STATE FORENSIC SCIENCE LABORATORY RAJASTHAN

NEHRU NAGAR, JAIPUR 302016

Phone & Fax : 0141-2301584

Affix photo
Of blood
donor

Identification Form

(From to be used for DNA examination)

Name ……
Father/Guardians/Husbands name ……
Age ……
Gender Male/Female ……
Caste ……
Address ……
Visible genetic abnormalities ……
(if any) Description of sample ……
……
Date of Sample Collection ……
FIR No. /Date/U.S./P.S./Distt. ……
……

Declaration by donor / guardian

I …… son/daughter/wife/guardian of Km/Master of ……
Hereby declare that the blood is given with my consent for DNA fingerprinting. The blood is mine/is of my child and I / it didn't receive a blood transfusion within last three months.

Signature/thumb impression
Of donor/guardian

Name, signature and seal of Medical Officer with date-

Blood Sample is collected in the presence of the following witnesses.

1. Name and signature

2. Name and signature

Signature of Investigation Office with seal