00. 1101/09 Das Mumbai 2016109

National Centre For Missing Children

PLEASE FILL THE FORM IN CAPITAL LETTERS		parents/guardians of the		
Missing Child's Name	KOMAL	First RATHO!	Surname	
Guardian's Name	DHARU	Relationship with	Child FATTHER	(0.0)
Address	VADA,	Tel	2.0	
BESID	ET9	PLE Fax		
City BLE	GARD	E-mail	COLUMN TO SERVICE	1 3
State MAHARA	SION,	MOMBAI	0 0 0 2 2 Left	Handed Right Handed
Sex of Child Male	Female Date	of Birth 13 04	2006	
Height 85 Cms.	Weight 15 Kgs.	Colour of Eyes BLA	Colour of I	Hair BLACK
Nick Name of the Child		Does the Child wear Gla	Sses Contact lens	None
Date of Disapperance	18/6/09 City of Disa	apperance MUMBA	State	MAHARASHTAF
Is the Child Lost / Mi		Abducted/Kidnap	oped Others	
Identification Marks - (Birth Marks, Scars, etc.)			(Please specify)
	NO		Jico, M.P.	20
			1/8/	Part of the second
Missing From - Home,	School, Market, Park etc.	(Give brief circumstance	s) Please use a separate	sheet if necessary.
			116	
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			11,3	1
			dramb	2/
	n wearing - (Colour of C		-1. 511-0+	
BL	JE HALF SKI	RT AND BLA	CK OHOLI	
Distinguishing Charact	teristics of the Child (Ar	ny other information)		
Distinguishing Charact	eristics of the Child (A)	ty other information)		
			HIERON MANAGEMENT	
Local Police Report Inf	formation (Necessary)			
Case No. 19/09	Date of filing Report [916109 Police Of	fficer	
Police Station Address	WADALA TI	RUK TERMIN	US POLICE S	STATION
City MUMBAI	State MA	HARASHTAP incode	400022 Tel	
Fax	E-mail		STD Cod	В
undertaking I DHAQU and land disseminatiom 20/6/09 1	. I have read and unders	se of this information and tood the instructions & un		
Date	Place Relati	onship with Child	Name	Signature
Phone: 0731-519279. Em	Missing Children R.N.T. Marg, Indore-452 0 nail: ncmc@missingindiankid DO NOT PAY ANY THING TO	ds.com	Please get this form a police station where the	report has been filed.
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