Cyber Forensics& Digital Evidence Examiners' Laboratory

Receiving Centre at : 2nd Floor, Araksha Bhawan, DJ Block, Sector-II, Salt Lake-91

Exhibits Deposit Checklists

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	☐ -
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 visible**	☐ -

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)