

DESCRIPTIVE ROLL IN RESPECT OF MR/MST: _____

Age/Date of Birth: _____

Father/Husband's Name: _____

Personal marks of identification: _____

NIC No: _____

Address: _____

THUMB & FINGER IMPRESSION SLIP IN RESPECT OF _____

Right/Left Thumb	Right/Left Finger	Right/Left Middle Finger	Right/Left Ring Finger	Right/Left Little Finger

Signatures: _____

Mr/Mst: _____

1. _____

2. _____

3. _____

ATTESTED

Signature: _____

Designation: _____