

NON CONGINIZABLE Case Reporting Form

Police Station..... Distt:
NON CONGINIZABLE Case No. Dated
DDR NO. DATE TIME

1. OCCURANCE OF OFFENCE :-

1. DATE TIME PLACE BEAT.....
2. DIRECTION FROM P.S DISTANCE FROM P.S. kms

2. COMPLAINANT:

Name(ਨਾਮ) PARENTAGE (ਮਾਤਾ-ਪਿਤਾ/ਪਤੀ ਦਾ ਨਾਮ)
CASTE (ਜਾਤ) :- ADDRESS(ਪਤਾ): House No
Mohalla/Colony: Village
P.S DISTT STATE
AGE(ਉਮਰ) NATIONALITY(ਕੌਮੀਅਤ):- Telephone No

3. BRIEF FACTS OF THE CASE :

Signature of Complainant:

4. ACTION TAKEN BY POLICE:-

Signature of Duty Officer/Investigation Officer :

Police Station: Dated: