

APPLICATION FOR OBTAINING ATTESTED COPY OF FIR

* 1.	FIR No.	
* 2.	Date of Registration of FIR (mm/dd/yyyy format)	___/___/___
		OR
	Approximate Period of Registration of FIR (The time frame should not be more than 2 months)	From ___/___/___ To ___/___/___
* 3.	Police Station	
* 4.	Name of the complainant	
5.	Name of the accused/alleged person	
* 6.	Applicant's Detail	
(i)	Name	
(ii)	Parentage	
(iii)	Address	
(iv)	Contact Phone Number (s)	
(v)	Relation with the accused/alleged person	
7.	Purpose of applying for the copy of FIR	

Note (* fields are mandatory)

- * 1. The Police Station name and approximate period of registration of FIR have to be mandatorily given. Moreover, either the FIR No. or the complainant's name has to be mandatorily given. Also, all the applicants details have to be mandatorily given, without which no FIR copy shall be supplied.
2. Police Station Record will be checked only for the details and period mentioned in the application.

Signature of applicant

Receipt Details	
Name of the Duty Officer (D.O.)	
Time	
Date	
Diary No	
DD/PC/Cash Receipt No.	
Date	
Signatures of Duty Officer (D.O.)	

_____ Page of FIR No. _____ Year _____ PS _____ Supplied/refused to supply

Signature of applicant/recipient