

Sir,

Read over the contents of the Complaint to the Complainant and enquired him about the same. The Complainant admitted, that the contents of the Complaint are true and correct. We also gave through the contents of the F.I.R.

A.P.P.M Order No.409 & 416

① 21/09/20
② M.S Form: 82
21/9/20

FIRST INFORMATION REPORT

(Under Sections 154 Cr.P.C)

1. District **Chittoor**.....P.S: **A.C.B, Tirupati Range**.....Year : **2020**.

F.I.R No: **04/RCT-TCT/2020** Date...**21-09-2020**.... Time : **08.00 hrs**

2. (i) U/sec : **7** Act : **Prevention of Corruption (Amendment) Act, 2018.**

(ii) Act.....Sections.....

(iii) Act.....Sections

(iv) Other Acts & Sections.....

3. (a) Occurrence of Offence : DayDate from : **Prior to 20-09-2020**.

Time Period Time from..... Time to

(b) Information received at P.S : Date **20-09-2020** Time: **14.00 hrs.**

(c) General Diary Reference : Entry No..... Time.....

4. Type of Information : **Telugu typed complaint**

5. Place of Occurrence : (a) Direction and Distance from P.S: **about 80 Kms West**

Beat No. --

(b) Address : **Kalikiri, Chittoor District.**

(c) In case, outside the limits of this Police Station, then, Name of P.SDistrict

6. Complainant/Informant :

(a) Name: **Pasupuleti Anakaiah.**

(b) Father's/Husband's Name : **S/o Late P.Ramanaiah.**

(c) Date/Year of Birth: **26 years**.....(d) Nationality: **Indian - Hindu.**

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

(f) Occupation: **Executive HR, Rockman Industries, Limited.**

(g) Address: **Kummaragunta Village, Pagali Panchayat, Yerpedu Mandal, Chittoor District.**

7. Details of known/suspected/unknown accused with full particulars:

(Attach separate sheet, if necessary)

(1) **Sri Damodaram, Assistant Sub-Inspector, Kalikiri Police Station, Chittoor District.**
Attachment to Item 7 of First Information Report

Physical features, deformities and other details of the suspect/accused (if known/seen)

| Sl. No. | Sex | Date/Year of Birth | Build | Height (cms) | Complexion | Identification Marks |
|---------|-----|--------------------|-------|--------------|------------|----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| -- | -- | --- | -- | -- | --- | -- |