



# CASE RECEIVING FORM

## DOCUMENT EXAMINATION LABORATORY

Case Information	
Reference Number	Date of Receiving of Exhibits
Name of Client	
Address	
Contact Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail ID	
ID Proof	<input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> UID <input type="checkbox"/> DL <input type="checkbox"/> Voter ID Card
Document Given by Client	<input type="checkbox"/> Original Document <input type="checkbox"/> Certified Document <input type="checkbox"/> Photocopy Document <input type="checkbox"/> Others
Case Type	<input type="checkbox"/> Court Purpose <input type="checkbox"/> Not for Court Purpose <input type="checkbox"/> Internal/Departmental
Service Type	<input type="checkbox"/> Signature Verification <input type="checkbox"/> Others <input type="checkbox"/> Handwriting Examination

Other Information

Declaration:	
I ..... hereby authorize SIFS INDIA to take my case on my request and with my consent. I also declare that the above mentioned information is correct to the best of my knowledge.	
1. There is no provisions of refund by the SIFS INDIA in case of rejection by the client.	
2. SIFS INDIA will not responsible for any wrongful information detailed by client.	
3. All disputes subjected to Delhi Jurisdiction only	
Date .....	
Signature	Thumb Impression

Report Dispatch	
<input type="checkbox"/> By Hand / In Person	<input type="checkbox"/> Via Courier
	Courier Company
	Tracking No.
	Delivered On



Case Information	
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Address	
Contact Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail ID	
ID Proof	<input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> UID <input type="checkbox"/> DL <input type="checkbox"/> Voter ID Card
Document Given by Client	<input type="checkbox"/> Original Document <input type="checkbox"/> Certified Document <input type="checkbox"/> Photocopy Document <input type="checkbox"/> Others
Case Type	<input type="checkbox"/> Court Purpose <input type="checkbox"/> Not for Court Purpose <input type="checkbox"/> Internal/Departmental
Service Type	<input type="checkbox"/> Fingerprint Analysis <input type="checkbox"/> Fingerprint Examination Report <input type="checkbox"/> Latent Print Examination <input type="checkbox"/> Others

Other Information

Declaration:
<p>I ..... hereby authorize SIFS INDIA to take my case on my request and with my consent. I also declare that the above mentioned information is correct to the best of my knowledge.</p> <p>1. There is no provisions of refund by the SIFS INDIA in case of rejection by the client. 2. SIFS INDIA will not responsible for any wrongful information detailed by client. 3. All disputes subjected to Delhi Jurisdiction only</p> <p>Date .....</p> <p style="text-align: right;">_____ Signature      Thumb Impression</p>

Report Dispatch	
<input type="checkbox"/> By Hand / In Person	<input type="checkbox"/> Via Courier
	Courier Company
	Tracking No.
	Delivered On



# CASE RECEIVING FORM CYBER FORENSIC LABORATORY

Case Information			
Reference Number		Date of Receiving of Exhibits	
Name of Client			
Address			
Contact Number		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail ID			
ID Proof	<input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> UID <input type="checkbox"/> DL <input type="checkbox"/> Voter ID Card		
Description of Exhibit/s	<input type="checkbox"/> Handset <input type="checkbox"/> CD/DVD <input type="checkbox"/> Laptop <input type="checkbox"/> Pen Drive <input type="checkbox"/> Other		
Division	<input type="checkbox"/> Cyber		
Case Type	<input type="checkbox"/> Court Purpose <input type="checkbox"/> Not for Court Purpose <input type="checkbox"/> Internal/Departmental		
Service Type	<input type="checkbox"/> Audio Verification <input type="checkbox"/> Video Verification <input type="checkbox"/> Speaker Identification <input type="checkbox"/> Transcript <input type="checkbox"/> Photograph Recognition <input type="checkbox"/> Photograph Authenticity <input type="checkbox"/> Email Verification <input type="checkbox"/> Mobile Data Extraction <input type="checkbox"/> Other		
Other Information			
<p align="center"><b>Declaration:</b></p> <p>I ..... hereby authorize SIFS INDIA to take my case under Cyber division on my request and with my consent. I also declare that the above mentioned information is correct to the best of my knowledge.</p> <ol style="list-style-type: none"> <li>The laboratory will not be responsible for any physical damages or any other electrical failure, malfunction occurring to the evidence during the examination.</li> <li>There is no provisions of refund by the SIFS INDIA in case of rejection by the client.</li> <li>SIFS INDIA will not responsible for any wrongful information detailed by client.</li> <li>All disputes subjected to Delhi Jurisdiction only.</li> </ol> <p>Date ..... Signature ..... Thumb Impression .....</p>			
<p align="center"><b>Report &amp; Exhibit Dispatch</b></p>			
<input type="checkbox"/> By Hand / In Person		<input type="checkbox"/> Via Courier	
		Courier Company	
		Tracking No.	
		Delivered On	



# CASE RECEIVING FORM FIRE FORENSIC LABORATORY

Case Information			
Reference No.		Date of Receiving	
Name of Company			
Contact Person			
Case Received via E-mail			
Name of Insured			
Contact Number of Insured			
Place & Date of Investigation			
Vehicle / Premises Detail			
Mode of Receiving	<input type="checkbox"/> In Person	<input type="checkbox"/> Via Courier	<input type="checkbox"/> Via E-mail
Information Received through E-mail			
Case Type	<input type="checkbox"/> Fire	<input type="checkbox"/> Other	
Service Type			

Other Information

Declaration:		
I ..... hereby authorize SIFS INDIA to take my case on my request and with my consent. I also declare that the above mentioned information is correct to the best of my knowledge.		
1. There is no provisions of refund by the SIFS INDIA in case of rejection by the client.		
2. SIFS INDIA will not responsible for any wrongful information detailed by client.		
3. All disputes subjected to Delhi Jurisdiction only		
Date .....	Signature	Thumb Impression



# CASE RECEIVING FORM KEY FORENSIC LABORATORY

Case Information	
Reference No.	Date of Receiving of Keys
Date of Receiving of E-mail	
Name of Company	
Contact Person	
E-mail ID of contact person	
Name of Insured	
Vehicle Details	Vehicle No.
	Make & Model
	Policy No.
	Claim No.
Case Allotment	<input type="checkbox"/> In Person <input type="checkbox"/> Via Courier <input type="checkbox"/> Via E-mail
Information Received through E-mail	
Service Type	

Other Information

Declaration:	
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Date .....	
Signature	Thumb Impression



# CASE RECEIVING FORM

## FORENSIC FACIAL IMAGING LABORATORY

Case Information	
Reference No.	Date of Receiving
Date of Receiving of E-mail	
Name of Company	
Contact Person	
E-mail ID of contact person	
Name of Person	
Exhibit Details	
Case Allotment	<input type="checkbox"/> In Person <input type="checkbox"/> Via Courier <input type="checkbox"/> Via E-mail
Information Received through E-mail	
Service Type	

Other Information

Declaration:	
I ..... hereby authorize SIFS INDIA to take my case on my request and with my consent. I also declare that the above mentioned information is correct to the best of my knowledge.	
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Date .....	
Signature	Thumb Impression



# CASE RECEIVING FORM

## FORENSIC BIOLOGY LABORATORY

Case Information			
Reference No.			
Date of Receiving of E-mail		Date of Receiving of Exhibits	
Name of Company			
Contact Person			
Name of Insured			
Contact No. of Insured			
Place & Date of Investigation			
Vehicle Details	Vehicle No.		
	Make & Model		
	Policy No.		
	Claim No.		
Case Allotted Via		<input type="checkbox"/> In Person	<input type="checkbox"/> Courier
Articles Received			
Case Type		<input type="checkbox"/> Biology	<input type="checkbox"/> Miscellaneous
Service Type			
Nature of Case			

Other Information

Declaration:	
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2. SIFS INDIA will not responsible for any wrongful information detailed by client.	
3. All disputes subjected to Delhi Jurisdiction only	
Date .....	
Signature	Thumb Impression