## PROFORMA FOR ISSUE OF LOOK OUT CIRCULAR

Affix here Recent Passport Size Photograph

1.	PERSONAL PARTICULARS							
	a. FIRST NAME							
	b. MIDDLE NAME							
	c. SURNAME							
	d ALIAS (IF ANY)							
2.	SEX MALE	FEMALE						
3.	FATHER'S NAME							
4.	PRESENT NATIONALITY							
5.	PLACE OF BIRTH							
	Date Month	Year						
6.	DATE OF BIRTH							
7.	AGE ON 31.12.2000							
8.	OCCUPATION							
9.	PHYSICAL DESCRIPTION							
	a. COLOUR OF EYES							
	BROWN BLACK GREEN BLUE							
	b. COLOUR OF HAIR							
	c. HEIGHT CMS FEET INCHES							
	d. ANY OTHER DISTINGUISHING							
	MARK OR PHYSICAL ATTRIBUTE							
10	O. PASSPORT DETAILS							
	a. PASSPORT NO.							

b. PLAC	CE OF ISSUE											
c. COU	c. COUNTRY OF ISSUE											
d. ISSU	E ON	Date	$egin{array}{c}  ext{Month} \ oxedsymbol{\Box} \ \end{array}$	Years								
e. VALI	D TILL	Date	$egin{array}{c}  ext{Month} \ oxedsymbol{\Box} \ \end{array}$	Years								
11. a. CR	MINAL CASE (SPEC	IFY FULL	DETAILS)									
(i)	FIR No.		Date									
(ii)	SECTION OF LAW				_							
					_							
(iii)	POLICE STATION				_ 							
(iv)	DISTRICT											
(v)	COUNTRY											
b. WANTE	D BY LAW COURT/J	UDICIAL .	AUTHORITY									
(i)	NAME OF THE CO	URT										
(ii)	ORDER BY WHICH	[										
	SUBJECT IS WANT	ΓED										
c. NAME (	OF ANY OTHER AGE	ENCY										
AUTHO	RING THE LOC											
d. SPECIF	Y PERIOD OF RETE. HS)	NTION OF	FLOC									
25055/20/9	on of LOC can not exce 8 F-IV dated 27/12/2 authority from time to	000. Requ	ests for renewa									
12. ACTI	ON EXPECTED FROM	MIMMIGR	RATION CHECK	POINT								
a. INFORM	M ORIGINATOR OF A	RRIVAL/D	EPARTURE OF	SUBJECT								
(BUT N	O OTHER ACTION TO	) BE TAKE	N)									
b. SEIZET	RAVEL DOCUMENT	'AND SEN	D TO ORIGINAT	ГOR								

c.	PREVENT SUBJECT FROM ENTERING INDIA AND INFORM											
	ORIGINATOR											
d.	DETAIN AND HAND OV	ER INTERCEP	TED	PER	SOI	VT(	LO	CAI	ΣPC	)LI	CE	
	AND INFORM ORIGINA	ATOR.										
13	. PARTICULARS OF T	HE ORIGINATO	R									
a.	NAME OF THE OFFICE	R										
b.	DESIGNATION											
c.	DEPARTMENT/AGENO	CY/COURT								П	$\perp$	
d.	CONTACT TELEPHON	E NUMBER (W	ITH :	STD	COI	DES	5)					
	OFFICE											
	RESIDENCE											
	MOBILE											
	FAX											
	E-MAIL											
e.	CONTACT TELEPHON	E NUMBER 1										
	OF CONTROL ROOM/C	OFFICE TO 2.										
	BE INTIMATED IF INT	ERCEPTION 3.										
	IS ON HOLIDAY OR AFTER											
	OFFICE HOURS.											
	SIGNATURE OF THE ORIGINATOR. NAME											
	DESIGNATION											