

## APPLICATION FOR OBTAINING COPY OF FIR FOR THE ACCUSED

1.	FIR No. / Year/Date (if known)	
2.	Expected Date of Registration of FIR	From _____ To _____
3.	Police Station	
4.	District	
5.	Name/details of the complainant	
6.	Name of the accused/ alleged person	
7.	Applicant's detail	
(i)	Name	
(ii)	Parentage	
(iii)	Address	
(iv)	Contact Phone Number(s)	
(v)	Relation with the accused/alleged person	
8.	Purpose of applying for the copy of FIR	

**Note:-** Police Station Record will be checked only for the details and period mentioned in the application.

**Signature of applicant**

Application Receipt of Details	
Name of the D.O/Receiving Clerk	
Time	
Date	
Diary No.	
DD/PO/Cash Receipt No.	
Date	
Signatures of D.O/ Receiving Clerk	

STAMP of Police Station / DCP  
Office receiving application

\_\_\_\_\_ Pages of FIR No. \_\_\_\_\_ Year \_\_\_\_\_ PS \_\_\_\_\_ **supplied/refused to supply.**

**Signature of applicant/recipient**