

**Case Submission Form (CSF)**

**Name & Rank of IO:**

**Mobile No.**

**Email:**

**Forwarding Authority:**

**Postal Address:**

**Pin Code:**

**District:**

**State:**

**Mobile No.**

**Email:**

**P.S.**

**Case No.**

**Dated:**

**U/S:**

**A. History of the Case**

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**B. List of Subjects for Forensic Examination**

Sl.No.	Name of Subjects	Name and details of ID	Remarks

**C. Nature of Forensic Examination Required**

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**Specimen Seal Impressions in Sealing Wax  
(covered with Cello tape)**

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**Signature of Investigating Officer**

**Ref. Letter /Memo No.**

**Date:**

**Authorization Certificate**

Certified that the Director, Central Forensic Science Laboratory, DFSS, MHA, Government of India, Urput village, Urput-Kumeria Road, District Kamrup, Assam has the authority to examine the case subjects of P.S.: .....

Case No.: ..... Dated: .....

U/S: .....

for the purpose of examination.

**Signature, Designation & Stamp  
of the Forwarding Authority**