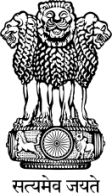
**Cyber Forensics& Digital Evidence Examiners’ Laboratory**

Module-114, Gr. Floor, SDF Building,

Sector-V, Salt Lake, Kolkata- 91.

Name of the PS / Unit ……………………………………………...……………………………. Date ……………..….……….

Ref. Case No. ………………………………………………………………………………………………………………….……………

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Submitted Following Documents** | |  |  | **Remarks by R/D Sec** | | | |
| 1. | Form Number **FM – 01** Service Request Form **Issue- 02** |  |  | - |  |
|  |  |  |  |  |  | |
| 2. | Each page of Form Number **FM – 01** duly signed by **I.O** |  |  | - |  | |
|  |  |  |  |  |  | |
| 3. | Form Number **FM – 02** Authorization Certificate **Issue- 02** |  |  | - |  | |
|  |  |  |  |  |  | |
| 4. | Form Number **FM – 03** Forwarding Letter **Issue- 02** |  |  | - |  | |
|  |  |  |  |  |  | |
| 5. | D.O/Authorization letter for deposit exhibits from DC/SP  (As per Org No. 33/C/IG-II/2023 Dtd. 30/03/2023 of CID West Bengal) |  |  | - |  | |
|  |  |
|  |  |  |  |  |  | |
| 6. | **Certified** Copy of **FIR, Complaint** |  |  | - |  | |
|  |  |  |  |  |  | |
| 7. | **Certified** Copy of **Seizure List** |  |  | - |  | |
|  |  |  |  |  |  | |
| 8. | Xerox Copy of **Photo Identity Card** of messenger and filled up the following points in bottom of the same page—  1. Full signature with rank, 2. Place of posting, 3.District/ PD/ PC,  4. Mobile number, 5. Present Date. |  |  | - |  | |
|  |  |
| 9. | Provide **Blank storage** (Pen drive/ Portable Hard Drive) |  |  | - |  | |
|  |  |  |  |  |  | |
| 10. | **All Gala seals must be covered with cello tape where it used**  **Whether the exhibits are properly sealed & impression is visisble** |  |  | - |  | |
|  |

**Note:** If **yes** then **tick [**✔] the check box otherwise cross **[x]** the check box**.**

Depositor Full Signature with Rank: ………………………………………….………………………………………

**For official use**

|  |  |  |
| --- | --- | --- |
| Review remarks of Receiving In-charge with Signature |  | |
| Put up to Director: | | Endorsed to the RO by DIC:(If reqd.) |
| Remarks by R.O | | |

Approved by DIC- ( Accept / Reject / Any other necessary action )