



Name: _____

SRRV Number: _____

LEFT HAND

1. Left Fore Finger (Index Finger)

RIGHT HAND

2. Right Fore Finger (Index Finger)

3. Left Thumb

4. Right Thumb

Signature of SRRV Holder

(or of the Principal/Guardian, in case of a minor SRRV Holder)

This section is to be filled out by Officer taking the impressions

Height	Eye Color	Distinguishing Facial Marks, if any
Sex	Blood Type	

Impressions taken by:

(Name & signature of facilitating PRA officer)

Date:



Name: _____

SRRV Number: _____

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