



INDEPENDENT NATIONAL EVIDENCE COUNCIL
STATEMENT OF RESULTS OF POLYGRAPH TESTING AND
MILL PAINFULNESS TEST (MPT)

Case No. _____ Date of Test _____
Name of the Person _____
Address _____
Occupation _____
Signature of the Person _____
Signature of the Officer _____

1. Name of the Person _____
2. Name of the Officer _____
3. Name of the Person _____
4. Name of the Person _____
5. Name of the Person _____
6. Name of the Person _____
7. Name of the Person _____
8. Name of the Person _____
9. Name of the Person _____
10. Name of the Person _____

Sl. No.	Name of the Person	Result of Polygraph Test	Result of MPT
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____

1. Name of the Person _____
2. Name of the Person _____
3. Name of the Person _____
4. Name of the Person _____
5. Name of the Person _____
6. Name of the Person _____
7. Name of the Person _____
8. Name of the Person _____
9. Name of the Person _____
10. Name of the Person _____

Signature of the Person _____
Signature of the Officer _____
Date _____