FIRST INFORMATION REPORT

P.Form No. 27

6814

Information of cognizable crime reported under section 154 Cr. P. C. at P.S.

Dist. Purba Med Sub-Divn. Egra P.S. Egra Year 2017 FIR NO. 213/17 Date. 08.4.17

i) Act ... Section 341/323/325 ii) Act 307/379/506 IPC Sections ...

iii) Act ... Section ... iv) Other Act & Sections ...

a) General Diary Reference : Entry No. 400 Time at 17.05 hrs

b) Occurrence of Offence : Day ... Date 08/2.4.17 Time around 18.45 hrs

c) Information received Date on 08.04.17 Time at 17.05 hrs

G. D. No. 400 at the Police Station :

Type of Information. Written / Oral written complaint

Place of Occurrence a) Direction and Distrance from P. S. 24 km S/E, Arazad-V, Block-II, J.L.-197 Panipara GP

) Address Near Kutikori, P.S. Egra, in front of the house of Arati Munda

) In cash outside limit of this Police Station, then the name of P.S. N/A.

District ...

Complaint /Informant :

) Name Smt Kaberi Singha

) Father's / Husband's Name W/O Sri Anup Singha

) Date/Year of Birth ...

) Nationality Indian

) Address Village - Kutikori, P.O. - Kutikori-Aranga, P.S. Egra Dist - Purba Medinipur

Detaiuls Known/Suspected/Unknown/Accused with full particulars (Attach separate sheet, if necessary) Accd :- Sustam @ Raju Sahoo S/O Suni Sahoo of Kutikori, P.O. - Kutikori Aranga, P.S. Egra Dist Purba Medinipur

Reasons for dealy in reporting by the Complaint/Informant ...

Particular of properties stolen / involved : (Attach separete sheet, if required) :

Total value of Properties stolen / involved : N/A.

Inquest report / U.D. : Case No. if any : ...

FIR Contents : (Attach separate sheets, if required) :

The original written complaint from the compt. which is treated as FIR is attached herewith.

Action taken : Since the above report reveals commission of offence (s) u/s 341/323/325/307/379/506 IPC.

I, Sri Krishnendu Pradhan, O/C Egra P.S.

Register the case and took up the investigation/directed ASI Santi Swarup Das to take up the investigation

transferred to P. S. ... on point of jurisdiction FIR read over to the Complaint Informant. admitted to be correctly recorded and given to the Complainant/Informant free of cost.

কাবেরী সিংহ

Signature / Thumb Impression of Complainant /Informant

Signature of the Office-in-charge, Police Station with Pradhan

Name Krishnendu Pradhan

Rank O/C Egra P.S.

Number, if any Sub Inspector of Police, Egra P.S.

08/4/17

OR 3377/17 9/4/17

(২)

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বিষয়ে [illegible] [illegible] [illegible] [illegible] [illegible]
হয়।

তাং- ০৮.৪.২৭।

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নীল
কালেকী মির্দে
7564771250

অভিযোগকারিনীর ঠিকানা.

সুমিত্রা মাইতি ও: [illegible], পিতা - সুনীলচন্দ্র
সাং- মুলাটিকরী, পোঃ- মুলাটিকরী অনুরাগপুর,
থানা- এগরা, জেলা - পূর্ব মেদিনীপুর।

অভিযুক্ত ব্যক্তিগণ

১। গৌরহরি মাইতি, পিতা- ৺বেচু মাইতি
২। সুভাষ মাইতি, পিতা- ৺[illegible] মাইতি,
৩। বাদল মাইতি, পিতা- গোপাল মাইতি,
৪। অতুল রায়, পিতা- দেবেন রায়,
সকলের সাং- মুলাটিকরী, পোঃ- মুলাটিকরী
অনুরাগপুর, থানা- এগরা, জেলা- পূর্ব
মেদিনীপুর।

([illegible])

[illegible]

GOVERNMENT OF WEST BENGAL

Department of Health and family welfare.

Name of Health Centre: PANIHARUL P.H.C

Name of Patient: Anup Sinha Age: 43 yrs Sex: M

Address: Kultikri Regd No.: E/780 Date: 2/4/17 at 8-30pm

Sl. No	DISEASE	TREATMENT 0PD 4592 / 04/4/17
1	Acute Respiratory Infection (ARI) Influenza like illness (ILI)	c/o Pain & bleeding from scalp following
2	Pneumonia	phys. ass. by Sustam Sahoo
3	Acute Diarrhoeal Disease (including acute gastroenteritis)	at 6-45pm today after a quarrel
4	Bacillary Dysentry	over money.
5	Enteric fever	O/E: Oblique 4" × 1" lacerated wound on
6	Viral Hepatitis	Lt temporal region
7	Malaria	Adv:
8	Dengue/DHF/DSS	Inj. Tetvac 0.5 ml IM stat
9	Chikungunya	Cap Amoxyclav (625) 1 bd × 5 d
10	Measles	Tab Diclo 1 bd × 5 d
11	Diphtheria	Tab Panto 1 OD AC
12	Pertusis	Stitching & dressing
13	Chicken Pox	04 APR 2017 [signature] 2/4/17
14	Meningitis	Rfd. cell
15	Tuberculosis	Rfd to Ahmedpur PHC
16	Acute Encephalitis syndrome (AES)	
17	Fever of unknown origin (PUO)	
18	Leptospirosis	
19	Acute Flacid Paralysis<15 years of age	
20	Dog bite	
21	Snake bite	
22	Anthrax	
23	Arsenicosis	
24	Kala-zar	
25	Filariasis	
26	Thalassaemia	
27	Unusual Syndrome not capture Above	

[illegible]

Name of Patient .... Age .... Sex ....

Address .... Regd No .... Date ....

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14)

(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27)