

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

395

1. Dist. SPE (DJA) P.S. Siliguri Year 2023 FIR No. 893/23 Date 28.10.23  
2. i) Act. IPC Sections - ii) Act. - Sections 414/404/325/379  
(iii) Act. - Sections - (iv) Others Acts & Sections 506/34

3. (a) Occurrence of Offence : Day Friday Date From 27.10.23 Date To -  
Time Period - Time From - Time To -

(b) Information received at P.S. Date 28.10.23 Time 00:10 hrs

(c) General Diary Reference : Entry No(s) 1623 Time 00:10 hrs

4. Type of Information : Written  Written / Oral

5. Place of Occurrence : (a) Direction and Distance from P.S. 01 K.M. West Beat No. -

(b) Address At H.no - 26 SMC Siliguri PS - SLA Dist - DJA

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

6. Complainant / Informant : (a) Name Sri Sihartha Par

(b) Father's / Husband's Name Nityananda Par

(c) Date / Year of Birth : - (d) Nationality Indian

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

(f) Occupation -

(g) Address Of Siliguri H.no - 26 SMC PS - Siliguri Dist - Darjeeling

7. Details of known / suspected / unknown accused with full particulars  
(Attach separate sheet, if necessary) :  
1) Rituraj Gupta , 2) Sujay Saha of the same locality PS-SLA DIST DJA

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

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

10. Total value of properties stolen / involved Rs - 16,500/-

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

12. FIR Contents (Attach separate sheets, if required) : The original written complain which is treated as FIR is enclosed herewith reproduced overleaf

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 Banerji. Dey of SLA PS 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

As noted in original Complain  
On 29.10.23 at 00:30 hrs

15. Date & Time of despatch to the court :

Signature of the Officer-in-Charge Police Station [Signature]  
28.10.23

Name : Arunita Choudhury

Rank : No. S.I. of Police, W.B.P



DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
DISCHARGE on request

POLICE CASE

(F)

Discharge Certificate/Left Against Medical Advice Page No. : 1

Discharge No. : \_\_\_\_\_ Date of Discharge : 28/11/23 Patient Category : Free / Paying / Cabin

Patient Name : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Yrs. Months Days

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

Municipality / Village : \_\_\_\_\_ Post Office : \_\_\_\_\_ Male \_\_\_\_\_ 39 \_\_\_\_\_ 0 \_\_\_\_\_ 0

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

State : \_\_\_\_\_ Nationality : \_\_\_\_\_ Religion : [ 27-10-2023 ] [ 11:48PM ]

Father's Name : \_\_\_\_\_ Husband's Name : \_\_\_\_\_

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

Bed No. : \_\_\_\_\_ Bed Type : \_\_\_\_\_ Ward Name : \_\_\_\_\_

Final Diagnosis : \_\_\_\_\_

Referred To : physical assault Referred Out Case : \_\_\_\_\_

Date : \_\_\_\_\_ Time : \_\_\_\_\_ Reason : \_\_\_\_\_ Health Id Number \_\_\_\_\_

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 \_\_\_\_\_

T. Zerodol - MK EDP 5h

T. parn(4m) ovs 5h

Not aspirin

Amo after 5hr at 8PM

Details of Baby  
Birth Date : \_\_\_\_\_ Birth Time : \_\_\_\_\_  
Disc No. : \_\_\_\_\_ Sex : \_\_\_\_\_  
Birth Wt. : \_\_\_\_\_

Advice for Baby

no ext. injury

Baby Checked and Discharged .....

Signature : .....

Date : \_\_\_\_\_ Time : \_\_\_\_\_

[Signature] 10/27/2023 11:52 PM  
Signature of the Medical Officer

Counter Signature of the Visiting Staff