

Centre for DNA Fingerprinting and Diagnostics **CDFD**

[An autonomous Centre of the Dept. of Biotechnology, Ministry of Science & Technology, Govt. of India]
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Affix recent
passport size
photograph duly
attested

Do not Pin
/Staple

IDENTIFICATION FORM No.:

[Fill all the columns & strike out whichever is not applicable]

- 1) Name : _____
- 2) Father's/Guardian's/Husband's Name : _____
- 3) Age : Years Months Days
- 4) Gender [Tick the appropriate] : Male Female
- 5) Origin of State: _____
- 6) Address [Write legibly] : _____
: _____
: _____ Pin _____
- 7) Visible Genetic Abnormalities if any : _____
- 8) Description of Sample [Viz. Blood/ Bloodstains
Buccal or Semen stain/ /Hair/Swab] : _____
- 9) Date of sample collection : _____
- 10) Case/Crime/FIR/MC/OP/OS No. : _____
- 11) Hon'ble Court / Police Station : _____
[Any other specify]

DECLARATION BY DONOR/ GUARDIAN

I, _____ Son/Daughter/Wife/Guardian of Kum/Master
_____ hereby declare that the blood is given with my
consent to **CDFD**, for DNA fingerprinting. The blood is mine/is of my child and I/child did not receive
a blood transfusion within last three months.
(Explained in vernacular)

(Signature or Thumb Impression of Donor/Guardian)

_____ ml blood collected on FTA card/ Blood card in the presence of the following witnesses:

- 1) Name: _____ Signature: _____
- 2) Name: _____ Signature: _____
- 3) Name: _____ Signature: _____
- 4) Name: _____ Signature: _____

[For **CDFD** use only]

CDFD File No. _____ Sample received on : _____

Sample Code No. _____ Received by : _____

Report No. CDFD/LDFS/20 _____ Examined by : _____

Assisted by : _____