

RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY

REGIONAL FACILITY FOR DNA FINGERPRINTING

Thycaud P.O., Thiruvananthapuram – 695014, Kerala, India

Phone: (Direct line) : 0471 – 2340970, 2529568

EPBAX : 0471 – 2529400 Ext. 568

FAX : 0471 – 2344564, 2349303 E-mail: rfd@rgcb.res.in

website : www.rgcb.res.in

Paste recent
passport size
photograph

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 :
4. Gender :
5. Caste & origin of state :
6. Address :

7. Visible Genetic abnormalities, if any :
8. Description of sample
(Blood/buccal swab etc.) :
9. Date of sample collection :
10. Case/Crime/FIR/MC/OP/OS No. :
11. Police station/Hon'ble court :

Declaration by Donor/Guardian

I son/daughter/wife/guardian/father of Kum/
Master/Mr./Ms. of hereby declare that the blood is given with
my consent to RGCB 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/thumb impression of donor/guardian)

..... ml of blood sample is collected in the presence of the following witnesses.

- | | |
|-----------------|-------------------|
| 1. Name : | Signature : |
| 2. Name : | Signature : |
| 3. Name : | Signature : |

(For RGCB use only)

RGCB-RFDF Case No. :	Sample Received on :
Sample No. :	Received by :
Report No. :dtd.....	Examined by :
	Assisted by :