

FIRST INFORMATION REPORT  
(Under Section 154 Cr. P.C.)

817



P.S. Pradhan Nagar Year 2021 FIR No. 611/21 Date 09.08.21  
Sections ..... ii) Act ..... Sections 341/354/323/  
Sections ..... (iv) Others Acts & Sections 31 IPC

3. (a) Occurrence of Offence : Day ..... Date From 09.08.21 Date To .....  
Time Period ..... Time From about 21:30 hrs Time To .....

(b) Information received at P.S. Date 09.08.21 Time 20:45 hrs

(c) General Diary Reference : Entry No(s) 643 Time 20:45 hrs

4. Type of Information : Written Written / Oral

5. Place of Occurrence : (a) Direction and Distance from P.S. .... Beat No. ....  
(b) Address Cooliepara, Dharam Nagar, w/no. 1, P.S. Pradhan Nagar Dist. Dajeeeling

(c) In case outside limit of this Police Station, then the  
Name of the P.S. .... District .....

6. Complainant / Informant :  
(a) Name Smt. Renu Harijan

(b) Father's / Husband's Name w/o. Manoj Harijan

(c) Date / Year of Birth ..... (d) Nationality Indian

(e) Passport No. .... Date of Issue : .... Place of Issue .....

(f) Occupation .....

(g) Address Cooliepara, Dharam Nagar, wond No. 1, P.S. Pradhan Nagar Dist. -

7. Details of known / suspected / unknown accused with full particulars Dajeeeling.  
(Attach separate sheet, if necessary) : ① Kanchan Das s/o. Yogindar Das, ② Santochi Das w/o. Kanchan Das, ③ Bhola Das, ④ Munha Das and ⑤ Churna Das Brother of Kanchan Das.

8. Reasons for delay in reporting by the Complainant / Information

9. Particulars of properties stolen / involved (Attach separate sheet, if necessary) :

10. Total value of properties stolen / involved .....

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

12. FIR Contents (Attach separate sheets, if required) : The original written Complaint of the Complainant which is valid as FIR is enclosed herewith

13. Action taken : Since the above report reveals commission of offence(s) as mentioned at item No. 2., registered the case and took up the investigation / directed ASI Sunesh Karmi to take up investigation / refused investigation / transferred to P.S. .... on point of jurisdiction. FIR read over to the Complainant/ Informant, admitted to be correctly recorded and a copy given to the Complainant / Informant free of cost.

14. Signature / Thumb impression of the Complainant / Informant  
Noted in written Complaint.

Signature of the Officer-in-Charge Police Station  
Inspector Dipankar Pradhan Nagar P.S.  
Name : Dipankar Pradhan Nagar P.S. Commissionerate  
Rank : St of Police Constable/PC  
Dt- 09.08.21

15. Date & Time of despatch to the court :  
Dt- 09.08.21





**DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
DISCHARGE**

**POLICE CASE**

Discharge Certificate/Left Against Medical Advice 5-8-21 Page No. : 1

Discharge No. : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_ Patient Category : Free/Paying/Cabin  
 Patient Name \_\_\_\_\_ Siliguri, West Bengal, PIN 734001 (PHO) Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months Days

Patient Srl. No. : \_\_\_\_\_ Patient Registration No. : \_\_\_\_\_ Admission Date : \_\_\_\_\_

Address : \_\_\_\_\_

Municipality / Village : \_\_\_\_\_ Post Office : \_\_\_\_\_

Police Station : \_\_\_\_\_ District : \_\_\_\_\_

State : RENU HARIZON Nationality : \_\_\_\_\_ Religion : Female 45 0 0

Father's Name : SGDH/PA2100015956 Husband's Name : \_\_\_\_\_ [04-08-2021] [10:21 PM]

Doctor/Unit : \_\_\_\_\_ Phone/Mobile No. : \_\_\_\_\_

Bed No. : \_\_\_\_\_ Ward Name : PRADHAN NAGAR

Final Diagnosis : RADHANNAGAR (West Bengal) India Date of Birth : \_\_\_\_\_ Hindu

Referred Out Case : \_\_\_\_\_

Referred To : / Dr. Kalyan Mondal Free Date : \_\_\_\_\_ Reason : FEMALE SURGICAL

A. \_\_\_\_\_ In case of Confinement \_\_\_\_\_

Delivery Date & Time : \_\_\_\_\_ Mode of Delivery : ND/ECL/LUCS/With Forceps/Without Forceps

Delivery Status : \_\_\_\_\_ No. of Child : \_\_\_\_\_ Antenatal Care Taken : Yes / No

B. \_\_\_\_\_ In case of Surgery \_\_\_\_\_

Surgery Date & Time : \_\_\_\_\_ Type of Surgery \_\_\_\_\_

Surgery Status : \_\_\_\_\_

C. \_\_\_\_\_ Anesthesia Details \_\_\_\_\_

D. \_\_\_\_\_ Investigation Done \_\_\_\_\_

Test Name \_\_\_\_\_ Comments \_\_\_\_\_

E. \_\_\_\_\_ Medicine Details \_\_\_\_\_

Medicine Name \_\_\_\_\_ No. of Days \_\_\_\_\_ Comments \_\_\_\_\_

F. \_\_\_\_\_ ADVICE \_\_\_\_\_

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Counter Signature of the Visiting Staff  
4 of 4

Signature of the Medical Officer  
08/08/2021 10:29 PM

*Δ Alleged Physical Assault & No obvious external injury.*

Baby Checked and Discharged .....

Signature : .....

Date : ..... Time : .....