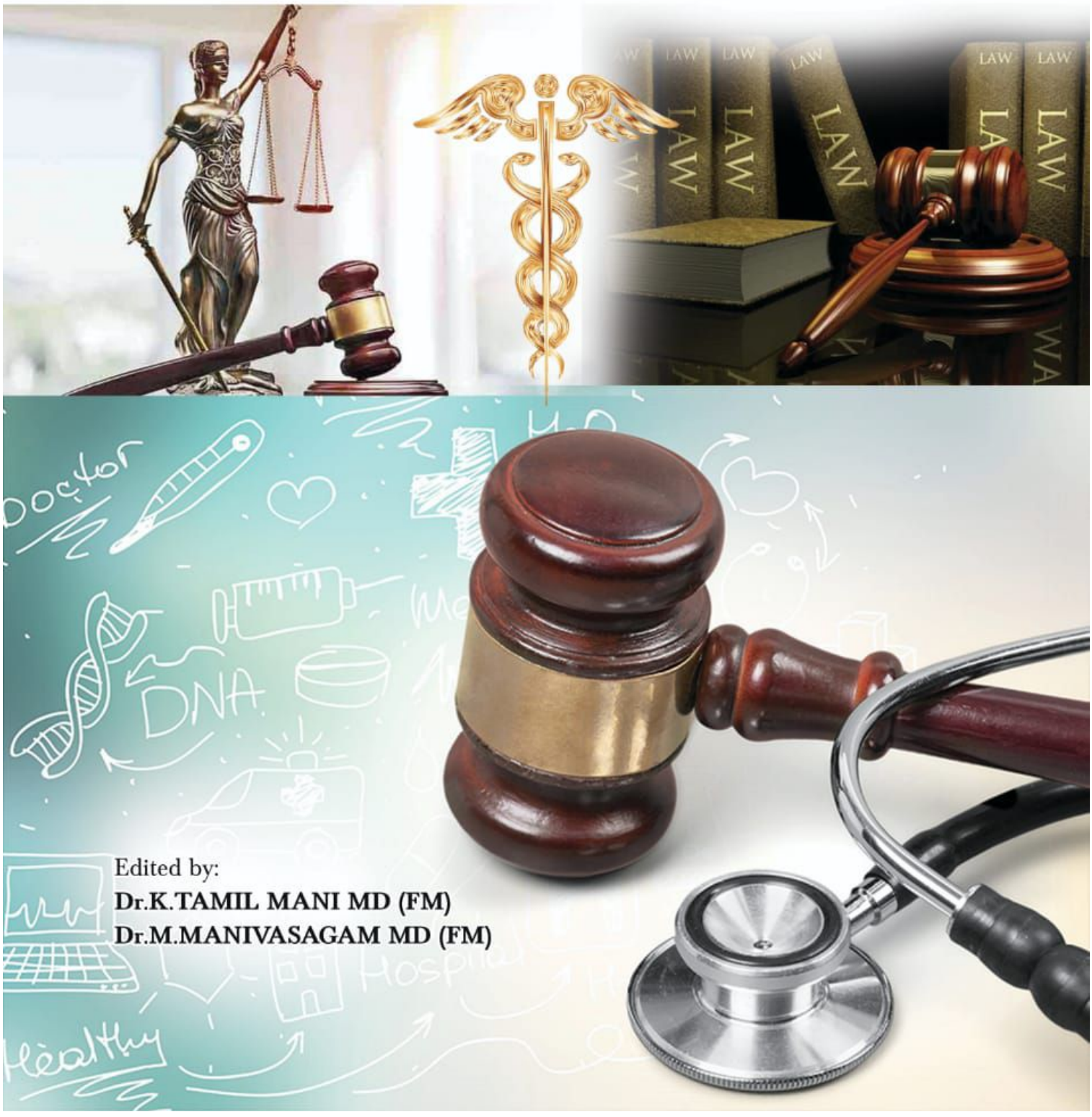
TAMIL NADU
MEDICO LEGAL MANUAL - 2023

GUIDELINES & PROTOCOLS IN MEDICO - LEGAL CASES



Edited by:
Dr.K.TAMIL MANI MD (FM)
Dr.M.MANIVASAGAM MD (FM)

TAMILNADU
MEDICO LEGAL MANUAL - 2023

GUIDELINES & PROTOCOLS IN MEDICO - LEGAL CASES

Edited by
Dr. K.Tamilmani MD.,(FM)
Dr. M. Manivasagam MD.,(FM)

FORWARDED MESSAGE

O/o THE STATE POLICE SURGEON & INSTITUTE OF FORENSIC MEDICINE MADRAS MEDICAL COLLEGE, CHENNAI

Crimes against humanity are from time immemorial. Both in Criminal and Civil matters, law requires medical persons to be professional and help law authorities in implementing it.

A Medico Legal Manual caters to the questions that arise in the minds of health care professionals in their day to day duty - What to do in this situation? How to do in this situation? Is it scientific / legal? What if this case turns into a medico legal case at a later time?

Some states in India have framed their respective Medico Legal Manual suo motto or at the direction of Courts. Supreme Court of India and Various High Courts in their judgements often reiterate a standardised medico legal approach and opinions.

Director of Medical Education, Director of Medical & health Services and Director of Public Health are often directed by Courts to issue guidelines to doctors under their directorates in certain medico legal issues.

This Medico Legal Manual is an authentic, till date version on most of all medico legal matters in clinical matters. It would serve the purpose intended for years to come.

It becomes our professional duty to strengthen this manual by timely updates in future.

Hence, I take this opportunity to forward this work for your recommendation to all the medical officers in the Government as well as all Medical Practitioners.

Dr. **S.PARASAKTHI** MD.,
Director & Professor,
Institute of Forensic Medicine,
Madras Medical College, Chennai

FORWARDED MESSAGE

O/o THE POLICE SURGEON & DEPARTMENT OF FORENSIC MEDICINE, GOVERNMENT MEDICAL COLLEGE, KILPAUK, CHENNAI.

With immense pleasure and heppiness, I would like to endorse this Tamilnadu Medico Legal Menual. This Manual consists of latest updates required in framing a sound medico legal opinion for aiding Justice deliverance.

Complied from our Tamilnadu Medical Code, Tamilnadu Government orders, circulars, Central bodies guidelines, Forensic texts, this Medico Legal manual is intended for doctors in Govt. service but it stands to offer help to all the doctors.

All the registered medical practitioners can benefit from this work. Medical practitioners could use this manual as a guide in their Medico Legal scenarios.

I would like to invite your attention in recommending these guidelines across all the medical institutions and registered practitioners across Tamilnadu.

Dr.R.SELVAKUMAR, M.D.,
POLICE SURGEON & PROFESSOR,
DEPARTMENT OF FORENSIC MEDICINE
GOVT. KILPAUK MEDICAL COLLEGE
CHENNAI - 600 010.

EDITORS DESK (FIRST EDITION)

We have always felt the need of a Manual that has Protocols & Procedures in various Medico Legal situations. Like any field, a Manual can act as a serving guide, a reference and a companion in difficult situations. We would like to present this manual to aid all the Doctors, Healthcare Workers, Lawyers, Police & Judges. We already have a Medical Code, Operational guidelines in certain medico legal situations issued by our Health Directors. This manual compiled all such guidelines taking into account, recent advancements. We request contributions from all the stakeholders towards adding new information in this manual from time to time. Whereby our State would remain to be a forerunner in medico legal matters.

BY

Dr.K.TAMILMANI MD, (FM)
Associate Professor, Department of Forensic Medicine & Toxicology
Thanjavur Medical College, Thanjavur

Dr.M.MANIVASAGAM, MD, (FM)
Associate Professor,
Dept. of Forensic Medicine & Toxicology
Govt Medical College,
Kallakuruchi.

PREFACE - 2023

Medico-Legal scenario is unique in every case we deal with.

With the reception and accolades, we received at the release of "TAMIL NADU MEDICO LEGAL MANUAL - 2020, GUIDELINES & PROTOCOLS IN MEDICO - LEGAL CASES', we are hugely indebted to update it and release it this year.

We always wanted to be of benefit to the society, through this field of Medical Jurisprudence.

In course of our Professional lives, we are dealing with countless unreported sufferings, reported victims, deceased, aggrieved, grieving lives etc. Hope, we may meet doing justice to the above with this Manual.

We are grateful for the appreciation, support and encouragement from Judicial Officers, Medical Officers, Police Officials & personnel, Prosecution Agencies, Legal Practitioners and common public.

We intend to meet the expectations in this release too.

Dr. K. Tamilmani. M.D. (F.M.)
Associate Professor,
Dept. of Forensic Medicine & Toxicology,
Thanjavur Medical College, Thanjavur

Dr. Manivasagam. M. M.D. (F.M.).
Associate Professor,
Dept. of Forensic Medicine & Toxicology,
Govt. Medical College, Kallakurichi

PREFACE (2020 edition)

Doctors in their professional career dedicate their energy for the cause of comforting and treating the human beings. The Supreme Court of India has held in Parmanand Katara vs Union of India & Ors case that treatment takes precedence over legal procedures in medico legal cases. There is no second opinion to it.

Yet a meticulous examination, documentation and certification is required in all medico legal cases. This process of certification has to stand legal scrutiny in Courts of Law.

In a witness box each and every word of a medico legal certificate can be subjected to cross-examination. It is said that '*an able Police Officer, a skilled Doctor and a learned Lawyer*' can bring justice to a case. Doctors and medical field can contribute to administration of Justice, though validating our scientific opinions.

Doctors are expected to make Accident Registers, intimation to Police / Magistrates, and required for Wound Certification, Sexual Offence cases - Accused and Victim / Survivor examination cum certification, Post mortem examination certifications etc.

On the other end, doctors are facing litigations against Workman's compensation cases, Insurance claims, Malpractice suits, civil and criminal Personal injury cases, Physician disciplinary hearings for lacunae in their medico legal certification.

It is the duty of every professional to be aware of the laws in effect and practice.

So every Medical practitioner is expected to discharge medico legal duties to the best of their ability. This manual is aimed at compiling all laws / orders of medico legal practice and achieve a standardized protocol and guidelines for healthcare professionals towards medico legal situations across Tamil Nadu.

Dr. K. Tamilmani. M.D. (F.M.)

Dr. Manivasagam. M. M.D. (F.M.)

CONTENTS

ACCIDENT REGISTER

ACCIDENT REGISTER

1. Accident Register format (Medl I 25-26), Intimation of Accidents and injuries to Police (Medl. I (2) 26-27), Reports of death from unnatural causes occurring in hospitals (Medl. I (2) 86-74 B) format Wound certificate format (Medl. I (2) 24-25) are in annexure, shall be applicable to all medical institutions / clinics / nursing homes.

2. Accident Register (A. R.) Entry is made for Medico Legal Cases (M.L.C.).

3. M.L.C. (MEDICO LEGAL CASE – Any physical discomfort or distress resulting from accidental or unlawful act requiring immediate medical attention and legal solution)
   (a) Unnatural death situations (attempted / evident Drowning, Hanging);
   (b) Road-traffic accidents, train traffic accidents, occupational machinery injuries;
   (c) Suspected or evident poisoning; envenomation – Snake, animal & insect bites;
   (d) Burn / Scalds / Electric injuries by any manner;
   (e) Suspected or evident or attempted sexual offences / Vitriolage;
   (f) Brought unconscious / brought dead cases / sudden deaths (includes cases in which the Casualty Medical Officer / Emergency Medical Officer / Treating Medical Officer cannot come to a diagnosis or person dies within that time of admission)
   (g) Suspected or evident assault, homicides or suicides (including attempted);
   (h) Drunkenness examination cases;
   (i) Cases of child abuse, criminal abortion;
   (j) Fall from height, self-fall;
   (k) Once a case is labelled as M.L.C., caution shall be exercised while the same person is getting admitted again. Only for likelihood sequel of the first wounds, the case is still considered to be M.L.C. New A.R. entry shall be made - History & Nature of wounds as in previous A.R. No ……. of ……...hospital and the presenting illness.

4. A separate booklet for wounds cases and brought dead cases is preferable.

5. At any point of time, two booklets for wounds case and two booklets for brought dead cases shall be maintained (If one booklet is warranted by Court, other booklet can be utilized for continuing patients' service).

6. Accident Register entry (A.R. Entry) shall be made in Triplicate; Entries made shall be clear and legible in all three sheets.

IN LIVING:

In addition to Casualty Medical Officer / Emergency Medical Officer, Treating Doctor in Casualty / Emergency Department / Ward or Resident Medical Officer can consider a case to be M.L.C.

In such situations, a written request shall be made to Casualty Medical Officer/ Emergency Medical Officer. Entry shall be made by the Casualty Medical Officer / Emergency Medical Officer at present date & time; by clearly mentioning the reason for the late entry -

i) Entry made on the expert consideration by Treating Doctor,
ii) Entry made on the consideration by Resident Medical Officer.

All booklets (A.R., Intimation) are to be maintained in Casualty / Emergency Department and shall be sent to Medical Records Department (M.R.D.) upon completion.

7. In case of referrals to more than one hospital, referral letter with attested photocopy of A.R. shall be sent. In such cases, A.R. entry in the present hospital shall be –
   a. History & Nature of wounds as in previous A.R. No ……. of . hospital;
   b. History & New wounds in addition to previous A.R.

8. A valid A.R. entry shall have name of the hospital, A.R. number (same in Original, Duplicate and Triplicate) and date; Name of the patient, age and address, identification marks, accompanying person name, history as alleged – date, time and place of occurrence, by known / unknown persons / uniformed person(s), sharp / blunt weapon, known / unknown vehicle, self, accidental. Injuries shall have site, shape, dimensions, age of injury, foreign bodies etc. Name of the doctor, registration name, designation and signature shall be legible.

   All entries are to be clear and legible.

9. General condition of the person, vital parameters, other systemic examination, Prophylactic measures (like injection T.T.) along with preliminary treatment given shall be mentioned in the A.R. entry.

   Name, Designation, registration number of the doctor with rubber seal stamp shall be made clearly.

10. In an unconscious patient, preliminary details shall be obtained from the informant – name and contact details of the informant / attendant are preferable but not mandatory. Every attempt shall be made to know the personal details / history upon the person regaining consciousness.

11. On examining a person with alleged history of wounds, and Casualty Medical Officer / Emergency Medical Officer could not find any external wounds, and then a search for any internal wound / visceral damage shall be made as per the alleged wound site & location.

    'No external wounds' shall be documented in A.R. entry, only along with investigations prescribed and done for ruling out internal damage.

    Further treatment as OP / IP as the case may be, shall be decided by CMO / EMO / Treating doctor.

12. Signs related to Alcoholic intoxication shall be looked for. Clinical findings shall be recorded and Blood / Urine samples to be collected. Details of sampling & preservatives are given under Drunkenness Examination. All other possible evidence / clue materials like clothes, ligature materials, foreign bodies, vomitus etc and stomach wash are to be placed in paper envelopes / container.

    Items shall be stored in suitable containers with appropriate preservative at 0 to 40C till Police arrives. Clothes should not be torn or cut haphazardly, rather removed neatly as far as possible and shall be air dried.

13. Materials / samples shall be forwarded to 'Director. Forensic Science Laboratory, Chennai (in Chennai) or Deputy Director, Regional Forensic Science Laboratory of corresponding Police District jurisdiction (in mofussil Districts).

    Request forms to Forensic Science Laboratory shall have a sample of wax impression seal and rubber seal impression of the Medical Officer forwarding it, and sent through the constable specified by Investigating Police Officer.

14. Forensic Science Laboratory Reports received by the C.M.O. / R.M.O, is to be forwarded to the ward Medical Officer / treating doctor for interpretation, and attaching in case sheet, if the patient is undergoing treatment.

    In cases of death / discharge, reports shall be sent to Medical Records Department for attaching it in case records.

15. Police Officer not below the rank of Sub Inspector of Police in uniform can refer to the Accident Register with permission of Casualty Medical Officer / Emergency Medical Officer under whom A.R. entry book is maintained.

16. Original A.R. copy – to Police Officer (not below S.I.) or duly pass ported Constable; it becomes duty of the Police to find jurisdiction of Crime scene and forward the Original to the concerned Magistrate.

17. Duplicate – attach it in the Case sheet / Referral to another hospital / mention the number and date of A.R. if the person is treated as O.P.

18. Triplicate is to be kept as official copy record – M.R.D. This office copy serves as document for the medical practitioner while attending Courts.

19. For physical fitness to remand persons, Casualty Medical Officer / Emergency Medical Officer shall examine the person like any other person, elicit history, and make it MLC / Non MLC, decide for Observation period / Admission, relevant investigations and other specialist's opinions if needed.

    Medical Officer can then note all relevant findings / investigations / opinions and certify a person is clinically stable / requires observation / advised admission in his / her opinion in OP ticket itself.

    When Police requires formats / certificate models other than OP ticket, a written request shall be made. (NHRC issued Prisoner Screening on Admission to Jail format can also be used by the Medical Officer). In case of admission, a letter signed by R.M.O / C.M.O stating the health condition can be given for its submission before the concerned Magistrate.

    Discharge of those persons shall be intimated to Police in advance and he / she shall be handed over to the escort / in charge Police constable, along with treatment particulars. If a person is fit to travel but needs admission, he can be sent with an undertaking from Police. Details regarding the same are to be entered by the medical officer in OP ticket. On return, in a period of time, a repeat complete medical examination of the individual by Medical Officer is mandatory.

    When an individual claiming to be Third gender and got certified / identity card issued by the District Collector Office is brought for remand fitness, no attempt shall be made to identify sex / change sex. Clinical examination can include whole body examination including genitals to rule out diseases, injuries etc. Remand in wards is in the purview of Magistrate / Prison Officials.

INTIMATION OF ACCIDENTS AND INJURIES TO POLICE / MAGISTRATE:

20. Intimation of Accidents and injuries to Police / Magistrate is to be done in the format (Medl. I (2) 26-27); Intimation shall be given to Police, in all AR entries, also when Destitute / Unknown persons are admitted / dead in hospital.

21. Intimation shall be written in Triplicate –
    Original – to the Outpost / Nearest Police Station (Intimation shall be given to an Officer not below the rank of Sub Inspector of Police and acknowledgment shall be obtained);
    Duplicate – to the case sheet in admission cases / kept in A.R. book itself in O.P. cases / attached to body, if body is sent to mortuary from Casualty;
    Triplicate – is department record, on completion of booklet, transfer it to M.R.D.

22. Intimation shall contain Name of the hospital, A.R. no, date, identification of the person, time of admission / treatment, current status, name & designation of the Medical Officer. Intimation shall specify whether dying declaration is necessary or not.

23. Magistrate shall be intimated directly by the Medical Officer if time is of utmost importance. Or he can record the declaration, with disinterested witnesses. Likewise, if Accident register is made with alleged history involving assault by uniformed servants, intimation shall be given directly to the jurisdictional Magistrate.

24. **Dying Declaration:**
    A.R. Entry statement recorded by the medical officer, on the same words by the deceased is equivalent to Dying declaration (in situations, death occurs before Magistrate can record the declaration);On emergency situations, doctor can record the declaration without delay in casualty or in ward; Jurisdictional Judicial Magistrate > Executive Magistrate > Doctor > Police can record declaration in the order of preference; Wherever health of the sick permits, Magistrate has to record the declaration; Declaration shall be recorded in the same words of the person as to nature of his / her death; Treating Doctor has to certify COMPOSMENTIS – Mental fitness of the person at the start of declaration and at the end of declaration.

25. Wounds coming under Simple hurt, need not be intimated to Police. Medical Officer must exercise caution, in eliciting history, examination of wounds and its likely complication before deciding it to be simple hurt and not intimating the Police. In

such cases, Medical Officer shall make A. R. entry and mention the reason of 'Intimation not required' and obtain signature of the patient in the A.R. copy.

26. SENDING BODY TO MORTUARY:

In-patients

In inpatient M.L.C. deaths, all medical appendages are to be removed; orifices are to be sealed with cotton and body is packed in the ward itself behind a closed screen.

Intimation to Police regarding death is given (Reports of death from unnatural causes occurring in hospitals (Medl. I. (2) 86-74 (B) form);

Intimations shall be signed by the Medical Officer who declares death and forward it through R.M.O. / C.M.O. / E .M. O.

Original – to the Outpost / Nearest Police Station; Intimation shall be given to an Officer not below the rank of Sub Inspector of Police & acknowledgment shall be obtained;

Duplicate – to the Mortuary in-book;

Triplicate – department / ward record, transfer it to M.R.D.

Body is kept in Mortuary / Cold storage and shall be handed over to the Police but not to relatives.

Body shall have a Body challan - details of the body (viz. Name, Age & Sex, Ward, Cause of death, MLC or not, Jewels status, etc.) to be tagged in exposed parts of body.

Govt. Medical Institutions without Cold storage / Mortuary for Autopsy & Private Medical Institutions shall mention the same in Police Intimation and hand the body over to Police.

Police shall accompany during transit, keep the body under Cold storage of nearest Government Institution authorized to conduct autopsy and proceed to request for Autopsy or handing over the body back to relatives without autopsy.

27. Jurisdiction:

Brought dead bodies shall be sent to Cold storage of nearest medical institution. Except in places, where there is jurisdiction for Medical Institutions by Government order / Court direction, brought dead bodies of that particular jurisdiction only shall be sent for keeping in cold storage (Police Station Jurisdiction entrusted to Professor of Forensic Medicine / Police Surgeon is in Annexure). All Medico Legal cases brought by Police including Prohibition cases, road traffic accidents, cases of post

mortem examination shall be sent as per the Jurisdiction. Office in-charge of that police station shall arrange for sending such cases to the concerned institution. Brought dead, Age cases, Bone cases, Second Opinion & Expert opinion cases, Sexual Offence Accused examination cases, Remand fitness cases fall within the ambits of Medico Legal Cases. Medical treatment and A.R. entry shall be made in any medical institution to which a person seeks treatment, unless he / she is brought by Police for the same.

28. When the dead body is brought by the Police with the "Police Memo" for the purpose of keeping it in the cold storage; or a dead body is sent for cold storage from a non-government institution, either through Police / relatives;

    Resident Medical Officer / Casualty Medical Officer / E. M. O, can enter the details in 'Brought dead register' / separate A.R. booklet for brought dead cases, as mentioned above.

    Wounds need not be examined.

    Body is kept in Mortuary / Cold storage and shall be handed over back to the Police but not to relatives.

    Body shall have a Body challan - details of the body (viz. Name, Age & Sex, Ward, Cause of death, MLC or not, Jewels status, etc.) to be tagged in exposed parts of body.

    Medical Officer shall give acknowledgement of 'Body Received' to the Police (AR copy or acknowledged in Request Letter / acknowledged in Memo itself).

29. **Brought dead' by others –** attempts shall be made to resuscitate the person; if otherwise, the Medical Officer has to confirm death and M.L.C. details shall be entered in 'Brought dead register' / separate A.R. booklet for brought dead cases.

    Intimation to Police regarding death is given (Reports of death from unnatural causes occurring in hospitals (Medl. I. (2) 86-74 (B) form);

    Intimation shall be given by the E. M. O. / C.M.O / R.M.O.

    Original – to the Outpost / Nearest Police Station; Intimation shall be given to an Officer not below the rank of Sub Inspector of Police & acknowledgment shall be obtained;

    Duplicate – to the Mortuary in-book;

    Triplicate – department record, transfer it to M.R.D. Wounds need not be examined.

Body is kept in Mortuary / Cold storage and shall be handed over to the Police but not to relatives.

Body shall have a Body challan - details of the body (viz. Name, Age & Sex, Ward, Cause of death, MLC or not, Jewels status, etc.) to be tagged in exposed parts of body.

30. When an Investigation Officer brings a dead body for autopsy between the time designated for receiving requisition for post mortem examination, the Investigating Officer can bring the body and other documents directly for post mortem examination.

    Entry in Casualty / R.M.O permission is required only if the body is to be stored – Cold storage.

31. Police / Investigation Officer of a particular case, after receiving A.R. copy, Intimation copy and after his / her preliminary investigation, has discretion to decide whether autopsy is required or not.

    Police / Investigation Officer can give in writing that they don't require autopsy examination on a particular case and take over the body in their custody and dispose it / hand it over to the relatives.

    Letter for the same is addressed to Resident Medical Officer / Casualty Medical Officer / Emergency Medical Officer.

    In such cases, cause of death certification cannot be given by any hospital / Medical Officer but by Revenue officials / Police (comes within the ambit of domiciliary deaths not attended by Medical Practitioner).

    Form - 2 or Symptoms list needs to be filled by Revenue Officials / Police towards Death Registration.

32. For all situations involving MLC / Intimation to Police, bodies once Cold stored cannot be open to relatives / public, unless accompanied by concerned station police personnel. If relatives or others force enter mortuary on their own or take away an M.L.C. marked dead body by force, Hospital Superintendent / R.M.O. / C.M.O. shall make a complaint to Out Post / nearest Police Station.

33. For **unclaimed / unknown persons and bodies,** R.M.O. shall intimate the Police regarding no attenders / unknown / unclaimed status at the time of admission, during

admission and at the time of death. Police shall take photos and fingerprints; After due enquiry for relatives of dead, and if autopsy is not requested by Police;

a) body can be handed over to the Corporation / Municipality for disposal through Police or

b) body can be diverted after 10 days, to Medical Colleges for academic dissection by students - where N.O.C. from Crime bureau / Investigating Officer and Cause of death forms duly signed by the Medical Officer who last attended him / her are needed.

Department of Anatomy shall keep a 'File' for each such diverted cadaver having - RMO intimation to Police, Photograph of dead body, Form 4, NOC of Police, Cadaver Number tag. If a claim is made on a later date, whole cadaver if not dissected or available remnants shall be handed over for ritual purpose through Police.

34. If autopsy is to be conducted on unclaimed / unknown bodies, body shall be subjected to autopsy within 24 hours and disposed within 03 days.

If face is recognizable, Police shall take photos, for record. If face is not recognizable, Skull with Mandible for superimposition is needed.

Sample for DNA (part of right Femur, 3 to 4 molar teeth, Clavicle etc.) shall be preserved in all unknown / unclaimed cases and handed over to the in charge constable.

Body handed over to Police after autopsy, shall be buried / cremated by Police and claim can be made from Municipality / Cantonment.

In Metropolitan cities, Commissioner of Police has the authority to dispose the bodies and claim the charges from Commissioner of Corporation. (Claim is subjected to the Tamilnadu Financial Code, Vol II, A - 14).

35. In situations of relatives of dead wanting to keep a dead body in Cold storage for a considerable period of time, it can be permitted with nominal fee decided by the Head of Institution. Cause of death certificate copy, Permission Letter duly signed by Head of Institution / R.M.O have to be pasted in 'Mortuary in-book'.

WOUND CERTIFICATE:

36. Wound certificate format is given in annexure (Medl. I (2) 24-25).
37. Certificates shall be filled with carbon in a legible handwriting; more preferably the formats can be computerized and filled prints taken out, signature and seal affixed on it.
38. Casualty Medical Officer / Emergency Medical Officer who examined the person first shall issue the Wound Certificate; if A.R. entry is made on the request of treating doctor / R.M.O., first medical officer who examined the wounds and advised for AR entry shall give the wound certificate.
39. In case of new set of wounds on subsequent A.R. entries, Wound Certificate shall be issued by the Medical Officer who recorded it.
40. While issuing Wound certificate, Casualty Medical Officer / Emergency Medical Officer can ask for opinion of the treating doctor in the same institution or from further referral institution for treatment details, discharge summary. Time is of essence, certificate shall be given immediately otherwise.
41. In case of treatment discontinuation by a person, the Medical Officer can ask the Police for producing the person with other documents if any, to examine and give wound certification.
42. Wound certificate shall be prepared in triplicate; Original– the Magistrate;

    Duplicate– the Investigating Officer; Triplicate – retained for Records.
43. Original and Duplicate can be placed in separate envelopes, wax impression sealed and sent through a constable with duly signed passport of duty from the case concerned Investigating Officer. His / her signature with designation and date is to be obtained for acknowledgment. It is the duty of Investigating Officer to forward the Original to the concerned Magistrate.
44. Person getting Discharge at request/Against Medical Advice is to be given discharge summary. If requested by Court/Police, wound certificate shall be prepared with available records if possible, if not, reason of inadequate details shall be communicated to the requesting authority. Wound certificate can be issued for poisoning cases also, simple or grievous nature shall be considered by observing whether poison consumption endangered life, or it fits within the clauses of S.320 IPC

DUTIES OF TREATING DOCTORS:

1. For clinical examination (other than genital examination), child above 12 years can give valid consent.
2. Medical Officer shall elicit the history of the case by themselves and write legibly in the case sheet.
3. Describe all the injuries on the person, clearly stating that whether the injuries are abrasions or contusions or lacerations or cut wounds or incised wounds or stab wounds or punctured wounds or cut lacerations or crush lacerations or burns or firearm wounds, etc.
4. Mention the dimensions of wounds as accurately as possible (Abrasion with two dimensions, Laceration / Cut/ Crush with three dimensions; Margins of wounds are regular / irregular etc.).
5. Provisional diagnosis, investigation, prescription is to be clearly written, below which full signature with name in capital letters and Medical council registration Number.
6. Operation notes or any other surgical procedures such as catheterization, tracheostomy, cystotomy, intercostal drainage or any diagnostic or therapeutic procedure, wherever applicable, shall be documented in detail.
7. 'Informed written consent' should be obtained from adult patient in presence of a witness; or from parents / guardian if the person is lesser than 18 years for interventional procedures. Preferably in their mother tongue and in written format.
8. Clue materials or evidence shall be forwarded to the Forensic Science lab as mentioned above.
9. At the time of discharge, case sheet shall be serially numbered and sent to Medical Records Department with all required columns filled and certifications filled. Discharge summary shall be given to all patients including 'Discharge against Medical Advice' also.
10. Copy of treatment particulars to be given to the patient concerned / next of kin within 72 hours, if any such request is made.

11. In cases of death in institutions, Form 4 with Form 2 shall be signed and sent to Birth and Death Office (Local level) (or through online portal by Government) by the doctor who attended the person in his / her last illness. Detachable portion in the form for relatives can be signed by the treating doctor / R.M.O. or Medical Superintendent. For non-institutional deaths, Form 4A with Form 2 is to be filled.
12. Death Intimation to Police shall be given according to the procedure described under Intimation to Police / Magistrate.

AGE ASSESSMENT

AGE ASSESSMENT:

1. Age assessment for legal cases can be performed at the written request from Investigating Officer of a case / Court.
2. In Districts with Government Medical Colleges, Professor of Forensic Medicine / Police Surgeon shall oblige such requests.
3. In Districts without Government Medical Colleges, Senior Medical Officer of the hospital can refer the case to nearest Govt. Medical College. Or oblige the request, if a Forensic Medicine qualified Medical Officer is available in the hospital.
4. An 'Age Case Register' shall be maintained in the Department of Forensic Medicine (Point 2); MRD (Point 3).Proforma for age assessment - 04 pages (including Medl.I-3(h)) form be used.
5. Consent of the individual is mandatory in victim examination.
6. Consent is to be asked for in accused examination, in otherwise situations, forceful examination can be done (with request from an officer not below Sub Inspector of Police, if such examination would assist in further investigation).
7. While assessing medical age of an individual, Physical, Dental and Radiological examinations are to be done and if needed, respective opinions can be sought.
8. Requisition for Radiology imaging shall be made as per the form Medl. I-30(e).
9. Opinion of other related specialists mentioned above can be obtained in the case Proforma, Medl. I-3(h).
10. Printed Radiographic films or Digital CD are to be attached in the case file.
11. Images can be digitally transferred and stored in the Department of Forensic Medicine, in addition to Radiology.
12. For assessment of age, the following scales can be utilized (Child Victim – MO Manual – by Department of Women and Child Development, Govt. of India) or the Medical expert can follow any recent change / updated text in this regard.
13. Radiographs of multiple joints on both sides to visualize epiphyses are preferable. (Radiation exposure should be limited as much as possible).

14. Tooth eruption can be described as just “appearing”, “half-appeared” (i.e. below occlusal surface), “fully appeared” (when the tooth is near or in the occlusal surface). Orthopantomogram / oblique tangential view with the mouth open is ideal for viewing teeth development. Teeth are viewed mainly to examine the crown and root development. Computed Tomogram scan to view Cranial sutures and Sternum can be taken.

15. Certificates shall be issued within 48 to 72 hours of such request received; If Court has sent the case, Original – Court and Duplicate – Department file;If Police has sent the case, Original – Magistrate specified by the Investigating officer, Duplicate – Investigating Officer, Triplicate – Department file.

16. Age assessment for civil purposes, or by Sports authority for athletes, can be entertained by the Professor of Forensic Medicine / Police Surgeon with the help from Professors of Dentistry and Radiology.

AUTOPSY / POST MORTEM EXAMINATION

AUTOPSY / POST MORTEM EXAMINATION:

1. In Government Medical Colleges, Professor of Forensic Medicine / Police Surgeon shall receive requests for post mortem examination; in his / her absence, Associate Professor; in his / her absence, Assistant Professor in the department shall receive such requests in the Forensic Medicine Department of the College. Cases shall be done by Medical Officers of all cadres in Department of Forensic Medicine.

2. Receiving authority shall entrust the case in rotation to departmental sub ordinate Medical Officer(s) with written directions regarding conduct of the case.

3. When members of the Forensic Medicine department are engaged in Court / Exhumation / lack of Medical Officers in the Forensic Medicine Department, College administration can make use of Medical Officers in clinical departments with lesser than 15 years of total service & Medical Officers in Pre and Para clinical departments not qualified in the concerned specialty department, to conduct autopsy on rotation basis under Professor of Forensic Medicine/ Police Surgeon.

4. Jurisdiction for Professor of Forensic Medicine / Police Surgeon of each Government Medical College / Hospital in Chennai & Coimbatore shall be adhered to strictly. All Medico Legal cases brought by Police including Prohibition cases, road traffic accidents, cases of post mortem examination shall be sent as per the Jurisdiction. Office in-charge of that police station shall arrange for sending such cases to the concerned institution. Brought dead, Age cases, Bone cases, Second Opinion & Expert opinion cases, Sexual Offence Accused examination cases, Remand fitness cases fall within the ambits of Medico Legal Cases.

5. In other Medical hospitals, Chief Medical Officer / Resident Medical Officer of the hospital shall oblige the requests. Cases shall be done by all medical officers in turn. Post mortem examinations shall be conducted without fail. There is no jurisdiction for post mortem examination by a Medical Officer. Medical Officer should not refuse autopsy for personal interest.

   Referral to nearest Medical College can be considered only in cases of ‘Suspicions’, ‘Exhumation’, ‘Custodial deaths’ or ‘Investigating Authority wants the case to be done by Forensic experts’. In such cases, Investigating Officer takes the case to nearest Government Medical College where there is Professor of Forensic Medicine / Police Surgeon.

6. Corpses shall be sent to the nearest Government Medical institutions by the Investigating Officer / Police, preferences can be given for Medical Colleges, if the case / Investigating Officer demands so.

7. Medical practitioners who are neither Government servants nor servants of local bodies cannot do post mortem examination (unless directed by the Government).

8. Requisition for post mortem examination can be received up to 04:00 P.M. only for all medical establishments across the State. No requisition shall be received after 04 P.M. Cases for which requisition received before 04 P.M. can be carried out till 06 P.M. Post mortem examination can be started in the morning according to the start of Forensic Medicine / College Office time in Medical Education & Research side & start of Hospital time in Medical & Rural Health Services side & other establishments.

9. Government Order / District Collector's Explicit Order in Law & Order situations, received through proper administrative channel shall be the exception to consider requests for post-mortem examination beyond the Government stipulated hours.

10. In case of Court order, it shall be obliged with immediate effect, according to the case / order.

11. Suspicious cases shall be handled by qualified persons with more autopsy experience.

12. If there are many female Medical Officers in a centre conducting post mortem examination, autopsies on female bodies can be preferably done by them.

13. Team of Medical Officer(s) can conduct autopsy with request from the concerned Magistrate of the case. For Case overload in a given day, written representation shall be made to Head of Institution for additional faculty support; for Case overload over a period / routine, written representations shall be made to competent authority as per Government norms / NMC norms for faculty positions.

14. Judicial / Executive Magistrate can hold inquest and give Letter for post mortem examination in any case. If a Judge or Judicial Officer is specially appointed by State Government for holding inquests in certain cases, they can give Request Letter for post mortem examination.

15. Police officer not below the rank of Sub Inspector in Police Station / not below Senior Head Constable in Out Post can hold inquest and give Request Letter for post mortem examination (in cases not requiring Magistrate inquest).

16. Cases falling within ambits of "any person dies / disappears in Police custody / custody authorised by Court/ rape is alleged on a woman while in custody", require Magistrate to hold inquest and give letter for Post mortem examination.
    Dowry allegation deaths & Exhumation require Magistrate to hold inquest and give letter for Post mortem examination.

17. Examination of body at scene / at mortuary of hospital by Police / Magistrate is for conducting inquest alone. Two or more respectable neighbor / persons who are aware of the incident are needed.Presence of Doctor while holding inquest is not needed.

18. Requisition for post mortem examination, case history, form 86 / details of dead body, SOC sketch, FIR copy, A.R. copies, Death Intimation copy, treatment particulars (if treated on other Govt. / Private hospital) or any materials related to the event / offence / crime are to be sought for giving opinion with more quality. Numbering of all pages submitted shall be done and attached to the PM Booklet (Medl. I-28 - 16 pages).

19. 'Autopsy Register' / 'Post mortem register' - Register having serial entries of autopsies conducted, is department property and shall be maintained in the Department itself. Serial No / Autopsy number; Name, Age & Sex; Police Station with Crime number, In-charge constable name & number; Name of the Medical Officer conducting the autopsy; alleged Cause of death; type of ancillary investigations sent shall be entered. Number of cases done daily is to be totalled and register entries shall be closed daily.

20. Separate building for autopsy cum storage of dead bodies is mandatory; CCTVs shall be functional at all times. Those shall be kept at entry & exit points, relatives waiting area, cold storage rooms, dissection hall or any other sensitive spots. Relatives waiting area should be outside the mortuary compound wall to ensure smooth work.

21. Adequate faculty rooms for Medical Officers, para medical workers, inquest room, cold storage, main dissection hall with minimum two tables (more based on statistics), instruments for dissection, weighing organs, separate hall for dissecting decomposed bodies, room for viscera packing, store room for chemicals and consumables are needed to maintain dignified dealing of dead bodies. Personal Protective Equipment (PPEs) - Gloves up to elbow level, masks, cap, plastic apron, goggles, gum boots, packing materials (khada clothes, gauze bundles, cotton rolls, plastic sheets, glass bottles, sealing wax, metal seal) are to be regularly requested from the Institution Head and stocked.

22. Dissection hall and other places shall be swabbed for microbial overload and formalinized or necessary disinfection if necessary. In the meantime, dissection can be carried out in the place meant for decomposed body autopsies and vice versa.

23. Medical Officer(s) conducting autopsy shall satisfy themselves of the dignity, privacy & secrecy of dead body and its findings. Medical Officer(s) conducting autopsy, required departmental technicians, mortuary attendants for assisting the case, body in charge constable of the case are only authorized to be present during the conduct of autopsy. Medical Officer(s) conducting autopsy can get guidance from his / her department medical officer(s) with more experience.

24. Videography of autopsy is permissible with written request from relative / friend of the deceased (with the knowledge of Investigating Officer); Video recorded shall be sealed and sent to the concerned Magistrate.

25. Investigating Officer can be allowed during conduct of autopsy, at the discretion of the Medical Officer, but the presence should not be an impediment for conduct of autopsy. Other medical officers / para medical workers / Police / lawyers / common public are not to be allowed inside the mortuary while autopsy is conducted to maintain confidentiality of the case.

26. Medical Officer of other departments, institutions or any other person cannot be allowed to be present during autopsy. It needs explicit order from the Government / Court received through Head of Institution and No objection from Investigating Officer.

27. Medical teaching of students / demonstration can be done during autopsy. It includes students pursuing MBBS, MD, DNB etc.; Paramedical students; Judicial Officers in training, Police Officers in training, ADP / APP in training. All the above shall be done with the written prior permission from Professor of Forensic Medicine / Police Surgeon.

28. Autopsy shall be carried out by the Medical Officer with aid from Para Medical staff, Mortuary attendants etc. Dissection technique for each case type shall be decided by the Medical Officer at the start of examination (No unscientific way of dissection). Reasonable time to complete whole body autopsy shall be kept in mind, no hurry or no undue delay shall be the norm.

29. Notes taken during autopsy shall be entered in the standard Government issued format booklet (Medl. I-28- 16 pages). One booklet is to be used for one case only. Booklet is filled with handwritten notes of all relevant positive and negative findings. Notes taken down by the departmental staff, if any, should be duly signed by the Medical Officer and attached in the booklet.

30. Police Passport for autopsy duty, Death report / Body clearance / Cremation cum transportation forms, if any, needed by Police are to be duly signed and handed over to body in charge constable. Body & its belongings (including any jewellery), viscera for further analysis shall be handed over to in charge constable and his / her signature with designation obtained in the respective columns of the post mortem booklet on the same day itself.

31. Body shall be packed neatly with the help of khada clothes, plastic sheets etc. supplied from the Institutions, packing clothes by relatives in view of their rituals in practice can be wrapped on the body. Dignity of dead shall be maintained.

32. If a request is made for embalming the body after autopsy, Professor / Police Surgeon shall direct the Police to the Anatomy department. In case of other Medical institutions, Chief Medical Officer / in charge shall direct the Police to the Anatomy department of nearest Medical College. Professional fees if any, as directed by the Government can be realized through the College office / District Treasury with proper receipt. In situations of worsening law & order / undue delay, body shall be embalmed in the same mortuary hall after autopsy but on a separate table with the help of Forensic Expert.

33. Autopsy / Necropsy / Post mortem examination certificates shall be made ready in computer typed or hand written format on the same day itself or at the earliest. Model is attached in the annexure (Medl. I-29).

34. In autopsies conducted by a team of doctors, same certificate bearing signature of all Medical Officers of the team shall be prepared. In case of difference in finding(s) or opinion, separate certificate by each doctor shall be made and sent separately.

35. Certificates shall be issued as follows: Original Magistrate (Executive Magistrate / Judicial Magistrate); Duplicate – the Investigating Police Officer; Triplicate – be retained in the booklet itself and kept in Forensic Medicine dept. in Police Inquest cases. In case of Metropolitan cities, Deputy Commissioner of Police exercises Executive Magistrate powers, in which situations, Original can be sent to their Office (If specified by Investigating Officer). Original – Investigating Magistrate; Duplicate to be retained in the booklet itself and kept in Forensic Medicine dept. shall be followed in Magisterial Inquest cases. Police Officers can obtain copy of the certificate from the concerned Magistrate.

36. Original certificate intended for Executive Magistrate / Judicial Magistrate, as specified by the Investigating Police Officer in FIR; shall be sealed and sent directly by Medical Officer after making necessary entries in 'Certificate Dispatch register' / 'Department Dispatch Register'.

37. Duplicate certificate intended for the Investigating Police Officer, shall be handed over to the Investigating Officer. On written request from investigating Officer, certificate can be handed over to the body in-charge police constable. Acknowledgement & Dispatch details shall be maintained in the Government issued format booklet (Medl. I-28 - 16 pages).

38. If Police fails to collect the certificates in time, written intimation shall be made to Deputy Superintendent / Assistant Commissioner or Superintendent / Commissioner of Police as the case may be, to direct the concerned Investigating Officer to collect it.

39. 'Stamp register' for the above shall be maintained in the Department and proper stocking of stampings can be obtained from Head of Institution.

40. Medical Officer (s) to whom, a case is entrusted shall hand over the 'PM File' containing Post Mortem Booklet, Notes sheets if any, Documents from Investigating Officer, SOC / Case photos, Certificates, Copy of post mortem examination certificate marked as ' Head of Department Copy' to the Professor of Forensic Medicine / Police Surgeon on the same day of the Case.

    'Case File Register' shall be maintained for the above and transferred to Records Room of the Department in Colleges. Same shall be submitted to Chief Medical Officer / Resident Medical Officer in other Medical institutions conducting post mortem examination for sending it to Medical Records department.

41. Registers for Case Documents, Unused Documents / Forms shall be maintained as above.

42. Investigating Police Officer besides receiving the certificate is entitled to full information regarding complete facts and records of the case. Same can be obtained by written letter by the Investigating Police Officer to the Medical Officer concerned through Head of the Department.

43. Any further clarifications needed by Investigating Officer can be given in writing in form of a questionnaire through Professor of Forensic Medicine / Police Surgeon in Forensic Medicine Departments; Chief Medical Officer / Resident Medical Officer in other institutions. Medical Officer is obliged to answer it, Medical Officer can consult her / his seniors and reply shall be given as early as possible.

44. Professor of Forensic Medicine / Police Surgeon shall oblige request for issuing copy of certificate if the Case concerned Magistrate / Investigating Officer, in writing gives reasons for additional certificate like lost records, natural disasters etc. (Chief Medical Officer / Resident Medical Officer in other institutions conducting post mortem examination).

45. Government authorities / Quasi Government authorities / Military authorities / Inspector of Labor etc. can request through proper channel for copy of a certificate citing reasonable explanation.

46. Relatives of the deceased or any third parties, requesting post mortem examination certificate are to be directed to the Magistrate / Investigating Police Officer to get the certificates.

47. In exceptional situations, if the doctor has to give copy of the certificate, he / she shall ask for N.O.C. from the Investigating Magistrate / Police Officer. Professional Fees, if any, as directed by the Government can be realized through the College office / District Treasury with proper receipt.

48. Cause of death certificate (Form 4 in Institutional & 4A in non-institutional deaths, along with Form 2) shall be filled by the Medical attendant who certifies the death and sent to the Birth & Death Registrar (Local level) and the relatives (Relatives portion in the same form is to be detached and handed over); In both the above situations, and in other situations demanding autopsy, provisional cause of death can be entered and 'pending autopsy' / 'pending investigation' option is to be ticked / outlined. In a more apt way, Cause of death certificate (Form 4 in Institutional & 4A in non-institutional deaths along with Form 2) may be filled by the Medical Officer who conducts post mortem examination and the forms are sent to the Birth & Death Registrar (Local level) and the relatives (Relatives portion in the same form is to be detached and handed over). Cause of death should be according to ICD-10 / latest update, for diseases. In cases of injuries, parts of body involved can be mentioned as per the ICD. Fire, explosion, fall, assault, collision and submersion etc can be filled for the column – How did the injury occur? Ex: Accidental collision of rickshaw and truck. The victim was a rickshaw driver.

    Medical Certificate for Cause of Death in cases with pending viscera reports etc. shall also be sent without delay, mentioning the awaited report. After receiving reports &final opinion, duly filled form for second time shall be sent.

49. In situations where a Medical Officer is to fill for life insurance forms, letter of probate / administrations / succession etc. in respect of cause of death – Professional fee can be realized by the Medical Officer as prescribed by the Government through the College Office / District Treasury with proper receipt.

50. Professor / Police Surgeon shall entrust on rotation, a Medical Officer & required para medical staff to supervise & submit the keys & wax impression metal seal (affixed while closing the department) to Institution Administration / Keys sergeant. On next morning, the same team shall oversee the intact seal and open the department. Department shall be locked with seal daily, only to be opened on next day / after explicit Government order to do so. Chief Medical Officer / Resident Medical Officer shall ensure the same where MLC / PM documents are kept.

51. For Exhumation cases, requisition from Executive Magistrate for fixing date & time of the case shall be received and time fixed according to faculty situation of the Department by the Professor of Forensic Medicine / Police Surgeon (Associate Professor / Assistant Professor in his absence). Same should be communicated to the College administration. Professor of Forensic Medicine / Police Surgeon, other Medical Officers and departmental staff required for conducting post mortem examination in exhumation cases, shall be taken to the site by the Officer in charge of Police Station limit, in which the body is buried. If exhumation doesn't involve Government as a party, same shall be arranged by the party / person requesting for autopsy. Medical Officer shall ensure that there is no public health risk on disinterment; safety precautions of workers; advice Police to get a representative from – grave / cemetery management. Scene of crime need to be identified by a relative / accused / graveyard worker / Police constable as the case may be, and disinterment shall start under the Medical Officers' presence. Site shall preferably be covered from viewing by people and others till the process is complete. Once the body is exhumed, and its identity verified by a relative / accused / graveyard worker / Police constable; Magistrate can conduct inquest as per the law and hand over the requisition letter to Medical team to conduct the post mortem examination. Autopsy / Necropsy / Post mortem examination shall be conducted as per the guidelines discussed and body shall be handed over to Magistrate through in charge Police constable. Magistrate in consultation with the relatives could decide on burial / cremation at the same site or at a different site.

    Medical Officers' & team's return to their working station shall be arranged in the same way as above.

    Medical Officer on his return shall communicate immediately to the Head of Institution regarding her / his and other departmental staffs return to duty station.

52. **Visit to scene of Crime:** Medical Officer can visit a scene of crime, if the autopsy is obscure or necessitates scene of crime visit. On such scene of crime visits and also in Exhumation cases, the Certificates of Post Mortem examination shall have precise mention of the persons visiting, time of start & return, duration of visit, details of the scene, dimensions & position of body / burial in relation to a stationary object / landmark, pattern of stains, if any.

53. If a Second Autopsy is ordered by Court on a body that is kept in Cold storage or on a body to be exhumed and autopsied, team of doctors shall be formed as per the Court's direction. Professor of Forensic Medicine / Police Surgeon shall take responsibility to form a team in advice of Head of Institution. Certificates shall be prepared according to the type of inquest held and an 'Action Taken Report' / 'Post Mortem Examination Certificate' shall be sent to Court as per its direction. Second autopsies shall be preferably done by Medical Officers in the cadre of Professors / Police surgeon.

54. **Ancillary investigations:** Proof of Identity, Impossibility in any Inference during transfer, Preservation of article from decomposition are the three components in any article forwarding.

Proof of identity – Case details, details of person & institution sending it, details of the sample and nature of test required;

Impossibility in interference – to maintain Chain of Custody and making interference or tampering impossible by proper packing, sealing, affixing wax seal impression to the letters, sample, covers etc.

Prevention of sample from decomposition – using proper preservative or air drying techniques of samples.

Director / Deputy Director of Forensic Science Lab can bring to the notice of the Government and notice of Superintendent of Police / Commissioner of Police or Head of the Medical Institution / Department, if there is any neglect by Police / Health department personnel in sending the samples;

Likewise, the Professor of Forensic Medicine / Police Surgeon or Medical Officer sending the samples through proper channel can communicate the lacunae to Superintendent / Commissioner of Police and to the Government.

Communications shall be meant only for better co-ordination of all stakeholders to bring justice in a case and to improve quality of crime investigation in solving the case. During the course of autopsy, if the cause of death mandates so or if the Investigating Officer requests so, ancillary investigations of viscera can be done.

55. **Chemical analysis of Viscera:** Forwarded to Deputy Director (Toxicology), Forensic Science Laboratory, Chennai in Chennai jurisdiction and Deputy Director (Toxicology), Regional Forensic Science Laboratory on Police Districts Jurisdiction.

Stomach with its contents, Small intestine with its contents, and 500 g of Liver, Half of each Kidney and sample of preservative are to be labelled with viscera label (Medl. I-30(a) in the annexure). Wax impression sealed. (Most common preservative use for chemical analysis is saturated salt solution; Containers should be filled for only 3/4th of its capacity; List of viscera to be sent in suspected poisoning cases are attached in the annexure) Civil Medical Form for forwarding viscera shall be duly filled. Columns pertaining to the case details, in charge constable carrying it, nature of sample & preservative, nature of poison suspected with relevant post mortem examination findings and sample of each label attached are to be filled legibly, if possible, in a printout form. Each sample is to be kept in separate container, label with Medl. I-30(a) label shall be bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date, nature of sample and preservative used and sealed. Civil Medical Form (Medl. I. 30), copy of Viscera label - Medl. I-30(a), case history & F.I.R. copy shall be kept in single envelope, then handed over to the in charge constable. All sealed Sample containers are placed in a box, box is to be sealed and then handed over to the in charge constable. Investigating Officer shall obtain a Magisterial order for such analysis by Lab.

56. In Railway deaths / decomposed bodies, care shall be exercised and preserve viscera, if necessary. Medical Officer shall ensure sealing and packing and handing over of containers in her / his view.Sealed Viscera box should be handed over to in charge Police constable immediately. Failure to receive the viscera preserved by in charge constable should be brought to the immediate knowledge of the Investigating Officer / Superintendent of Police / Commissioner of Police. This is to ensure chain of custody of evidence. Receipt from Forensic Science Laboratory concerned should be attached to the post mortem notes booklet.

57. **Biology section:** Forwarded to Deputy Director, Biology, Forensic Science Laboratory, Chennai / Regional Forensic Science Laboratory in Police Districts Jurisdiction. Samples are sent to confirm whether stains on clothes, articles etc. is Blood stain – Cut portion of cloth / entire cloth shall be sent;

Seminal stain – Swabs from genital area / other parts of body shall be air dried and sent; Slide smear shall be allowed to air dry; Salivary stain / faecal stain – Cut portion of cloth / entire cloth shall be sent.

Articles, clothes etc. during autopsy with suspected blood, semen, salivary stain shall be air dried, packed and sealed and handed over to the body in charge constable.(FSL on detecting a stain would transfer the article for further testing to Serology / DNA by themselves). For Diatoms - Stomach water (Test water) or pleural cavity fluid in decomposed bodies, Sternum / Femur in separate containers shall be sent. Each sample is to be kept in separate container, label with Medl. I-30(a) label shall be bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date, nature of sample, and body part from where it is collected and placed in a separate envelope and sealed. Legibly filled Form – Medl. I-30(d), pertaining to the case details, in charge constable carrying it, nature of sample and number of sample envelopes with relevant post mortem examination findings.

All request documents (Form – Medl I-30(d), case history & F.I.R. copy) shall be kept in single envelope. Document envelope is to be sealed and handed over separately; All sealed Sample containing envelopes are placed in a box, box is to be sealed and then handed over to the in charge constable. Investigating Officer shall obtain a Magisterial order for such analysis by Lab. S.O.C. water (Control) sample shall be dealt & sent by Investigating Officer to (R)FSL.

58. **Serology section**: Forwarded to Deputy Director, Serology, Forensic Science Laboratory, Chennai / Regional Forensic Science Laboratory in Police Districts Jurisdiction.

Blood sample from body / Control Blood - Few blood droplets from heart / blood from a peripheral vein shall be placed in a gauze piece (7.5 x 05 cm minimum) and air dried;

Air dried sample shall be kept in separate paper cover /container, label with Medl. I-30(a) label shall be bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date, nature of sample, and body part from where it is collected and placed in a separate envelope and sealed. Legibly filled Form – Medl. I-30(d), pertaining to the case details, in charge constable carrying it, nature of sample and number of sample envelopes with relevant post mortem examination findings. All request documents (Form – Medl I-30(d), case history & F.I.R. copy) shall be kept in single envelope.

Document envelope is to be sealed and handed over separately; All sealed Sample containing envelopes are placed in a box, box is to be sealed and then handed over to

the in charge constable. Investigating Officer shall obtain a Magisterial order for such analysis by Lab.

59. **DNA section:** Samples shall be forwarded to Deputy Director – DNA, Forensic Science Laboratory, Chennai (Jurisdictional Regional Forensic Science Laboratory, if DNA section is available).

In Dead: 10 cm shaft of femur, clavicles and permanent molars preserved in common salt; In a foetus / new born, right thigh preserved in common salt; Products of conception is to be rinsed with normal saline (not completely soaked in saline) & collected in a wide- mouthed container with a lid. Nail clippings with spencer well forceps (to identify the perpetrator); Air dried swabs of Buccal epithelial brushing on left & right buccal sides for deceased person's DNA can also be sent.

Container shall be labelled or air dried sample in separate paper cover shall be labelled with Medl. I-30(a) label - bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date nature of sample, body part from where it is collected and placed in a separate envelope / box. Legibly filled Form – Medl. I-30(d) pertaining to the case details, in charge constable carrying it, nature of sample and number of sample envelopes with relevant post mortem examination findings. All request documents (Form – Medl I-30(d), case history & F.I.R. copy) shall be kept in single envelope. Document envelope is to be sealed and handed over separately; All sealed Sample containing envelopes are placed in a box, box is to be sealed and then handed over to the in charge constable.. Investigating Officer shall obtain a Magisterial order for such analysis by Lab.

60. **Anthropology Section (Skull Superimposition):**Samples shall be forwarded to Deputy Director, Anthropology, Forensic Science Laboratory, Chennai. Useful in case of decomposed bodies or burns or when face is not recognizable, Pack entire skull with mandible in common salt. Medical Officer shall advise the Investigating Officer to send a life size photograph of the suspected person in question, while taking the sample to Lab. Container shall be labelled with Medl. I-30(a), label shall be bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date, nature of sample, body part from where it is collected and placed in a separate envelope and sealed. Legibly filled Form – Medl. I-30(d), pertaining to the case details, in charge constable carrying it, nature of sample and number of sample envelopes with relevant post mortem examination findings. All request documents

(Form – Medl I-30(d), case history & F.I.R. copy) shall be kept in single envelope. Document envelope is to be sealed and handed over separately; All sealed Sample containing envelopes are placed in a box, box is to be sealed and then handed over to the in charge constable. Investigating Officer shall obtain a Magisterial order for such analysis by Lab.

61. **Chemistry Section:** Sample shall be forwarded to the Deputy Director, Chemistry, Forensic Science Laboratory, Chennai.

Useful to detect inflammable substances on clothes or on skin, in cases of burns - Burnt remnant of clothes and piece of cotton swab from skin can be sent.

Useful to estimate metallic substances concentration in entry & exit skin points in electrocution - Entry skin, Exit skin & Control skin samples in rectified spirit can be sent in select cases. Packing, forwarding, documents required are same as above.

62. **Ballistics Section:** Sample shall be forwarded to the Deputy Director, Ballistics, Forensic Science Laboratory, Chennai.

Useful to find gunshot residues on hands / other parts of body. Results are more useful if the swabs are taken within 03 hours of death, between 03 to 06 hours results are less useful (for sample collection refer – Autopsy in Custodial deaths).

Packing, forwarding, documents required are same as above. On reception of Forensic Science Laboratory reports, acknowledgment slips shall be sent back through posts. In case of Police constables carrying reports in extra ordinary situations, Laboratory letter shall be returned with due acknowledgment through the concerned Police constable.

63. **Histo-Pathological examination:** Samples shall be forwarded to Professor of Pathology. Organ / Tissue bits shall be preserved in 10% formalin / 95 % ethanol preservative, covered by a layer of cotton on top; Medical Officers in Government hospitals, can send samples of internal organs, hyoid bone collected during autopsy to the nearest Government Medical College Pathology department. Form – Medl I-30(b) is to be filled in duplicate; of which duplicate copy is to be acknowledged and returned back by Professor of Pathology. Relevant autopsy findings can be written in the form itself along case history and F.I.R. copy, Medical Officer can guide the Pathologist in writing, regarding the disease process he is suspecting about. Pathological specimens collected can be used for preparing Medical College Museum.

64. **Microbiological examination:** Samples shall be forwarded to Professor of Pathology. In Suspected microbiological cause of death, red hot spatulated spleen bit or smear from exudate in peritoneum / pericardium or gut swab for cultures can be sent to Microbiology department of nearest Medical College. Sample in 80 % glycerol in buffered saline can be sent to King's Institute, Guindy, Chennai for virological examination.

65. **FINAL OPINION:** After receiving report of each ancillary investigation used, provisional opinion certificate of Medical Officer shall be sent in the same manner as discussed above. Viscera & other reports which arrive at later dates shall be entered into 'Viscera Report Register', 'Histo- Pathological Examination Register' and transferred to PM file by the Professor of Forensic Medicine / Police Surgeon. At the end of all ancillary reports, Final opinion certificate shall be sent in the same manner as discussed above. Post mortem examination – Provisional Opinion / Final opinion (Annexure for format):

    Original - Magistrate (sent through post immediately);

    Duplicate - Police (Intimate the readiness of certificate to the concerned I.O. through Out Post / Nearest Police Station);

    Triplicate - Department record.

    Copy of FSL report can be sent to Magistrate and Police along with Final opinion.

66. Upon request from Court, for trial of cases, requested documents shall be taken from it after making photostat copies for record keeping in file. Same shall be forwarded to Court through the mentioned Constable by Court.

67. If a particular Medical Officer gets transferred to a new station and there is pendency of certificates, Head of Department of concerned old station shall request the Head of Institution of the new station to permit the medical officer concerned for its completion. TA / DA rules would be applicable for this bound duty (or) the certificate may send to current working station and completed within week and send back to original station by a medical officer.

    For Medical Officers who got superannuation, the concerned Head of Department through the Head of Institution can communicate to the Medical Officer regarding her / his pendency. Medical Officer is lawfully bound to complete the same. TA / DA shall be managed by the concerned Institution.

68. **Autopsy in Custodial deaths / Police action / Jail deaths:** The Judicial Magistrate conducting the enquiry under Section 176(1)(A) Cr. P. C. shall ensure that the family of the deceased or its representatives are given access to see the body both front and back and also allowed to take video and photos. No autopsy shall take place or commence without the next of kin having seen the body. Of course, if the family of the deceased refuses to see the body, even after so being permitted by the concerned Judicial Magistrate conducting the enquiry, the Judicial magistrate can in writing permit the conducting of postmortem.

    The autopsy shall be carried out by a team of at least two doctors who have a master's degree in Forensic Medicine and are attached to a Medical College and Hospital in the State. Professor of Forensic Medicine / Police Surgeon shall ensure the conduct of autopsy within Government / NHRC norms. When the autopsy is conducted in district or taluk government hospitals, efforts should be made to include a Forensic Medicine expert from the nearest teaching hospital.

    All possible efforts shall be made by Police / Investigating Agency to shift the body to nearest Medical College / Medical College in concerned District to achieve better autopsy and avoid any future controversies. Whole body shall be to radiological examination (X-rays / CT Scan) prior to autopsy, in order to find out, if there are any fractures.

69. Photographs shall be taken after incorporating post-mortem number, date of examination and a scale for dimensions in the frame of photographs itself. While taking photographs the camera should be held at right - angle to the object being photographed. A total of 20-25 coloured photographs covering the whole body should be taken. Some photographs of the body should be taken without removing the clothes. The photographs should include the following:

    a. Profile photo-face (front, right lateral and left lateral views), back of head.
    b. Front of body (up to torso-chest and abdomen) – and back.
    c. Upper extremity - front and back.
    d. Lower extremity – front and back.
    e. Focusing on each injury / lesion-zoomed in after properly numbering the injuries (In firearm injuries, while describing, the distance from heel as well as from mid-line must be taken in respect of each injury, which will help later in reconstruction of events).

f. Internal examination findings (02 photos of soles and palms each, after making incision to show absence / evidence of any old / deep seated injury).

Video recording shall be arranged by the Police department, after completion, the video cassettes / memory cards are to be labelled, sealed and handed over to the Magistrate along with the examination certificate for further forwarding to National Human Rights Commission. Recorded video is to be sent without any editing.

At the time of video-filming of the post-mortem examination, voice of the doctor conducting the post-mortem shall be recorded. Doctor shall narrate his prima-facie observations while conducting the post-mortem examination.

70. In cases of **deaths of Jail inmates** in hospital wards, out of natural causes, video recording is to be done, only when there is foul play / suspicion raised the Investigating Officer / Authorities concerned.

71. Norms to be followed for the Videography:
    a. Videograph is a visual document, not a news report or a chat show, and therefore the coverage shall be comprehensive and detailed.
    b. Memory chip (in case of digital recording), Video cassette is to be used as corroborative evidence. Therefore, visual gimmicks and bias should be avoided.
    c. Memory chip/ Video cassette is to be preserved as a source for future reference. Therefore, professionalism should be maintained while recording and an unedited version should be provided.
    d. During the videography of autopsy in custodial deaths, the date and time button should be pressed so that the date and time will automatically be superimposed.
    e. The context of the videography should be established by mixing appropriate combination of wide angle shot, panning and tilting.
    f. While highlighting details, continuity should be ensured by using zoom in and zoom out without cutting. It is suggested to limit the details viz., the contusions and incisions to eye-level shot and to use ped-up/down if necessary; however, high/low angles should not be used.
    g. Complicated lighting should be avoided. It is advisable to light the subject fully if the ambient light is not sufficient. When lighting is poor, use of manual mode to focus is suggested.

h. It is necessary to use the normal lens in general and to avoid use of filters. However, before any recording the auto white balance button should be used.
i. It is suggested to use the tripod during videography of autopsy.
j. Each injury, whole and cut internal organs should be videographed for a minimum of ten seconds.

Custody of the memory chip/videocassette:

(a) Immediately after the videography of the autopsy is completed, the essential details relating to the case such as name of the deceased; general particulars of the deceased, particulars of requisition of autopsy etc. should be recorded on the video.

(b) Thereafter, the Forensic Medicine Expert conducting the autopsy shall ensure immediate sealing of the memory chip/video cassette and its immediate dispatch with all required particulars to the inquest authority, who in turn should send it to the National Human Rights Commission.

In cases of deceased person firing a gun, Hand wash of the deceased for gunshot residue, / nitric acid swabs should be sent for analysis.

(Five ml of nitric acid to be dissolved in 95 ml of water to make 5% nitric acid, dry cotton swabs dipped in the above solution shall be used to swab thumb, snuff box area, palm, proximal phalanx of second finger, ulna border of hand, control body part swab and a control swab with nitric acid - each swab in separate envelope).

If firing was done with foot or toe, swabs can be taken from soles of both foot, dorsum of both foot, all toes and any other part of body likely to get residues from a likely scenic reconstruction and a control swab are to be sent.

Entire autopsy should be videographed from the start of the examination till its completion in the following six phases

Phase I–Bearings of the dead body, like clothes, should be videographed individually with more focus on striking features like stains, cuts or holes on relevant material.

Phase II–

1. Front view of the dead body on the autopsy table before wiping and after wiping the dead body.
2. The same process should be repeated with the back of the dead body.
3. The conjunctiva and lips should be videographed for the presence of any hemorrhagic spots.

Phase III–External Injuries

1. These injuries should be recorded according to Forensic Experts' own practice, i.e., beginning with head and neck, trunk, upper and lower (right and left) extremities (front and back and sides of the body) are the commonest way of recording. Alternatively, Forensic Expert can record according to type of wounds.
2. Each injury should be serially numbered by number tags (adherent labels).
3. Videography should be taken in parts or as whole as the videographer feels fit to produce the images with clarity.
4. Each external wound need not be individually videographed, because all these injuries are tagged and covered by the above process.
5. Any suspected areas of fractured bones of the limbs should be exposed and videographed.

Phase IV–Cavity Dissection

Actual dissection for exposing the body cavities need not be videographed in order to avoid the lengthiness of the cassette and to keep the viewers live to the bare facts of trauma.

Phase V–Head Dissection

It is a good practice to begin the autopsy with the exposure and removal of the brain. Scalp should be dissected up to the eyebrows on the front and below the mastoids on the back. Inner surface of the anterior and posterior flaps should be videographed separately, followed by the videography of the exposed cranial surface.

Removed vault of the skull should be videographed by stretching it in the sagittal plane and in the coronal plane. This procedure will expose all types of fracture, if any.

Extra Dural space should be videographed in-situ followed by Sub Dural space. If there is Sub Dural hemorrhage, it should be removed and videographed again to confirm Sub Dural hemorrhage and for the presence of Sub Arachnoid hemorrhage. Brain is removed and placed on its vault to expose the basal surface. This exposed surface should be videographed. Circle of Willis is dissected out and exposed in situ. This should be videographed again. Then it is turned to rest on its base and videographed again. Each stage of the brain dissection should be exposed and videographed to its finale according to one's methodology of brain dissection.

Base of the skull, along with the meninges, should be videographed before and after wiping its surface. Basal meninges should be stripped out by holding with cloth and twisting it. Stretch force is applied to the base of the skull in the sagittal and corona' planes and videographed in each plane to expose any type of fracture.

Phase VI–Trunk dissection

Chin to pubic symphysis dissection is continued to expose the abdominal cavity. Neck and the chest wall are dissected to their extreme sides to expose the front as wide as possible. This widely exposed neck and the chest wall should be videographed. Cupped palm of dissector should be dipped gently into the pelvic cavity and raised. If there is blood, it will be seen in the palm. If the palm is empty, then there is no blood in the pelvic cavity, which excludes bleeding injury to the visceral organs of the abdomen. Entire manoeuvre of dipping and raising the hand should be videographed consecutively.

Removed sternum should be bent in both the planes to expose any fracture. This process should be videographed. The hand manoeuvre done in the pelvic cavity should be done in pleural cavity to rule out any bleeding injury for right and left pleural cavity with consecutive videography of the procedure. Pericardium with the heart in situ should be videographed. The heart is exposed in situ and videographed before and after wiping the pericardial sac.

Superficial muscles of the neck should be exposed and videographed. Then the superficial muscles of the neck are removed with little dissection of the deep muscles. This will partly expose the hyoid bone. The hyoid bone is examined in situ by slight adduction and abduction of the greater horns of the hyoid bone. This manoeuvre should be. videographed as it explicitly conveys that the hyoid bone was properly examined for any fractures in the greater horn. This manoeuvre will show inward or outward compression fractures, if present. The deep muscles are removed to expose the larynx, sub mandibular glands and thyroid glands. Exposed surface should be videographed.

Evisceration Process: Evisceration is done from the tongue down to the rectum. The body cavities should be cleaned and later videographed. Anterior chest wall should be pressed backwards on each side separately. If there is yielding, it indicates fracture of the ribs and that area alone should be videographed. Aorta should be opened before the visceral organs are separated. Intima of aorta should be videographed. Posterior surface of pharynx and the esophagus should be videographed for the presence of blood or no blood.

Esophagus is opened up to its cardiac end and videographed. Larynx and trachea should be opened and videographed.

Heart: Forensic Medicine expert shall follow any of the dissection technique for heart. Inflow-Outflow method is ideal. 1. Inflow–chambers should be exposed and videographed. 2. Outflow–pulmonary and aortic valves are exposed and videographed. 3. Coronary arteries should be dissected as far as possible.

Videography is done before sectioning and after serial sections to explore any block in them. The area of block should be isolated and videographed again.

Visceral Organs: Each organ shall be separated and the separated organ should be videographed. After sectioning, each organ should again be videographed. Process of sectioning by the dissector need not be videographed.

In the case of kidneys, the process of stripping the capsule should be videographed. Scrotum–through the mid-line incision the testes are exposed and videographed.

Deep Contusions of the Limbs–In fair skinned people, abnormal discolorations of the skin should be cut and exposed and videographed. In dark skinned people through one long incision on the front and back on each limb should be made to exclude any extravasations of blood in the muscular tissue. Multiple parallel incisions can be put in the sole and palm. These should be videographed.

Autopsy report shall be prepared expeditiously and handed over to the investigating officer in the case so that the filing of the final report is not delayed. A copy of the autopsy report as well as video shall be simultaneously given to the legal heir or representatives of the family of the deceased. This alone will enable them to take recourse to legal remedies immediately.

If after receipt of the autopsy report, the legal heir/representatives of the deceased family give in writing that they intend to move the High Court, the body shall be preserved in the mortuary for at-least 48 hours.

Model format issued by National Human Rights Commission, New Delhi which was adopted by Government of Tamilnadu shall be used. Notes on the Format are to be filled through dictation by the Medical Officers concerned.

Two certificates are to be typed in the same format; Original shall be handed over to the Investigating Magistrate / Judicial Officer appointed by the Government. Duplicate is retained in the department.

72. Post Mortem Examination in Deceased Donor Cases: If the Investigating Officer of the case concerned decides that post mortem examination is needed, he shall submit

a. Requisition for conducting post mortem examination (Case history, Form 86, F.I.R., A.R., Intimation can be asked for);

b. 'Organ functional Status Certificate' signed by any one of the doctors authorized by Medical Superintendent in the Form II);

c. Copies of Form 6 (N.O.C. for organ donation by lawful possessor of body), Form 8 (Brain stem death certificate), Form 9 (in donors < 18 years, signed by either of parents) of Transplantation of Human Organs Rules.

Medical Officer shall then authorize organ retrieval through Form III; once the retrieval is completed post mortem examination shall be done at same institution and body handed over to the Police / Investigating Officer.

Medical Officer can be from Forensic Medicine Department of Government Medical Colleges or any qualified Forensic Medicine Expert(s) or any Government Medical Officer(s) or pathologists posted in Forensic Medicine department or any Government Medical Officer (serving or retired) who has / have had experience in post mortem work.

Conduct of post mortem examination in the above Organ Transplantation situations will be done by qualified persons as contemplated in S. 174 (3) of the Code of Criminal Procedure. Hence, Forensic Medical Officers of nearest Govt. Medical College / Govt. hospitals may be preferred.

73. **Post Mortem Examination in HIV positive or biologically hazard cases etc.:** Autopsy shall be conducted with minimal persons possible.

Body shall be wrapped in a plastic cover and kept separately for 03 days (in HIV cases) to allow decomposition; tissue damage by cutting or searing can be minimize, aerosol production to be avoided; lungs in particular or other organs should not be held under fast stream of water.

All orifices are to be plugged, medical instruments or inventions like catheters, tube are to be sealed in situ. Gloves, sponges, clothes used during dissection are to be kept in body bags as much as possible. Rest of the items are sent for Bio Medical Waste Management with 'Bio hazard' tags.

Body shall be wrapped in double plastic sheets, kept inside body bags and advised for incineration disposal through health authorities (Municipal / Corporation).

All the equipment in contact with body are to be soaked in 2% glutaraldehyde solution or 10% hypochlorite solution (bleaching powder). Room is to be cleaned with 10% hypochlorite solution (bleaching powder). All medical and other personnel shall be advised for Chest X rays once in 06 months, Tetanus Toxoid injection, every 06 months and Hepatitis B immunization.

74. **In cases of unnatural deaths in Educational Institutions**, school children or College students, a team of three doctors shall conduct autopsy and the same shall be videographed.

75. **Pathological Autopsy:** Professor of Pathology shall take responsibility for Hospital / Pathological autopsy. He / She shall ensure,

a) Scientific grounds for Pathological Autopsy;

b) Due Research / Scientific Committee approval for it;

c) Consent for autopsy from the relatives of dead;

d) Cost for consumables, personnel borne by the Department / Faculty requesting it.

Procedure shall be conducted in Pathology Department itself - Limited dissection of a particular system(s) is to be done; Body shall be handed over to the relatives.

Dissection hall of Anatomy / Forensic Medicine can be used with prior communication of a Request Letter and other details mentioned above.

Time shall be fixed by Professor of Anatomy / Forensic Medicine in such cases, so that Students dissection / Medico Legal autopsies are not interfered with.

76. **Examination of skeletal remains:**

Skeletal remains recovered and forwarded by an Investigating Officer shall be addressed to Professor of Forensic Medicine / Police Surgeon of the concerned district Medical College, in its absence the nearest Medical College. Professor of Forensic Medicine / Police Surgeon shall oblige such cases. Sex, Age, Stature, Wounds, Time since death etc. shall be reported back to the Investigating Officer. Biology / Serology samples, Super imposition, DNA samples shall be sent as the case needs it.

DNA TESTING CASES

DNA TESTING CASES:

1. In Government Medical Colleges, Professor of Forensic Medicine / Police Surgeon shall receive requests for post mortem examination; in his / her absence, Associate Professor; in his / her absence, Assistant Professor in the department shall receive such requests in the Forensic Medicine Department of the College.
   Receiving authority shall entrust the case in rotation to departmental sub ordinate Medical Officer(s) with written directions regarding conduct of the case.
2. In other Medical hospitals, Chief Medical Officer / Resident Medical Officer of the hospital shall oblige the requests and comply on rotational basis with directions towards the conduct of case.
3. Court shall direct in writing to the Forensic Science Laboratory for issuance of FTA card, stating the name and location of Government Hospital designation of Medical Officer, who is to draw samples from the accused / victim / third party and (Investigating Officer shall co-ordinate with the Medical College / Institution and fill in the Medical Officer designation, as the case may be and forward it to Court for the above purpose).
4. Court can then forward FTA cards and Letters bearing Photographs, Identification marks of all persons from whom examplars are required to be drawn to Professor of Forensic Medicine / Police Surgeon or Chief Medical Officer for drawal of samples.
5. A 'DNA Examplar register' shall be maintained at institutions; cases shall be entered with Name, Age, Sex, Signature & thumb impression of the accused / victim / third party, Police Station with Crime Number, Name & designation of the Official accompanying the accused / victim / third party, Name & designation of the Medical officer, Date & time of examplar drawn, details of examplar drawn.
6. Space with lines below the Card is for filling details of the case and identification of the person.
7. Medical Officer, under aseptic precautions, shall make drops of blood (pricking, not by syringing) of the person into the designated areas of FTA card.
8. Card shall be air dried, not shown into direct light;Card shall be put inside self-sealing envelope provided and signed by the Medical Officer with seal.

9. Envelope (s) shall be placed in forwarding Cover bearing details of the case (provided by FSL), pasted and affix wax impression seal on the space designated as 'G.H.' alone. Cover containing the samples shall be handed over to the in-charge Constable entrusted by Court and he / she shall be instructed to get wax impression seal on the space designated as 'Court' and forward it to FSL through the Court. Acknowledgement shall be obtained from the constable / Investigating officer.

10. When an Investigating Agency, after consulting with the Professor of Forensic Medicine / Police Surgeon or Chief Medical Officer for drawal of samples and obtained FTA cards from the Forensic Science Laboratory; Request letter containing Photographs, Identification marks of all persons from whom examplar is to be drawn, separate unfilled Form I with photograph of each person from whom the Medical Officer is required to draw examplar shall be submitted to Professor of Forensic Medicine / Police Surgeon or Chief Medical Officer. Reception and entries shall me made as above.

11. In addition, Investigating Agency shall videograph the process of drawal of examplar by the Medical Officer, and keep the videograph in an electronic form such as pen drive, compact disc etc. in their case diary and also furnish a copy of it to the Court concerned.No videograph shall be taken of drawal of semen, vaginal swabs, pubic hair and other examplars from the private parts of a person.

12. The Medical Officer shall confirm the identity of the person with the photograph affixed in Form I, and after drawing the examplar, shall fix the same, obtain the signature and thumb impression of the person and seal in Form I.

13. The Medical Officer shall hand over the examplars in a sealed cover with her / his rubber stamp affixed on the cover, to the Investigating Agency to be submitted to Court as above. Sealed cover shall be accompanied by Form I duly filled and certified by the Medical Officer. Investigating Agency shall then forward it to Forensic Science Laboratory through the Court as above.

14. When Court directs for DNA sampling & testing on CFSL, Hyderabad etc on certain cases, same procedure shall be followed and exemplars can be preserved using FTA Card / blood on Gauze / Blood on EDTA.

15. In situations of Disputed Paternity / Maternity / Child coming under Domestic Violence Cases etc, (not under Police Cases with a Crime number); Designated Officer shall obtain DNA / FTA cards from the FSL Chennai stating the name and location of Government Hospital and designation of Medical Officer, who is to draw samples and details of Persons they propose to draw examplars.

    Court can then forward FTA cards and Letters bearing Photographs, Identification marks of all persons from whom examplars are required to be drawn to Professor of Forensic Medicine / Police Surgeon or Senior Medical Officer for drawal of samples. Collection and Handing over process shall be completed and handed over to the Designated Officer.

DRUNKENNESS CERTIFICATION

DRUNKENNESS CERTIFICATION:

1. Certification regarding drunkenness status of a person can be obtained from the Casualty / Emergency Department of a Government Medical Institution (Prohibition cum Accident cases for drunkenness status examination has jurisdiction for each Medical College in Chennai – same as brought dead, Age cases, Bone cases, Second Opinion cases, Sexual Offence Accused examination cases etc.)
2. Scheme of examination for ascertaining drunkenness in an individual is to be done in the Proforma given in annexure to withstand legal scrutiny and be acceptable in Courts of Law.
3. Proforma scheme of examination is to be done, form along with Police letter / memo, FSL receipt (if investigations sent) and Duplicate certificate are to be tied into a single file or attached to the register maintained and numbered serially.
4. Original certificate (in annexure) is to be handed over to the in charge constable bearing duty passport / to Investigating Officer.
5. For cases referred for examination directly by other department authorities (Railways, Road Transports, Uniformed services Departments etc.) Original to investigating Officer, Duplicate to Referred Authority, Triplicate to the examined person and Quadruplicate to Department file can be done.
6. Cost of reproduction of Duplicate and Triplicate certificates are to be paid to hospital office by the authorities requesting certification.
7. Ancillary investigations – 10 ml of blood from ante - cubital vein after cleaning the area and allowing it to air dry; Midstream Urine sample are sent.
8. 100 mg of Na F + 20 mg of Potassium oxalate are added as preservative in a glass container; with label – Medl. I-30(a), sealing wax impression and sent through in charge Police constable.
9. Examination findings, Copy of Viscera label - Medl. I-30(a), History & F.I.R. copy, if any, are to be enclosed in an envelope, sealed and addressed to – Deputy Director (Toxicology - D), Forensic Science Laboratory, Chennai in Chennai jurisdiction and Deputy Director (Toxicology - D), Regional Forensic Science Laboratory on Police Districts Jurisdiction. Investigating Officer shall obtain a Magisterial order for such analysis.
10. On reception of reports, Final Opinion is to be given in the same manner as above (Readiness of Certificate can be communicated through OP / nearest station).

EXPERT OPINION

EXPERT OPINION CERTIFICATES:

1 Investigating Officer of a case can request to the Professor of Forensic Medicine / Police Surgeon of Govt. Medical College of the District / Nearest Govt. Medical College for Expert opinion for cases conducted in the same Medical College department or nearby medical institutions.

2 If necessary, through the Director of Medical Education & Research to a panel of more autopsy experienced Professors in Govt. Medical Colleges than the first opinion expert.

3 It can be sought for autopsy, age cases, sexual offence cases etc.

4 It can be sought for Wound certificates / Drunkenness certificates etc. also.

SEXUAL OFFENCE CASE - ACCUSED MALE

SEXUAL OFFENCE CASE – ACCUSED MALE EXAMINATION:

1 Examination of an accused of sexual offence can be done on the request of Police Officer (not below the rank of Sub Inspector of Police) by a Registered Medical Practitioner in a Government run / Local body run institution; in absence of the above mentioned, any registered medical practitioner within 16 kilometre radius can do such examination – preservation of evidence is of prime importance. If time of travel and such travel does not jeopardize the evidence collection, such examinations can be sent to the Professor of Forensic Medicine / Police Surgeon of the nearest Medical College / Medical College of the District.

2 Examination of a person in Judicial custody / Jail – Requisition from Court shall be addressed to the Professor of Forensic Medicine / Police Surgeon of the nearest Government Medical College / Government Medical College of the District. Reception of requests and delegation of cases shall be done as mentioned in other cases. Chief Medical Officer of a Government Hospital can also entertain such requests; if a Forensic Medicine qualified Medical Officer is available in the hospital.

3 "Informed Consent" should be obtained for medical examination and other procedures from the adult accused or from the parents or guardians, if the accused person has not attained age of giving a valid consent for medical examination.

4 Written informed consent is sought from the accused person; Reasonable force may be examined while examination, if consent is not given, and there is reasonable ground to believe such examination would reveal evidences regarding crime. However, only a female medical officer can be present while force examining a female accused.

5 Register for sexual offence cases, Case file (Request letter, History, FIR, Proforma in annexure, and Duplicate certificate) shall be kept in the Department. Proforma for examination and model certification are in annexure.

6 Number of cases done daily is to be totalled and register closed daily.

7 Ancillary Forensic Laboratory investigation samples (biological specimens) or the clothes shall be sent through in charge constable immediately, as discussed earlier.

8 If requisition is made by the Court, Preliminary Certificate of sexual offence case examination shall be prepared in duplicate by the Medical Officer immediately after the examination and the Original certificate shall be sealed, forwarded to the Magistrate / Court concerned through the in charge constable sent by Court on the same day; Duplicate shall be retained as Department copy.

Police shall be advised to get copy of certificate through the Court.

If requisition is made by the Police Officer (not below Sub Inspector) to examine the accused, Certificate shall be made in Triplicate. Original – Magistrate, Duplicate – Investigating Police Officer, Triplicate – Department copy.

1. Forensic Science Lab reports and other investigation reports once received shall be acknowledged immediately.
2. Opinion shall be formed using the tables below and certificate to Magistrates / Court shall be sealed and sent immediately. Copy of FSL report can be sent along.
3. Readiness of Police certificate (if request for examination is given by Police alone) shall be intimated to the concerned I.O. through Out-Post / Nearest Police Station.
4. Opinion may be:
    a. When the subject is potent and his penile washings show vaginal epithelium, Opinion may be - Possibility of performance of sexual intercourse i.e., of vaginal/anal/urethral/oral penetration by the male sex organ of the alleged accused under reference cannot be excluded.
    b. When the subject is potent and the penile washings do not show any vaginal epithelium, Opinion may be - No definite opinion can be given as to whether the alleged accused in the case under reference had performed any recent sexual intercourse in the ordinary way and there is nothing to suspect about his potency.
    c. If the subject is impotent, as found out on clinical examination and investigations,
    d. Opinion may be - Alleged accused ..... in the case under reference is incapable of performing sexual intercourse in the ordinary way due to (Temporary/ Permanent cause).

SEXUAL OFFENCE CASE – SURVIVOR FEMALE

SEXUAL OFFENCE CASE – SURVIVOR FEMALE EXAMINATION:

1 Examination of a survivor of rape / attempted rape presenting herself shall be done by a Registered Medical Practitioner in Government run / Local body run institution; in absence of the above mentioned, any registered medical practitioner – treatment takes precedence. Hospital shall give free treatment of rape survivors, vitriolage victims; < 18 years female victim shall be examined by a female doctor only; M.L.C. is to be marked and Police intimation is mandatory. If the victim is not willing for Police intimation – Police intimation shall have the line – 'Denial / Refusal for Police Intimation'.

2 If the person comes with Police Memo / Letter, for Forensic Examination of sexual offences survivors (under 18 years girl as per POCSO - Protection of Children from Sexual Offences Act, Rape - 375, 376 A to E, Sexual harassment, disrobing, voyeurism & stalking under 354, 354 A to D of Indian Penal Code etc.,) medical treatment and Forensic examination shall be started after written expressed consent (if needed with interpreter / social worker); Victim cannot be forced to undergo Forensic examination.

3 When dealing with an adult / child, if the doctor, from history or findings observed, finds sexual assault / abuse, treatment and psychological support is to be started at once. M.L.C. is to be marked and Police intimation is mandatory.

4 If the victim is not willing for Police intimation – Police intimation shall have the line – 'Denial / Refusal for Police Intimation'.

5 Gender, class, caste, religion, ethnicity or other factors are not to be considered.

6 Sexual orientation and sex worker as profession are individual's choices, no attempts shall be made by the medical practitioner with idea of correcting / curing it; choices shall be left to the individuals and necessary psychological and medical support given.

7 In victims, <12 years and insane, parent / guardian can consent for general clinical examination. For genital examination, invasive investigations, consent of individual > 18 years, consent of parents in < 18 years is mandatory.

8 In cases of Medical Colleges, a 'One Stop Crisis Centre' unit shall function with faculties from Obstetrics & Gynaecology, Paediatrics, Casualty Medical Officer / EMO, Psychiatrist in a place preferable for patient's care and the above departments.

Unit is under the headship of HOD of Forensic Medicine. Medico legal examination files are to be retained in Forensic Medicine Department. Round the clock available specialists shall attend to the survivor immediately and other ancillary specialists to attend the survivor on call / or on their immediate next working time. Facts & findings of other specialists if needed can be sought for and certification done by the Forensic Medicine Department.

9 Register for sexual offence cases, Case file (Request letter, History, FIR, Proforma in annexure, and Duplicate certificate) are to be kept in the Department. Proforma for examination and model certification are in annexure.

10 In cases of victims received and treated at General Casualty / Emergency department, A.R. entry, intimation shall be be followed as with any M.L.C., and the victim is to be admitted under Paediatrics / OG / General Surgery (Male victim, above Pediatrics age group) and copy of A.R., intimation are attached in the case sheet (Treatment records are to be sent to M.R.D. at the time of discharge).

11 Proforma for medico legal examination and model certification are in annexure. Copy of entire Proforma is to be given to the victim free of cost at the end of examination. All swabs and smears in the protocol shall be collected.

12 If 1% Toluidine blue is sprayed and excess is wiped out, Micro injuries will stand out in blue evidence are collected; Per speculum examination is not a must in case of children/young girls when there is no history of penetration and no visible injuries. Examination and treatment as needed may have to be performed under general anaesthesia in case of minors and when injuries inflicted are severe. If there is vaginal discharge, note its texture, colour, odour.

13 Per vaginum examination commonly referred to by lay persons as 'two-finger test', must not be conducted for establishing rape/sexual violence and the size of the vaginal introitus has no bearing on a case of sexual violence.

Per vaginal examination can be done only in adult women when medically indicated.

1. Status of hymen is irrelevant because the hymen can be torn due to several reasons such as cycling, riding or masturbation among other things. An intact hymen does not rule out sexual violence, and a torn hymen does not prove previous sexual intercourse. Only those that are relevant to the episode of assault (findings such as fresh tears, bleeding, oedema etc.) are to be documented with respect to hymen.

2. Preliminary Certificate of Sexual Offence case examination (presenting themselves / Court direction) shall be prepared in Duplicate by the Medical Officer immediately after the examination; Original certificate should be sealed, forwarded to the Magistrate / Court concerned through the in charge constable sent by Court on the same day; Duplicate – Department copy.

3. If requisition is made by the Police Officer alone to examine the victim, Certificate shall be made in Triplicate, Original – Magistrate, Duplicate – Investigating Officer, Triplicate – Department copy.

4. Ancillary Forensic Laboratory investigation samples are to be sent through in charge constable immediately.

   Forensic Science Lab reports and other investigation reports once received shall be acknowledged.

   Opinion shall be formed using the tables below and certificate to Magistrates / Court shall be sealed and sent immediately. Copy of FSL report can be sent along (unless Copy of such tests was not communicated by FSL to Court).

   Readiness of Police certificate (if request for examination is given by Police alone) shall be intimated to the concerned I.O. through Out-Post / Nearest Police Station.

PENILE PENETRATION:

Genital injuries	**Physical injuries**	**FSL report**	**Final opinion**
Present	Present	Positive for semen	Signs suggestive of forceful vaginal / analinter course
Present	Absent	Positive for semen	Signs suggestive of forceful vaginal / anal intercourse
Absent	Present	Positive for semen	Signs suggestive of forceful vaginal / anal intercourse
Absent	Absent	Positive for semen	Signs suggestive of vaginal / anal intercourse
Absent	Absent	Positive for drug / alcohol /semen	Signs suggestive of forceful vaginal / anal intercourse under drug / alcohol influence
Absent	Absent	Negative	No signs of force / penetration

NON - PENILE PENETRATION:

Genital injuries	Physical injuries	FSL report	Final opinion
Present	Present	Negative for semen / alcohol / drug / lubricant	No signs suggestive of vaginal / anal inter course but there is evidence of physical and genital assault
Present	Absent	Negative for semen / alcohol /drug / lubricant	No signs suggestive of vaginal / anal intercourse but there is evidence of genital assault
Absent	Present	Negative for semen / alcohol /drug / lubricant	No signs suggestive of vaginal / anal intercourse but there is evidence of physical assault
Absent	Absent	Negative for semen / alcohol /drug / lubricant	No signs suggestive of forceful vaginal / anal intercourse
Absent	Absent	Positive for presence of lubricant only	Possibility of vaginal / anal penetration by lubricated object

NON – PENETRATIVE ASSAULT:

Bite marks present and or FSL detects salivary stains	Signs suggestive of evidence of bite mark(s) on …… site; Age of injury is ……
Sucking mark (discoid, subcutaneous extravasation of blood,with or without bite marks) present and or FSL detects salivary stains	Signs suggestive of sucking mark(s) on ……..…….. site; Age of injury is …….
Forceful fondling, with presence of bruises or contusions with or without fingernail marks	Signs suggestive of forceful physical injuries on …….site; Age of injury is ……
Only forceful kissing and FSL detects salivary stains	Signs suggestive of salivary contact (which may be due to kissing)
If the history suggests forced masturbation of the assailant by survivor and if there is evidence of seminal stains detected on the hands	Signs suggestive on the survivor of seminal fluid contact (which may be due to masturbation)
In case there are no signs of sucking, licking etc.. detected, but history suggests some form of assault	It is still important to document a good history because the survivor may have had a bath or washed him / herself.

When victims require, particulars of the examination, an excerpt of all relevant findings and copy of certificate shall be given by the Medical officer attending her.

MISCELLANEOUS SITUATIONS:

1. For Proforma to examine female accused, female victim Proforma and labels can be used with required corrections; For Proforma to examine male victim, male accused Proforma and labels can be used with required corrections;
2. Male victim can be examined by doctor of any gender.
3. Female accused can be force examined only when examining doctor is also a female.

SEX ASSESSMENT:

1. In case of Sex certification, Visualization of internal sex organs viz – testes in male sex and ovary in female sex are reliable indicators of biological sex; hormonal assays can be done.
2. Psychological sex of the individual takes precedence over other factors.
3. Hence, opinion of a psychiatrist is also preferred before issuing final opinion through the Professor of Forensic Medicine / Police Surgeon.
4. Also, in cases of sexual offence victim examination – transgender / intersex / third sex person shall be identified as third gender.
5. If they desire and decide to be identified as male or female, same shall be entered (irrespective of genital / hormonal sex) and pronouns of that particular sex be used in further communication to him / her and in the certifications.
6. In cases requiring, sex certification for the purpose of remand place selection viz- male / female ward, external sex organs takes preference.
7. Above doesn't include already sex identified individuals through District Collector Office / District Magistrate.

TOXICITY CERTIFICATE CASES

TOXICITY CERTIFICATE CASES:

1. Substances seized and being investigated under NDPS / Prohibition statues of State would require certification as to the toxicity of the substances.
2. Professor of Forensic Medicine / Police Surgeon of Government Medical College of the District shall receive request from Investigating Officer for Toxicity certification of a substance.(FSL report about nature of substances needs to be enclosed in it).
3. Professor of Forensic Medicine / Police Surgeon shall issue a typed Toxicity Certificate (Model in annexure) under TN Prohibition Act / NDPS / other statues and realize the fees for it prescribed by the Government through College Office / Treasury.
4. Duplicate certificate to be retained in the department file.
5. Due discussion with Casualty / Emergency Department or nearby Medical Institutions regarding any number(s) of persons admitted, treated or died during the concerned time shall be useful for the case.

MISCELLANEOUS

MEDICAL BOARDS& NEGLIGENCE CASES:

1. Each Government Medical College shall form a Negligence Enquiry board under the chair of Professor of Forensic Medicine / Police Surgeon.
   If any complaint received or clarification opinion is sought by Police, the board shall be reconstituted by including Professors on concerned specialty.
2. M.L..C related Medical boards on Court's direction constituted by Head of Institutions are to include Professor of Forensic Medicine / Police Surgeon. In case of District hospitals the same can be done with due request to nearest Medical College to achieve more medico-legally sound solution.
3. Medical boards on disability / physical fitness carrying out their periodic duty are not covered under this manual, unless the case fits the above circumstances.

CHILD ABUSE CASES:

With due representation from Child Welfare Committee or after seeing a victim seeking treatment in a medical institution, a team of Paediatrics, Psychiatry & Psychology (Orthopaedics etc. if required) faculties are to be formed for assessing and treating the child;

If needed, Professor of Forensic Medicine / Police Surgeon with Professors in Paediatrics, Psychiatry & Psychology shall be formed into a board to assess age and other medico legal reports.

M.T.P. CASES:

1. Medical board to decide on advising to continue pregnancy / to medically terminate it shall be constituted at all Medical Colleges.
2. Comprising of Professor and Head of Obstetrics & Gynaecology; Professor & Head of Paediatrics; Professor, Professor / Police Surgeon and Head of Forensic Medicine and other members as directed by the Court / Government.
3. Consent for M.T.P. is to be obtained from the girl (>18 years), or parents / guardian (< 18 years & insane). However, examination can be done with consent of girl above 12 years.
4. Humanitarian – survivor of sexual violence, Social – contraceptive failure, Therapeutic – to save woman from pregnancy complicating life threatening illness, Eugenic – defective child are the only indications of M.T.P. Failing which the act amounts to criminal abortion.

5. For M.T.P. in rape survivors, Police intimation is necessary and to keep the product of conception rinsed in normal saline and kept in 0 to 40 C ice box or entire foetus in common salt (for DNA) to be handed over to the Investigating Police Officer.

When biological samples are returned from FSL through Court Order for disposing it, same shall be done by following Bio Medical Waste Management Rules. Separate Register shall be kept regarding the same.

PSYCHIATRY OPINION CASES:

1. Professor of Psychiatry in a Medical College shall receive letters from Court, to give opinion regarding Mental Capability / Mental Illness of a person with reference to Criminal / Civil cases.
2. Psychiatrist at District level hospitals also can oblige such requests from Court.
3. I.Q. calculation shall preferably be done by a Psychologist, attached to the same institution or nearest Government Institution. Period of observation needed shall be communicated to the Court.
4. At the end of observation period 'Mental Capable' certificate shall be given;Or, 'Mental Illness' – advice for follow up to nearest Medical College can be given.In cases of 'Mental Illness' – person to be kept in safe custody, recommendation to be communicated to the Court for detaining the individual.

SUMMONS:

1. All Summons shall be received in Duplicate (Two copies), one shall be duly acknowledged by the Medical Officer and returned through the summon server.
2. One copy shall be received after due entries in 'Summon Register' - Dean's office / R.M.O. office as the case may be.Summon reception should be immediately communicated to Head of Department for alternate arrangements in the Department. Letter regarding the same shall be communicated to the administration. In case of document producing (Ducis Tecum) summon, the concerned department Head can nominate one technician / records clerk to do the same and communicate it to the administration.
3. Medical Officer on transfer, can intimate the Head of Institution, regarding the summon date and date of relieving can be regulated after the summon date.
4. If summon is issued for same date to many Medical Officers of the same Department, Medical Officer who receives summon later can communicate the matter to the Presiding Officer of Court and request for another date and time of

appearance. This is to ensure patient care and continued functioning of the department routine.

5. Summon can be issued to Head of Department / Institution, for it to be duly handed over to the concerned Medical Officer, if he / she is not readily available.
6. In the same way, Summon can be given to one family member or pasted on house wall of a witness, if he / she is not readily available.
7. al Officer shall take the documents related to the case after entering in the 'Document lending register' (contains no. of pages in the document, date of lending, date of summon, date of return) in the Department /M.R.D. Register and it shall be periodically verified by the Head of Department / in charge.
8. Courts issued circulars that wearing over coats is not necessary for medical experts to dispose witness; it is prudent for the Doctor to wear it for easy identification in a busy Court room.
9. On the day of summon, all relevant documents of the case shall be taken along to attend the Court / Summoning Officer (Investigating Officer can summon a witness).
10. Doctor can visit the Public Prosecutor in his / her chamber to discuss about the case.
11. Any document, if warranted by the Court should be copied for department records and original handed over to Court with due acknowledgement.
12. Doctor shall confine himself / herself to the case concerned, no undue talking to others / lawyers.
13. On return to duty, communication to the Administration with Attendance Certificate from Court / Summoning Officer and application for eligible allowances shall be done.
14. Medical Officer attending Court from the same station can avail Court duty on that day – on duty; in situations where witnessing in a case is being continued for the next day or so, Attendance Certificate shall be submitted for all days. Medical Officer attending Court to out station can avail Court duty for Witness giving and travel time as per norms; in situations where witnessing in a case is being continued for the next day or so, Attendance Certificate shall be submitted for all days.
15. Medical Officer receiving Summon for cases done in her / his old station, can avail Court Duty for Document Collection, Witness giving, Document return and travel.
16. Govt. Medical Officer shall refuse to give expert opinion unless summoned by Court, if he / she is not professionally engaged in that case (in all criminal cases, in

civil cases where Government is other party). If in the above situation, he / she is summoned, immediate communication shall be made by the Medical Officer to the Directorate of Medical Education & Research, District Magistrate of the District in which the Court is situated and to the Commissioner of Police in Metropolitan cities.

17. If the Medical Officer gives Expert Opinion in any criminal case or civil case in which Govt. is a party, where he / she has not been summoned at the instance of State, Medical Officer shall communicate to the Directorate of Medical Education & Research about all fees, remunerations he / she received.
18. T.A / D.A on Government/Private Cases:
    a. TA/DA will be paid as per Govt. Rules by the Court / party.
    b. In criminal cases, doctor is given a certificate of Court attendance which enables her / him to draw her / his Travelling and Daily Allowance through her / his institution. In case where the doctor is not granted TA/DA by the institution, then the same may be brought to the notice of Court and granted by the Court.
19. In civil cases, a fee called 'Conduct Money' shall be paid or assured to be paid when the summons is delivered. Summons of a Court should always be obeyed as first priority. Doctor shall honor the summons irrespective of the fees and bring it to the notice of the Presiding Officer of the Court in case of default fees.
20. On recall witness summon, the same is communicated to the administration and Court, and ask for the recalling party to bear the expenses.
21. If a Medical Officer is summoned at the instance of a private party / person (not at the instance of State / Court), it falls under his / her private practice. Medical Officer shall receive fee and remuneration from the party / person. Amount shall be communicated to the Government, and the Government can decide on recovering such amount reasonable for absence of officer’s time from duty.
22. In such situations, Medical Officer is entitled to avail her / his eligible leave but shall not claim ‘on duty’.
23. Professor of Forensic Medicine / Police Surgeon can obtain judgments from the Court websites regarding the cases, the Department Medical Officers are professionally engaged with. Or he / she can request the same from the Courts concerned.

MEDICO LEGAL RECORDS:

1. In Medical Colleges, case records from Casualty / Emergency Department and Wards shall be sent to Medical Records Department. Case Records of Forensic Medicine Department are kept in Record Room of Forensic Medicine Department itself.
2. In other Medical Institutions, all case records shall be sent to Medical Records Department at the earliest.
3. 'Record Register' shall be maintained that documents entry of records into the records room / record department.
4. 'Records lending & return register' shall also be maintained.
5. Records of a particular case can be lent by the Medical Officer concerned for completing pending certification (want of old treatment records etc.) or Final opinion (after Lab reports) / for attending Courts.
6. Students can be permitted for research works to view medico legal records without jeopardizing Investigation process. Data from the records can be used for research and publication with due acceptance from Institution Ethics Committee, Institution Science Committee etc.
7. Inspection by Elected representatives and others are entitled to visit the hospitals and records such as stock books, attendance book of the employees with the knowledge of Medical Officer in charge; entitlement doesn't apply to records of professional character – Accident register, Wound register, Post Mortem certificate register, Case sheets, In and Out nominal register.
8. All records / files related to medico legal cases / post-mortem cases are not open to any person including L.I.C, lawyers. All third parties can get the documents through Court / Investigating Officer of the case.
9. Public Information Officer (PIO) can claim exemption u/s 8(1) (e) & (j) of the RTI Act if information pertaining to a victim / patient is sought by a third person.
10. For records in M.R.D., warranted by Court – with letter addressed to R.M.O. / in charge of Medical Records, documents requested shall be sent after making a copy of all documents and retained in the Department.

11. A.R. book / other records, if requested by Court, photocopy of office record shall be duly certified by Hospital Superintendent and sent to Court. If in special situations, Court warrants actual record, same shall be sent to Court. Court shall return it as early as practicable after making copy in its record.

12. Copies of old A.R.s / certificate can be given to Investigating authorities, upon written request to RMO / in-charge of Medical records.

13. For records in Forensic Medicine, warranted by Court – with letter addressed to Professor of Forensic Medicine / Police Surgeon, he / she shall send the documents requested after making a copy of all documents and the copy is to be retained in the Department.

14. If a certificate / document is requested for second time, a letter duly forwarded by the Superintendent of Police / Deputy Superintendent of Police or Commissioner / Deputy Commissioner / Assistant Commissioner of Police is needed.

15. Documents arising out of routine functioning or nature of work in a department shall be sent to Court without delay, once the document is requested for.

16. Documents of confidential nature between the patient and doctor, documents from higher authorities not arising out of routine functioning or nature of work in a department can be claimed exemption and the same is communicated to Court.

    On further insistence, records have to be submitted to Court.

17. All records sent are to be duly numbered and tagged; a covering letter stating the details, number of pages, and designation of forwarding authority is to be attached.

18. Certificates, Formats sent for first time do not require a Covering letter, only the copies made as per directions of Court / request from I.O. requires a covering letter.

19. Improper use of certificate by the receiving authority / others, if comes to the notice of the medical institutions, the same shall be communicated to the Directorate of Medical Education & Research / Public Health / DMRHS – ESI as the case may be through proper channel. Copy of the communication can be brought to the notice of District level officer of the concerned department through which the certificate was improperly used. Communications shall be in spirit of co-ordination & well usage but not of punitive nature.

20. Any communication from other departments with regards to improper opinion, lack of required medical knowledge in framing medical opinion, long pendency etc.. in general, / in connection to a particular Medical Officer is to be immediately communicated to the Head of Institution and to the Directorate.

21. For corrections with respect to Name, Age, S/o D/o etc. in hospital records, declaration from Notary Public/ VAO is mandatory. When the corrections are sought in Post mortem certificates, Drunkenness certificates etc. which were done on the details given by Police, a request letter for change / correction from Investigating Officer is mandatory.

COURT EVIDENCE:

The following points shall be observed while giving testimony:

a. Assume a comfortable but dignified position in the witness box.

b. Do not use complicated medical terms, use simple language e.g. say bleeding instead of hemorrhage etc.

c. On the witness box, your duty is to answer the questions and not to lecture to the Court, or argue with opposition counsel. If a 'Yes' or 'No' is demanded and if an honest 'Yes' or 'No' cannot be stated, turn to the judge and give explanation when the answer is not likely to be understood in proper manner. The witness must tell the truth, the whole truth, and nothing but the truth.

d. Do not appear partial to the side which calls you as a witness. Stick to the facts and do not let your-self be led away into the realm of speculation. Maintain your composure.

e. Do not admit that a certain author or a certain book is an authority on any subject, unless you are sure that you agree with every statement which the author makes. Whenever you read a passage from a reference book you should always insist to read the lines yourself and that too along with few lines preceding, the quoted lines and also the lines thereafter so that the proper meanings of the paragraph are understood.

f. Do not bluff or make rash statements which cannot be supported. Often times the correct answer is 'I do not know', Do not hesitate in giving this answer. Medicine is a vast subject, and if a witness does not know answer to a particular question, he should say so at once, he should not go beyond the limits of his knowledge and experience.

g. Doctor should be prompt and punctual in his attendance and not leave the Court without permission of the Presiding Officer.

h. If a medical witness is accurately reporting the facts &findings, truthful, unbiased, composed, and is fair in all his opinions, her / his integrity and professional reputation will remain untarnished.

ANNEXURES

ANNEXURES - PROFORMAS and CERTIFICATE FORMATS:

Age of Wounds and S. 320 of I.P.C. Ag assessment scales

Accident Register

Intimation to Police / Magistrate Wound certificate

Age case – Proforma

Age case – Radiology request form Age case X ray findings form

Post mortem examination notes booklet Viscera forwarding form – Toxicology Viscera forwarding label

FSL - Sample forwarding form

Viscera forwarding – Histopathology form Post mortem notes book in Custodial deaths Viscera in poisoning cases

Autopsy in Organ Transplant cases - Organ Retrieval Authorisation form Medical Certificate for Cause of Death

Post Mortem Examination certificate – Format DNA Cases format (Form – I)

Drunkenness Examination Proforma Drunkenness Examination certificate – Format Sexual Offence Accused Examination – Proforma Sexual Offence Victim Examination – Proforma

Sexual Offence Accused Examination certificate – Format Sexual Offence Victim Examination certificate – Format Toxicity Certificate - Format

AGE OF INJURIES ABRASION:

Fresh – Bright red;

12 – 24 hours	- Reddish scab;
2 to 3 days	- Reddish brown scab;
4 to 7 days	- Brownish black scab;
7 days	- Scab dries, shrinks & falls off from periphery.

CONTUSION:

Fresh	- Red;
Few hours to 3 days	- Blue;
4th day	- Blue black to brown (Hemosiderin);
5 to 6 days	- Green (Haematoidin);
7 to 12 days	- Yellow (Bilirubin):
> 12 weeks	- Normal.

INCISED WOUND:

Fresh	- Hematoma formation;
12 hours	- Swollen edges;
24 hours	- Scab of dried clot covering the entire area.

Section 320 of Indian Penal Code is as follows:

The following kinds of hurt only are designated as Grievous: -

Emasculation;

Permanent privation of the sight of either eye; Permanent privation of the hearing of either ear; Privation of any member or joint;

Destruction or permanent impairing of the powers of any member or joint; Permanent disfiguration of the head or face;

Fracture or dislocation of a bone or tooth;

Any hurt that endangers life or which causes the sufferer to be during the space of twenty days in severe bodily pain, or unable to follow his ordinary pursuits.

Wound(s) that heal with or without complications and don't fit into Grievous hurt are (simple) hurt(s).

AGE ASSESSMENT:

Physical development Stages in Women:

8-9	Hormones begin to release, sometimes causing moodiness and skin sensitivity
9-10	Hips start rounding out
10-11	Breast nipples begin to grow, Breast tissues around and under nipple begin to appear Growth spurt may be seen Downy hair near labia
12-13	Axially hair Genital organs growth
13-14	Underpants are wet with clear mucous More with ovulation and sexual arousal
14-15	Earliest normal pregnancy Major growth spurt complete
15-16	Acne Deepening voice
16-17	Full height achieved

09 and 14 years - Menstruation age, Pregnancy is possible.

Development Stages in Men:

9-10	Hormones begins to release, sometimes causing moodiness and skin sensitivity
10-11	Testes become larger, Scrotal skin redder in colour and coarse in texture
11-12	Prostate gland begins to function Penis begins to lengthen
12-13	Pubic hair growth Growth spurt may begin Spontaneous erections
13-14	Rapid growth of penisTestes colour deepens Pseudo breast
14-15	Axillary hair Voice changes
15-16	Average age when sperm maturesCan cause pregnancy Majority of growth spurt complete
16-17	Chest and shoulder will fill out Acne Body hair
21	Full height achieved

Secondary sexual characters -

Pre-pubertal (10-12 years), Pubertal (12-14 years) and Post-pubertal (14-16 years). Breast development - Tanner stage of breast in female

Stage 1 Prepubertal (not before 9-10 years)	Elevated papilla, small fat areola
Stage 2 (10-11 years)	(Breast bud) Papilla forms a palpable nodule
Stage 3 (by 13 years)	Breast development beyond the areola, contour of breast not defined
Stage 4 (by 13 years)	Contour of breast well defined, more breast development with elevation of the Areola double mound
Stage 5 (by 15-16 years)	Mature breast - more breast development with loss of double mound, papilla project as Nipple

Age ranges in population:

Breast Budding 11±1.2 years, within 2 years fully developed; Appearance of pubic hair 11.8± 1.2.5 years;

Growth Spurt 12.5 ± 1.5 years; Menarche 13.5±1.5 years; Pubic hair development:

	Female	Male
Stage 1:(< 12 years)	No pubic hair, fine brown	Vellus hair
Stage 2: (12-13 years)	Sparse not extending on to mons pubis	Light pigmented at thebase of penis
Stage 3: (13-14 years)	Darker, coarse extending on to monspubis, pigmented	Starts to curl and spread
Stage 4(14-15 years)	Covering most parts but not going upto thighs	Covering most parts but not going upto thighs
Stage 5 (> 15 years)	Dense hair extending to the innerthighs	Mature pubic hair

Dental Age:

Teeth	Eruption	Root completion & Calcification
Central Incisor	Range 6-8 years,mean 7.1 years	10 years
Lateral Incisor	Range 7-9 years, mean 7.8 years	11 years
Canine	Range 11- 12 years, mean 10.8 years	13-15 years
First Premolar	Range 9-11 years,mean 10.5 years	12-13 years
Second Premolar	Range 10-12 years,mean 10.6 years	13-14 years
First Molar	Range 6-6.5 years, mean 6.5 years	9-10 years
Second Molar	Range 12-14 years, mean 11.8 years	14-16 years
Third Molar	Range 15-25 years, mean 18 years male, 17 years female	18-25 years

Third molars:

Germination centre of the third molar appears between 7 and 9 years, and in majority of the cases the eruption is not seen before 16 years of age in females.

Eruption and development of teeth in females takes place one year earlier than males. Crown and Root Development of the Third Molars -

Complete Crown Formation 15 years; Crown with 1/3rd Root Formation 16 Years; Crown with 2/3rd Root Formation 17 Years; Crown with Complete Root Formation 18 years; Apical Closure of Root 19 years.

Skeletal age:

Pelvis (X-ray AP view)

	Age of appearance	Fusion
Iliac crest	14 years	21 to 22 years
Tri radiate cartilage (acetabular cup)	Nil	13 to15 years
Ischio pubic ramus	Nil	06 years
Ischial tuberosity	16 years	21 to 22 years
Head of Femur	½ to 01 year	17 to 18 years
Greater trochanter	03 years	17 to 18 years
Lesser trochanter	12 to 14 years	17 to18 years

Shoulder joint (X-ray AP view - age group17-18 years)

	Age of appearance	Fusion
Head of Humerous	01 year	Centres unite at 06 years & forms conjoined epiphysis, which fuses with humeral shaft at 18 to 19 years
Greater tuberosity	03 years	
Lesser tuberosity	05 years	
Tip of coracoid process	11 years	16 years
Acromion process	15 years	18 years
Sternal end of clavicle	19 years	21 years

Elbow Joint (X-ray AP & Lateral view - age group14-16 years)

	Age of appearance	Fusion
Capitulum	01 year	Centres of Capitulum, Medial epicondyle and Trochlea unite at 14 years & form conjoined epiphysis, which unites with Humerous shaft at 16 years
Trochlea	10 years	
Lateral epicondyle	11 years	
Medial epicondyle	05 years	16 years
Head of radius	05 years	16 years
Upper end of ulna/ Olecranon	9 years	16 years

Wrist Joint (X-ray AP view - age group 18-19 years)

	Age of appearance	Fusion
Lower end of radius	02 years	18 to 19 years
Lower end of ulna	06 years	17 to 18 years
Base of I Metacarpal	02 to 03 years	15 to 17 years
Heads of other metacarpals	1 ½ to 2 ½ years	15 to 19 years
Phalanges		15 to 18 years
Capitate	02 months of life	Nil
Hamate	03 months of life	Nil
Triquetral	03 years	Nil
Trapezoid, Scaphoid	04 to 05 years	Nil
Trapezium	06 years	Nil
Pisiform	09 to 11 years	Nil

Knee & Ankle Joint (X-ray AP view& lateral view - age group 18-19 years)

	Age of appearance	Fusion
Lower end of femur	09 months of I.U.L.	18 to 19 years
Upper end of tibia	01 year	18 to 19 years
Upper end of fibula	01 year	18 to 19 years
Patella		14 years (single bone)
Lower end of tibia	01 years	16 to 17 years
Lower end of fibula	04 years	16 to 17 years
Calcaneum	06 to 08 years	14 to 16 years

Later years :

X ray of lateral view of sternum to view fusion of sternal elements and X rays of Skull to view suture closure patterns are to be used.

Sternum:

Sternum has ossification centres since birth, which unite from downward to upwards direction, The third and fourth parts of the sternum (sternebrae) unite at the age of 15years while the second and third unite at 20 years. The first and second parts of sternum unite at 25 years.

Tip of Xiphoid process appears at 3 years and unites at 40 years.

Suture closure:

Sagittal suture – Posterior 1/3rd by 30 to 40 years, Anterior 1/3rd by 40 to 50 years, Middle 1/3rd by 50 to 60 years;

Lambdoid suture – Upper ½ by 50 to 60 years, Lower ½ by 60 to 70 years; Coronal suture – Upper half by 40 to 50 years, Lower half by 30 to 40 years.

GOVERNMENT.....HOSPITAL,

ORIGINAL
S.No:

……..

ACCIDENT REGISTER / WOUND REGISTER (Entry shall be made in Triplicate)

Hospital No……..…….…… Date and time …….....

Name…… Age …….....

Sex…… Occupation…….

Residence……

……

Identification marks: ……..

……..

Brought by whom……..……..……..

Police informed or not… Declaration required or not ……If yes, Magistrate Intimation …

History: (How, when, where & by whom)…….....

…….……..

……

General examination:…… ……..

Injuries& Treatment:…….....

……..……..…

…….…..…

…….…..…

Station : Name& Signature of the Casualty Medical Officer:

Date : Registration number :

(Medl.I-25)

GOVERNMENT.....HOSPITAL,

DUPLICATE
S.No:

……..

ACCIDENT REGISTER / WOUND REGISTER (Entry shall be made in Triplicate)

Hospital No……..…….…… Date and time …….

Name…… Age ……....

Sex…… Occupation…….

Residence……..…….....

…….

Identification marks: ……..

……..

Brought by whom…….……..……..

Police informed or not… Declaration required or not … If yes, Magistrate Intimation

History: (How, when, where & by whom)…….…….....

…….…….....

…….....

General examination:…….

Injuries& Treatment:…….…….....

……..…….....

……..……..…

……..…….……

……..……

Station : Name& Signature of the Casualty Medical Officer:

Date : Registration number :

(Medl.I-25)

GOVERNMENT.....HOSPITAL,

TRIPLICATE
S.No:

……..

ACCIDENT REGISTER / WOUND REGISTER (Entry shall be made in Triplicate)

Hospital No……..…….…… Date and time ……...

Name…… Age …….

Sex …… Occupation……..

Residence……

…….

Identification marks: ……..

……..

Brought by whom……..……..

Police informed or not Declaration required or not …… If yes, Magistrate Intimation

History: (How, when, where & by whom)…….....

…….…….....

…….....

General examination:……..…….……..

Injuries& Treatment:…..…….....

…….…….....

……..……..…

…….……

…….……

Station : Name& Signature of the Casualty Medical Officer:

Date : Registration number :

(Medl.I-25)

GOVERNMENT.....HOSPITAL,

ORIGINAL
S.No:

……..

INTIMATION TO POLICE / MAGISTRATE (Entry shall be made in Triplicate)

Hospital No……..…….…… Date and time ……....

1. Name of the person : Age & Gender:

2. Address :

3. Brought by :

4. Place at which injury or accident occurred :

5. Alleged cause :

6. Treatment : A.R. No:

OP No: IP (Ward):
D.O.A:

7. Whether dying declaration necessary :

8. Present status : Ward No (if admitted) - Time of death -

9. Telephone information received by : (if given)

10. Time of dispatch of intimation to the Police and Magistrate :

Station : Name& Signature of the Casualty Medical Officer:

Date : Registration number :

(Medl.I-26)

GOVERNMENT ..... HOSPITAL,

DUPLICATE
S.No:

……..

INTIMATION TO POLICE / MAGISTRATE (Entry shall be made in Triplicate)

Hospital No……..…….…… Date and time …….....

1. Name of the person : Age & Gender:
2. Address :

3. Brought by :

4. Place at which injury or accident occurred :

5. Alleged cause :

6. Treatment : A.R. No:

OP No: IP (Ward):
D.O.A:

7. Whether dying declaration necessary :

8. Present status : Ward No (if admitted) - Time of death -

9. Telephone information received by : (if given)

10. Time of dispatch of intimation to the Police and Magistrate :

Station : Name& Signature of the Casualty Medical Officer:

Date : Registration number :

(Medl.I-26)

GOVERNMENT ..... HOSPITAL,

TRIPLICATE
S.No:

……..

INTIMATION TO POLICE / MAGISTRATE (Entry shall be made in Triplicate)

Hospital No……..…….…… Date and time …….....

1. Name of the person : Age & Gender:
2. Address :

3. Brought by :

4. Place at which injury or accident occurred :

5. Alleged cause :

6. Treatment : A.R. No:

OP No: IP (Ward):
D.O.A:

7. Whether dying declaration necessary :

8. Present status : Ward No (if admitted) - Time of death -

9. Telephone information received by : (if given)

10. Time of dispatch of intimation to the Police and Magistrate :

Station : Name& Signature of the Casualty Medical Officer:

Date : Registration number :

(Medl.I-26)

GOVERNMENT ..... HOSPITAL,

ORIGINAL
S.No:

……..

WOUND CERTIFICATE (Issued in Triplicate)

Certificate concerning wounds found in a male / female / third sex ……..…….

aged …….years, an inhabitant of …….....

who was sent with letter/memo no / IP no / OP no: ….……..……..dated…….....…

from……..…….

and was accompanied by…….……...

for report as to the nature of wounds.

Identification marks: 1)
2)

S. No	Type of wound	Size	Site	Simple/ Grievous / Dangerous	Weapon or Manner of production	Remarks (Age of wound etc.)

I am of the opinion that above wounds…….……

…….....

.....

……

…….....

Station : Name& Signature of the Medical Officer:

Date : Registration number :

Sent to :

Copy to :

GOVERNMENT..... HOSPITAL,

DUPLICATE
S.No:

……..

WOUND CERTIFICATE (Issued in Triplicate)

Certificate concerning wounds found in a male / female / third sex ……..…….

aged …….years, an inhabitant of …….....

who was sent with letter/memo no / IP no / OP no: ….……..……..dated…….....…

from……..…….

and was accompanied by…….……...

for report as to the nature of wounds.

Identification marks: 1)
2)

S.No	Type of wound	Size	Site	Simple/ Grievous / Dangerous	Weapon or Manner of production	Remarks (Age of wound etc.)

I am of the opinion that above wounds…….……

…….....

.....

……

…….....

Station :

Name& Signature of the Medical Officer:

Date :

Registration number :

Sent to :

Copy to :

GOVERNMENT ..... HOSPITAL,

TRIPLICATE
S.No:

……..

WOUND CERTIFICATE (Issued in Triplicate)

Certificate concerning wounds found in a male / female / third sex ……..…….

aged …….years, an inhabitant of …….....

who was sent with letter/memo no / IP no / OP no: ….……..……..dated…….....…

from……..…….

and was accompanied by…….……...

for report as to the nature of wounds.

Identification marks: 1)
2)

S. No	Type of wound	Size	Site	Simple/ Grievous / Dangerous	Weapon or Manner of production	Remarks (Age of wound etc.)

I am of the opinion that above wounds…….……

…….....

.....

……

…….....

Station : Name& Signature of the Medical Officer:

Date : Registration number :

Sent to :

Copy to :

AGE CASE No:……. …….
dt:……. …….

……. MEDICAL COLLEGE, …….
…….
DEPARTMENT OF FORENSIC MEDICINE. AGE ASSESSMENT CERTIFICATION PROFORMA.

(1)

Requisition from: Dated:

1. Name of the individual :
2. Sex :
3. Parent's or Guardian's Name :
4. Address and Residence :

5. Occupation :
6. Caste & Identification mark :

7. Married or Single :
8. Age as alleged by :
9. Persons accompanying or brought by :

10. Time & Place of Examination :
11. Consent of the individual for examination :

12. Signature of the individual :

13. In case of minor, signature of Guardian :
14. Name of the nurse present at the time of examination :

PHYSICAL EXAMINATION

(2/)

1. Height :
2. Weight :
3. Breadth :

4. Chest girth at the level of nipples :
5. Abdominal girth at the level of Navel :
6. General build & appearance :
7. History :
8. Voice :
9. Teeth :

10. Hair - Scalp: Beard : Moustache : Pubic :
Axilla:

11. General appearance and demeanour :
State of clothing
Deposition Speech
Gait
12. General examination

13. Dentition: (3/)

14. Radiological examination: (4/)

OPINION:

Police Surgeon,……and Professor of Forensic Medicine,
…….. Medical College, ……..

ORIGINAL :
DUPLICATE :

DEPARTMENT OF FORENSIC MEDICINE,
…… MEDICAL COLLEGE,
……

Medl. – 30 (e)

Age Case No: Date:

From

The Police Surgeon and Professor of Forensic Medicine,
…….. Medical College, ……..

To

The Radiologist,
…….. Medical College, ……..

Madam / Sir,

I request that radiograms of the progress of ossification for estimation of age with regard to the individual sent herewith bearing the undermentioned identification marks and accompanied by P.C. No……be taken and forwarded to me with a report of their findings.

Name: Alleged age:

Identification marks:

X rays:

Police Surgeon,……and Professor of Forensic Medicine,
…….. Medical College, ……..

DEPARTMENT OF FORENSIC MEDICINE,
…… MEDICAL COLLEGE,

Medl – I 30 (h)

AGE CASE REPORT

Age Case No: Date:

Name: Sex:

Sent by:

Radiology:

Anatomical part	Condition of epiphysis	Approximate Age
Head of Humerous		
Greater tuberosity		
Lesser tuberosity		
Tip of coracoid process		
Acromion process		
Sternal end of clavicle		
Capitulum		
Trochlea		
Lateral epicondyle		
Medial epicondyle		
Head of radius		
Upper end of ulna / Olecranon		
Lower end of radius		
Lower end of ulna		
Base of I Metacarpal		
Heads of other metacarpals		
Phalanges		
Capitate		
Hamate		
Triquetral		
Trapezoid, Scaphoid		
Trapezium		
Pisiform		
Iliac crest		
Tri radiate cartilage (acetabular cup)		
Ischio pubic ramus		
Ischial tuberosity		
Head of Femur		
Greater trochanter		
Lesser trochanter		
Lower end of femur		
Upper end of tibia		
Upper end of fibula		
Patella		
Lower end of tibia		
Lower end of fibula		
Calcaneum		

Medl – I 30 (h)

Other X rays, if applicable:

X ray skull

X ray sternum

Dentistry:

Dental formula:

X ray appearance

Medl. I-28
Post Mortem Serial Number:
Date:

1. This form is intended for use only in medico legal cases. The Medical Officer conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should make the Post Mortem Examination certificate ready in the Format Medl. I. 29. The loose form (Medical-I-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post mortem certificates. No additions should be made to it later.
2. Medical Officer conducting Post Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Code (Code 1).
3. The printed matter indicates the Principle, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for our country. In recording appearances both positive and negative findings would be of value.
4. Attention is invited to the Surgeon – General's Circular No: 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

Station & Crime No:

Section:

In charge of body:

Post Mortem Examination

ON THE BODY OF a male / female named

Age :

Conducted by :

at :

on :

ORIGINAL to :

DUPLICATE to :

TRIPLICATE to :

Notes from the requisition for a post mortem examination on the body of a male / female

Named

Aged about Year Months Days

Residence

Caste: Occupation:

Approximate height Feet: Inches New born averages
European (Jellet):
Approximate breadth inches length 20 inches,
weight 8 lb, 8 oz to 7 lb.
Approximate girth inches Indian (Lyons):
length 16 to 20 inches,
Approximate weight pounds weight 4 lb, 5 oz to 7 lb.

Identification marks:

(1)

(2)

(3)

(4) Tattoo marks and pattern

(5) Caste marks:

Found / Died at a.m. / p.m. on at

sent by with letter no.

dated in charge of Constable No.

Received at a.m. / p.m. on at

It is stated that the body found at a.m. / p.m. on 20

It is stated that there was an interval of hours State, if hanging, drowned other posture in relation to surrounding objects

minutes between the last eating, drinking
and the development of the symptoms which were:

Vomiting State the nature of vomitus
Purging
Loss of sensation
Dilatation / contraction of pupils
Unconsciousness
Excitement
Flushing of faeces

State parts affected and nature:

Twitching
Tingling
convulsions — Clonic / tonic
clutching at

Delirium
Paralysis

Haemorrhages
Bleaching of mouth — Colour
Dryness or moistness of skin

Collapse
Suffocation
Cyanosis (Lividity)
Deep sleep
Other persons partook of the same food, drink and exhibited (Symptoms)

The following articles were also sent with the corpse:

The purpose for which these were sent and nature of examination to be conducted

Clothes — Ornaments, Jewellery
Excreta — Vomit
Urine — Weapons

Description of cuts, stains and number of cloths, etc.

Gas (from unused wells, cesspools, rooms, etc.)

Is the body decomposed or otherwise

Short history of case in duplicate, if supplied or not.

Copy of history or case sheet from hospital or if treated outside sent or not

The body was reported to have been received in Mortuary at
on through Police Constable No.

Further notes, if any (such as short notes from case sheets of hospital)

(Signature with designation)

Notes of Post Mortem Examination

The body was first seen by the undersigned at a.m. / p.m. on If the body was see before post mortem examination, note time and general conditions

Its condition then was

Examination was conducted by (on dated)

And it was began at place

Name: Age: Sex:

Height: Breadth: Weight:

Identification marks (as seen by the Medical Officer)

(1)

(2)

(3)

(4)

(5)

These do / do not agree with the identification marks given in the requisition

Clothing: Say whether worn or not and how worn and describe

Jewellery: Whether worn or not marks left by them and describe

Body identified by PC no: Name:

EXTERNAL EXAMINATION

GENERAL SURVEY OF THE BODY:

01. Condition of clothes :
    Dry, wet, stained etc

02. Surroundings of the body :

03. Attitude of the body :
    Lies on back, arms close to sides, flexed at elbows, forearm in pronation, supination, palm resting on trunk, lower limbs extended, flexed, closed / apart

04. Temperature of the body (with a thermometer) :

05. State of nutrition :
    Body is corpulent, stout, well nourished, emaciated, not muscular, adipose depletion

06. Symmetry of body :
    Proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; distortion (ex. Rickets, osteomalacia)

07. Colour of skin :
    Pale, purple or Lividity of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginal and anal). Discolouration (pigmentation and decolouration: mention sites, distribution and colour) albinism, leukoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's patches

08. (a) Colour of iris :
    (b) Colour of hair, length of hair, shaved or not
    Head
    Moustache Beard
    Armpits
    Pubis

09. Presence of visible diseases :
    Blisters, vesicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial, cutaneous, anal), scars, naevi, disease of hair. Mention site and nature.

10. (a) Body is covered with blood, vernix caseosa, scarf skin :

11. (b) Scars and tattoo marks injuries
    Describe them (vide sketch)
    Injuries (Scratches, Ecchymosis, bruises, contusion, fracture, dismemberment) - Location, direction, length, breadth, depth, margins, tailing (examine with lens, draw outline of injuries if possible)bleeding or covered with clots or scab: probable age of injury, foreign bodies in wounds, cuts on clothing correspond with body wounds. Foreign bodies in natural passages (mention nature, size, weight etc) Marks of rope around neck, injuries caused by sharp or blunt, heavy or light weapons, self-inflicted or produced by fits (mention whether epileptic, eclamptic or uremic) and those induced by drugs.
    When injury to tongue by biting or to face by falling etc. Burns or scalds.

12. Stains (Location, extent) :
Blood, semen, vomit, faeces, mud, dust, grease, betel etc

13. Signs of decomposition (in usual order) :
Body warm, muscles relaxed and contractile, rigidly rigor mortis present (parts), passed off (parts), eyeballs flaccid, flattening of points of support, post mortem hypostasis (prove by pressure and incision and state and area), Marks and livid blood vessels, green discolouration, odour, softening of eyeballs, exudation from mouth and nose, ova of flies present, moving maggots. Seep and blebs on back of legs, neck, sides of chest etc. Peeling of cuticle, loosening of hair, thorax and abdomen burst, sutures of skull opened, eye liquefied, saponification, mummification, damage by wild animals, skeletonization.

14. General appearances do or not tally the Police report :

15. Death would have occurred about so many hours or days :

HEAD FACE AND FORM OF BODY

16. Head of new born (diameter: Jellet) :

(a) Cervico bregmatic	: 7.66 cm	(8)
(b) Fronto mental	: 12.38 cm	(12)
(c) Supra occipito mental	: 11.25 cm	(11)
(d) Occipito mental	: 10.12 cm	(10)
(e) Occipito frontal	:	
(f) Sub occipito frontal	: 9 cm	
(g) Sub occipito bregmatic	: 6.43 cm	(6)
(h) Bitemporal	: 7.2 cm	(7)
(i) Biparietal	: 8.43 cm	(8)
Adult: (a) Sub occipito bregmatic	: 28.5 cm	(29)
(b) Occipito frontal	: 30.93 cm	(31)
(c) Supra occipito mental	: 32.40 cm	(32)
(d) Cervico bregmatic	: 28.4 cm	(29)

17. Features :
Symmetrical, contorted, calm, distorted, pale, livid,congested, swollen, bloated, prominent veins of forehead, mutilated

18. Scalp :
Loss of Hair, arrangement of hair, disorder of hair; oedema, tumours, caput succedaneum, haemorrhage, suppuration, depression, bossing

19. Eyelids :
Open, closed, bulged, gouged, arcus senilis; pupils: contracted, normal, dilated. Eyelids: suffused, swollen, haemorrhage in angle of eye; Horizontal, upturned, down turned.

20. Nose :
Broken, discharge of blood, frothy blood mucus, foreign body, polypus, ulcers of septum

21. Mouth and Lips :
Froth, characteristic odour or discoloured staining. Mucosa lining softened, destroyed, excoriated, herpes

22. Tongue :
Protruded between teeth, stained mucous surface, swollen, ulcer, new growth

23. Discharge of blood :
Froth, frothy blood, putrid fluid etc. from mouth or nose or both.
Trail of saliva running down the chest, foreign body in mouth

24. Jaws :
Clenched; gums: blue, red; spongy, tumours, necrosis etc

25. Teeth :
Complete number, broken, decayed, lost (mention the missing) tumour

26. Ear :
Discharge of pus, blood, fluid, foreign body, pierced lobes, recently torn

27. Neck glands :
Enlarged, caseous; Situation

28. Thorax :
Shape (well formed); long and narrow (barrel shaped), pigeon breasted, funnel breasted, ricketic rosary, difference between the sides, fracture or diseases of ribs, cartilages. Tumours in thorax.

29. Trunk: New born diameters (Jellet).

Shoulders bisacromial	: 9.9 cm	(10)
Sterno dorsal	: 8.85 cm	(9)
Bi trochanteric	: 8.85 cm	
Bis iliac	: 8.43 cm	
Sacro iliac	: 4.95 cm	(5)

30. Mammary glands :
Development, hypertrophy, atrophy, tumours, cysts, primary areola, secondary areola(colour), stria alba

31. Axillary glands :
Enlarged, length

32. Abdomen :
Striae albicantes, linea nigra, caput medusa, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia; umbilicus healed; umbilical cord: demarcated, tied and adherent, fallen)

33. Groin :
Glands enlarged; buboes, ulcers, undescended testis, tumours, scars.

34. Generative organs :
Penis indrawn,shortened, development; urethral discharge, veneral sore, Circumcised or not; scars

35. Scrotum :
(dimensions of genitalia) Elephantoid, hydrocele, testes enlarged. Labia: Hymen: presence or absence or torn fresh or old carunculae; Vagina: Discharge of blood, mucus, pus; ulcers; Fistula.
Marks of violence; loose hairs (preserve stained hair and foreign bodies);

EXTREMITIES

36. Upper and Lower limbs :
Hands clenched, empty; contain straw, mud; extra digits – numbers; fingers flexed; marks of wedding ring on finger; stains; signs of work; stain, fracture, dislocation of nails or broken nails; blue or pale nails; sand, mud, foreign body under nails; over grown or pared nails; cholera fingers. Feet: Flat, inverted, oedematous, nodes, fracture dislocation, deformity, stains on soles, foreign bodies under nails.

CENTERS OF OSSIFICATION
(Casper & Tidy)

37. New born (Inferior epiphysis of femur is three lines in diameter) :
Mention others if necessary

INTERNAL EXAMINATION

OPENING OF ABDOMEN (N.B.: Don't tear through adhesions but out them)

38. Abdomen :
Size, uniform, prominent or unequal; fat, Depth (cm); Colour; Retracted, distended, site of umbilicus; Muscles, Colour; Extravasation of blood in omentum spread etc.

39. Level of diaphragm :
Right and Left domes, position of organs. Normal, adhesions, enlargements, local inflammation, tumours.

40. Peritoneal cavity :
Fluid in ml, nature of fluid, turbid, blood stained, purulent, lymph, flakes of fibrin. Peritoneum: adherent; Tubercles; Smears from exudate in peritoneum biology(Note: Organs to be merely examined this stage).

OPENING OF THORAX

41. Position and colour of organs: normal or abnormal :
Fracture of ribs, pleura injected, surface roughened,flakes of fibrin, effusion of blood fluid (ml), Lymph, old or recent adhesion, wound, spots of haemorrhage on visceral or parietal surfaces (Tardieu's spots), Mediastinal haemorrhages etc. Lungs borders meet or overlap or overlap on heart.

42. Thymus :
Size (length, breadth and thickness), weight; section (Haemorrhage, Tubercle, Tumour)

43. Pericardium :
Staining, inflamed, distended, fluid, amount (ml), character of inner surface (dark, rough, wounded, milk spots, exudate-smear, spot of haemorrhage on visceral or parietal surface adhesions

44. The Heart Weight 150-360 g :
Wound, rupture Right auricle and appendages(fluid blood -Light or dark, mixed clot, uniform clot, thrombus) Right ventricle (Fluid, clot, embolus, thrombus) Pulmonary artery (Clot, embolus, thrombus) Left auricle (fluid blood, clot, thrombus) Left ventricle (fluid blood, clot, thrombus, chambers dilated) Valvular rings, dilated or contracted.

45. Valves and endocardium :
Rigid, contracted, thickened, adherent, valves perforated, torn, vegetation, puckered, atheromatous, chordae tendinae, opaque, thickened, shortened, broken.

46. Coronary vessels :
Atheroma, emboli, thrombosis, brown hypertrophied, fatty Infiltration, fatty degeneration, abnormality other diseases.

47. The great vessels :
Aorta, vena-cava, pulmonary artery, pulmonary veins, iliac vessels, etc thrombosis, embolism, atheroma calcification, and aneurysm rupture.

48. Blood (take blood smear for bacteriological Test) :
General character - Dark cherry coloured, coagulated clot soft or firm, layered, of uniform colour. Abnormally fluid

49. Lungs (Normal lung 240 - 660 g, Average 540 to 480 g) :

Colour, distended (marked by ribs & don't collapse); dry, crepitant, soft oedematous, congested, friable. Inelastic, emphysematous, collapsed (atelectasis); lobules (swollen and shrunken), dark red, grey, firm, fragile, soft, dry exudate, frothy serum. Pigmented adhesions, haemorrhage, infarction, pleurisy, patches if any, shape – scars or tubercles on surface. Section- dry granular, moist, on pressure extrudes blood (amount), watery fluid, mucus, pus, secretion, blood, tenacious. Air tubes reddened, thickened, dilated, narrow; grey yellow tubercle or chalky mass. Cavities, pigment, fibroid change, red or grey hepatisation, purulent material, diffuse or circumscribed abscess gangrene, tumours, wound rupture, oedema, haemorrhage, cut piece sink or float in water.

50. Larynx, Glottis, Trachea, bronchi :

Contain water, mud, vegetation (nature); mucosa: injected, swollen, stained, discoloured, oedematous, covered with froth, corrugated, leathery new growth, foreign body, loose or impacted, natural colour of mucosa.

51. Hyoid bone (broken - describe fracture etc.) :

52. Thoracic duct (inflamed, obstructed, rupture etc.) :

53. Thyroid & parathyroid (Enlarged, firm, fibrous etc.) :

54. Stomach :

Size, dilated, shrunken, distended with food or gas. Outer surface: Vascular, fresh lymph, adherent, wound, rupture. Contents: odour, colour, consistency, foreign particles, food particles (nature and stage or digestion). Inner surface – colour, injected, dilated and tortuous vessels, walls oedematous & firm, hard; extravasation, effusion, embedded foreign particles, atrophied ulcer (character of edge base, perforation) tumours etc. Mucosa – anaemic, injected, inflamed, thick, soft, hard, eroded, corrugated, leathery.

55. Oesophagus - Length (25cms Grey) :

Mucosa: Partly detached, easily stripped, soft, brittle, sodden, white, brown, yellowish, charred structure, ulcer, new growth, impacted mass, wound rupture, diverticula.

56. Pancreas (Average weight – 60 to 180 g) :

Weight, colour, consistency, inflammation, abscess, tumour, fat necrosis.

57. Liver (Weight – 1200 to 1800 g) :

Relations, adhesions, rupture, weight, enlarged, diminished, atrophied
Capsule - thin, loose, wrinkled, adherent. Edges - Thick, thin, rounded, firm.
Surface - smooth, shining, dull, nodulated, bands or red depressions.
Colour - red, yellow, mottled, nutmeg, pigmented, brown pale chocolate, slaty.
Consistency - soft, firm, flabby, tough, fleshy, greasy, friable, waxy, translucent.

58. Gall Bladder :

Full, empty, stones, inflamed, mucosa, thickened wall, contracted; adherent, lymphatic glands under liver enlarged, malignant etc.
Section - colour, hyperaemic, nutmeg, granular, distended ducts, embolism, hydatid, abscess, cuts with creaking noise on knife.
(Prussian blue reaction, amyloid reaction can be sent)

59. Spleen (Size 13 x 9 x 4 cms, weight: 90 to 210 gm) :

Weight, colour, size, shape, large, small, notch (portion).
Capsule - wrinkled, thick, adherent, perisplenitis (Iced spleen), rupture, wound. Consistency – firm, soft, wax, friable, abscess, infarcts, tubercle. Section – Trabeculae and vessels not easily seen, markedly visible, increased. Colour of cut surface – dry, moist, concave, convex.Outline of Malpighian bodies visible, enlarged. Consistency of section of pulp: easily, scraped with difficulty. Accessory spleen.

60. Mesentery – cm long (Grey: 202 cms long) :

Relations, fat, adhesions, injections, hypostasis, hernia, glands. Swollen, caseous ulcerating tubercle, effusion of lymph, oedema.

61. Kidneys (Weight 90 -180 gms in Female; 120-165 gms in Male) :

Size: 10 x 6 x 3 cm
Weight: Right Left
Larger, smaller, heavier, colour – red, pale mottled, translucent, purple pale, yellowish. consistency – firm, flabby, position of ureter, abnormalities. Section – soft, firm, anaemic, hyperaemic, colour difference between cortex & medulla increased or diminished; narrow or dilated pelvis, peripelvis pyramids, calyxes, infarction, embolism in vessels. Capsule strips easily, partially adherent, very adherent, thick, and thin. Surface of kidney – congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough, granular, lobulated.

62. Supra renal capsules :

Size: 10 x 6 x 3 cm Length
Breadth Thickness Weight
Accessory suprarenal
Abscess, cyst, rupture, wound, enlarged; irregular; firm, adherent;
Section: yellow, grey white cheesy, calcified.

The Intestines

63. Pylorus to ileo caecal valve (610 cms to 1057 cms (Grey)) :

Duodenum	2.5 cms
Jejunum	244 cms
Ileum	366 cms
Caecum	06 cms
Colon	56 cms - 152 cms
Ascending colon	13 cms
Transverse colon	51 cms
Descending colon	25 cms
Sigmoid colon	41 cms
Rectum	11 cms - 12 cms

64. Small intestine :

Outer surface injected, hypostasis, lymph, fibrin, adhesion, tubercle, tumour Contents - colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological examination, if needed. Mucosa - injected, pale, atrophied, swollen pulpy, gangrenous, ulcerated (direction of ulcers), lymph follicles Peyer's patches, lymphatics, sloughing (size and shape of slough and ulcers), character margins of ulcers, impacted masses.Twisting intussusception, contracted, strangulation, hernia, growth, diverticula.

65. Appendix Length 2.5cms to 20 cms (Average 10 cms) :

Position, length, thickness, inflammation abscess, atrophy.
Mucosa: inflamed, ulcerated, atrophied, tumour.
Contents: Faeces, colour, consistency, parasites, pus, foreign bodies, stones.

66. Large Intestine :

Ileo caecal valve, intussusception etc. Caecum - position, mobility, thickened, inflamed, tubercle, tumour, stenosis, dilatation, adhesions, pericoecal abscesses, mucosa: atrophied, inflamed; tumour. Colon: sagging, dilation, flexures – normal in position, linking sacculation, stenosis, injected, adhesion, fistulae; Contents, colour, consistence, foreign particles, food particles, parasites; mucosa: injected, inflamed, ulcers, slough, colour, extent, location (Describe)

67. Bladder :

Contents (g), Urine-reaction; sugar, albumin, calculus, new growth, mucosa: inflamed, ulcers; muscle hypertrophied; prostate: enlarged tumour; seminal vesicle – tubercle etc.

68. Uterus (Length: 6cm, breadth: 5cm, Thickness: 2.5cm Weight: 60 g (Grey)):

Menstruation, pregnancy, abortion, violence, wound, rupture, foreign body, growth or other disease.

69. Ovaries (Right and Left) :

Size, adhesions, inflammation, enlargement, cyst, tumour, corpus luteum.

70. Pelvis :

Fracture disarticulation, deformity.

71. OPENING OF THE HEAD :

Soft parts: present, injury or inflammation.
Scalp - extravasation of blood beneath, caput succedaneum, caul present.

72. Bones :

Thick, thin, caries, depression, injury.
N.B: Strip dura, examine for basal fracture, injury include separation of sutures, indentations, fracture.

73. The Membranes :

Sinuses full, empty, thrombosed, clotted; duramater, adherent, anaemic, vascular; hypostasis, congested, inflamed; extravasation of blood external or internal to dura or pia (amount, situation and extent); adhesions (describe and sketch); Arachnoid: dry, sticky, tubercular; Cerebro spinal fluid volume, clearness, turbidity, blood staining; adhesions; Air, haemorrhage etc. Lymph or pus present.

74. Brain (Average M - 1440 gms; F - 1320 gms) :

Convolutions, flattened; ventricles: full, empty, ventricular fluid (clear, turbid, blood stained); Choroid plexus inflamed.
Substance: soft (reddish, yellow), firm, inflamed, abscess, softening, tumour (site), haemorrhage (site), injury (site). Brain vessels - Thickened atheroma (site), embolism (site), thrombosis (site), rupture (site).

75. Air cavities of skull - note findings :

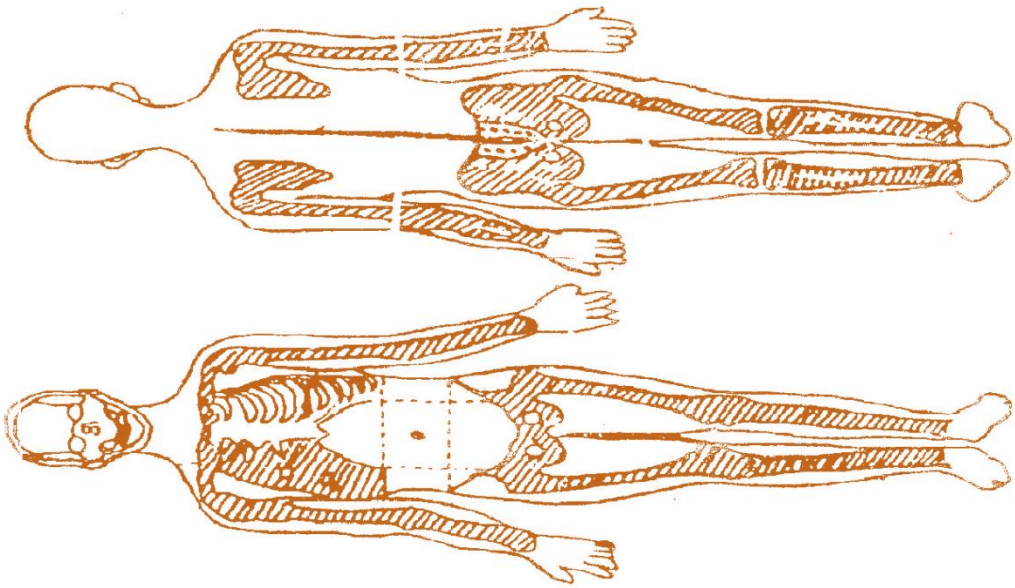
76. Spinal Column

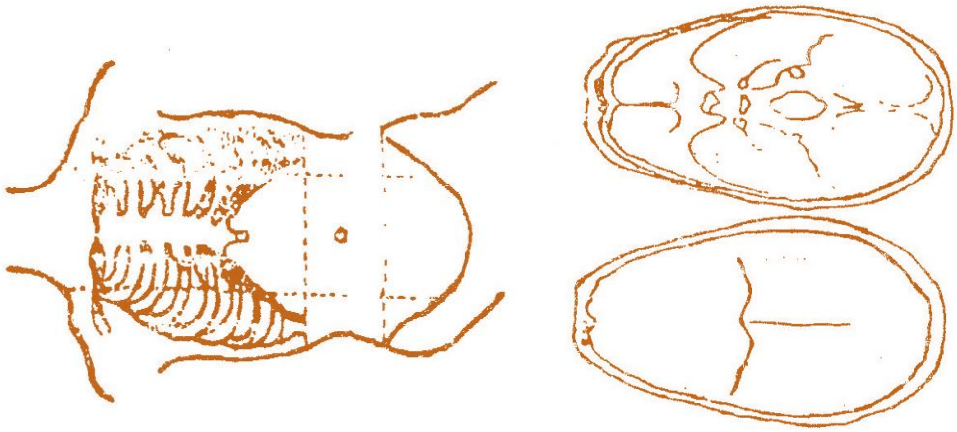
Soft part: present, injury; Bones - injury, disease.
Duramater – adherent, anaemic, vascular, hypostasis, tumour.
Arachnoid – dry, sticky, tubercular
Piamater - injected

77. Atlas / Axis(Fracture subluxation) :

78. Spinal cord:Length (M 43; F 41 cm); Weight (45 gms)

Soft, firm, vascular; injected, atrophied, semi translucent, narrow in parts (where); nerve roots





Tissues preserved for microscopic section.

Materials sent for Bacteriological investigation.

Following numbered and sealed as under and each labelled with a signed note of reference to this report are sent together with a sample of preservative in which they are preserved for chemical analysis –

1. Stomach and contents
2. Intestines and contents
3. Sample of liver (not less than 500 gms)
4. Kidney (half of each kidney)
5. Sample of urine (100 ml at least)
6. Brain
7. Blood (10 ml)
8. Preservative (nature and quantity not less than 100 ml)

Post-mortem examination conducted at A.M / P.M on 20

Summary of opinion:

The deceased would appear to have died of

Dated day of 20

Signature with designation.

Results of Bacteriological, Chemical examinations, Microscopic examinations etc

Final opinion (in case it is reserved)

Signature with designation.

Post-mortem certificate handed over to

on at (time)

Inquest when held Date Time

Summary of evidence at inquest:

Question put by Police and answers given to them regarding the post-mortem examination -

Magistrate inquiry (Chief points of evidence to be noted)

Sessions – (Chief points of examination and cross examination)

Judgement

Others:

P.M. No. Medl. I -30 (Civil medical form no 68)

FORM TO REPORT POST-MORTEM EXAMINATIONS,
TO BE USED WHEN FORWARDING VISCERA TO THE CHEMICAL EXAMINER

From

To

The Director / Deputy Director
Forensic Science Laboratory,

……..……
Dated ..……..……

……
……

Description of viscera forwarded for examination

1. Stomach & its contents
2. Intestine & its contents
3. Liver & kidney
4. Sample of preservative used

……
……

Mode of packing — Copy of label attached to each article

SEALED CARD BOARD BOX — YES

Weight of parcel — Impression of seal

……
……

Mode of dispatch Through P.C. — Date of dispatch — Date of receipt in chemical examiner's office

Name:

Station:

……..……
……

INFORMATION FURNISHED BY POLICE OR PRECIS OF CASE

Name: ……
Age:…… Sex: ……

Thana or Village ….……..……

History of case – Duplicate attached

……
……
Date and hour of dispatch of body:
Date & hour of autopsy:
Name of Medical Officer by whom examination was actually done:

Date of receipt:

……
……

Appearance of the body:
Muscularity
Stout / Emaciated

……
……
Special marks:
Scars / Tattooing
Amount of hair, etc.

……
……

Signs of decomposition

……
……

Wounds & bruises:
Position, Character and Size

……
……

……
……..

……
……

……
……

……
……

State of natural orifices:
Eye
Ears
Nostrils
Mouth
Vagina

Anus
Urethra

State of limbs:
Rigor mortis
Position
Contents in hands, if clenched

Other: Relaxed or Contracted limbs

Eyelids
Pupils
Contents of mouth
Position of tongue
State of teeth

Thorax:
Ribs Cartilage
Pleura Pericardium

Heart: Shape and appearance
Cavities
Clots – Ante or Post Mortem
Muscular structure
Vessels: Clots; Aneurysm; Atheroma

Lungs: Appearance Colour
Consistency
Adhesions
Larynx, trachea and bronchi for foreign bodies of diseases
Hyoid bone

Abdomen:
Peritoneum Peritoneal cavity & its contents
Liver & gall bladder – form, size, any disease or injury
Pancreas & Spleen: disease or injury
Kidney:

Stomach: Size and general appearance
Coat appearance & Mucosa
General appearance & Contents

Intestines: General appearance
Mucosa & Coat; Contents

Generative organs: Bladder & its contents:
Uterus: appearance, size & its contents
Vagina:

……
……

Head:

Scalp

Bones (disease or injury)

Membranes & Brain substance & ventricles

Base of skull: fractures, caries, extravasations, etc.

……
……

SPINAL CANAL
(need not be examined, unless any indication of disease or injury exists)

……
……

Fractures & dislocations

……
……More detailed description of injuries or disease

……
……

OPINION AS TO CAUSE OF DEATH:

Station & Date:

(Signature with designation)

Medl. I-30(a)

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

I. P.M. No. Dated:
Stomach and contents in 400 ml of rectified spirit / saturated saline / ……

Station & Crime no:
Age & Name of alleged:

Date: (Signature with designation)

……
……

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

II. P.M. No. Dated:
Intestine& its contents in 400 ml of rectified spirit / saturated saline / ……..

Station & Crime no:
Age & Name of alleged:

Date: (Signature with designation)

……
……

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

III. P.M. No. Dated:
Liver & Kidneys in 400 ml of rectified spirit / saturated saline / ….……

Station & Crime no:
Age & Name of alleged:

Date: (Signature with designation)

……...
……

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

IV. P.M. No. Dated:
Sample of preservative - rectified spirit / saturated saline / …….

Station & Crime no:
Age & Name of alleged:

Date: (Signature with designation)

……
……

Medl. I-30(d)

FSL SAMPLE FORWARDING FORM

From

Police Surgeon and Professor of Forensic Medicine,
……..Medical College,
……

To

Director and Chemical examiner to the Government of Tamilnadu /
Deputy Director and Assistant Chemical examiner to the Govt of Tamilnadu,
Forensic Science Laboratory ……..

Sir / Madam,

I have the honour to forward herewith, a sealed packet, containing the following for favour of examination for the presence of Semen, or Spermatozoa and Gonococci or Ducrev's Bacillus from a case of alleged.

P.M. No : Date :

Name : Alleged Age : Sex:

Station & Crime number :

Nature of samples : Nos:

Test required :

Sample seal impression :

Yours faithfully,

Police Surgeon and Professor
of Forensic Medicine
…….…… Medical
College……..……..……

……

Copy forwarded to the Deputy Commissioner / Superintendent of Police;
Crime / …….. Branch of Police, for favour of providing the Chemical Examiner with the necessary requisites. Requisition for examination in this case was received from the Sub inspector of Police, Station, Chennai, with his Letter No. dated 20 his station crime No:
Sent though P.C. No:

Medl. I-30(b)

HISTOPATHOLOGY SAMPLE FORWARDING FORM

From

Police Surgeon and Professor of Forensic Medicine,
……..Medical College,
……

To

Professor of Pathology,
……..Medical College,
……

Sir / Madam,

I request you kindly to do histopathological examination on the following bits of tissues removed from one of our autopsies.

P.M. No : Date :

Name : Alleged Age : Sex:

Station & Crime number :

Nature of samples : Nos:

Autopsy findings:

Yours faithfully,

Police Surgeon and Professor of Forensic Medicine
……..…… Medical College……..……..……
……

History of the case & F.I.R. sent through P.C. No:

MODEL POST MORTEM REPORT FORM
(Death in Police custody / during Police action / jail)

Name of Institution .....

Post Mortem Report No ..... Date.....

Conducted by Dr ……..

Date & Time of receipt of body& Inquest papers for Autopsy ----------

Date and Time of Commencement of Autopsy .....

Time of Completion of Autopsy .....

Date and Time of examination of the dead body at Inquest (as per Inquest Report) ----------

Name and address of the person video recording the Autopsy----------

……..

……..

Note:The tape should be duly sealed, signed and dated and sent to the National Human Rights Commission, Sardar Patel Bhawan, Sansad Marg, New Delhi.

Case Particulars

1. (a) Name of deceased as entered in the Jail or Police record ----------
   (b) S/O, D/O, W/O .....
   (c) Address ----------
   ----

2. Age (Approx.): ----------Years; Sex: Male / Female / Others
3. Body brought by (Name and rank of Police Officials)
   (i) .....
   (ii) .....
   of Police Station .....

4. Identified by (Names and Addresses of relatives/persons acquainted)
   (i) .....
   (ii) .....

HOSPITAL DEAD BODIES – (Particulars as per hospital records) Date and time of Admission in Hospital ----------
Date and time of Death in Hospital ----------
Central Registration No. of Hospital ----------
SCHEDULE OF OBSERVATIONS:

A. General

(1) Height Cms

(1) Weight..... Kgs

(2) Physique - (a) Lean / Medium / Obese
(b) Well-built / Average built / Poor–built / Emaciated

(3) Identification features (if body is unidentified)

(i) .....
(ii) .....
(iii) Finger prints be taken on separate sheet and attached by the Doctor

(5) Description of clothes worn – important features.

(6) Post-mortem changes:

(a) As seen during inquest:

- Whether rigor mortis present ----------
- Temperature (Rectal) ----------
- Others ----------

(b) As seen at Autopsy

(7)

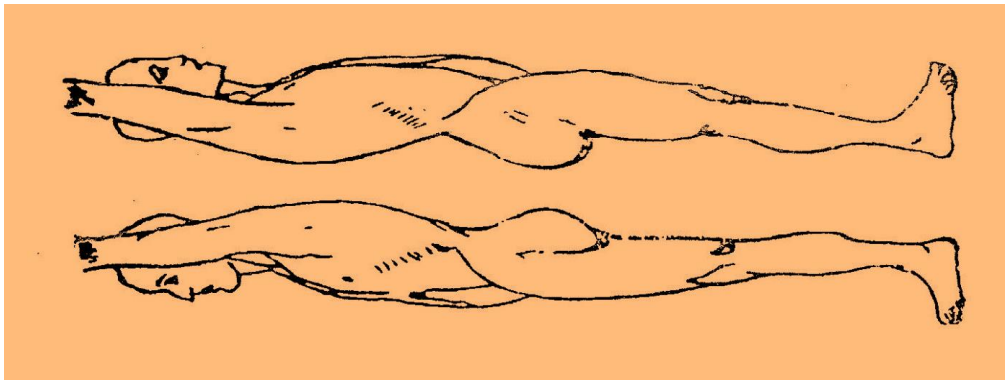
(a) External general appearance
(b) State of eyes
(c) Natural orifices

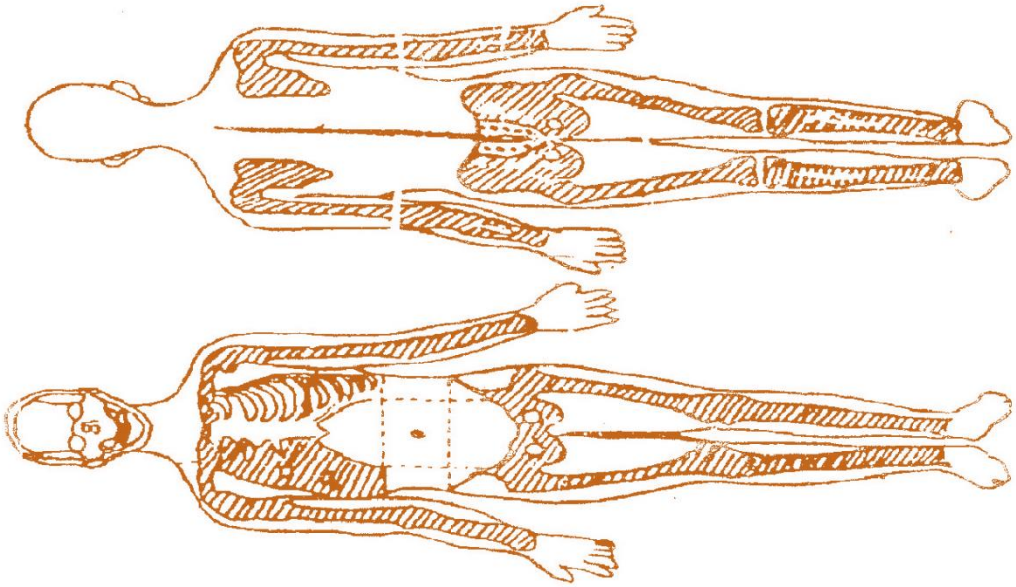
B. External Injuries:

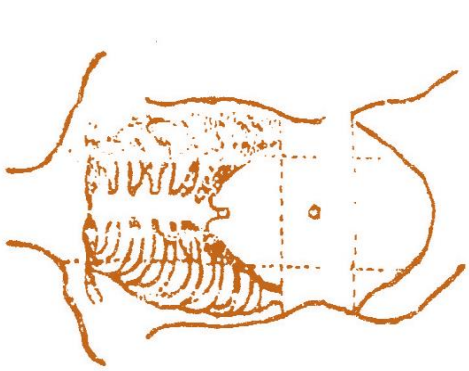
Instructions:-

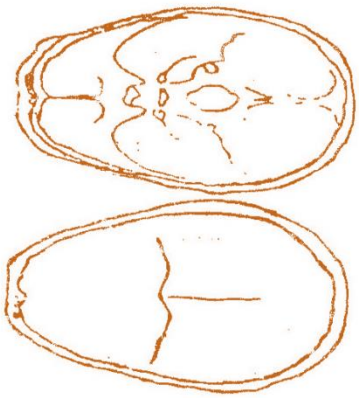
(i) Injuries be given serial number and mark similarly on the body diagrams attached.
(ii) In stab injuries, mention state angles, margins direction inside body
(iii) In fire arm injuries, mention about effects of fire also
(iv) (Mention Type, Shape, Length X Breadth & Depth of each injury and its relation to important body landmark. Indicate which injuries are fresh and which are old and their duration)

……









Internal Examination

1. HEAD

a. Scalp Findings

b. Skull (Describe fractures here & show them on body diagram enclosed)

c. Meninges, meningeal spaces & Cerebral Vessels
(Haemorrhage & its locations, abnormal smell etc. be noted)

d. Brain findings & Weight (Weight gms)

e. Orbital, nasal & aural cavities –findings

2. NECK

- Mouth, Tongue & Pharynx
- Larynx & Vocal cords
- Condition of neck tissues
- Thyroid & other cartilage conditions
- Trachea

3. CHEST

- Ribs and Chest wall
- Oesophagus
- Trachea & Bronchial Tree
- Pleural Cavities -R- -L
- Lungs findings & Weight - Right ---------- gms Left ----------gms.
- Pericardial Sac
- Heart findings & Weight
- Large blood vessels

4. ABDOMEN

- Condition of abdominal wall
- Peritoneum and Peritoneal cavity
- Stomach (wall condition, contents & smell) (Weight ---------- gms)
- Small intestines including appendix
- Large intestines & Mesenteric vessels
- Liver including gall bladder (Weight ---------- gms)
- Spleen (Weight ---------- gms)
- Pancreas
- Kidneys finding & Weight Right ---------- gms & Left ------ gms
- Bladder & Urethra
- Pelvic cavity tissues
- Pelvic Bones
- Genital organs (Note the condition of vagina, scrotum, presence of foreign body, presence of foetus, semen or any other fluid, and contusion, abrasion in and around genital organs)

5. SPINAL COLUMN & SPINAL CORD (TO BE OPENED WHERE INDICATED)

OPINION

(i) Probable time since death (keep all factors including observations at inquest)

(ii) Cause and manner of death –

The cause of death to the best of my knowledge and belief is:-

a. Immediate cause –

b. Due to-

c. Which of the injuries are ante mortem/post-mortem and duration if ante mortem?

d. Manner of causation of injuries.

e. Whether injuries (individually or collectively) are sufficient to cause death in ordinary course of nature or not?

(iii) Any other

SPECIMENS COLLECTED & HANDED OVER (PLEASE TICK)

(a) Viscera (Stomach with contents, small intestine with contents, sample liver, kidney (one half of each), spleen, sample of blood on gauze pie (dried), any other viscera, Preservative used)

(b) Clothes

(c) Photographs (video cassettes in case of custody deaths, Finger print etc.)

(d) Foreign body (like bullet, ligature etc.)

(e) Sample of preservative in cases of poisoning.

(f) Sample of seal

(g) Inquest papers (mention total numbers & initial them)

(h) Slides from vagina, semen or any other material.

Dead body, clothing and other articles (mention there)

Duly sealed (Nos --------) handed over to Police official

No ..... of PS .....

whose signatures are herewith .....

PM report in original (number of pages)

Duly sealed (Nos --------) handed over to

Signature ----------

Name of Medical Officer (in block letters) ----------

Designation ----------

APPENDIX – 'A'

INSTRUCTIONS TO BE FOLLOWED CAREFULLY FOR DETENTION OF TORTURE

Sl. No.	Torture Technique	Physical Findings
Beating		
1	General	Scars, Bruises, Lacerations, Multiple fractures at different stages of healing, especially in unusual locations, which have not been medically treated
2	To the soles of the feet, or fractures of the bones of the feet	Haemorrhage in the soft tissues of the soles of the feet in ankles Aseptic necrosis.
3	With the palms on both ears simultaneously	Ruptured or Scarred tympanic membranes, injuries to external ear
4	On the abdomen, while lying on a table with the upper half of the body unsupported ("operating table")	Bruises on the abdomen. Back injuries. Ruptured abdominal viscera
5	On the head Haematomas.	Cerebral cortical atrophy. Scars, skull fractures. Bruises.
Suspension		
6	By the wrists	Bruises scars about the wrists. Joint injuries.
7	By the arms or neck	Bruises or Scars at the site of binding. Prominent Lividity in the lower extremities.
8	By the ankles	Bruises or scars about the ankles. Joint injuries.
9	Head down, from a horizontal pole placed under the knees with the wrists bound to the 'Jack'	Bruises or scars on the anterior aspect of forearms and backs of the knees. Marks on the wrists and ankles .
Near Suffocation		
10.	Forced immersion of head in often contaminated "wet submarine".	Faecal material or other debris in the mouth pharynx, trachea, oesophagus, Lungs, Intro-thoracic petechiae.
11	Tying of a plastic bag over the head ("dry submarine")	Intro – thoracic petechiae
Sexual abuse		
12	Sexual abuse	Sexually Transmitted Diseases. Pregnancy. Injuries to breasts external genitalia, vagina, anus or rectum.
Forced posture		
13	Prolonged standing	Dependent oedema, Petechiae in low extremities
14	Forced straddling of a bar ("Saw horse")	Perineal or Scrotal haematomas
Electric shock		
15	Cattle prod	Burns, appearance depends on the age of the injury. Immediately: spots, vesicles, and /or black exudates. Within a few weeks: circular, reddish macular scars. After several months: small, white, reddish or brown spots resembling telangiectasia.
16	Wires connected to a source of electricity	
17	Heated metal skewer inserted into the anus	Peri-anal or rectal burns
Miscellaneous		
18	Dehydration	Vitreous humour electrolyte abnormalities.
19	Animal bites (spiders, insects, rats, mice, dogs).	Bite marks

VISCERA IN POISONING CASES:

Saturated Sodium Chloride solution is most commonly used preservative for chemical analysis; except in Heavy metals, Aconite, Vegetable poisons, Corrosive acids

Rectified Spirit is the ideal preservative of choice in all conditions, except Carbolic Acid, Carbon tetrachloride, Paraldehyde, Alcohol, Acetic Acid, Phosphorus, Kerosene.

Poisoning	Viscera to be preserved
All cases of poisoning	Entire stomach & its contents Small intestine (30cm) and its contents Entire intestine in infants Liver (500g) Kidney(half of each kidney) Sample of preservative
Aconite & Digitalis / Cardiac	Heart
Alcohol	Blood: 10 ml in 100 mg of Na F+ 20 mg of Potassium oxalate; CSF: 5 ml; Vitreous: 2 ml
Barbiturates / inhaled poisons	100 g of brain; Bile
Cyanide	Spleen, Blood in liquid paraffin One lung in air tight container
Heavy metals	Long bones (Femur – 10 cm) Scalp hair with roots (15 to 20) Nail clippings (Spencer Wells forceps)
Organo-phosphorus compound	100 mg of cerebrum, Perinephric fat

Suspected Skin - 2.5 cm2 (with control skin) is preserved in injected poisons / venomous snake bite; Vitreous for chloroform, Lungs with Trachea ligated in nylon bag in inhaled poisons;
Maggots in Barbiturates, cocaine (using isopropyl alcohol or 70% alcohol); Uterus and vagina for abortifacients can also be preserved;
Preservative container is preferably glass bottle, never store in polyethylene / plastics.

Collection methods:
Blood from femoral and subclavian veins for alcohol estimation is more accurate;
Urine – through supra pubic puncture;
CSF – through Cisternal puncture.
Hair, Bones, Nails, Earth (in exhumation) do not require preservative.

Autopsy in Organ Transplant cases:

Form - III

Organ Retrieval Authorization Form

I / We, Dr. hereby authorize, as per Section 6 of the Transplantation of Human Organs Act, 1994, (Central Act 42 of 1994)the retrieval, of the under mentioned organs, for the purpose of transplantation from the Brain Dead Cadaver of Thiru / Tmt.....

S/O / D/O .....whose Brain Death was certified as per the said Act and the functioning status of the organs intended to be retrieved for transplantation purpose have been certified by the doctors, who treated him / her.

Organ(s) authorized for retrieval:

(1)

(2)

(3)

(4)

(5)

(Signature of the doctor, who will conduct post mortem examination) Name :
Medical council no :

Designation :

GOVERNMENT ……. COLLEGE / HOSPITAL, ……
POST MORTEM EXAMINATION CERTIFICATE.
(P. M. No .....)

Regarding body of a male / female, ……. aged years with reference to **…….……..** Police Station, Crime No:…….. U/s: Requisition for post mortem examination was received from the …… …… …… …… ……..…….. atAM / PM on …… at …… Body was in charge of constable, …… Body was first seen by the undersigned at ……. AM / PM on …… Its condition then was rigor mortis present ……. / decomposition ……..…… ……..

Identification & Caste Marks:
1. 2.

Appearance found at post mortem examination:

Following ante mortem wounds were seen on the body:

OPINION as to the cause of death:
The deceased would appear to have died of ……..

Signature with Name & Designation

Station & Date :
Original :
Duplicate :
Triplicate : (Office seal)

(Medl. I-29)

GOVERNMENT ……. COLLEGE / HOSPITAL, ……..
POST MORTEM EXAMINATION CERTIFICATE.
(P. M. No.....)

PROVISIONAL / FINAL OPINION

Regarding body of a male / female, ……. aged years with reference to **……..** Police Station, Crime No: ……**,** U/s:……. I / We, the undersigned, hereby send you the Final opinion / Provisional Opinion as to the case mentioned above. FSL Report / Histopathology Report / …….:

Ref. No ……..; received on …….. Details of the report:

PROVISIONAL / FINAL OPINION:
The deceased would appear to have died of …….

Signature with Name & Designation

Station & Date :
Original :
Duplicate :
Triplicate : (Office seal)

(Medl. I-29)

FORM NO. 4
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(Hospital in-patients. Not to be used for stillbirths)
To be sent to Registrar along with Form No. 2 (Death Report)

<table>
<tr><td colspan="5">Name of Deceased ……..
S/W/D/ of ……..…….
Address ……..
……..</td><td>For use of Statistical Office</td></tr>
<tr><td rowspan="2">Sex</td><td colspan="4">Age at Death</td><td rowspan="2"></td></tr>
<tr><td>If 1 year or more, age in years</td><td>If less than 1 year, age in months</td><td>If less than 1 month, age in days</td><td>If less than 1 day age in hours</td></tr>
<tr><td>1. Male
2.Female
3. Others</td><td></td><td></td><td></td><td></td><td rowspan="4"></td></tr>
<tr><td colspan="4">Cause of Death</td><td>Interval between onset & Death approx.</td></tr>
<tr><td colspan="3">I. Immediate cause
(State the disease, injury or complication which caused death, not the mode of dying, such as heart failure, asthenia, etc.)
Antecedent cause
(Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last)
II. Other significant condition contributing to the death but not related to the disease or conditions causing it.</td><td>(a)……
due to (or as a consequences of)
(b)……
due to (or as a consequences of)
(c)
……
……</td><td></td></tr>
<tr><td colspan="3">Manner of Death:
(1) Natural. (2) Accident. (3) Suicide.
(4) Homicide (5)Pending investigation</td><td colspan="3">How did the injury occur?</td></tr>
<tr><td colspan="4">If deceased was a female, was pregnancy associated with the death?
If yes, was there a delivery?</td><td colspan="2">(1) Yes (2) No
(1) Yes (2) No</td></tr>
</table>

Name of the Hospital ……

I hereby certify that person whose particulars are given below died in the hospital in Ward no. …….. on …… at ……A.M./P.M.

Name and signature of the Medical Attendant certifying the cause of death

…….……
……

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt./Kum…….....S/W/D/ of Sri …….....
R/o …… was admitted to this hospital in Ward ……... on……..and expired on……

Doctor's Signature
(Medical Supdt. Name of the Hospital)

Directions for filling the form:
NAME OF DECEASED: To be given in full. Do not use initials. If deceased is an infant, not yet named at the time of death, write 'Son of (S/o) or Daughter of (D/o)' followed by names of mother and father.
AGE: If the deceased is above one year of age, give age in completed years. If the deceased is below I year of age, give age in months and if below one month, give age in completed number of days, and if below one day, in hours.
CAUSE OF DEATH: This part of the form should always be completed by the attending physician personally.
The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) & (c). If a single morbid condition completely explains the cause of death, then this will be written on line (a) of part I, and nothing more is needed to be written in the rest of Part I or Part II. For example, smallpox, lobar pneumonia, cardiac beriberi are sufficient cause of death and usually nothing more is needed.
Often, however, a number of morbid conditions will be present during death, and the doctor must then complete the certificate in the proper manner so that he enters in Part I (a) the Immediate cause of death. This does not a mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear in the certificate at all, since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) has to be completed. The underlying cause to be tabulated is always written last in Para I.
Morbid conditions or injuries may be present which were not directly related to the train of events causing death, but which contributed in some way to the fatal outcome. Sometimes, the doctor finds it difficult to decide, especially for infant deaths, which of the several independent conditions was the primary cause of death. But only one cause can be tabulated, so the doctor must decide regarding that. If the other diseases are not the effects of the underlying cause, they are entered in Part II.
Do not write two or more conditions in a single line. Please write the names of the diseases (in full) in the certificate as legibly as possible to avoid the risk of their being misread.
ONSET: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., from birth to several years. ACCIDENTAL OR VIOLENT DEATHS: Both the external cause and the nature of the injury are needed and should be stated. The doctor or the hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia: (b) Fracture neck of femur; (c) Fall from ladder at home.
MATERNAL DEATHS: Be sure to answer the questions on pregnancy and delivery. This information is needed regarding all women of child- bearing age, even though the pregnancy may have had nothing to do with the death.
OLD AGE OR SENILITY: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example (a) Chronic bronchitis, II old age.
COMPLETENESS OF INFORMATION: A complete case history is not wanted, but if the information is available, enough details should be given to enable the underlying cause to be properly clarified.
EXAMPLE: Anaemia – mention the type of anaemia, if known. Neoplasm – Indicate whether benign or malignant and site, with site of primary neoplasm, whenever possible. Heart disease – Describe the condition specifically; if congestive heart failure, cor pulmonale, etc. and give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically.
Tuberculosis – Mention the organs affected.
SYMPTOMATIC STATEMENT: Convulsions, diarrhoea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of different conditions. Sometimes nothing more is known, but whenever possible, mention the disease which caused the symptom.
MANNER OF DEATH: Deaths not due to external cause should be identified as 'Natural '. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending Investigation '

FORM NO. 4A
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(Non Hospital deaths, Not to be used for stillbirths)
To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the Tr. …….....S/W/D/ of Tr……..... R/o……was under treatment from …….. to…….. and she / he died on ….…….. at……..AM / PM

<table>
<tr><td colspan="5">Name of Deceased …… S/W/D/ of …… Address…… ……</td><td>For use of Statistical Office</td></tr>
<tr><td rowspan="2">Sex</td><td colspan="4">Age at Death</td><td rowspan="2"></td></tr>
<tr><td>If 1 year or more, age in years</td><td>If less than 1 year, age in months</td><td>If less than 1 month, age in days</td><td>If less than 1 day age in hours</td></tr>
<tr><td>1. Male
2.Female
3. Others</td><td></td><td></td><td></td><td></td><td rowspan="4"></td></tr>
<tr><td colspan="4">Cause of Death</td><td>Interval between onset & death approx.</td></tr>
<tr><td colspan="3">I. Immediate cause
(State the disease, injury or complication which caused death, not the mode of dying, such as heart failure, asthenia, etc.)

Antecedent cause
(Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last)

II. Other significant condition contributing to the death but not related to the disease or conditions causing it.</td><td>(a)…… …… …… due to (or as a consequences of)

(b)…… …… due to (or as a consequences of)

(c) ……</td><td></td></tr>
<tr><td colspan="3">Manner of Death:
(1) Natural. (2) Accident. (3) Suicide.
(4)Homicide (5)Pending investigation</td><td colspan="3">How did the injury occur?</td></tr>
<tr><td colspan="4">If deceased was a female, was pregnancy associated with the death?
If yes, was there a delivery?</td><td colspan="2">(2) Yes (2) No
(2) Yes (2) No</td></tr>
</table>

Name and signature of the Medical Attendant certifying the cause of death

……

(To be detached and handed over to the relative of the deceased)

Certified that Tr…….....S/W/D/ of Tr……..... R/o…… was under treatment from …….. to and she / he died on ….…….. at……AM / PM

Name and signature of the Medical Attendant certifying the cause of death

……..……

Directions for filling the form:
NAME OF DECEASED: To be given in full. Do not use initials. If deceased is an infant, not yet named at the time of death, write 'Son of (S/o) or Daughter of (D/o)' followed by names of mother and father.
AGE: If the deceased is above one year of age, give age in completed years. If the deceased is below I year of age, give age in months and if below one month, give age in completed number of days, and if below one day, in hours.
CAUSE OF DEATH: This part of the form should always be completed by the attending physician personally.
The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) & (c). If a single morbid condition completely explains the cause of death, then this will be written on line (a) of part I, and nothing more is needed to be written in the rest of Part I or Part II. For example, smallpox, lobar pneumonia, cardiac beriberi are sufficient cause of death and usually nothing more is needed.
Often, however, a number of morbid conditions will be present during death, and the doctor must then complete the certificate in the proper manner so that he enters in Part I (a) the Immediate cause of death. This does not a mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear in the certificate at all, since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) has to be completed. The underlying cause to be tabulated is always written last in Para I.
Morbid conditions or injuries may be present which were not directly related to the train of events causing death, but which contributed in some way to the fatal outcome. Sometimes, the doctor finds it difficult to decide, especially for infant deaths, which of the several independent conditions was the primary cause of death. But only one cause can be tabulated, so the doctor must decide regarding that. If the other diseases are not the effects of the underlying cause, they are entered in Part II.
Do not write two or more conditions in a single line. Please write the names of the diseases (in full) in the certificate as legibly as possible to avoid the risk of their being misread.
ONSET: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., from birth to several years. ACCIDENTAL OR VIOLENT DEATHS: Both the external cause and the nature of the injury are needed and should be stated. The doctor or the hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia: (b) Fracture neck of femur; (c) Fall from ladder at home.
MATERNAL DEATHS: Be sure to answer the questions on pregnancy and delivery. This information is needed regarding all women of child- bearing age, even though the pregnancy may have had nothing to do with the death.
OLD AGE OR SENILITY: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example (a) Chronic bronchitis, II old age.
COMPLETENESS OF INFORMATION: A complete case history is not wanted, but if the information is available, enough details should be given to enable the underlying cause to be properly clarified.
EXAMPLE: Anemia – mention the type of anemia, if known. Neoplasm – Indicate whether benign or malignant and site, with site of primary neoplasm, whenever possible. Heart disease – Describe the condition specifically; if congestive heart failure, cor pulmonale, etc. and give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically.
Tuberculosis – Mention the organs affected.
SYMPTOMATIC STATEMENT: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of different conditions. Sometimes nothing more is known, but whenever possible, mention the disease which caused the symptom
MANNER OF DEATH: Deaths not due to external cause should be identified as 'Natural '. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending Investigation

DNA Sampling (Form - I)

Certificate for drawal of examplar from Accused / Victim / Third party

This is to certify that at the request of ……..…… (Name of the Investigative Agency / Police station) in Crime Number…….…… (Blood, Saliva, Nail, Hair, Tooth, Semen, Pubic Hair, Vaginal swabs, skin scrapping etc)……examplar was taken from……..(Name of the person from whom the examplar is drawn, son of, daughter of, wife of …….whose photograph is affixed below on …….. (date) at.....(time).

The person was brought by……(Name and number of the policeman / name of the official who brought the person) who identified him.

Videograph taken: Yes / No.

Photo

Signature & thumb impression of the person from whom the examplar was taken

Signature of the Medical Officer
(Medical Officers seal)

Enclosure: Sealed cover containing the examplar with rubber stamp of this Office.

To

….…… (Name of the Court)

GOVERNMENT .....HOSPITAL,
……

PROFORMA FOR EXAMINATION OF A CASE OF DRUNKENNESS

Requisition from: Dated:

1. Name of the individual :
2. Sex :
3. Parent's or Guardian's Name :
4. Address and Residence :
5. Occupation :
6. Caste & Identification mark :
7. Married or Single :
8. Age as alleged by :
9. Persons accompanying or brought by :
10. Time & Place of Examination :
11. Consent of the individual for examination :
12. Signature of the individual :
13. In case of minor, signature of Guardian :
14. Name of the nurse present at the time of examination :

PHYSICAL EXAMINATION

1. Height :
2. Weight :
3. Breadth :
4. Chest girth at the level of nipples :
5. Abdominal girth at the level of Navel :
6. General build & appearance :
7. History :

8. Voice :

9. Teeth :

10. Hair - Scalp : Beard :

Axilla : Moustache : Pubic :

11. General appearance and demeanour :

State of clothing
Deposition
Speech
Gait

12. Memory :

13. Mouth :

Smell of alcohol
Dribbling of saliva
Lip
Tongue

14. Systems :

15. Eyes :

Visual acuity
Lateral gaze nystagmus
Conjunctiva
State of Pupil
Light reflex

15. Reflexes :

16. Co ordination :

Date :
Station :

Casualty Medical Officer / EMO,
(Name with Signature)

Government ……..Hospital,

GOVERNMENT .....HOSPITAL,
……

CERTIFICATE OF DRUNKENNESS

(DRUNKENNESS No.....)

Signs of intake of alcohol found on a male / female / third sex aged years, an inhabitant of who was sent with letter /memo no. dated

from

and accompanied by

for report as to the result of examination of person for certain appearances due to alleged drunkenness

Identification and caste marks –

1)

2)

The person was first seen by the undersigned at on

and the examination was commenced at on and the following were found.

Findings:

Blood & Urine were collected, preserved & handed over to the Investigating Officer for Qualitative & Quantitative estimation of Alcohol.

Blood & Urine were not collected because

OPINION: I am of the opinion that the above person has Consumed alcohol and is under its influence as proved by Consumed alcohol but not under its influence.
Not consumed alcohol.

(Medical Officer to rule out whichever is not applicable)

Date :

Station :
Original :
Duplicate :

Casualty Medical Officer,
(Name with Signature)

(Office seal)

GOVERNMENT .....HOSPITAL,
……

PROFORMA FOR EXAMINATION OF ACCUSED OF SEXUAL VIOLENCE

1. Case Particulars:

Requisition from vide letter. No dated

for examination of brought and identified by

2. Particulars of the alleged accused:

i. Name

S/o

ii. Address

iii. Age as stated iv. Occupation v. Religion:

vi. Consent given in writing

3. Examined in presence of

Place of examination

Date and Time of examination

CLEAR LTI	CLEAR RTI	PHOTO

4. Marks of Identification:

(1)

(2)

Brief History:

i. As given by Police

ii. As given by alleged accused:

a. If he admits or denies the incidence (Account of incidence as per his statement)
b. Did he know the victim before:
c. If any injury is present on the body of the accused, then to see, if it could be due to struggle and resistance by the victim

d. If his clothing's show any evidence of lipstick, stains of blood, foreign hair, mud, grass, vaginal stains, if so, his explanation about the same:
e. If his clothing show evidence of recent tear, loss of button, any loose foreign pubic hair, his explanation about it:
f. Any history of S.T.D before
g. Did he take bath, wash etc. after the alleged incidence
h. Has he changed clothes after the incidence:

5. Physical examination

i. Clothing: If same was worn during the incidence look for presence of blood stains, semen, vaginal stain, female pubis hair, mud, grass, lipstick, any tear etc. And describe

ii. Marks of violence if any (Tick mark if present and describe):

Bite marks :

Abrasions :

Contusions :

Any other :

iii. General Configuration : Height : Weight : Body Built :

Blood Pressure : Pulse : Mental status :

iv. Axillary hair : v. Beard &Moustache

vi. Pubic hair(including tanner staging)

(If matted preserve clipping for Forensic examination)

vii. Dentition: (Encircle the teeth not erupted) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Total no 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Permanent Temporary

Spacing behind 2nd permanent molar Artificial, if any

viii. Genital Examination:

a. (Indicate as Y = Yes, N = No, DNK = Do Not Know)

	Pubic region	Thigh and adjoining parts
Matted hair		
Seminal stain		
Blood		
Loose foreign hair		
Injuries		

b. Penis:

Development (Tanner Stage) Any defect / Deformity

Length and Girth of penis in flaccid condition

Length and Girth of penis in erect condition

Glans penis and frenulum

Whether foreskin can be freely rolled up or is circumcised

Any injury on the frenulum

Any injury elsewhere on the organ

Evidence of any disease e.g. STD

Presence of smegma under the foreskin

Hair under prepuce

Any Other Remark

c. Scrotum and testes Development (Tanner Stage)

Enlargement

Both testes descended or not

Any disease

Any injury

Cremasteric Reflex

Any Other Remark

d. Details regarding any Disease/Injury:

(Indicate as Y = Yes, N = No, DNK = Do Not Know, EO = Emission Occurred)

Vas deference

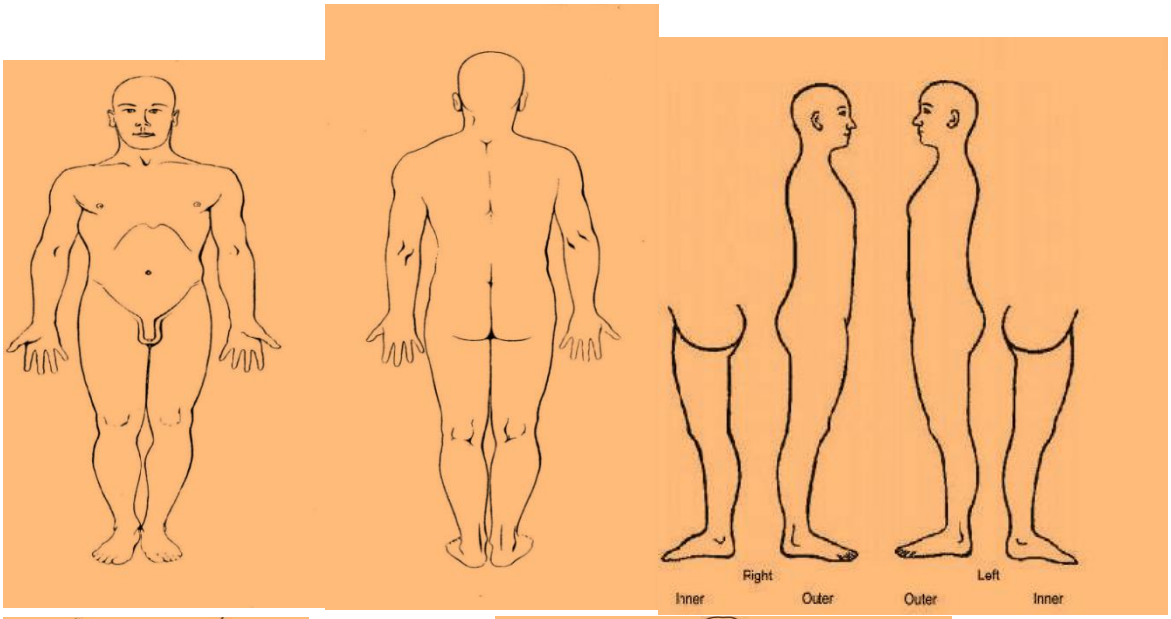
Epididymis

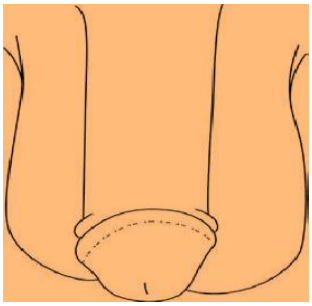
Prostate

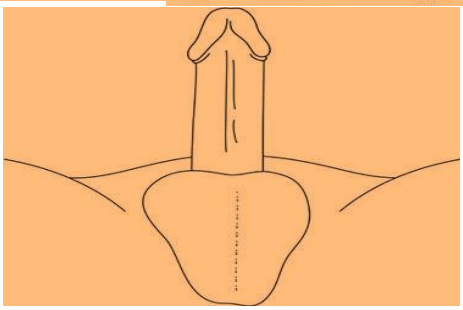
On the genital

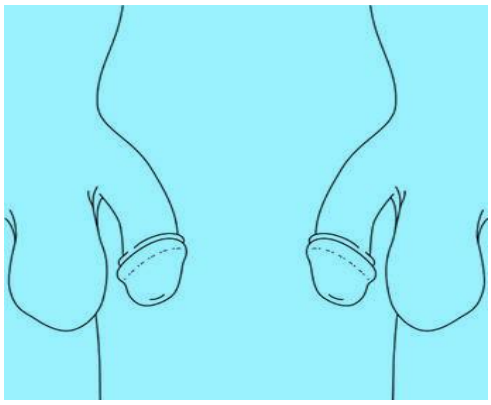
Anywhere on the body

Any Other Remark









LEGEND: TYPES OF FINDINGS in the diagram.
AB Abrasion; ER Erythema (redness); ALS Alternate Light Source F/H Fibre/Hair;
PE Petechiae; BI Bite; FB Foreign Body; PS Potential Saliva; BU Burn; IN Induration; SHX Sample Per History; DE Debris; IW Incised Wound; SI Suction Injury; DF Deformity; LA Laceration; SW Swelling; DS Dry Secretion; MS Moist Secretion;
TB Toluidine Blue; EC Ecchymosis (bruise); TE Tenderness; V/S Vegetation/Soil; OI Other Injury (describe):
OF Other Foreign Material (describe):

Collection of Samples for Forensic Analysis:

a. Clothing, where available – (Each garment to be wrapped separately and packed in paper bags after air drying – in envelope labelled **step 1A and 1B**)
b. Collection of Hair Sample (In envelope labelled **step 2A, 2B and 2C**)

Steps	**Evidence Material**	**Collected (Y) /Not Collected (N)**	**Reason for not collecting**
2A	Pubic hair combing (mention if shaved)		
2B	Cut strands of pubic hair (mention if shaved)		
2C	Cut strands of Matted pubic hair		

c. Collection of Loose foreign pubic hair or fibre of clothing, if present on the body or under the clothing of accused (In envelope labelled **Step 3**)

Steps	**Evidence Material**	**Collected (Y) /Not Collected (N)**	**Reason for not collecting**
3A	Loose foreign pubic hair		
3B	Loose fibre of clothing		

d. Collection of Swabs for semen, blood, mud, grass etc. on body (In envelope labelled **Step 4**)

Steps	**Evidence Material**	**Collected (Y) /Not Collected (N)**	**Reason for not collecting**
4A	Two swabs and two slides from stains on body		
4B	Two swabs and two slides for semen		
4C	Two swabs and two slides for blood		
4D	Two swabs for muddy stains, grass etc.		

e. Collection of urethral swabs and scrotal swabs and smears (In envelope labelled **Step 5** for detection of seminal content, gonococci etc. DNA testing, STD etc.)

Steps	**Evidence Material**	**Collected (Y) /Not Collected (N)**	**Reason for not collecting**
5A	One urethral swab and two slides (for semen examination and DNA testing)		
5B	One urethral swab (for STD)		
5C	Two scrotal swabs and two slides		

f. Collection of penile swabs and smears and penile washings for vaginal epithelia (In envelope labelled **Step 6**)

Steps	**Evidence Material**	**Collected (Y) /Not Collected (N)**	**Reason for not collecting**
6A	Two penile swabs and two slides		
6B	Penile washings		

g. Collection of nail cuttings and scrapings (In envelope labelled **Step 7**)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
7A	Nail scrapings		
7B	Nail cuttings		

h. Collection of swabs from buccal mucosa (In envelope labelled **Step 8**)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
8	Two buccal swabs and two slides		

i. Blood Collection (In envelope labelled **Step 9**)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
9A	Blood for grouping (gauze cloth)		
9B	Blood for DNA analysis on FTA card		

7. X rays for age estimation (if requested in the letter)
8. Tests advised for potency / impotency (wherever required)

1. Blood for – GTT, Serum electrolytes, Serum Creatinine, Liver function tests, Full blood count, Serum prolactin level, Thyroid function test, Serum testosterone, Sex Hormone binding globulin.
2. Special investigations (if required) – Nocturnal Penile tumescence, Cavernosography, Pharmacologically Induced Penile Erection test, Doppler studies, Pudendal Arteriography, Pharmacocavernosometry.

OPINION:

Station	Signature
Date	Name
Time	Reg. No
Designation	Office seal

Original :

Duplicate :

Triplicate :

GOVERNMENT .....HOSPITAL,
……

PROFORMA FOR EXAMINATION OF SEXUAL OFFENCE SUVIVOR

1. Name of the Hospital No. OPD No Inpatient No
2. Name D/o or S/o (Where Known)
3. Address
4. Age (as reported) Date of Birth (if Known)
5. Sex (M/F/Others)
6. Date and Time of arrival in the hospital
7. Date and Time of commencement of examination
8. Brought by (Name & signatures)
9. MLC No. Police Station
10. Whether conscious, oriented to time and place and person
11. Any physical/intellectual/psycho-social disability
    (Interpreters of special educators will be needed where the survivor has special needs such as hearing/speech disability, language barriers, intellectual or psycho-social disability.)

12. Informed Consent/refusal

I D/o or S/o
hereby give my consent for:

a) Medical Examination for Treatment **Yes/No**
b) This Medico Legal Examination **Yes/No**
c) Sample Collection for Clinical & Forensic Examination **Yes/No**

I also understand that as per law the hospital is required to inform Police and this has been explained to me. I want the information to be revealed to the Police **Yes/No**

I have understood the purpose and the procedure of the examination including the risk and benefit, explained to me by the examining doctor. My right to refuse the examination at any stage and the consequence of such refusal, including that my medical treatment will not be affected by my refusal, has also been explained and may be recorded. Contents of the above have been explained to me in language with the help of a special educator/interpreter/support person (circle as appropriate)

If special educator/interpreter/support person has helped, then his/her name and signature

Name & signature of survivor or parent/Guardian/person in whom the child reposes trust in case of child (<12yrs) With Date, Time & Place

Name & signature/thumb impression of Witness With Date, Time and Place

13. Marks of identification (Any scar/mole)

(1) (2)

14. Relevant Medical/Surgical history:

Onset of menarche (in case of girls) Yes / No Age of onset
Menstrual history - Cycle length and duration Last Menstrual period
Menstruation at the time of incident - Yes/ No
Menstruation at the time of examination- Yes/ No
Was the survivor pregnant during incident - Yes/No
If yes, duration of pregnancy weeks Contraception use : Yes / No If yes-method used:
Vaccination Status : Tetanus Yes / No Hepatitis B: Yes / No

15 A. History of Sexual Violence:

Date of incident/s being reported Time of incident/s
Location/s
Estimated duration: days / weeks / months / years
Episode: One Multiple Chronic (>6 months)
Unknown Number of Assailant (s) and name/s

Sex of assailant(s)

Approx. Age of assailant (s)

If known to the survivor - relationship with the Survivor

Description of incident in the words of the narrator: Narrator of the incident: Survivor/Informant (indicate and specify name and relation to survivor)

15B. Type of physical violence used if any (Tick mark the relevant and describe wherever required): Hit with (Hand/ Fist/ Blunt Object/ Sharp Object)

Burned with	Biting
Kicking	Pinching
Pulling Hair	Violent shaking
Banging head	Dragging Any others

15C.

i. Emotional abuse of violence if any (insulting/ cursing/belittling/terrorizing)
ii. Use of restraints, if any
iii. Used or threatened the use of weapon(s) or objects if any
iv. Verbal threats (For Example: Threats of killing or hurting survivor or any other person in whom the survivor Is interested; Use of photographs for blackmailing, etc.) if any:
v. Luring (Sweets/Chocolates/Money/Job) if any
vi. Any other

15D.

i. Any H/O drug/alcohol intoxication
ii. Whether sleeping or unconscious at the time of the incident

15E. If survivor has left any marks of injury on assailant/s, enter details

15F. Details regarding sexual violence:

Was penetration by penis, fingers or object or other body parts (Indicate as Y = Yes, N = No, DNK = Do Not Know, EO = Emission Occurred)

Mention and describe body part/s and/or object/s used for penetration.

Accused Victim	Penis	Object / other body part	Manipulation of woman	Mouth
Vaginal				
Urethral				
Anus				
Mouth				

	Yes	No	Don't know	Emission occurred
Oral sex performed by assailant on survivor				
Forced masturbation of self by survivor				
Masturbation of assailant by survivor				
Forced manipulation of assailants genital by survivor				
Exhibitionism (perpetrator displaying genitals)				
Did ejaculation occur outside of body orifice				
Where on the body ejaculation occurred				
Kissing, licking or sucking any part of survivor's body				
Touching / Fondling				
Condom used				
Status of condom				
Lubricant used				
What kind of lubricant used				
Object used				
What kind of object used				
Any other forms of sexual violence				

Post incident, has the survivor	Yes / No / Do not know	Remarks
Changed clothes		
Changed undergarments		
Cleaned / washed clothes		
Bathed		
Douched		
Passed urine		
Passed stools		
Rinsing of mouth / brushing / vomit		

Time since incident

H/o vaginal / anal / oral bleeding / discharge prior to the incident of sexual violence

H/o vaginal / anal / oral bleeding / discharge since the incident of sexual violence

H/o painful urination/ painful defecation/fissures/ abdominal pain/ pain in genitals or any other part since the incident of sexual violence

16. General Physical Examination:

Is this the first examination

Pulse BP Temp

Resp. Rate Pupils

Any observation in terms of general physical wellbeing of the survivor

17. Systemic examination:

Central Nervous System :

Cardio Vascular System :

Respiratory System :

Chest :

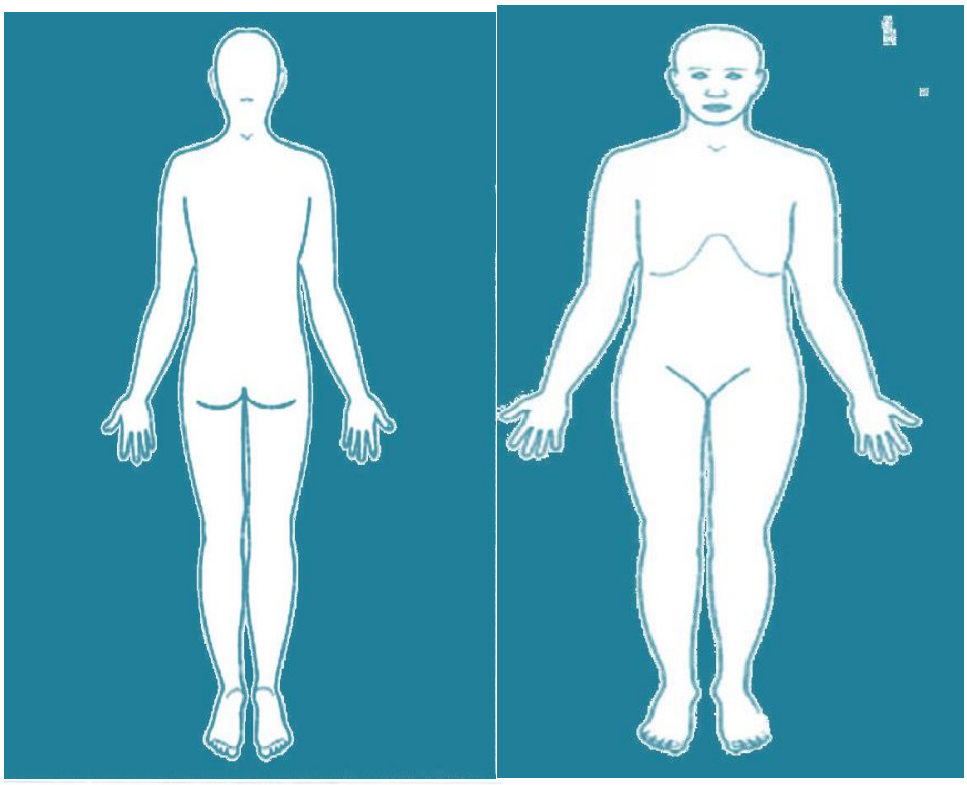
Abdomen :

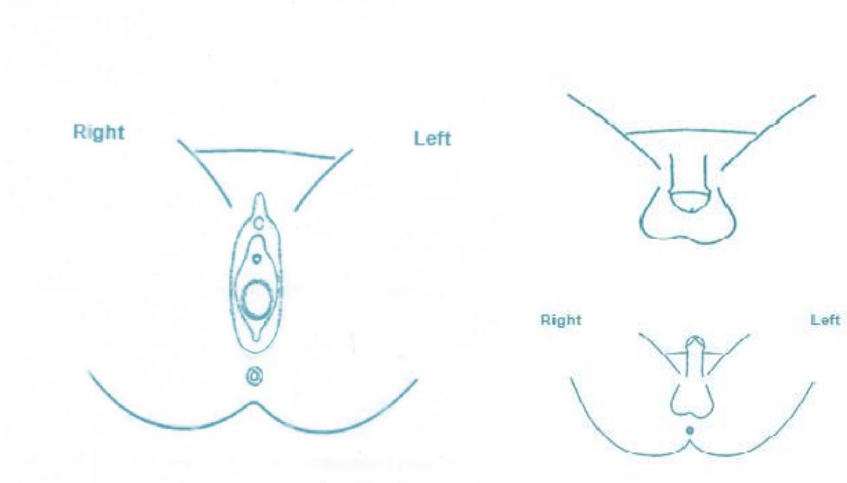
18. Examination for injuries on the body, if any:

The pattern of injuries sustained during an incident of sexual violence may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare). (Look for bruises, physical torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks). Note the Injury type, site, size, shape, colour, swelling signs of healing simple/grievous, dimensions.)

Scalp examination for areas of tenderness (hair pulled out / dragged by hair) / Extraneous matter	
Facial bone injury, orbital blackening, tenderness	
Petechial haemorrhage in eyes and other places	
Lips and buccal mucosa / gums	
Behind the ears, ear drum	
Neck, shoulders and breast	
Upper limb	
Inner aspect of upper arms	
Inner aspect of thighs	
Lower limb and buttocks	

16. **Sample Collection of Forensic Science Laboratory:** Clothing evidence, where available – (to be packed in separate paper bags after air drying -in envelope labelled **step 3A and 3B**)





20. Collection of Debris /Stains/Nails/swabs (In envelope labelled **step 4A,4B,4C,4D, 4E and 4F**)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
4A	Head hair combing (debris)		
4B	In between fingers (debris)		
4C	Swabs from stains on body (blood, semen, foreign material, others)		
4D	Nail scrapings (both hands separately)		
4E	Nail clippings (both hands separately)		
4F	Scalp hair (10 to15 strands)		

21. Breast examination: (In envelope labelled **step 5**)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
5	Swab from each breast (two swabs)		

22. Local examination of genital parts / other orifices: External genitalia: Record findings and state NA where no applicable:

Body part to be examined	Findings
Urethral meatus & vestibule	
Labia majora	
Labia minora	
Fourchette & Introitus	
Hymen & Perineum	
External urethral meatus	

23. Genital evidence (In envelope labelled **step 6A, 6B and 6C**)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
6A	Pubic hair combing (mention if shaved)		
6B	Cut strands of pubic hair (mention if shaved)		
6C	Cut strands of matted pubic hair		

24. Cervical, Vaginal and Urethral swabs (In envelope labelled **step 7A, 7B, 7C and 7D**)
Per-vaginum, per-speculum examination should not be done unless required for detection of injuries or for medical treatment.

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
7A	Two Cervical swabs and two slides (for semen examination and DNA testing)		
7B	Two Vaginal swabs and two slides (for semen examination and DNA testing)		
7C	Two Urethral swabs and two slides (for semen examination and DNA testing)		
7D	Any other (tampon / sanitary napkin / condom /object)		
	pv findings, if performed		
	ps findings, if performed		
	Reason if pv / ps examination not performed		

25. Cervical Swab - Culture for infection (In envelope labelled **step 8**)

26. Washings from vagina (In envelope labelled **step 9**)

	Collected (Y) /Not Collected (N)	Reason for not collecting
9 Vaginal washing		

27. Anus and Rectum (In envelope labelled **step 10A and 10B**)
Bleeding / tear / discharge / oedema / tenderness (Encircle the relevant)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
10A	Two Anal swabs and two slides for semen examination and DNA testing)		
10B	Two Rectal swabs and two slides (for semen examination and DNA testing)		

28. Oral cavity (In envelope labelled **step 11A and 11B**)Bleeding / tear / discharge / oedema / tenderness (Encircle the relevant)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
11A	Two Oral swabs and two slides (for semen examination and DNA testing)		
11B	One dental floss		

29. Blood collection (In envelope labelled **step 12A, 12B, 12C and 12D**)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
12A	Blood grouping, testing for drug / alcohol intoxication (plain vial)		
12B	Blood for alcohol levels (Sodium fluoride vial)		
12C	Blood for DNA analysis (DNA card and gauze cloth)		
12D	Blood for HIV, VDRL, HbsAg (EDTA vial)		

30. Urine collection (In envelope labelled **step 13A, and 13B**)

Steps	Evidence Material	Collected (Y) /Not Collected (N)	Reason for not collecting
13A	Urine test for pregnancy		
13B	Urine (drug testing)		

31. Other relevant tests ordered (indicate the relevant option)
a) Ultrasound for pregnancy/internal injury – Yes/No; b) X-ray for Injury – Yes/No
*Samples to be preserved as directed till handed over to Police along with duly attested sample seal.

32. Treatment prescribed:

Treatment	Yes	No	Comments
STI prevention			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post exposure prophylaxis for HIV			
Counselling			
Other			

33. Date and time of completion of examination:
Report contains number of sheets and number of envelopes.
OPINION:
Station Signature
Date Name
Time Reg. No
Designation Office seal

FINAL OPINION (After receiving lab reports):
Station Signature
Date Name
Time Reg. No
Designation Office seal

GOVERNMENT.....HOSPITAL,
……

CERTIFICATE OF SEXUAL ASSAULT – ACCUSED PERSON EXAMINATION

(S.O. Case No .....)

Regarding examination of accused of sexual offence with reference to P.S. Cr. No:

u / s Requisition for examination was received from
at A.M. / P.M. on at College / Hospital, Person was first

seen by the undersigned at A.M. / P.M. on

Medical examination was commenced at A.M. / P.M. on

One Tr. of alleged age

accompanied by

With identification marks:

Consent:

Following were found during examination:

OPINION:

Possibility of performance of sexual intercourse i.e., of vaginal/anal/urethral/oral penetration by the male sex organ cannot be excluded.

No definite opinion can be given as to whether the alleged accused had performed any recent sexual intercourse in the ordinary way and there is nothing to suspect about his potency.

Incapable of performing sexual intercourse in the ordinary way due to …… (temporary / permanent cause).

Signature with Name & Designation

Station & Date :
Original :
Duplicate : (Office seal)

GOVERNMENT.....HOSPITAL,
……

CERTIFICATE OF SEXUAL ASSAULT – VICTIM / SURVIVOR EXAMINATION

(S.O. Case No.....)

Regarding examination of accused of sexual offence with reference to P.S. Cr. No:
u / s Requisition for examination was received from

at A.M. / P.M. on at College / Hospital, Person was first seen by the undersigned at A.M. / P.M. on

Medical examination was commenced at A.M. / P.M. on

One Tr. of alleged age

accompanied by

With identification marks:

Consent:

Following were found during examination:

OPINION:

Signs suggestive of forceful vaginal / anal /.....intercourse / Possibility of vaginal / anal penetration by lubricated object.

No signs suggestive of vaginal / anal intercourse but there is evidence of physical / genital assault.

Signs suggestive of evidence of bite mark(s) / sucking / ……. onsite;

Age of injury is ……..

Signature with Name & Designation

Station & Date :
Original :
Duplicate : (Office seal)

O/o THE POLICE SURGEON & DEPARTMENT OF FORENSIC MEDICINE.
GOVERNMENT ……. COLLEGE, ……

TOXICITY CERTIFICATE No: ; dt. .

Certificate regarding toxicity of substances seized with respect to P.S, Cr. No: u/s vide Forensic Science Lab Report

Requisition for opinion as to toxicity of the substances was received from the Inspector of Police, P.S, at AM / PM on

Opinion of the undersigned is as follows:

Substance is a compound.

Effects of it on human body are:

Signature with Name & Designation

Station :
Date :

Office seal :

Police Jurisdictions:
Chennai:

Madras Medical College (1)

B2 Esplanade
B3 Fort
C1 Flower Bazaar
C2 Elephant gate
C4 G.H. Out Post
C5 Kothavalchavadi
F1 Chintadripet
F2 Egmore
F6 Egmore Museum
F7 Women and ChildrenHospital
G1 Vepery
G2 Periamet
G4 Institute of Mental Health
P4 Basin Bridge
R1 Mambalam
R4 Pondy Bazaar

Stanley Medical College (2)

B1 North Beach
C3 Seven Wells
H1 Washermenpet
H2 Stanley Medical College, Hospital, Outpost
H3 Tondiarpet
H4 Korrukupet
H5 New Washermenpet
H6 R. K. Nagar
H7 Peripheral Hospital, Tondiarpet
M1 Harbour
M2 Water Borne P.S.
M5 Government RSRM Hospital
N1 Royapuram
N2 Kasimedu
N3 Muthialpet
N4 Fishing Harbour
P3 Vyasarpadi
N5 Government RSRM Hospital Outpost
P5 Sharmanagar

Kilpauk Medical College (3)

F5 Chetpet
G3 Kilpauk
G5 Secretariat Colony
G6 Kilpauk Medical College Hospital outpost
K1 Sembium
K2 Ayyanavaram
K3 Aminjikarai
K4 Anna Nagar
K5 Peravallur
K6 T. P. Chatram
K7 ICF Colony
K8 Arumbakkam
P1 Pulianthope
P2 Otteri
R5 Choolaimedu
V1 Villivakkam
V2 Virugambakkam
F3 Nungambakkam

Government Medical College, Omandurar Government Estate (4)

D2 Annasalai
D4 Zam Bazaar
D6 Anna Square
E3 Teynampet
F4 Thousand Lights
R3 Ashok Nagar
R6 Kumaran Nagar
R7 K. K. Nagar
D1 Triplicane
(D7 Government Estate PoliceStation merged with D1 Police Station)
D8 Kasturibhai GandhiHospital

Government Royapettah Hospital (5)

D3 Ice House
D5 Marina
E1 Mylapore
E2 Royapettah
E4 Abhiramapuram
E5 Foreshore Estate
E6 Royapettah Hospital Outpost
J1 Saidapet
J3 Guindy
J4 Kotturpuram
J5 Shastri Nagar
J6 Thiruvanmiyur
J7 Velachery

Coimbatore:

Coimbatore Medical College & Hospital:

West Zone	**Mettupalayam Sub division**
B1 - Big Bazaar street B2 - RS Puram B3 - Variety Hall Rd B4 - Ukkadam	1. Mettupalayam PS 2. Sirumugai PS 3. Karamadai PS 4. Annur PS 5. Pillur PS
Central Zone	**Periyanaikenpalayam Subdivision**
C1 - Katoor C2 - Race course C3 - Saibaba Colony C4 - Rathinapuri	1. PN Palayam PS 2. Thadagam PS 3. Thudiyalur PS
	Perur Subdivision
	1. Perur PS 2. KG Chavadi PS 3. Maddukkarai PS 4. Thondamuthur PS 5. Alandurai PS 6. Karunyanagar PS 7. Kinathukadavu PS 8. Vadavelli PS

Government Medical College & ESI Hospital:

East Zone	**Pollachi Sub division**
E1 - Singanallur PS E2 - Peelamedu PS E3 - Saravanampatti	1. Pollachi East PS 2. Pollachi West PS 3. Pollachi Taluk PS 4. Mahalingapuram PS 5. Vadakkipalayam PS 6. Negamam PS 7. Gommangalam PS
South Zone	**Valparai Subdivision**
D1 - Ramanthapuram D2 - Selvapuram PS D3 - Podanur PS D4 - Kuniamuthur PS	1. Valparai PS 2. Anaimalai PS 3. Aliyur PS 4. Kottur PS 5. Kadamparai PS 6. Mudis PS 7. Shiekalmudi PS
	KM Patty Subdivision
	1. Karumathampatty PS 2. Kovilapalayam PS 3. Chettipalayam PS 4. Sultanpet PS 5. Sulur PS

REFERENCES:

1. Tamilnadu Medical Code, Volume 1 and 2.
2. Tamilnadu Police Standing Orders & Rules (PSOs).
3. Letter No. 2614 / 2012, dated: 07.03.2012. - Judgement from the Sessions Judge, Magalir Neethimandram, Chennai – 104.
4. Govt. of India, Hospital Manual – 2002.
5. National Human Rights Commission Guidelines in Custodial Deaths.
6. Haryana Medico Legal Manual – 2012.
7. Kerala Medico Legal Code – 2011.
8. Maharashtra Medico Legal Manual – 2018.
9. Right to Information Act.
10. Medico Legal Examination & Postmortem Reporting System (MedLeaPR).
11. Handbook on Forensic Science & Criminal Justice System, Chandigarh Judicial Academy 2017.
12. WHO Guidelines for Medico-Legal Care for Victims of Sexual Violence.
13. Guidelines & Protocols, Medico-Legal Care For Survivors / Victims of Sexual Violence, MoHFW, Govt of India.
14. Department of Health Research (DHR) Guidelines, Forensic Medical Care For Victims Of Sexual Assa

TAMIL NADU
MEDICO LEGAL MANUAL - 2023

GUIDELINES & PROTOCOLS IN MEDICO - LEGAL CASES

BY: Dr.K.TAMILMANI MD (FM) - Dr.M.MANIVASAGAM MD (FM)