



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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(Index Finger)

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*(Name & signature of facilitating PRA officer)*

**Date:**



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*(Name & signature of facilitating PRA officer)*

**Date:**

