



## Sindh Safe Cities Authority Form No. 01 (Evidence Search Form)



Reference No. \_\_\_\_\_

Date \_\_\_\_\_

Department	Case Type (Crime/Accident/ Missing/Other)	Case Details (Also Mention FIR No., U/s)	Required Footage		
			Location	Date	Time (From-till)
Deptt:					
Zone					
District/Unit					
PS					

Additional Details (if any): \_\_\_\_\_

**REQUESTING OFFICER (IO/SIO/SHO/DO)**

Name:

Rank:

CNIC No.

Signature:

Date:

Contact No.

**AUTHORIZING OFFICER (SP/BPS-18)**

Name:

Rank:

Signature:

Date:

Stamp:

**For SSCA Office Use Only.**

RECEIPT	APPROVAL	EXTRACTION	HANDOVER/RECEIPT
Inward/Entry No.:	Name:	Name:	Name:
	Rank:	Rank:	Rank:
Name:	Signature:	Signature:	Signature:
Rank:	Date:	Date:	Date:
Signature:	Stamp:	<input type="checkbox"/> Found	Medium:
Date:		(Timestamped / Watermarked)	<input type="checkbox"/> Official USB
		<input type="checkbox"/> Not Found	<input type="checkbox"/> Email
			<input type="checkbox"/> Other: _____

Archived by In-charge ICC (Date and Folder) \_\_\_\_\_

