SUBMISSION OF EXHIBITS FOR FORENSIC ANALYSIS
TO
CENTRAL FORENSIC SCIENCE LABORATORY
DIRECTORATE OF FORENSIC SCIENCE SERVICES
MINISTRY OF HOME AFFAIRS, GOVT. OF INDIA
URPUT VILLAGE, URPUT - KUMERIA ROAD,
P.O.: MANIARI TINIALI, P.S.: PALASHBARI
DISTRICT KAMRUP (RURAL) 781125 (ASSAM)
EMAIL: COORD.CFSL-GHY[AT]GOV[DOT]IN

Name of I.O: 
District: 
Name of Forwarding Authority: 
Rank: 
Phone No.: 
Fax No.: 
STD Code: 

Case No: ......................... Dated: .......................... P.S: .........................
District: .........................State: .........................U/S: ..........................

I. HISTORY OF THE CASE
II. LIST OF EXHIBITS SENT FOR EXAMINATION:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Description of exhibits</th>
<th>No. of Parcel</th>
<th>How, when and by whom</th>
<th>Source of Exhibits</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

III. NATURE OF FORENSIC EXAMINATION REQUIRED:

Signature of Forwarding Authority
Name: ..........................
Rank: ..........................
Ref. Memo No.: Date:

**AUTHORISATION CERTIFICATE**

Certified that the Director/Coordinator, Central Forensic Science Laboratory, DFSS, M.H.A., Government of India, Urput Village, Urput - Kumeria Road, P.O. Maniari Tiniali, P.S. Palashbari, District Kamrup (Rural) 781125 Assam has the authority to examine the exhibits of Case.No.................... dated................ P.S............................................. U/S .......................................................... and also to take portions thereof or take them to pieces for the purpose of examination.

Signature, Seal and Designation of the Forwarding Authority