No. F.15(1)/DTE/SFSL/2010/ 6329 - 41

Date 16/10/17

To
The Director General of Police

i. Govt. of Arunachal Pradesh (Itanagar)
ii. Govt. of Manipur (Imphal)
iii. Govt. of Meghalaya (Shillong)
iv. Govt. of Mizoram (Aizawl)
v. Govt. of Nagaland (Kohima)
vi. Govt. of Sikkim (Gangtok)

Subject : Levy of fees to be paid as approved by the government for examination of DNA (FP) cases at FSL referred by NE-States.

Sir,

Kindly refer to the letter under the above subject. The DNA (FP) division has been established with the approval of Directorate of Forensic Science (DFS), MHA, Govt. of India and functional since 2010. Initially, DNA evidence cases were accepted for examination as a gesture of goodwill as and when referred by Investigating Agencies of NE States.

2. In the mean time, some DNA (FP) cases referred by different neighbouring States have been examined/reported without charging fees. Considering the cost of chemicals/kits, it has been decided to charge fees in the form of draft payable to Director FSL, Govt. of Tripura as per approved rate sanctioned by the Home Department, Govt. of Tripura. (copy enclosed).

3. The examination of DNA (FP) related case-exhibits are to be sent as per prescribed Case Exhibit Forwarding Form (copy enclosed) along with draft. In addition, the control blood sample should be collected after duly filling
the blood sample authentication form (copy enclosed), otherwise the case will not be accepted for examination.

4. It is therefore requested to circulate among the District Ssp’s for their information.

Yours faithfully

(Dr. H.K. Pratihari)
Director

Enclo.: i) Copy of Govt. Notification
ii) Case Exhibit Forwarding Form
iii) Blood sample authentication Form
iv) Brochure on DNA (FP)

Copy to: The Director, Forensic Science Laboratory,
Arunachal Pradesh (Bandardeva)/ Manipur (Pangei)/
Meghalaya (Shillong) / Mizoram (Aizawl)/ Nagaland (Kohima)/
Sikkim (Gangtok) for kind information with a request to guide the I.O’s to follow the procedure and proper preservation of biological fluids for DNA examination.

/ 
Director

Copy also to: Addl. Secretary, Home Department, Govt. of Tripura for kind information

/ 
Director
GOVERNMENT OF TRIPURA
HOME DEPARTMENT

NO.F.47(4)-PD/07 (P) Dated, Agartala, the 9th September, 2011.

NOTIFICATION

The Governor of Tripura is pleased to impose levy of fees Rs.5000/- (Rupees five thousand) only per sample for DNA Typing analysis referred by other State/Central Investigating Agencies with immediate effect.

The sample shall be sent in the prescribed proforma alongwith requisite demand draft payable to Director, State Forensic Science Laboratory, Agartala.

By order of the Governor,

(S. Chaudhuri)
Deputy Secretary to the Government of Tripura.

To

1. Chief Secretary of all North-East States.
2. Director General of Police, Tripura, Agartala.
4. The Director General of Police (Intelligence), Tripura, Agartala.
5. The District Magistrate & Collector, West Tripura, Agartala/South Tripura, Udaipur/North Tripura, Kailashahar/Dhalai District, Ambassa.
7. The Manager, Government Press with a request to publish it in the extra-ordinary issue of Tripura Gazette.
8. Director, State Forensic Science Laboratory, Narsingarh, West Tripura.

E:\sinha\Sujit Sinha\Sujit\Misc letter wef June, 11.doc
CASE FORWARDING NOTE FOR FORENSIC EXAMINATION.

I. Case-No: Dated: P.S:

U/S: District:

II. Brief history of the case:

III: List of exhibits/Parcels sent for examination.

<table>
<thead>
<tr>
<th>No</th>
<th>Description of exhibits/Marking</th>
<th>Source of exhibits</th>
<th>Details of Parcels &amp; Seal</th>
<th>Exhibits collected by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contd...P/2
IV. Nature of examination required/Questionnaire:

i. 

ii. 

iii. 

iv. 

v. 

vi. 

Seal affixed on Parcel
(Specimen Seal in Wax) Phone No Fax No Signature, Name & Designation of Investigating officer.

Phone No. Fax No: Signature, seal & Designation of the Forwarding Authority.
CERTIFICATE

Certified that the Director, Tripura State Forensic Science Laboratory, Narsingarh, Agartala (P.T.C.Complex) P.O- Bimangarh, Tripura West Pin-799 005, has the authority to examine the forwarded exhibits of the Case No. 

Dated......P.S. U/S ...................................................... And if desired to take portions thereof or tame them to pieces for the purpose of examination.

Phone No. ............ 
Fax No. .............. 

Signature, Seal & designation of the forwarding authority.
BLOOD SAMPLE AUTHENTICATION FORM
GOVERNMENT OF TRIPURA
STATE FORENSIC SCIENCE LABORATORY
Narsingarh : PTC Complex Tripura – 799015

A. Particulars of Donor:
   i) Name (in block letters):
   ii) Father/Guardian’s Name:
   iii) Sex:
   iv) Date of Birth
   v) Address:

   vi) Medical history:
       Normal:
       Chronic disease:
       Genetic disorder:
   vii) Blood Transfusion, if any, in past three months:
   viii) Organ Transplantation, if any:

B. Case details:
   Case No: 
   Date: 
   P.S. 
   U/S: 

C. Purpose for conducting Test:

D. Declaration by the blood Donor:
   1. ........................................ hereby certify that the blood sample is being collected
      with my consent and acknowledge the above information to be true.

   Signature of Donor:
   Name:
   Date

   Left Thumb Impression   Right Thumb Impression

E. Sample Collection: Preferably 2ml blood should be collected in vacutainer or sterilized tube using
   EDTA as anticoagulant. The tube should be duly preserved in an ice container for transport. Alternatively,
   blood sample may be dried on clean sterilized gauze/filter paper/FTA Card and sealed in paper envelope.

   i) Nature of sample: Liquid Blood/Blood stain  ii) Date of collection  iii) Volume:

   Collected by:

   Signature, Name & Designation of Medical Officer
   with stamp

F. Collection Procedure witnessed by:

Witness:
Signature
Name
Designation
Address
Date

For Office use
Case No. SFSL......../DNA/..........
DNA Typing Unit, SFSL, Tripura
Exhibit No.