FIRST INFORMATION REPORT

(Under Section 154 Cr.P.C.)

CIPA-R[illegible]30

1. District: NORTH EAST DELHI PS. [illegible] Year 2013 FIR No. 851 Date: 14-12-20[illegible]

2. Act(s): (i) IPC (AC) (ii) (iii) (iv) Section(s): 379

3. Occurrence of Offence:
(a) Day: Saturday
Time Period:
Date From: 14-12-2013 Date To: 14-12-2013
Time From: 13:30 hrs Time To:
(b) Information received at P.S.: Date: 14-12-2013 Time: 19:00 hrs.
(c) General Diary Reference: Entry No. 27A Time: 49:30 hrs

4. Type of Information: WRITTEN

5. Place of Occurrence:
(a) Direction and Distance from P.S.: Beat No.: 16
(b) Address: E-BLOCK NEAR JHILMIL METRO STATION DELHI
(c) In case, Outside the limit of the Police Station:
Name of P.S. District:

6. Complainant/Informant:
(a) Name: VINOD KUMAR JAIN (S/O) LT DELP CHAND JAIN
(b) Date/ Year of Birth: 1953 Nationality: INDIA
(c) Passport No. Date of Issue: Place of Issue:
(d) Occupation:
(e) Address: 9/2153, GALI NO. 12, KAILASH NAGAR, DELHI-31.

7. Details of Known/Suspect/Unknown accused with full particulars(attach separate sheet if necessary):

8. Reason for delay in reporting by the complainant/informant: NO DELAY

9. Particulars of Properties Stolen/involved (attach separate sheet if necessary):

S.No	Property Type(Description)	Est. Value(Rs.)	Status
(i)	SPEC DOCUMENTS V.I.P BAG CONTAIN		Stolen
(ii)	INDIAN RUPEES(TWENTY THOUSAND RUP	20000	Stolen
(iii)			

10 Total value of property stolen: 20000

11 Inquest Report/U.D Case No., if any:

nil Kumar & Mr. Satish Kumar in favour of Mr. Vinod Kumar Jain in respect of the said property.Original and

7-Original And Photocopy of ATS executed by Mr. Ajay Kumar, Mr. Anil Kumar & Mr. Satish Kumar in favour of Mr. Vinod Kumar Jain in respect of the said property.

8-Original and Photocopy of Will executed by Mr. Ajay Kumar in favou r of Mr. Vinod Kumar Jain in respect of the said property.

9-Original and Photocopy of Will executed by Mr. Anil Kumar in favour of Mr. Vinod Kumar Jain in respect of th e said property.

10-Original Photocopy of Will executed by Mr. Satish Kumar in favou r of Mr. Vinod Kumar Jain in respect of the said property.

Station House Officer:
Crime Branch, Delhi:

Note:

(i) This is a digitally signed document

(ii) For verification visit 'Lost Articles Report' module on www.delhipolice.nic.in

(iii) Authority issuing duplicate document/article may obtain proof of identity

Disclaimer

(i) This application is for lodging report of Article/Document lost in Delhi

(ii) Report lodged under this application is not a subject matter for enquiry/investigation

(iii) In case loss is due to theft or any other crime, contact nearest Police Station

(iv)False report to Police is a punishable offence

Police Station Crime Branch

(C) (3)

फार्म संख्या 10A
Form No. 10A

दिल्ली संघ राज्य
UNION TERRITORY OF DELHI 47876

(नियम संख्या 14 देखिए)
(See Rule 14)

विशिष्ट मृत्यु प्रमाण-पत्र (विस्तार में)
SPECIAL CERTIFICATE OF DEATH (DETAILED)

जन्म तथा मृत्यु पंजीकरण अधिनियम, 1969 की धारा 17 के अधीन दिया गया।
Issued under Section 17 of the Registration of Births & Deaths Act, 1969.

यह प्रमाणित किया जाता है कि निम्नलिखित विस्तृत सूचना मृत्यु के मूल लेख से ली गई है जो कि.....(स्थान) के रजिस्टर में लिपिबद्ध है।
This is to certify that the following detailed information has been taken from the original record of the Death which is in the register for.....(Local area)

पंजीकरण संख्या 357 पंजीकरण की तिथि 25-2-91
Registration No. Date of Registration

1. मृत्यु की तिथि/Date of Death 15-2-91
2. मृतक का पूरा नाम/Full name of the deceased Bishan Devi
3. पिता/पति का नाम/Name of the Father/Husband B.P. Jain
4. मृत्यु का स्थान (पूरा पता)/Place of Death (Full address) S.K. Hospital
5. आयु/Age 68
6. लिंग (स्त्रीलिंग/पुंलिंग)/Sex (Male/Female) F
7. वैवाहिक स्थिति (अविवाहित/विवाहित/विधवा/विधुर/अलग/त्यक्त)/Marital Status (never Married/Married/Widow/Widower/Separated/Divorced) Widow
8. व्यवसाय/Occupation H.W.
9. धर्म/Religion H
10. नागरिकता/Nationality I
11. स्थाई निवास स्थान का पूरा पता/Permanent Full address 1111 Gali No. 2 Kailash Nagar Delhi-32
12. बीमारी की अवधि/Duration of illness 3 days
13. क्या मृत्यु का कारण चिकित्सक द्वारा प्रमाणित था? (हां/नहीं)/Whether Medically Certified (Yes/No) Yes
14. चिकित्सा की किस्म (एलोपैथिक/आयुर्वेदिक/यूनानी/होम्योपैथिक/अन्य)/Kind of Medical attention received (Allopathic/Ayurvedic/Homeopathic/Others) Allo.
15. टिप्पणी/Remarks

Sub-Registrar
तिथि/Date

प्रमाणकर्ता के हस्ताक्षर
(मोहर)
Signature of the Issuing Authority
(Seal)

नोट:—मृत्यु के सम्बन्ध में पंजी में दिए गए मृत्यु के कारणों का विवरण नहीं दिया जाएगा।
Note:—Entries of death in this copy shall be made of particulars regarding the case of death as entered in the register.

Punjab National Bank
Kalkaji Mandir
Chandni Chowk
Delhi

1. पंजीकरण का क्रम संख्या.....
Serial No. of Registration

2. प्रार्थी का नाम.....
Name of applicant

3. प्रतिलिपि के लिए प्रार्थना-पत्र की तिथि..... 30/7/92
Date of application for copy

4. प्राप्ति की तिथि..... 4/8/92
Date of receipt

5. रिकार्ड की खोज की फीस.....
Record Searching fee

6. डाक व्यय.....
Postal charges

7. प्रतिलिपि बनाने का व्यय.....
Copying charges

8. प्रतिलिपि बनाई गई तिथि.....
Copy prepared on

9. प्रतिलिपि प्राप्तिकर्ता को दी गई तिथि.....
Copy granted on

10. प्रतिलिपि प्रेषित की गई तिथि.....
Copy delivered on

11. प्रतिलिपि बनाने वाले के हस्ताक्षर.....
Signature of copyist

...मुद्रण—342/पी० बाद ले० एवं प्रा०/87—20-5-87—1,50,000.

6217/13/92