

# RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY

## REGIONAL FACILITY FOR DNA FINGERPRINTING

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### 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 :
4. Gender :
5. Caste & origin of state :
6. Address :
  
7. Visible Genetic abnormalities, if any :
8. Description of sample  
(Blood/buccal swab etc.) :
9. Date of sample collection :
10. Case/Crime/FIR/MC/OP/OS No. :
11. Police station/Hon'ble court :

### **Declaration by Donor/Guardian**

I ..... son/daughter/wife/guardian/father of Kum/  
Master/Mr./Ms. of ..... hereby declare that the blood is given with  
my consent to RGC B 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/thumb impression of donor/guardian)

..... ml of blood sample is collected in the presence of the following witnesses.

- |                 |                   |
|-----------------|-------------------|
| 1. Name : ..... | Signature : ..... |
| 2. Name : ..... | Signature : ..... |
| 3. Name : ..... | Signature : ..... |

### **(For RGC B use only)**

RGC B-RFDF Case No. : .....	Sample Received on : .....
Sample No. : .....	Received by : .....
Report No. : .....dtd.....	Examined by : .....
	Assisted by : .....