"/> Eye-brows – thick    | <input type="checkbox"/> Eye conspicuously large | <input type="checkbox"/> Eye dark                 |
| <input type="checkbox"/> Eye freckled              | <input type="checkbox"/> Eye light            |                                                  |                                                   |

**Annexure - V**

- |                                                |                                             |                                          |                                                  |
|------------------------------------------------|---------------------------------------------|------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Bald full             | <input type="checkbox"/> Bald partial       | <input type="checkbox"/> Brown           | <input type="checkbox"/> Curly - black           |
| <input type="checkbox"/> Curly - black & grey  | <input type="checkbox"/> Curly - grey       | <input type="checkbox"/> Long            | <input type="checkbox"/> Normal - black          |
| <input type="checkbox"/> Normal - black & grey | <input type="checkbox"/> Normal - grey      | <input type="checkbox"/> Wig use of      | <input type="checkbox"/> White hair              |
| <input type="checkbox"/> Straight hair         | <input type="checkbox"/> Hair bleached/dyed | <input type="checkbox"/> Hair curly/wavy | <input type="checkbox"/> Hair gray/white patched |
| <input type="checkbox"/> Side burns            | <input type="checkbox"/> Bald partial       |                                          |                                                  |

**Annexure – VI**

- |                                                     |                                              |                                      |
|-----------------------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Broken                     | <input type="checkbox"/> Gaps in teeth       | <input type="checkbox"/> Metal teeth |
| <input type="checkbox"/> Metal tooth gold (capping) | <input type="checkbox"/> Missing tooth/teeth | <input type="checkbox"/> Norma(even) |



Overlapping teeth       Stained

#### Annexure – VII

- |                                                |                                                |                                              |                                               |
|------------------------------------------------|------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Back left side        | <input type="checkbox"/> Cheek left            | <input type="checkbox"/> Back right side     | <input type="checkbox"/> Cheek right          |
| <input type="checkbox"/> Chest middle          | <input type="checkbox"/> Chest left side       | <input type="checkbox"/> Chest right side    | <input type="checkbox"/> Chin                 |
| <input type="checkbox"/> Ear left              | <input type="checkbox"/> Ear right             | <input type="checkbox"/> Eye brow left       | <input type="checkbox"/> Eye brow right       |
| <input type="checkbox"/> Face                  | <input type="checkbox"/> Foot left             | <input type="checkbox"/> Foot right          | <input type="checkbox"/> Forehead             |
| <input type="checkbox"/> Hand left             | <input type="checkbox"/> Hand left-letter      | <input type="checkbox"/> Hand left-figure    | <input type="checkbox"/> Hand right           |
| <input type="checkbox"/> Forearm right- figure | <input type="checkbox"/> Forearm right- letter | <input type="checkbox"/> Head                | <input type="checkbox"/> Leg left             |
| <input type="checkbox"/> Leg right             | <input type="checkbox"/> Lip lower             | <input type="checkbox"/> Lip upper           | <input type="checkbox"/> Neck                 |
| <input type="checkbox"/> Nose                  | <input type="checkbox"/> Shoulder left         | <input type="checkbox"/> Shoulder right      | <input type="checkbox"/> Stomach              |
| <input type="checkbox"/> Thigh left            | <input type="checkbox"/> Thigh right           | <input type="checkbox"/> Palm right          | <input type="checkbox"/> Palm left            |
| <input type="checkbox"/> Finger(s) left hand   | <input type="checkbox"/> Finger(s) right hand  | <input type="checkbox"/> Finger(s) left foot | <input type="checkbox"/> Finger(s) right foot |

#### Annexure – VIII

- |                                            |                                           |                                      |                                          |
|--------------------------------------------|-------------------------------------------|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> Dimpled Cheek     | <input type="checkbox"/> Dimpled Chin     | <input type="checkbox"/> Double Chin | <input type="checkbox"/> Forehead broad  |
| <input type="checkbox"/> Forehead narrow   | <input type="checkbox"/> Prominent cheek  | <input type="checkbox"/> Round       | <input type="checkbox"/> Sunken cheek    |
| <input type="checkbox"/> Wrinkled          | <input type="checkbox"/> Oval             | <input type="checkbox"/> Pox pitted  | <input type="checkbox"/> Protruding chin |
| <input type="checkbox"/> Receding forehead | <input type="checkbox"/> Square/heavy jaw | <input type="checkbox"/> High cheek  | <input type="checkbox"/> Long            |

#### Annexure – IX

- |                                                            |                                  |                               |                                  |
|------------------------------------------------------------|----------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Broad nostrils (markedly dilated) | <input type="checkbox"/> Bulbous | <input type="checkbox"/> Long | <input type="checkbox"/> Pointed |
|------------------------------------------------------------|----------------------------------|-------------------------------|----------------------------------|



Hooked (parrot type)     Pierced     Snub/pug     Turned up nostrils

**Annexure – X**

<input type="checkbox"/> Deep/heavy/ guttural	<input type="checkbox"/> Fast	<input type="checkbox"/> Feminine	<input type="checkbox"/> Nasal
<input type="checkbox"/> Loud Spoken	<input type="checkbox"/> Speech-Staggony	<input type="checkbox"/> Slow	<input type="checkbox"/> Soft spoken
<input type="checkbox"/> Stammering			

**Annexure – XI**

<input type="checkbox"/> Deaf	<input type="checkbox"/> Ear deformed - both	<input type="checkbox"/> Ear deformed - left	<input type="checkbox"/> Ear deformed - right
<input type="checkbox"/> Ear missing right	<input type="checkbox"/> Eyes blind one	<input type="checkbox"/> Eyes squint	<input type="checkbox"/> Hare lips
<input type="checkbox"/> Lobes pierced	<input type="checkbox"/> Nose peculiar	<input type="checkbox"/> One eyed	<input type="checkbox"/> Protruding face
<input type="checkbox"/> Ear missing both	<input type="checkbox"/> Ear markedly large	<input type="checkbox"/> Ear missing left	<input type="checkbox"/> Lob less ear
<input type="checkbox"/> Ear markedly small			

**Annexure – XII**

<input type="checkbox"/> Toe(s) extra - left	<input type="checkbox"/> Arm missing – right	<input type="checkbox"/> Bow legged - left	<input type="checkbox"/> Eunuch
<input type="checkbox"/> Finger(s) extra - left	<input type="checkbox"/> Finger (s) extra – right	<input type="checkbox"/> Finger (s) missing – left	<input type="checkbox"/> Finger (s) missing - right
<input type="checkbox"/> Goiter	<input type="checkbox"/> Knee knocked	<input type="checkbox"/> Left foot missing	<input type="checkbox"/> Left hand missing
<input type="checkbox"/> Leg- elephantiasis	<input type="checkbox"/> Leg limping	<input type="checkbox"/> Leg missing - left	<input type="checkbox"/> Leg missing – right
<input type="checkbox"/> Leprosy	<input type="checkbox"/> Right foot missing	<input type="checkbox"/> Right hand missing	<input type="checkbox"/> Stooping / hunch back
<input type="checkbox"/> Elephantiasis left leg	<input type="checkbox"/> Toe (s) missing – left	<input type="checkbox"/> One leg missing	<input type="checkbox"/> Right leg limping
<input type="checkbox"/> Finger extra	<input type="checkbox"/> Bow legged	<input type="checkbox"/> Stopping	<input type="checkbox"/> Toe (s) Extra
<input type="checkbox"/> Left leg limping	<input type="checkbox"/> Elephantiasis right leg	<input type="checkbox"/> Toe (s) extra - right	<input type="checkbox"/> Toe (s) missing



- One arm missing     Finger missing     Toe (s) missing - right     Lame  
 Right hand limping     Left hand limping

**Annexure – XIII**

- |                                               |                                                  |                                                |                                           |
|-----------------------------------------------|--------------------------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Hearing impaired     | <input type="checkbox"/> Locomotors disabilities | <input type="checkbox"/> Mentally ill          | <input type="checkbox"/> Leprosy cured    |
| <input type="checkbox"/> Autism               | <input type="checkbox"/> Cerebral palsy          | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Mentally retired |
| <input type="checkbox"/> Visually handicapped |                                                  |                                                |                                           |

**Annexure – XIV**

- |                                            |                                          |                                             |                                       |
|--------------------------------------------|------------------------------------------|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bragging          | <input type="checkbox"/> Chews betal/pan | <input type="checkbox"/> Chews pan masala   | <input type="checkbox"/> Chews supari |
| <input type="checkbox"/> Chews tobacco     | <input type="checkbox"/> Cinema crazy    | <input type="checkbox"/> Drinks liquor      | <input type="checkbox"/> Drug addict  |
| <input type="checkbox"/> Eyes blinking     | <input type="checkbox"/> Eyes shifting   | <input type="checkbox"/> Gambler            | <input type="checkbox"/> Homosexual   |
| <input type="checkbox"/> Lip biting        | <input type="checkbox"/> Lottery player  | <input type="checkbox"/> Moustache twisting | <input type="checkbox"/> Nail biting  |
| <input type="checkbox"/> Prostitute monger | <input type="checkbox"/> Race-goer       | <input type="checkbox"/> Smoker             | <input type="checkbox"/> Snuff taker  |
| <input type="checkbox"/> Stretching        |                                          |                                             |                                       |

## ANNEXURE III: RISK ASSESSMENT

The following form should be filled out by the SHO in charge to structure inquiries and to assist the level of risk posed to the missing child

<b>NO.</b>	<b>INVESTIGATIVE CONSIDERATIONS</b>	<b>DETAILS AND CIRCUMSTANCES</b>	<b>PERSONS GIVING THAT INFORMATION</b>
1.	Whether the child is under the age of 14 years		
2.	If the missing person is a girl child		
3.	If the child comes from the Economically Weaker Section (EWS)		
4.	If the missing child has been a subject of prior missing persons reports; or previously disappeared and suffered or was exposed to harm whilst missing		
5.	If the missing child has previously been a victim/witness in any criminal investigation		
6.	If the missing child suffers from a mental or physical impairment or serious illness; or requires essential medication or treatment not readily available to them e.g. asthma inhalers or insulin?		

<b>NO.</b>	<b>INVESTIGATIVE CONSIDERATIONS</b>	<b>DETAILS AND CIRCUMSTANCES</b>	<b>PERSONS GIVING THAT INFORMATION</b>
7.	If the child is known to associate with adults or children who present risk of harm e.g. sexual offenders, drug peddlers etc.		
8.	If the child had been associated with any known criminals		
9.	If the child had been interacting with adults on the internet		
10.	If the child was subject to drugs and alcohol dependency		
11.	If the complainants have reason to believe that the missing child has been abducted or kidnapped for ransom		
12.	If there are suspicions of suicide or self-harm		
13.	If the child was involved in violent incidents prior to crime		
14.	If the child has had a history of abuse at home		
15.	If the child is being compelled/manipulated into a situation of bonded or exploitative child labour with or without		

**STANDARD OPERATING PROCEDURE FOR CASES OF MISSING CHILDREN**

<b>NO.</b>	<b>INVESTIGATIVE CONSIDERATIONS</b>	<b>DETAILS AND CIRCUMSTANCES</b>	<b>PERSONS GIVING THAT INFORMATION</b>
	knowledge of the parents/family/legal guardian;		
16.	If there is a high likelihood that the child may get lured into trafficking;		
17.	If the child is being threatened by related or non-related adults to take up inappropriate work;		
18.	If there is a likelihood that the child may get ‘sold’ by related or not related persons.		
19.	Inclement weather conditions where exposure would seriously increase the risk to health		



## ANNEXURE IV

This checklist is meant to provide a framework of actions, consideration and activities that may assist in performing competent, productive and thorough investigation in cases of missing/abducted children.

Checklist for  
IOs/Eos

<b>No.</b>	<b>INVESTIGATIVE CONSIDERATIONS</b>	<b>YES</b>	<b>No</b>
1.	Whether the police officer dealing in missing children case is in plain clothes?		
2.	Whether the police officer dealing in missing children case is part of SJPU? If not has SJPU/District head of SJPU been informed?		
3.	Whether the parent(s)/ legal guardian(s)/persons who made the initial report were interviewed and their statements recorded?		
4.	Whether the fact of missing was confirmed?		
5.	Whether information regarding the missing child has been uploaded in Form 'M' on <a href="http://www.trackthemissingchild.gov.in">www.trackthemissingchild.gov.in</a>		
6.	Whether the LSA and the para legal volunteers have been immediately involved and their inputs in relation to case details have been duly considered?		
7.	Whether the circumstances of the disappearance were identified?		
8.	Whether the individuals who last had contact with the child were interviewed?		
9.	Whether a detailed description was obtained of the missing child, abductor, and any vehicle involved?		
10.	Whether the photograph/videotapes of the missing child/abductor were secured?		



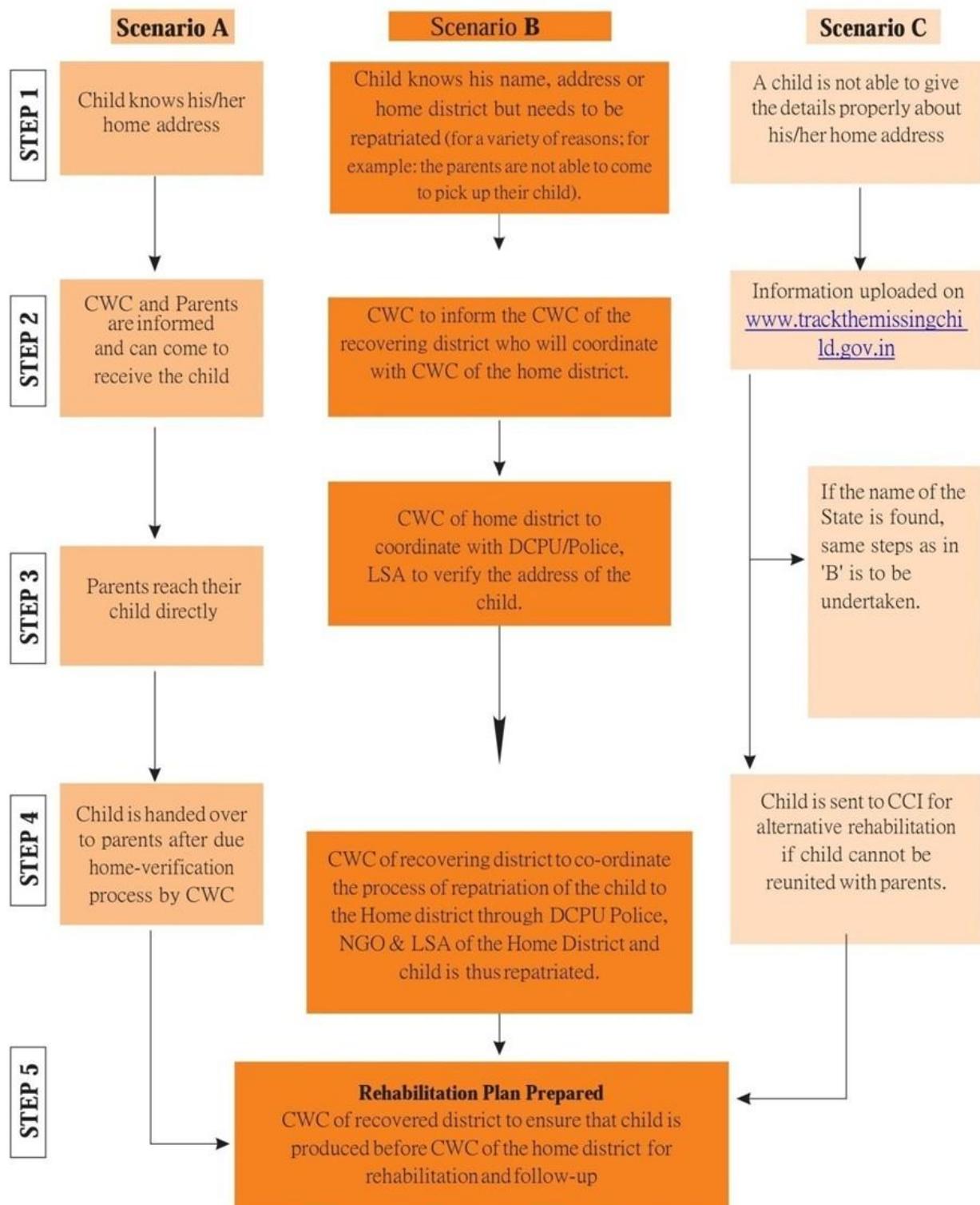
**STANDARD OPERATING PROCEDURE FOR CASES OF MISSING CHILDREN**

<b>No.</b>	<b>INVESTIGATIVE CONSIDERATIONS</b>	<b>YES</b>	<b>No</b>
11.	Whether FIR is lodged immediately?		
12.	Whether all the steps required to be taken on a missing report as per SOP were initiated?		
13.	Whether the complainant was suitably guided when he/she calls up subsequently about progress of the case?		
14.	Whether names/ addresses/ telephone numbers of the child's friends/teachers/associates and other relatives and friends of the family obtained?		
15.	Whether the scene and area of the child's home sealed/protected?		
16.	Whether the fact that child has a cellular telephone or other electronic communication device or access to internet was ascertained?		
17.	Whether the search was extended to surrounding areas including vehicles and other places of concealment or amusement or open drains/pits etc.?		
18.	Whether the area where the child was last seen was investigated for CCTV or other such equipment?		



## ANNEXURE V: PROCESSES TO BE FOLLOWED FOR FOUND/TRACED CHILD BY POLICE/CWC/JJB

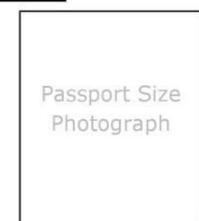
[All details to be uploaded on 'TrackChild'] in form "R"



## ANNEXURE VI: FORM 'R'

MISSING CHILDREN TRACKING PORTAL - FORM "R"

(for "Recovered")



[To be filled up English Block Capitals Only]

**A. PERSONAL DETAILS**

First

Middle

Last

1. Recovered Child/Person's Name\*: [REDACTED]

2. Child/Person's Nick Name:

Nick Name 1: [REDACTED]

Nick Name 2: [REDACTED]

Nick Name 3: [REDACTED]

3. Gender\*:

 Male     Female     Other

4. Date of Birth\*:

[REDACTED] / [REDACTED] / [REDACTED] OR Age: [REDACTED]

5. Education:

[REDACTED] (Please fill up as per Annexure I)

First

Middle

Last

6. Father's Name:

[REDACTED]

First

Middle

Last

7. Father's Alias Name:

[REDACTED]

First

Middle

Last

8. Mother's Name:

[REDACTED]

First

Middle

Last

9. Mother's Alias Name:

[REDACTED]

First

Middle

Last

10. Spouse's Name:

[REDACTED]

11. Spouse's Alias Name:

[REDACTED]

12. No. of Siblings:

[REDACTED] 13. Name (s) of Siblings: [REDACTED]

14. Name of Local Guardian:

[REDACTED]

15. Relationship with Local Guardian:  Father     Mother     Husband     Other

16. Nationality\*:

[REDACTED]

17. Religion:

[REDACTED] (Please fill up as per Annexure II)

18. Mother Tongue:

[REDACTED] (Please fill up as per Annexure III)

19. Aadhaar No.:

[REDACTED]



### B. CONTACT DETAILS

1. House No: [ ] 2. Road / Street: [ ]
3. Gram Panchayat: [ ] 4. Block: [ ]
5. Post Office: [ ] 6. Police Station\*: [ ]
7. Town/Vill: [ ] 8. Sub District: [ ]
9. District\*: [ ] 10. State\*: [ ]
11. PIN: [ ] 12. Phone No.: [ ]
13. Mobile: +91 [ ] 14. Email: [ ]

### C. RECOVERY DETAILS

1. Tracked Place Name(s)\*: [ ] 2. Village: [ ]
3. Block: [ ] 4. State\*: [ ]
5. District\*: [ ] 6. Police Station\*: [ ]
7. Date of Tracing\*: [ D | D | / | M | M | / | Y | Y | Y | Y ] 8. Time of Tracing\*: [ ] : [ ] Hrs
9. Dead/Alive\*:  Alive  Death due to crime  Accidental death  Death due to other
10. Present where about: [ ]
11. Police complaint details: [ ]
12. Type of person\*:  Arrested  Proclaimed Offender  Traced/Found  UN-ID Body  UN-ID Person

#### **Event Recovery Situation (If Traced/Found, Arrested, Proclaimed Offender, Traced/Found and UN-ID Person)\***

- |                                                             |                                                                       |
|-------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Rescued from Sexual exploitation   | <input type="checkbox"/> Traced out from Child labour / Bonded labour |
| <input type="checkbox"/> Traced out from domestic servitude | <input type="checkbox"/> Traced out as victims of forced marriage     |
| <input type="checkbox"/> Police custody                     | <input type="checkbox"/> Beggary/Maiming                              |
| <input type="checkbox"/> Shelter homes, Juvenile homes      | <input type="checkbox"/> Hospitals                                    |
| <input type="checkbox"/> Jail custody                       | <input type="checkbox"/> Asylum                                       |
| <input type="checkbox"/> Other                              |                                                                       |

13. Case Started\*:  Yes  No

#### **If Case Started\***

14. Case No.\*: [ ]

15. Case Date.\*: [ D | D | / | M | M | / | Y | Y | Y | Y ]



Act 1: [ ]

Section 1: [ ]

Act 2: [ ]

Section 2: [ ]

Act 3: [ ]

Section 3: [ ]

17. GDE No.\*: [ ]

16. GDE Date.\*: [ D | D | / M | M | / Y | Y | Y | Y ]

**D. CHILD HANDOVER DETAILS**1. Child Handover to\*:  CCI  CWC  JJB  Family  Other Organization**If Child Handover to CCI/CWC/JJB:**

CCI/CWC/JJB's State\*:

[ ]

CCI/CWC/JJB's District\*:

[ ]

CCI/CWC/JJB's Name\*:

[ ]

Handover Date\*:

[ D | D | / M | M | / Y | Y | Y | Y ]

**If Child Handover to Family:**

First

Middle

Last

Person's Name\*:

[ ]

House No.:

[ ]

Road/Street:

[ ]

Village/City:

[ ]

State\*:

[ ]

District\*:

[ ]

Police Station\*:

[ ]

PIN:

[ ]

Mobile: +91 [ ]

Handover Date\*:

[ D | D | / M | M | / Y | Y | Y | Y ]

**If Child Handover to Other Organization:**

Handed Over to (i.e Hospital, Nursing Home etc)\*: [ ]

Organization's Name\*:

[ ]

State\*:

[ ]

District\*:

[ ]

Police Station:

[ ]

House No.: [ ]

Village/Road:

[ ]

Handover Date\*:

[ D | D | / M | M | / Y | Y | Y | Y ]



## E. MISSING EVENT DETAILS

- |                                          |                                 |                               |                                     |                                    |                                |                      |                        |                        |                        |                        |                      |                                                                     |
|------------------------------------------|---------------------------------|-------------------------------|-------------------------------------|------------------------------------|--------------------------------|----------------------|------------------------|------------------------|------------------------|------------------------|----------------------|---------------------------------------------------------------------|
| 1. Information related to Missing Event: | <input type="text"/>            | <input type="text"/>          | <input type="text"/>                | <input type="text"/>               | <input type="text"/>           | <input type="text"/> | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/> |                                                                     |
| 2. Date of Missing:                      | <input type="text"/> D          | <input type="text"/> D        | /                                   | <input type="text"/> M             | <input type="text"/> M         | /                    | <input type="text"/> Y | <input type="text"/> Y | <input type="text"/> Y | <input type="text"/> Y |                      | 3. Time of Missing: <input type="text"/> : <input type="text"/> Hrs |
| 4. Place of Missing:                     | <input type="text"/> D          | <input type="text"/> D        | /                                   | <input type="text"/> M             | <input type="text"/> M         | /                    | <input type="text"/> Y | <input type="text"/> Y | <input type="text"/> Y | <input type="text"/> Y |                      |                                                                     |
| 4. Cause of Missing:                     | <input type="checkbox"/> Runway | <input type="checkbox"/> Lost | <input type="checkbox"/> Trafficked | <input type="checkbox"/> Kidnapped | <input type="checkbox"/> Other |                      |                        |                        |                        |                        |                      |                                                                     |

## **F. INFORMANT'S INFORMATION**

1.Informant's Name:	First	Middle	Last
	<input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>
2.Informant's Address:	<input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>		
	<input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>		
	<input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>		
3.Contact No.:	<input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>	4. Email: <input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>	
5.Relationship with Recovered Child:	<input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>		

## G. PHYSICAL FEATURES

1. Complexion:  Dark  Whitish  Fair  Very Fair  Sallow

2. Build:  Fat (stout/strong)  Normal (muscular)  Thin (lanky)  Stocky

3. Eye:       (Please fill up as per **Annexure IV**)

4. Hair:       (Please fill up as per **Annexure V**)

5. Teeth:       (Please fill up as per **Annexure VI**)

6. Height:  ft  inch **OR**   cm      7. Weight:   kg   gm

7. Wearing Apparel (Upper):

8. Wearing Apparel (Lower):

9. Blood Group:  A+  A-  B+  B-  O+  O-  AB+  AB-  Other

## **H. SPECIAL IDENTIFICATION MARKS**

1. Burn Marks / Tattoos / Leucoderma / Mole / Scar (Multiple identification marks may be chosen):  
            (Please fill up as per **Annexure VII**)

2. Face:       (Please fill up as per **Annexure VIII**)

3. Nose:  (Please fill up as per **Annexure IX**)4. Speech/Voice:  (Please fill up as per **Annexure X**)**I. PECULIARITIES & DISABILITIES**1. Head/Face:  (Please fill up as per **Annexure XI**)2. Other Parts of Body:  (Please fill up as per **Annexure XII**)3. Disabilities:  (Please fill up as per **Annexure XIII**)4. Habits:  (Please fill up as per **Annexure XIV**)**J. LANDMARK INFORMATION**1. Mandir / Masjid: 2. Bus Stand: 3. Railway Station: 4. School: 5. Market Place: 6. Fair: 7. Event description when recovered:   
8. Nearby River: 

First

Middle

Last

9. Panchayat Member Name: 10. Other Information: 

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of information provider

Signature of the receiving officer

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

**:ANNEXURES:-****Annexure- I**

- |                                                     |                                         |                                               |                                                  |
|-----------------------------------------------------|-----------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> DIPLOMA HOLDERS            | <input type="checkbox"/> DOCTORATE      | <input type="checkbox"/> GRADUATE             | <input type="checkbox"/> HIGHER/SENIOR SECONDARY |
| <input type="checkbox"/> ILLITERATE                 | <input type="checkbox"/> MATRICULATE    | <input type="checkbox"/> MIDDLE SCHOOL        | <input type="checkbox"/> M.PHIL                  |
| <input type="checkbox"/> POST GRADUATE              | <input type="checkbox"/> PRIMARY SCHOOL | <input type="checkbox"/> PROFESSIONAL DIPLOMA | <input type="checkbox"/> PROFESSIONAL GRADUATES  |
| <input type="checkbox"/> PROFESSIONAL POST GRADUATE | <input type="checkbox"/> PUC/PLUS 2     | <input type="checkbox"/> SECONDARY            | <input type="checkbox"/> SECONDARY SCHOOL        |
| <input type="checkbox"/> OTHER                      |                                         |                                               |                                                  |

**Annexure- II**

- |                                   |                                    |                                   |                                 |                               |
|-----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> BUDDHIST | <input type="checkbox"/> CHRISTIAN | <input type="checkbox"/> HINDUISM | <input type="checkbox"/> ISLAM  | <input type="checkbox"/> JAIN |
| <input type="checkbox"/> JEWS     | <input type="checkbox"/> PARSI     | <input type="checkbox"/> SIKH     | <input type="checkbox"/> YEHUDI |                               |

**Annexure - III**

- |                                    |                                      |                                               |                                       |                                       |
|------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ADI       | <input type="checkbox"/> AKA         | <input type="checkbox"/> APATANI              | <input type="checkbox"/> ASSAMEE      | <input type="checkbox"/> AWADHI       |
| <input type="checkbox"/> BADAGA    | <input type="checkbox"/> BAGNI       | <input type="checkbox"/> BAGRI                | <input type="checkbox"/> BENGALI      | <input type="checkbox"/> BHOJPURI     |
| <input type="checkbox"/> BODO      | <input type="checkbox"/> BRIJ        | <input type="checkbox"/> BUNDELKHANDI         | <input type="checkbox"/> CHHATISGATHI | <input type="checkbox"/> DEORI        |
| <input type="checkbox"/> DHUNDHADI | <input type="checkbox"/> DOGARI      | <input type="checkbox"/> ENGLISH              | <input type="checkbox"/> GARHWALI     | <input type="checkbox"/> GUJARATI     |
| <input type="checkbox"/> HARO      | <input type="checkbox"/> HARYANVI    | <input type="checkbox"/> HILL MIRI            | <input type="checkbox"/> HINDI        | <input type="checkbox"/> KAKBARAK     |
| <input type="checkbox"/> KANNADA   | <input type="checkbox"/> KASHMIRI    | <input type="checkbox"/> KHAMTI               | <input type="checkbox"/> KHASI        | <input type="checkbox"/> KHOWA        |
| <input type="checkbox"/> KONKANI   | <input type="checkbox"/> KOTHA       | <input type="checkbox"/> KUCHHI               | <input type="checkbox"/> KUI          | <input type="checkbox"/> KUMAYNI      |
| <input type="checkbox"/> LADAKHI   | <input type="checkbox"/> MAITHILI    | <input type="checkbox"/> MALAYALAM            | <input type="checkbox"/> MALWI        | <input type="checkbox"/> MANIPURI     |
| <input type="checkbox"/> MARATHI   | <input type="checkbox"/> MARVARI     | <input type="checkbox"/> MEERUN AND BULLANDAS | <input type="checkbox"/> MEITEI       | <input type="checkbox"/> MEITEILON    |
| <input type="checkbox"/> MEMBA     | <input type="checkbox"/> MIJI        | <input type="checkbox"/> MISHIMI              | <input type="checkbox"/> MISHIMI IDU  | <input type="checkbox"/> MISHIMI MIJU |
| <input type="checkbox"/> MISHING   | <input type="checkbox"/> MIZO        | <input type="checkbox"/> MOIMONSHINGHI        | <input type="checkbox"/> MONPA        | <input type="checkbox"/> NAGAMESE     |
| <input type="checkbox"/> NEPALI    | <input type="checkbox"/> NISHI       | <input type="checkbox"/> NOCTE                | <input type="checkbox"/> ORIYA        | <input type="checkbox"/> PAHADI       |
| <input type="checkbox"/> PUNJABI   | <input type="checkbox"/> RAJASTHANI  | <input type="checkbox"/> REANG                | <input type="checkbox"/> REWAPARI     | <input type="checkbox"/> SADRI        |
| <input type="checkbox"/> SANTHALI  | <input type="checkbox"/> SHERDUKOPEN | <input type="checkbox"/> SINDHI               | <input type="checkbox"/> SINGPHO      | <input type="checkbox"/> SOLUNG       |
| <input type="checkbox"/> TAGIN     | <input type="checkbox"/> TAMIL       | <input type="checkbox"/> TANGSA               | <input type="checkbox"/> TELUGU       | <input type="checkbox"/> TODA         |
| <input type="checkbox"/> TULU      | <input type="checkbox"/> URDU        | <input type="checkbox"/> VARADI               | <input type="checkbox"/> WANGCHU      | <input type="checkbox"/> YOBIN        |

**Annexure – IV**

- |                                                   |                                               |                                                  |                                                   |
|---------------------------------------------------|-----------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> EYE BLUE                 | <input type="checkbox"/> EYE BROWN            | <input type="checkbox"/> EYE REDDISH             | <input type="checkbox"/> EYE MARKEDLY CLOSE SET   |
| <input type="checkbox"/> EYE NORMAL               | <input type="checkbox"/> EYE PROTRUDING       | <input type="checkbox"/> EYE SUNKEN              | <input type="checkbox"/> EYE SLIT                 |
| <input type="checkbox"/> EYE ARTIFICIAL LEFT      | <input type="checkbox"/> EYE ARTIFICIAL RIGHT | <input type="checkbox"/> EYE-BROWS – ARTIFICIAL  | <input type="checkbox"/> EYE-BROWS-CLEARLY UNITED |
| <input type="checkbox"/> EYE-BROWS – OBLIQUE      | <input type="checkbox"/> EYE-BROWS – STRAIGHT | <input type="checkbox"/> EYE-BROWS – THIN        | <input type="checkbox"/> EYE-BROWS – WIDELY       |
| <input type="checkbox"/> USING SPEC               | <input type="checkbox"/> EYE ARTIFICIAL       | <input type="checkbox"/> EYE LEFT SQUINT         | <input type="checkbox"/> EYE RIGHT SQUINT         |
| <input type="checkbox"/> EYE CONSPICUOUSLY SMALL  | <input type="checkbox"/> EYE CATS             | <input type="checkbox"/> EYE GREEN               | <input type="checkbox"/> EYE MARKEDLY WIDE SET    |
| <input type="checkbox"/> EYE-BROWS- ARCHED/CURVED | <input type="checkbox"/> EYE-BROWS – THICK    | <input type="checkbox"/> EYE CONSPICUOUSLY LARGE | <input type="checkbox"/> EYE DARK                 |
| <input type="checkbox"/> EYE FRECKLED             | <input type="checkbox"/> EYE LIGHT            |                                                  |                                                   |

**Annexure – V**

- |                                                |                                        |                                     |                                         |
|------------------------------------------------|----------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> BALD FULL             | <input type="checkbox"/> BALD PARTIAL  | <input type="checkbox"/> BROWN      | <input type="checkbox"/> CURLY - BLACK  |
| <input type="checkbox"/> CURLY - BLACK & GREY  | <input type="checkbox"/> CURLY – GREY  | <input type="checkbox"/> LONG       | <input type="checkbox"/> NORMAL - BLACK |
| <input type="checkbox"/> NORMAL - BLACK & GREY | <input type="checkbox"/> NORMAL – GREY | <input type="checkbox"/> WIG USE OF | <input type="checkbox"/> WHITE HAIR     |



- STRAIGHT HAIR       HAIR BLEACHED/DYED       HAIR CURLY/WAVY       HAIR GRAY/WHITE PATCHED  
 SIDE BURNS

**Annexure – VI**

- |                                                     |                                                       |                                              |                                      |
|-----------------------------------------------------|-------------------------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> BROKEN                     | <input type="checkbox"/> FALSE TOOTH/TEETH            | <input type="checkbox"/> GAPS IN TEETH       | <input type="checkbox"/> METAL TEETH |
| <input type="checkbox"/> METAL TOOTH GOLD (CAPPING) | <input type="checkbox"/> METAL TOOTH SILVER (CAPPING) | <input type="checkbox"/> MISSING TOOTH/TEETH | <input type="checkbox"/> NORMA(EVEN) |
| <input type="checkbox"/> OVERLAPPING TEETH          | <input type="checkbox"/> PROTRUDING                   | <input type="checkbox"/> STAINED             |                                      |

**Annexure – VII**

- |                                                |                                                |                                              |                                               |
|------------------------------------------------|------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> BACK LEFT SIDE        | <input type="checkbox"/> CHEEK LEFT            | <input type="checkbox"/> BACK RIGHT SIDE     | <input type="checkbox"/> CHEEK RIGHT          |
| <input type="checkbox"/> CHEST MIDDLE          | <input type="checkbox"/> CHEST LEFT SIDE       | <input type="checkbox"/> CHEST RIGHT SIDE    | <input type="checkbox"/> CHIN                 |
| <input type="checkbox"/> EAR LEFT              | <input type="checkbox"/> EAR RIGHT             | <input type="checkbox"/> EYE BROW LEFT       | <input type="checkbox"/> EYE BROW RIGHT       |
| <input type="checkbox"/> FACE                  | <input type="checkbox"/> FOOT LEFT             | <input type="checkbox"/> FOOT RIGHT          | <input type="checkbox"/> FOREHEAD             |
| <input type="checkbox"/> HAND LEFT             | <input type="checkbox"/> HAND LEFT-LETTER      | <input type="checkbox"/> HAND LEFT-FIGURE    | <input type="checkbox"/> HAND RIGHT           |
| <input type="checkbox"/> FOREARM RIGHT- FIGURE | <input type="checkbox"/> FOREARM RIGHT- LETTER | <input type="checkbox"/> HEAD                | <input type="checkbox"/> LEG LEFT             |
| <input type="checkbox"/> LEG RIGHT             | <input type="checkbox"/> LIP LOWER             | <input type="checkbox"/> LIP UPPER           | <input type="checkbox"/> NECK                 |
| <input type="checkbox"/> NOSE                  | <input type="checkbox"/> SHOULDER LEFT         | <input type="checkbox"/> SHOULDER RIGHT      | <input type="checkbox"/> STOMACH              |
| <input type="checkbox"/> THIGH LEFT            | <input type="checkbox"/> THIGH RIGHT           | <input type="checkbox"/> PALM RIGHT          | <input type="checkbox"/> PALM LEFT            |
| <input type="checkbox"/> FINGER(S) LEFT HAND   | <input type="checkbox"/> FINGER(S) RIGHT HAND  | <input type="checkbox"/> FINGER(S) LEFT FOOT | <input type="checkbox"/> FINGER(S) RIGHT FOOT |

**Annexure – VIII**

- |                                            |                                           |                                      |                                          |
|--------------------------------------------|-------------------------------------------|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> DIMPLED CHEEK     | <input type="checkbox"/> DIMPLED CHIN     | <input type="checkbox"/> DOUBLE CHIN | <input type="checkbox"/> FOREHEAD BROAD  |
| <input type="checkbox"/> FOREHEAD NARROW   | <input type="checkbox"/> PROMINENT CHEEK  | <input type="checkbox"/> ROUND       | <input type="checkbox"/> SUNKEN CHEEK    |
| <input type="checkbox"/> WRINKLED          | <input type="checkbox"/> OVAL             | <input type="checkbox"/> POX PITTED  | <input type="checkbox"/> PROTRUDING CHIN |
| <input type="checkbox"/> RECEDING FOREHEAD | <input type="checkbox"/> SQUARE/HEAVY JAW | <input type="checkbox"/> HIGH CHEEK  | <input type="checkbox"/> LONG            |

**Annexure – IX**

- |                                                            |                                  |                                   |                                             |
|------------------------------------------------------------|----------------------------------|-----------------------------------|---------------------------------------------|
| <input type="checkbox"/> BROAD NOSTRILS (MARKEDLY DILATED) | <input type="checkbox"/> BULBOUS | <input type="checkbox"/> LONG     | <input type="checkbox"/> PIONTED            |
| <input type="checkbox"/> HOOKED (PARROT TYPE)              | <input type="checkbox"/> PIERCED | <input type="checkbox"/> SNUB/PUG | <input type="checkbox"/> TURNED UP NOSTRILS |

**Annexure – X**

- |                                               |                                          |                                   |                                      |
|-----------------------------------------------|------------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> DEEP/HEAVY/ GUTTURAL | <input type="checkbox"/> FAST            | <input type="checkbox"/> FEMININE | <input type="checkbox"/> NASAL       |
| <input type="checkbox"/> LOUD SPOKEN          | <input type="checkbox"/> SPEECH-STAGGONY | <input type="checkbox"/> SLOW     | <input type="checkbox"/> SOFT SPOKEN |
| <input type="checkbox"/> STAMMERING           |                                          |                                   |                                      |

**Annexure – XI**

- |                                             |                                              |                                              |                                               |
|---------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> DEAF               | <input type="checkbox"/> EAR DEFORMED - BOTH | <input type="checkbox"/> EAR DEFORMED - LEFT | <input type="checkbox"/> EAR DEFORMED - RIGHT |
| <input type="checkbox"/> EAR MISSING RIGHT  | <input type="checkbox"/> EYES BLIND ONE      | <input type="checkbox"/> EYES SQUINT         | <input type="checkbox"/> HARE LIPS            |
| <input type="checkbox"/> LOBES PIERCED      | <input type="checkbox"/> NOSE PECULIAR       | <input type="checkbox"/> ONE EYED            | <input type="checkbox"/> PROTRUDING FACE      |
| <input type="checkbox"/> EAR MISSING BOTH   | <input type="checkbox"/> EAR MARKEDLY LARGE  | <input type="checkbox"/> EAR MISSING LEFT    | <input type="checkbox"/> LOBLESS EAR          |
| <input type="checkbox"/> EAR MARKEDLY SMALL |                                              |                                              |                                               |

**Annexure – XII**

- |                                                 |                                                   |                                                    |                                                     |
|-------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> TOE(S) EXTRA - LEFT    | <input type="checkbox"/> ARM MISSING - RIGHT      | <input type="checkbox"/> BOW LEGGED - LEFT         | <input type="checkbox"/> EUNUCH                     |
| <input type="checkbox"/> FINGER(S) EXTRA - LEFT | <input type="checkbox"/> FINGER (S) EXTRA - RIGHT | <input type="checkbox"/> FINGER (S) MISSING - LEFT | <input type="checkbox"/> FINGER (S) MISSING - RIGHT |
| <input type="checkbox"/> GOITER                 | <input type="checkbox"/> KNEE KNOCKED             | <input type="checkbox"/> LEFT FOOT MISSING         | <input type="checkbox"/> LEFT HAND MISSING          |
| <input type="checkbox"/> LEG- ELEPHANTIASIS     | <input type="checkbox"/> LEG LIMPING              | <input type="checkbox"/> LEG MISSING - LEFT        | <input type="checkbox"/> LEG MISSING - RIGHT        |
| <input type="checkbox"/> LEPROSY                | <input type="checkbox"/> RIGHT FOOT MISSING       | <input type="checkbox"/> RIGHT HAND MISSING        | <input type="checkbox"/> STOOPING / HUNCH BACK      |
| <input type="checkbox"/> ELEPHANTIASIS LEFT LEG | <input type="checkbox"/> TOE (S) MISSING - LEFT   | <input type="checkbox"/> ONE LEG MISSING           | <input type="checkbox"/> RIGHT LEG LIMPING          |
| <input type="checkbox"/> FINGER EXTRA           | <input type="checkbox"/> BOW LEGGED               | <input type="checkbox"/> STOPPING                  | <input type="checkbox"/> TOE (S) EXTRA              |
| <input type="checkbox"/> LEFT LEG LIMPING       | <input type="checkbox"/> ELEPHANTIASIS RIGHT LEG  | <input type="checkbox"/> TOE (S) EXTRA - RIGHT     | <input type="checkbox"/> TOE (S) MISSING            |
| <input type="checkbox"/> ONE ARM MISSING        | <input type="checkbox"/> FINGER MISSING           | <input type="checkbox"/> TOE (S) MISSING - RIGHT   | <input type="checkbox"/> LAME                       |
| <input type="checkbox"/> RIGHT HAND LIMPING     | <input type="checkbox"/> LEFT HAND LIMPING        |                                                    |                                                     |

**Annexure – XIII**

- |                                               |                                                 |                                                |                                           |
|-----------------------------------------------|-------------------------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> HEARING IMPAIRED     | <input type="checkbox"/> LOCOMOTOR DISABILITIES | <input type="checkbox"/> MENTALLY ILL          | <input type="checkbox"/> LEPROSY CURED    |
| <input type="checkbox"/> AUTISM               | <input type="checkbox"/> CERIBRAL PALSY         | <input type="checkbox"/> MULTIPLE DISABILITIES | <input type="checkbox"/> MENTALLY RETIRED |
| <input type="checkbox"/> VISUALLY HANDICAPPED |                                                 |                                                |                                           |

**Annexure – XIV**

- |                                            |                                          |                                             |                                       |
|--------------------------------------------|------------------------------------------|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> BRAGGING          | <input type="checkbox"/> CHEWS BETAL/PAN | <input type="checkbox"/> CHEWS PAN MASALA   | <input type="checkbox"/> CHEWS SUPARI |
| <input type="checkbox"/> CHEWS TOBACCO     | <input type="checkbox"/> CINEMA CRAZY    | <input type="checkbox"/> DRINKS LIQUOR      | <input type="checkbox"/> DRUG ADDICT  |
| <input type="checkbox"/> EYES BLINKING     | <input type="checkbox"/> EYES SHIFTING   | <input type="checkbox"/> GAMBLER            | <input type="checkbox"/> HOMOSEXUAL   |
| <input type="checkbox"/> LIP BITING        | <input type="checkbox"/> LOTTERY PLAYER  | <input type="checkbox"/> MOUSTACHE TWISTING | <input type="checkbox"/> NAIL BITING  |
| <input type="checkbox"/> PROSTITUTE MONGER | <input type="checkbox"/> RACE-GOER       | <input type="checkbox"/> SMOKER             | <input type="checkbox"/> SNUFF TAKER  |
| <input type="checkbox"/> STRETCHING        |                                          |                                             |                                       |