

Centre for DNA Fingerprinting and Diagnostics **CDFD**

[An autonomous Centre of the Dept. of Biotechnology, Ministry of Science & Technology, Govt. of India]
Tuljaguda Complex [Opp: M.J.Market], Nampally, Hyderabad – 500 001,
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Affix recent
passport size
photograph duly
attested

Do not Pin
/Staple

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 : _____ Years _____ Months _____ Days
- 4) Gender [Tick the appropriate] : Male / Female
- 5) Caste: _____
- 6) State of Origin: _____
- 7) Address [Write legibly] : _____

_____ PIN code _____
- 8) Visible genetic abnormalities, if any. : _____
- 9) Description of Sample : _____
[Blood / Bloodstains / others]
- 10) Whether the donor received blood : [YES / No]
transfusion within last 3 weeks
If yes, the details : _____
- 11) Date of sample collection : _____
- 12) Case/Crime/FIR/MC/OP/OS No. : _____
- 13) Hon'ble Court / Police Station : _____
[Any other specify]

DECLARATION BY DONOR/ GUARDIAN

I, _____ Son / Daughter / Wife of Shri. / Smt.
_____ or Guardian of Kumari / Master
_____ hereby declare that the blood sample is given with
my consent to **CDFD**, for DNA testing. The blood is mine / is of my child (Explained in vernacular).

(Signature or Thumb Impression of Donor/Guardian)

_____ml blood was collected from the above person on FTA card in the presence of the
following witnesses :

- 1) Name: _____ Signature: _____
- 2) Name: _____ Signature: _____
- 3) Name: _____ Signature: _____
- 4) Name: _____ Signature: _____

[For *CDFD* use only]

CDFD File No. _____ Sample received on : _____

Sample Code No. _____ Received by : _____

Report No. CDFD/LDFS/20 _____ Examined by : _____

Assisted by : _____