



FIRST INFORMATION REPORT

5476

First information of a cognizable crime reported under section 154 Cr. P. C. at P.S.

- 1. Dist. Purbani Divn. Ekra P.S. Ekra Year 2016 FIR NO. 525/16 Date 31.12.16
- 2. i) Act Section 341/325/307/379 Sections
- ii) Act Section iv) Other Act & Sections
- 3. a) General Diary Reference : Entry No. 1292 Time at 14:35 hr
- b) Occurrence of Offence : Day Monday Date 02.12.16 Time around 18:30 hrs
- c) Information received Date 02.12.16 Time at 14:35 hrs
- G. D. No. 1292 at the Police Station :
- 4. Type of Information. Written / Oral written complaint
- 5. Place of Occurrence a) Direction and Distance from P. S. 16 KM S.E. Anchal - VI,
- b) Address Asli, PO - Genia, P.S. Ekra, Dist - Purbani
- c) In cash outside limit of this Police Station, then the name of P.S. ILNO - 195
- District N/A
- 6. Complaint / Informant : Smt. Arati Ghai
- a) Name w/o Smt. Tapan Ghai
- b) Father's / Husband's Name Age - 25 years
- c) Date / Year of Birth Indian
- d) Nationality vill - Asli, PO - Genia, P.S. Ekra, Dist - Purbani, Medinipur.
- e) Address
- 7. Details Known / Suspected / Unknown / Accused with full particulars Head of household, Bhandaban Bag, Smt. Radhakrishna Bag,
- 8. Reasons for delay in reporting by the Complainant / Informant Smt. Katal Bag w/o Brijendra Kumar Bag,
both of vill - Asli, P.S. Ekra, Dist - Purbani, Medinipur
- 9. Particular of properties stolen / involved : (Attach separate sheet, if required) :
- 10. Total value of Properties stolen / involved : N/A
- 11. Inquest report / U.D. : Case No. if any :
- 12. FIR Contents : (Attach separate sheets, if required) :

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

- 13. Action taken : Since the above report reveals commission of offence (s) w/s 341/325/307/379/506/341 P.C.
- S. S. Swapan Ghoswami, O.C. Ekra register the case and took up the investigation/directed
- Asst. Asim Kumar Mahto transferred to P. S. on point of jurisdiction FIR read over to the Complainant / informant. admitted to be correctly recorded and given to the Complainant/Informant free of cost.

স্বপ্না গিহি

Signature / Thumb Impression of the Complainant / Informant

DR 19/17
11117

Signature of the Officer-in-charge, Police Station Goswami
 Name Swapan Ghoswami
 Rank O.C. Ekra P.S.
 Number, if any St. of Police Ekra P.S. 31.12.16

To. the O/c Egga P.S.



Main body of handwritten text in Assamese script, containing a detailed report or letter.

Received at
14105 hr. on
31/12/16 and
started Egga
P.S. case no
525/16 dt 31/12/16
01534/925/804/
506/34/16.

[Signature]
31/12/16
Officer-in-charge
Egga P.S.
Purba Medinipur

Handwritten notes on the left margin, including dates and names like 'Date 31/12/16' and 'Name'.

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**DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
DISCHARGE**

Discharge Certificate/Left Against Medical Advice

Page No. : 1

Discharge No. : _____ Date of Discharge : 3/11/16 Time : _____ Patient Category : Free / Paying / Cabin

Patient Name : Tanpana Giri Sex : M, Age : 42 Yrs. Months _____ Days _____

Patient Srt. No. : _____ Patient Registration No. : 28397- Admission Date : _____

Address : _____

Municipality / Village : A-STI Post Office : GORAI

Police Station : _____ District : _____

State : W.B. Nationality : _____ Religion : _____

Father's Name : _____ Husband's Name : _____

Doctor/Unit : _____ Phone/Mobile No. : _____

Bed No. : _____ Bed Type : _____ Ward Name : _____

Final Diagnosis : physical assault

Referred Out Case : _____

Referred To : _____ Date : _____ Time : _____ Reason : _____

A. _____ In case of Confinement _____

Delivery Date & Time : _____ Mode Of Delivery : ND/ECL/LUCS/With Forceps/Without Forceps

Delivery Status : _____ No. Of Child : _____ Antenatal Care Taken : Yes / No

B. _____ In case of Surgery _____

Surgery Date & Time : _____ Type of Surgery : _____

Surgery Status : _____ Treated conservatively

C. _____ Anesthesia Details _____

D. _____ Investigation Done _____

Test Name _____ Comments _____

E. _____ Medicine Details _____

Medicine Name	No. of Days	Comments
<u>Aspirin</u>		
<u>Normal diet</u>		
<u>Cup Pan-D - odhe roly</u>		

F. _____ ADVICE _____

Two Co-Amox / Greenmax 625

57070 - 51

Two Paracetamol 200 2/2-5

Syn preventive gel - 2hr

Hand Wash

Baby Checked and Discharged _____

Signature : _____

Date : _____ Time : _____

Counter Signature of the Visiting Staff _____

Signature of the Medical Officer _____
