GOVERNMENT OF MANIPUR
DIRECTORATE OF FORENSIC SCIENCES

NOTIFICATION

Imphal, the 23rd October 2023

No. 31/10/88-DFS(MOD)/NIRV: DNA Analysis Wing with facilities of Forensic DNA profiling has been set up at Directorate of Forensic Sciences, Manipur and will be functional with effect from 31st October 2023.

2. Exhibits requiring DNA analysis may be forwarded to Biology Division of this Directorate along with duly filled in relevant forms/formats/checklist prescribed as annexed.

(Roji Rajkumari)
Director of Forensic Sciences
Manipur

Copy to:

1. Secretary to Chief Minister, Manipur.
2. Staff Officer to Chief Secretary, Government of Manipur.
3. Director General of Police, Manipur.
4. Addl. Director General of Police (L&O/Int), Manipur.
5. Commissioner (Home), Government of Manipur.
6. Inspector General of Police (L&O/Int), Manipur.
7. All District Superintendents of Police, Manipur/ SP (Crime branch)
8. Officers in-Charge of all PSs, Manipur.
9. Website Manager, IT Department, Manipur. With request to upload the Notification with prescribed format in Government website.

Biology Division
Directorate of Forensic Sciences,
Manipur

Memo No.: . . . . . Dated: . . . . . .

Forwarding Letter

Forwarded herewith sealed and packed envelope/box containing the exhibits of FIR No. ---------- U/S -- ------ to the Director, Directorate of Forensic Sciences Manipur for favor of examination and sending back the expert opinion along with the exhibit remains if any to the . . . . . in ensured cover and parcel.

Signature, Seal and Designation of
Forwarding Authority

Sample seal

1.

2.

3.

Dated_____

Signature, Seal and Designation of
Forwarding Authority

Email:
Mobile#:

Biology Division
Directorate of Forensic Sciences,
Manipur

Memo No.: . . . . . Dated: . . . . . .

Authorization Certificate

Certify that the O/o the Director, Directorate of forensic Sciences Manipur, Pangei has authority to examine the exhibits of FIR No._____ Dated_____

P.S._____ U/S _____ and also to take thereof or to utilize it completely for the purpose of examination.

Signature, Seal and Designation of
Forwarding Authority

N.B.:-

1. Requisition for Forensic Examination should be forwarded by Police officer not below the rank of SP.

2. Sample seal(S) (in wax) should be legible, intact, covered with cello-tape.

3. All the exhibits forwarded should be clearly & properly packed, sealed and Label. A specimen seal used on parcel should be affixed in Submission Form.

4. All the necessary papers/copies of FIR/ Post Mortem Report / Medico Legal Certificate etc. should be attested by the Forwarding Authority/ Gazetted Officer.

5. Fill all the necessary forms of DFS, Manipur for case submission.

6. Specimen seal used by Medical Officer in Medico- legal case should be provided invariably.

7. All control/reference blood samples for DNA profiling test should be sent in EDTA coated tubes and must be carried in ice container.

8. Duly filled Biological Specimen Authentication Form in duplicate in respect of each Donor should be attached with samples.

9. Case submitted with incomplete information/documents will not be accepted.

10. Exhibits(s) to be submitted to laboratory by Messenger Only.

Biology Division
Directorate of Forensic Sciences,
Manipur

STANDERDISED FORM FOR FORWARDING EXHIBITS

1. Case FIR No. :
2. Section of Law :
3. Police station :
4. District :
5. Name of I.O. :
6. Particular of the accused :

7. Brief of the Case :

8. :

9. List of exhibits sent for examination:

Sl. No.	Seized articles sent for examination	Seized by	From where/ whom seized	Remark

10. Questionaire :

Biology Division
Directorate of Forensic Sciences,
Manipur

EVIDENCE SUBMISSION FORM

(Government/Law Enforcement Agency Submitting the case)
This Form MUST be completed before processing can begin on the case

1. **Case Information:**

FIR _____Dated:_____U/S_____P.S._____

_____ Full address of Submitting Agency_____

_____

Telephone #_____ Delivering Agent Designation: _____

P.S._____ _____Phone No._____

EmailAddress:_____

2. **Type of Case:**

Disputed Paternity/Disputed Maternity/ Criminal Paternity

Sexual Assault

Homicide

Human Identification

Aborted feotus Identification

(Signature of IO)

P.S. _____

Dated: _____

Biology Division
Directorate of Forensic Sciences,
Manipur

CHAIN OF CUSTODY
(FOR INVESTIGATING OFFICER)

Case Information

FIR Dated _____U/S_____P.S._____

NAME OF THE INVESTIGATING OFFICER _____

DESIGNATION _____

Total Number of Parcels _____

Parcel No.	No. of Seal(s)	Seal Impression	Description of Parcels	Place, date and time of collection of Parcel/Exhibit(s)

(Signature of Investigating Officer)

P.S. _____

Dated: _____

Biology Division
Directorate of Forensic Sciences,
Manipur

AUTOPSY SPECIMEN(S) SUBMISSION FORM

(To be completed by the Authorized Medical Officer who conducted the Post-mortem)

1. Details of Deceased:

Name _____ PMR Number _____

Address_____

Age _____ Sex _____ Religion/Caste _____ Date of death _____

2. Cause of death_____

3. Has individual received a blood transfusion of or Bone marrow Transplant in the last three months?_____

4. Legal Contact _____ Phone _____

5. Specimen Collection :

Hospital Name: _____

Hospital Address_____

Hospital Telephone No.: _____

Sample collected by _____ Date _____

6. Description of samples collected**:**

Sample	Storage condition	Other remarks

7. Chain of Custody

Specimen(s) sealed and released by _____

Specimen(s released to _____

Mode of Release: Hand delivery _____Contact no._____

Date sent of DFS, Manipur _____

Place:

Dated: (Signature of Authorized Medical Officer with Seal)

Biology Division
Directorate of Forensic Sciences,
Manipur

BIOLOGICAL SPECIMEN AUTHENTICATION FORM FOR DNA TESTING

A. Particulars of donor/source of sample:

Affix a passport size photograph of the Donor to be attested by medical examiner

a. Name (in capitals) _____

b. Father's/Guardian's/Husband's name _____

c. Age _____

d. Gender _____

e. Date of birth _____

f. Address [Write legibly] _____

g. Identification mark: _____

h. Medical history: Normal/Chronic Disease /Genetic Disease/HIV/Hepatitis_____

i. Blood transfusion, if any, in past three month _____

j. Organ transplantation, if any _____

B. Case details:

FIR No. _____ Dated _____ U/S _____P.S. _____ District _____

C. Purpose of conducting the test _____

D. DECLARATION BY THE DONOR/PARENTS/GUARDIAN

(Note:- In case of minor, the declaration must be signed by the parents or guardians)

I _____ _____ Son / Daughter / Wife of Shri. _____

or Parent/Guardian of _____ _____hereby declare that the blood/biological sample is given with my consent for the purpose of DNA testing and the information provided above by me is true and accurate.

Signature/Thumb impression of Donor/Parent/Guardian_____

Date _____ Time_____

E. Sample collection:

a. Nature of sample collected: Liquid blood/Blood stain/Oral swab
(Preferably 2ml blood in vacutainer or sterilized tube using EDTA anticoagulant. Preserve tube in ice during transport. Alternatively blood sample may be collected on FTA card and sealed in paper envelope. Oral swab may be collected, dried and sealed in paper envelope.)

b. Date of sample collection: _____

c. Medical officer Name: _____

d. Designation and Institution: _____

Signature _____ Date _____ Time _____ Seal_____

F. Witnesses :

1. Name _____S/D/W/o _____ R/o _____

Signature _____ Date _____ Time _____

2. Name _____S/D/W/o _____ R/o _____

Signature _____ Date _____ Time _____

G. Received/witnessed by investigating /Police official:

Name _____Rank _____ P.S. _____

Signature _____ Date _____ Time _____

Biology Division
Directorate of Forensic Sciences,
Manipur

CHECKLIST FOR ACCEPTANCE OF EXHIBITS FOR FORENSIC EXAMINATION
DIRECTORATE OF FORENSIC SCIENCES
GOVERNMENT OF MANIPUR
PANGEI, MANIPUR-795114
(The following information to be filled by case receipt section)

A. Information of Forensic Testing

Forwarding authority

_____

_____

_____

1. Case No. _____ P.S. _____

   U/S _____

2. No. of Parcel _____

3. Nature of examination _____

B. Checklist of Items & information etc.
(To be verified from documents & parcels)

1.	Forwarding letter signed by the Competent Authority or equivalent.	Yes/ No.
2.	Letter of Authority issued by the competent authority.	Yes/ No.
3.	Attested copy of FIR enclosed.	Yes/ No.
4.	Attested copy of PM/MLC report enclosed	Yes/ No.
5.	Brief case history	Yes/ No.
6.	Letter of advice of forensic testing	Yes/ No.
7.	All relevant papers addressed to the Director CFSL, Kolkata	Yes/ No.

RECEPTION

C. Checklist of items & information etc.
(To be verified by the concerned Division)

1.	Specimen of the seal used by the forwarding authority on parcels	Yes/ No.
2.	Seal of the parcel tallied with the specimen seal forwarded.	Yes/ No.
3.	Condition of seals on parcels.	Intact/ Broken.
4.	Condition of label on the parcels.	Clear/ Not Clear.
5.	Essential control sample forwarded with exhibits	Yes/ No.
	If yes, describe their number(s) & source(s) (Biological relationship & No……..	
6.	Authentication Card of source of Blood samples/ Control samples (DNA ONLY)	Yes/ No.

D. Head of examination Division/ Unit

1.	Unit has technical expertise to undertaken examination	Yes/ No.
2.	Recommended	Case may be accepted/ Not accepted
	If not, please state reasons:	

Head of the Division/ Unit

(Signature with date)