

**Witness Protection Application**  
**Under**  
**Witness Protection Scheme, 2018**

Before,

*(To be filed in duplicate)*

**The Competent Authority,**  
**Goalpara, Assam**

Application for:

- |                                |                      |
|--------------------------------|----------------------|
| 1. Witness Protection          | <input type="text"/> |
| 2. Witness Identity Protection | <input type="text"/> |
| 3. New Identity                | <input type="text"/> |
| 4. Witness Relocation          | <input type="text"/> |

1.	Particulars of the Witness (Fill in Capital) 1) Name  2) Age  3) Gender (Male/Female/Other)  4) Father's/Mother's Name  5) Residential Address  6) Name and other details of family members of the witness who are receiving or perceiving threats  7) Contact details (Mobile/E-mail)	
2.	Particulars of Criminal matter: 1) FIR No.  2) Under Section	

	<p>3) Police Station</p> <p>4) District</p> <p>5) D.D. No. (in case FIR not yet registered)</p> <p>6) Cr. Case No. (in case of private complaint)</p>	
3.	<p>Particulars of the Accused (if available/known):</p> <p>1) Name</p> <p>2) Address</p> <p>3) Phone No.</p> <p>4) Email Id</p>	
4.	<p>Name &amp; other particulars of the person giving/suspected of giving threats</p>	
5.	<p>Nature of threat. Please give brief details of threat received in the matter with specific date, place, mode and words used</p>	
6.	<p>Type of witness protection measures prayed by/for the witness</p>	

7.	Details of Interim/Urgent Witness Protection needs, if required	
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Applicant/witness can use extra sheets for giving additional information.

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(Full name with signature)

Date:

Place:

UNDERTAKING

1. I undertake that I shall fully cooperate with the competent authority and the Department of Home of the State and Witness Protection Cell.
2. I certify that the information provided by me in this application is true and correct to my best knowledge and belief.
3. I understand that in case, information given by me in this application is found to be false, competent authority under the scheme reserves the right to recover the expensed incurred on me from out of the Witness Protection Fund.

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(Full name with signature)

Date:

Place: