

Case Receiving Form Document Examination Laboratory

Case Information				
Reference Number		Date of Receiving of Ex	hibits	
Name of Client				
Address				
Contact Number		G	ender: Male Female	
E-mail ID				
ID Proof	Passport PAN Ca	rd UID D	L Voter ID Card	
Document Given	Original Document	Certified Docum	nent	
by Client	Photocopy Document			
Case Type	Court Purpose	Not for Court Purpose	Internal/Departmental	
Service Type	Signature Verification Handwriting Examination	Others		
Declaration: I				
Date Signature Thumb Impression				
Report Dispatch				
By Hand / In Perso	n	☐ Via Courier		
	Courier Company			
	Tracking No.			
		Delivered On		

Reg. Office: 2443, Hudson Lane, Kingsway Camp, Delhi-110009

Corp. Office: A-14, Mahendru Enclave, Model Town, Delhi-110009

Contact No.: 011-47074263, 9953546546, 7303913004 🚨

E-mail : contact@sifsindia.com

investigation@sifsindia.com

Website: www.sifsindia.com



Case Receiving Form Fingerprint Laboratory

Case Information			
Reference Number		Date of Receiving of Exhibits	
Name of Client			
Address			
Contact Number		Gender: Male Female	
E-mail ID			
ID Proof	Passport PAN Ca	rd UID DL Voter ID Card	
Document Given	Original Document	Certified Document	
by Client	Photocopy Document	Others	
Case Type	Court Purpose	Not for Court Purpose Internal/Departmental	
Service Type	Fingerprint Analysis	Fingerprint Examination Report	
	Latent Print Examinatio	n Others	
	3/0/15		
SHEAT OTHER INTORMATION AND AND AND AND AND AND AND AND AND AN			
	Declar	ation:	
I			
Date		Signature Thumb Impression	
Report Dispatch			
By Hand / In Person		☐ Via Courier	
	Courier Company		
	Tracking No.		
		Delivered On	

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Website: www.sifsindia.com



CASE RECEIVING FORM CYBER FORENSIC LABORATORY

Case Information			
Reference Number	Date of Receiving of Exhibits		
Name of Client			
Address			
Contact Number	Gender: Male Female		
E-mail ID			
ID Proof	Passport PAN Card UID DL Voter ID Card		
Description of Exhibit/s	Handset CD/DVD Laptop Pen Drive Other		
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	Was TITULE WAS TO BE WAS TO THE PARTY OF THE		
	13/12.		
Division	Cyber		
Case Type	Court Purpose Not for Court Purpose Internal/Departmental		
Service Type			
Service Type	Audio Verification Video Verification Speaker Identification Transcript Photograph Recognition Photograph Authenticity		
4	Email Verification Mobile Data Extraction Other		
O41 1f	Email verification Nobile Data Extraction Other		
Other Information			
	Declaration:		
	hereby authorize SIFS INDIA to take my case under Cyber division on my request declare that the above mentioned information is correct to the best of my knowledge.		
	sible for any physical damages or any other electrical failure,		
malfunction occurring to the evid	ence during the examination.		
 There is no provisions of refund by the SIFS INDIA in case of rejection by the client. SIFS INDIA will not responsible for any wrongful information detailed by client. 			
4. All disputes subjected to Delhi Jurisdiction only.			
Date	Signature Thumb Impression		
Report & Exhibit Dispatch			
By Hand / In Person Via Courier			
	Courier Company		
	Tracking No.		
	Delivered On		

Reg. Office: 2443, Hudson Lane, Kingsway Camp, Delhi-110009 E-mail

Corp. Office: A-14, Mahendru Enclave, Model Town, Delhi-110009

Contact No.: 011-47074263, 7303913005 🚨

Website: www.sifsindia.com

: cybercom@sifsindia.com



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	de de colo		
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1	NOCE FOR SOLVE		
	TUTE OF THE VS.		
Mode of Receiving	In Person Via Courier Via E-mail		
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4/3			
Information Received through			
E-mail	V SECOR VIEL		
Case Type	Fire S Other		
Service Type			
<i>₹3</i> \ <i>*</i>	* 65		
	Other Information ATTIONS BEYOND		
	Declaration:		
1			
	e mentioned information is correct to the best of my knowledge.		
There is no provisions of refund by the SIFS INI SIFS INDIA will not responsible for any wrongfu All disputes subjected to Delhi Jurisdiction only	al information detailed by client.		
Date	Signature Thumb Impression		

Reg. Office: 2443, Hudson Lane, Kingsway Camp, Delhi-110009 E-mail: reports@sifsindia.com
Corp. Office: A-14, Mahendru Enclave, Model Town, Delhi-110009 Website: www.sifsindia.com

Contact No.: 011-47074263, 7303913006 🚨



CASE RECEIVING FORM KEY FORENSIC LABORATORY

Case Information			
Reference No.		Date of Receiving of Keys	
Date of Receiving	of E-mail		
Name of Compan	ıy		
Contact Person			
E-mail ID of conta	act person		
Name of Insured			
Vehicle Details	Vehicle No.	Δ.	
	Make & Model	de la companya de la	
	Policy No.		
	Claim No.	SUTE OF TORENCE	
Case Allotment		In Person Via Courier Via E-mail	
Information Rece	ived through		
E-mail		V SOME VIZIE	
Service Type	彩 5	V Z V X X	
Other Information Other Information			
Declaration: I			
Date		Signature Thumb Impression	

Contact No.: 011-47074263, 7303913006 🚨



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	☐ In Person ☐ Via Courier ☐ Via E-mail		
Information Received through			
E-mail			
Service Type			
Other Information			
Declaration:			
Ihereby 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.			
 There is no provisions of refund by the SIFS INDI SIFS INDIA will not responsible for any wrongful All disputes subjected to Delhi Jurisdiction only 			
Date	Signature Thumb Impression		

Contact No.: 011-47074263, 7303913007 🔎



Case Receiving Form Forensic Biology Laboratory

Case Information				
Reference No.				
Date of Receiving	of E-mail		Date of Receiving of Exhibits	
Name of Compan	У			
Contact Person				
Name of Insured				
Contact No. of Ins	sured			
Place & Date of Investigation				
Vehicle Details	Vehicle No.			
Verneie Details	Make & Model	36 36	96	
	Policy No.	300000000000000000000000000000000000000	ace of the second	
	Claim No.	TE OF FO	REAL	
Case Allotted Via	Cidilli IVO.	In Person	Courie	ar
Case / motted via		in cross	- Count	
			1 2 2	
Articles Received	2016		M m Enc.	
Al ticles received			A NAZIG	
Case Type	45 E	Biology	Misce	llaneous
Service Type			* 1	
Natura of Coss	*501/			
Nature of Case				
	26	Other Infor	mation	
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		Declarat	ion:	
		-	SIFS INDIA to take my case on my	
consent. I also d	eclare that the above	e mentioned information	is correct to the best of my knowle	edge.
 There is no provisions of refund by the SIFS INDIA in case of rejection by the client. SIFS INDIA will not responsible for any wrongful information detailed by client. All disputes subjected to Delhi Jurisdiction only 				
Date			Signature	Thumb Impression

Contact No.: 011-47074263, 7303913007 🚨