

# 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) Caste & 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 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 : _____