<u>Annexure – 1</u> <u>Formats for Medico-legal Certification</u>

ACCIDENT REGISTER – CUM – WOUND CERTIFICATE

| 1. Serial No | ime of examination |
|---|-------------------------------------|
| 3. Name | Age :years. Sex : male/female |
| 4. Address | |
| | |
| 5. Identification marks: (1) | |
| (2) | |
| 6. Brought by (Name & address) | |
| 7. Requisition (if any) from | |
| 8. History and alleged cause of injury | |
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| | ** |
| 10.Details of injuries: | |
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| 11. Findings of physical examination : | |
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| 10 N 1 | |
| 12. Number of additional sheets if any | |
| 13. Whether admitted or not: Admitted/Observa | <u> </u> |
| 14. Opinion: Could be / could not be as alleged | d.** Injuries appeared Fresh / Old. |
| | |
| | |
| | C: |
| Data | Signature : |
| Date : | Name : Designation: |
| Name of Institution : | |
| ** Strike off which is not applicable. | |
| ** | as per his request Nodated |
| | ture of the issuing officer: |

ACCIDENT REGISTER – CUM – WOUND CERTIFICATE

| 1. Serial No | te and time of examination |
|---|---|
| 3. Name | Age :years. Sex : male/female |
| 4. Address | |
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| | ** |
| 10.Details of injuries: | |
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| 11. Findings of physical examination : | |
| | |
| 10 Number of additional shorts if and | |
| 12. Number of additional sheets if any | |
| | Observation/Out patient/Expired in casualty/Referred.** |
| 14. Opinion: Could be / could not be as | alleged.** Injuries appeared Fresh / Old. |
| | |
| | |
| | Signature : |
| Date : | Name : |
| Place : | Designation: |
| | |
| ** Strike off which is not applicable. | |
| Issued to | |
| Date : | Signature of the issuing officer: |

ACCIDENT REGISTER - CUM - WOUND CERTIFICATE

| | nd time of examination |
|---|---|
| | |
| 5. Identification marks: (1) | |
| 6. Brought by (Name & address) | |
| 8. History and alleged cause of injury | |
| | ** |
| 10.Details of injuries. | |
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| | |
| 11. Findings of physical examination : | |
| | |
| 12. Number of additional sheets if any | rvation/Out patient/Expired in casualty/Referred.** |
| | JII. |
| | Signature: |
| Date : | Name : |
| Name of Institution : | |
| ** Strike off which is not applicable. Issued to | as per his request Nodated |
| | ignature of the issuing officer: |

POLICE INTIMATION

| To: The S.I./SHO of | |
|--|--|
| | · |
| | |
| | of |
| · | ward / outpatient / referred / expired in casualty.* |
| Please do the needful. | 1 |
| | Signature: |
| Date:Place: | Name : Designation : |
| Name of institution : | |
| | E INTIMATION |
| To: The S.I./SHO of | Police station. |
| I write to inform you that a person by name | · |
| male/female, agedyears, address | |
| | |
| came to this institution with alleged history of | of |
| He/she is being treated as inpatient in | ward / outpatient / referred / expired in casualty.* |
| Please do the needful. | |
| Data | Signature : |
| Date : | Name : |
| | |
| | E INTIMATION |
| To: The S.I./SHO of | Police station. |
| I write to inform you that a person by name | · |
| male/female, agedyears, address | |
| | |
| came to this institution with alleged history of | of |
| He/she is being treated as inpatient in | ward / outpatient / referred / expired in casualty.* |
| Please do the needful. | |
| Date : | Signature : Name : |
| Place : | Designation: |
| Name of institution : | |

^{*}Strike off whichever is not applicable

POLICE INTIMATION

| To: The S.I./SHO of | Police station. |
|--|--|
| I write to inform you that a person by name | |
| male/female, agedyears, address | |
| | |
| came to this institution with alleged history of | of |
| He/she is being treated as inpatient in | ward / outpatient / referred / expired in casualty.* |
| Please do the needful. | |
| Data | Signature : Name : |
| Date: | Name : |
| | |
| | INTIMATION |
| To: The S.I./SHO of | Police station. |
| I write to inform you that a person by name | |
| male/female, agedyears, address | |
| | |
| came to this institution with alleged history of | of |
| He/she is being treated as inpatient in | ward / outpatient / referred / expired in casualty.* |
| Please do the needful. | |
| D . | Signature: |
| Date: | Name : |
| Name of institution : | |
| | INTIMATION |
| To: The S.I./SHO of | Police station. |
| I write to inform you that a person by name | |
| male/female, agedyears, address | |
| | |
| came to this institution with alleged history of | of |
| He/she is being treated as inpatient in | ward / outpatient / referred / expired in casualty.* |
| Please do the needful. | |
| Data | Signature : |
| Date: Place: Name of institution: | Name : |
| | |

^{*}Strike off whichever is not applicable

| PROFORMA FOR RECORDII | | | |
|--|--|---|--|
| working as | | | |
| | | | |
| in presence of witnesses (1) | | _ | |
| residing at | | | |
| and (2) | | | |
| shall 1 | | | |
| male/female agedyears, S/o | ••••• | resid | ar |
| (date), at (| nlace) | al | pin, on |
| in the word by word order as narrate | | | |
| Before recording this dying declar is critical and he/she may die any tin I have also thoroughly examined his other mental faculties and I hereby of dying declaration. The words of the | aration, I have examine hereafter, in spite of her level of conscious certify that the declarated declarant as said by h | of the life saving treatm usness, orientation of til ant is in possession of a tim are | ent being given to him/her. me and space, memory and a sound mind to deliver his |
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| | ••••• | • | ••••• |
| In order to clarify the points as revasked the following questions to whit Question: | ch the declarant gave | the answers, which are | recorded in that sequence |
| Answer: | | | |
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| | | • | |
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| | | | |
| I Dr. | | | |
| I also certify that the declarant throughout the dictation of his/her de | | | |
| throughout the dictation of his/her de | Signature: | ing ended at | am/pm on |
| Name & address of the Medical | | | |
| Read over to me and found to be | e correct | | Signature: |
| (Should be translated into declarate | | Name & address of the | • |
| Recorded and signed in my pres | _ | | |
| Signature, Name & address of First witness: | | | |

Signature, Name & address of Second witness:

PROFORMA FOR RECORDING DYING DECLARATION BY A MEDICAL PRACTITIONER I, Dr.....Son/Daughter of working as ..., residing at, residing at..... shall record the dying declaration of male/female agedyears, S/o residing at (date)....., at (place)...... in the word by word order as narrated by the declarant. Before recording this dying declaration, I have examined the declarant and found that his/her condition is critical and he/she may die any time hereafter, in spite of the life saving treatment being given to him/her. I have also thoroughly examined his/her level of consciousness, orientation of time and space, memory and other mental faculties and I hereby certify that the declarant is in possession of a sound mind to deliver his dying declaration. The words of the declarant as said by him are In order to clarify the points as revealed by the answers to the questions recorded in continuation to this, I asked the following questions to which the declarant gave the answers, which are recorded in that sequence Question: I Dr.certify that the above declaration was recorded by me and I also certify that the declarantmaintained his/her sound state of mind throughout the dictation of his/her declaration. The recording ended atam/pm on Signature: Name & address of the Medical Practitioner: Read over to me and found to be correct Signature: (Should be translated into declarant's mother tongue) Name & address of the declarant: Recorded and signed in my presence. Signature, Name & address of First witness:

Signature, Name & address of Second witness:

8

TREATMENT / DISCHARGE CERTIFICATE

(Issued In Continuation To The Accident Register-Cum-Wound Certificate)

| 1. Serial No., Date & Name of Institution of | the Wound Certificate |
|--|---|
| 2. Name | |
| 4. IP No | Date of discharget* |
| 7. Results of clinical investigations if any | |
| | |
| | in the Wound Certificate, if any |
| 9. Details of treatment given, including those | e of surgical and other procedures if any |
| 10.Condition at discharge | |
| | arding further treatment if necessary |
| | |
| Date : | ** Strike off which is not applicable. |
| | as per his request Nodated |

TREATMENT / DISCHARGE CERTIFICATE

(Issued In Continuation To The Accident Register-Cum-Wound Certificate)

| 1. Serial No., Date & Name of Institution | of the Wound Certificate |
|---|---|
| | |
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| | |
| | Date of discharge |
| | ent* |
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| | d in the Wound Contificate if one |
| | ed in the Wound Certificate, if any |
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| 9. Details of treatment given, including the | ose of surgical and other procedures if any |
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| 11. Advise given at the time of discharge re | egarding further treatment if necessary |
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| | |
| | Signature: |
| Date : | Name : |
| Place: | Designation: |
| Name of Institution : | |
| * The name in both these columns should be same. Issued to | ** Strike off which is not applicable |
| Date : | Signature of the issuing officer : |

TREATMENT / DISCHARGE CERTIFICATE

| Issued to | as per his request Nodated |
|---|--|
| * The name in both these columns should be same. | ** Strike off which is not applicable. |
| Place : | Designation: |
| Date : | Signature : Name : |
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| | g further treatment if necessary |
| | |
| 10.Condition at discharge | |
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| | T T T T T T T T T T T T T T T T T T T |
| 9. Details of treatment given, including those of s | urgical and other procedures if any |
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| | |
| 8. Injuries diagnosed other than those noted in the | |
| | |
| | |
| 7. Results of clinical investigations if any | |
| | |
| 6. Condition at admission | |
| 5. Name of the doctor who treated the patient* | |
| 4. IP NoDate of admission | Date of discharge |
| 3. Address | |
| 2. Name | |
| | |

| SL. No | | ORIGINAL Date |
|--|---|---|
| Dequisition received from | CERTIFICATE OF D | |
| | | police station, dated |
| for the examination and | certification of drunkenness | of |
| ••••• | years ar | nd accompanied by HC / PC No |
| Address: | | |
| Consent: | | |
| Whether under arrest or no Date & time of arrest (as Date & time of examination Identification marks: | ot (to be specified in requisition specified in the requisition): | n): Yes / No |
| (2) History: (a) relevant to consumpt | ion of alcohol : | |
| Smell of alcohol in breath | | |
| General appearance & bel Eyes. (a) Conjunctiva: N | (a) Clothing(b) General disposition(c) Speech | : Decently dressed / Disordered / Soiled / Torn. : Calm / Talkative / Abusive / Aggressive. : Normal / Thick and slurred / incoherent. (b) Pupils: Normal / Dilated / Sluggishly reacting. |
| Higher functions (a) Self control: No | ormal / Impaired. | (b) Memory: Normal/impaired. ed. (d) Reaction time: Normal/Delayed. |
| | Unsteady / Unable to stand upr t: Positive / Negative. | ight. |
| Romberg's sign: Positive Any other findings / Injur | / Negative. | Reflexes : Normal / Exaggerated / Sluggish. |
| Smell of alcohol in breath | | , |
| Special examination (Blo | od & Urine) : Preserved / | Not preserved. |
| 2) The person exam | nined has consumed alcohol, b | at the person has consumed alcohol. but is not under the influence of alcohol. and is under the influence of alcohol. |

Opinion:

- 1) There is nothing
- 2) The person exam
- 3) The person exam

| Date : | Signature | : |
|--------------------------------------|---------------|---|
| Place: | Name | : |
| Name of Institution.: | Designation : | |
| (strike off which is not applicable) | | |

| SL. No | Date |
|--|---|
| CERTIFICATE OF I | |
| Requisition received from the | |
| of | |
| for the examination and certification of drunkenness | |
| agedyears a | nd accompanied by HC / PC No |
| Name:Address: | |
| Consent: | |
| Conson | |
| Whether under arrest or not (to be specified in requisition | n): Yes / No |
| Date & time of arrest (as specified in the requisition): | |
| Date & time of examination. : | |
| Identification marks: | |
| (1) | |
| (2) | |
| History: (a) relevant to consumption of alcohol: | |
| (b) relevant to consumption of alcohol | |
| (b) relevant to finess if any | |
| Smell of alcohol in breath : Present / Absent. | |
| General appearance & behavior. | |
| (a) Clothing | : Decently dressed / Disordered / Soiled / Torn. |
| (b) General disposition | : Calm / Talkative / Abusive / Aggressive. |
| (c) Speech | : Normal / Thick and slurred / incoherent. |
| | (b) Pupils: Normal / Dilated / Sluggishly reacting. |
| Higher functions | (b) Manager Name 1 / impaired |
| (a) Self control: Normal / Impaired.(c) Orientation of time & space: Normal / impaire | (b) Memory: Normal / impaired. |
| Muscular co-ordination | ed. (d) Reaction time. Normal/ Delayed. |
| (a)Gait: Normal / Unsteady / Unable to stand up | right |
| (b) Finger nose test: Positive / Negative. | iigiit. |
| Systemic examination findings: | |
| Pulse:/min. B.P.:mm of Hg. | Reflexes: Normal / Exaggerated / Sluggish. |
| Romberg's sign: Positive / Negative. | |
| Any other findings / Injuries on the body: | |
| | |
| Constitute of the Late of the Description (New York) | |
| Smell of alcohol in breath : Persisting / Not persisting | 2 . |
| Special examination (Blood & Urine) : Preserved | Not preserved. |
| Special examination (Blood & ethic) | That preserved. |
| Opinion: | |
| 1) There is nothing on examination to suggest th | at the person has consumed alcohol. |
| 2) The person examined has consumed alcohol, | but is not under the influence of alcohol. |
| 3) The person examined has consumed alcohol a | and is under the influence of alcohol. |
| | |
| Date : | Signature : |
| Place: | Name : |
| Name of Institution. : | Designation: |
| (strike off which is not applicable) | 8 |
| Received the certificate: | (Signature & P.C.No.) |

| SL. No | TRIPLICATE Date |
|---|--|
| CERTIFICATE OF I | |
| Requisition received from the | |
| of | police station, dated |
| for the examination and certification of drunkenness | |
| agedyears a | and accompanied by HC / PC No |
| Name : | Aga · yaara Say · Mala / Famala |
| Address: | |
| | |
| Consent: | |
| | |
| | |
| Whether under arrest or not (to be specified in requisition | |
| Date & time of arrest (as specified in the requisition): | |
| Date & time of examination. : Identification marks : | |
| (1)(1) | |
| (2) | |
| History: | |
| (a) relevant to consumption of alcohol : | |
| (b) relevant to illness if any: | |
| | |
| Smell of alcohol in breath : Present / Absent. | |
| General appearance & behavior. | D 1 1 1/D: 1 1/0:11/F |
| (a) Clothing | : Decently dressed / Disordered / Soiled / Torn. |
| | : Calm / Talkative / Abusive / Aggressive. |
| (c) Speech | : Normal / Thick and slurred / incoherent. |
| Eyes. (a) Conjunctiva: Normal / Congested. Higher functions | (b) Pupils : Normal / Dilated / Sluggishly reacting. |
| | (b) Memory: Normal / impaired. |
| (c) Orientation of time & space : Normal / impaired | |
| Muscular co-ordination | out (a) reaction time trivariant, 2 only out |
| (a)Gait: Normal / Unsteady / Unable to stand up | right. |
| (b) Finger nose test: Positive / Negative. | |
| Systemic examination findings: | |
| Pulse:/min. B.P.:mm of Hg. | Reflexes: Normal / Exaggerated / Sluggish. |
| Romberg's sign: Positive / Negative. | |
| Any other findings / Injuries on the body : | |
| | |
| Smell of alcohol in breath : Persisting / Not persisting | g. |
| Special examination (Blood & Urine) : Preserved | / Not preserved. |
| | |
| Opinion: | |
| 1) There is nothing on examination to suggest th | <u>-</u> |
| 2) The person examined has consumed alcohol, | but is not under the influence of alcohol. |

| for the examination and certification of drunkenness of |
|---|
| Name: |
| Address: |
| |
| Consent: |
| |
| |
| Whether under arrest or not (to be specified in requisition): Yes / No |
| Date & time of arrest (as specified in the requisition): |
| Date & time of examination. |
| Identification marks: (1)(1) |
| (2) |
| History: |
| (a) relevant to consumption of alcohol: |
| (b) relevant to illness if any: |
| Smell of alcohol in breath : Present / Absent. |
| General appearance & behavior. |
| (a) Clothing : Decently dressed / Disordered / Soiled / Torn. |
| (b) General disposition : Calm / Talkative / Abusive / Aggressive. |
| (c) Speech : Normal / Thick and slurred / incoherent. Eyes. (a) Conjunctiva : Normal / Congested. (b) Pupils : Normal / Dilated / Sluggishly reacting. |
| Higher functions (b) I upils . Normal / Bhated / Stuggishry leacting. |
| (a) Self control: Normal / Impaired. (b) Memory: Normal / impaired. |
| (c) Orientation of time & space : Normal / impaired. (d) Reaction time : Normal / Delayed. |
| Muscular co-ordination |
| (a) Gait: Normal / Unsteady / Unable to stand upright. |
| (b) Finger nose test: Positive / Negative. Systemic examination findings: |
| Pulse:/min. B.P.:mm of Hg. Reflexes: Normal / Exaggerated / Sluggish. |
| Romberg's sign: Positive / Negative. |
| Any other findings / Injuries on the body: |
| |
| Smell of alcohol in breath : Persisting / Not persisting. |
| |
| Special examination (Blood & Urine) : Preserved / Not preserved. |
| Opinion: |
| 1) There is nothing on examination to suggest that the person has consumed alcohol. |
| 2) The person examined has consumed alcohol, but is not under the influence of alcohol. |
| 3) The person examined has consumed alcohol and is under the influence of alcohol. |
| |
| Date:Signature: |
| Place: |
| Name of Institution: Designation: (strike off which is not applicable) |
| Received the certificate: |

Medico-legal Register

| Ref. ML. No/ | Date : |
|---|---------------------------|
| Name of the person : | .Ageyears Sex:Male/Female |
| Address : | |
| | |
| Ref. Crime Noof | police station. |
| Requisition from : | |
| | Dated |
| Examination requested : | |
| Name & Designation of Medical Officer who conducted the ex- | xamination : |
| | |
| Dated signature of the Medical Officer: | |
| | |
| | |
| Ref. ML. No./ | Date : |
| Name of the person : | .Ageyears Sex:Male/Female |
| Address : | |
| | |
| Ref. Crime Noof | police station. |
| Requisition from : | |
| | Dated |
| Examination requested : | |
| Name & Designation of Medical Officer who conducted the ex- | xamination : |
| | |
| Dated signature of the Medical Officer: | |

Signature:....

| Rei. No. ML/MASO | Date : |
|---|--|
| Report of examination of a male accused in sexua | al offence (including Potency) |
| Requisition dated was received at | on, |
| from the | for examination including potency of |
| | |
| crime Noof | |
| 1. Name & Address of the subject : | |
| | |
| 2. Age :years 3. Accompanied by (name & address) | |
| 4. Consent : | |
| | |
| 5.Date and time of commencement of examination: | |
| 6. Marks of identification : (1) | |
| (2) | |
| 7. Clinical history: History of any diseases or trauma which may | |
| If present, details: | |
| 8. History of sexual development: | |
| 9. Marital history: Married / Unmarried. Age of marriage:year | |
| 10. History and alleged cause of injury (if any): | 1 D 11 C 10 1 /D |
| 11.Physical examination: A. General:- Height:cm. Weigh | |
| Hair: Normal Adolescent male / Adult male type of hair grow | |
| B. Local: - (a) Penis: Present / Absent. Length | |
| Disease /Deformity / Injury (if any): Present / Absent. If prese | |
| | |
| Fore skin: Retractable / Non retractable / Circumcised. Smegr | |
| Sensations: Normal / Abnormal. Urethral discharge or tender | |
| (b) Scrotum: Pendulous / Non-pendulous. Right testis: present | |
| Development of testis: Small / Medium / Adult size. Sensation | |
| Disease / Deformity / Injury (if any) | BPmm of Hg. |
| Other findings (CVS, CNS, RS, GIS) | |
| D. Injuries on the body if any : | |
| D. Injuries on the body if any | |
| | |
| | |
| The examination concluded atan | |
| 12. Material objects preserved**: (a) Nail clippings (b) Scalp Ha | |
| (c) Pubic hairs (cut) (d) Penile Swabs taken with cotton just | |
| for vaginal epithelial cells & for DNA profiling) (e) Penile | |
| (f) Blood for DNA profiling (g) others if any | |
| 1 - 6 6 | |
| OPINION: | |
| * There is nothing to suggest that the above person is incapa | ble of performing the sexual act. |
| * The above subject may be incapable of performing sexual a | act. |
| * There is evidence / No evidence of Recent Sexual Act (Base | ed on results of Laboratory examinations) |
| * Opinion as to cause of injury : Could be as alleged / Could | not be as alleged |
| * Other if any : | |
| REASONS FOR CONCLUSIONS ARRIVED AT: | |
| | |
| | |
| | Signature : |
| Date : | Name : |
| Place: | Designation: |
| Name of institution : | ······ |
| Received the certificate:(Sig | |
| *Delete whichever is not applicable. **All need not be preserved if | examined after 72hours of alleged incident |

| Ref. No. ML/MASO | Date : |
|--|---------------------------------------|
| Report of examination of a male accused in sexual of | |
| Requisition dated was received at | |
| from the | |
| crime Noof | agedyears involved in |
| 1. Name & Address of the subject : | |
| 1. Name & Address of the subject | |
| 2. Age :years 3. Accompanied by (name & address) | |
| 4. Consent : | |
| | |
| 5.Date and time of commencement of examination: | |
| 6. Marks of identification : (1) | |
| (2) | |
| 7. Clinical history: History of any diseases or trauma which may affect | ect potency: Present / Not present. |
| If present, details: | |
| 8. History of sexual development: | |
| 10. History and alleged cause of injury (if any): | |
| 11.Physical examination: A. General:- Height:cm. Weight | |
| Hair: Normal Adolescent male / Adult male type of hair growth of | |
| B. Local :- (a) Penis : Present / Absent. Lengthcm Circui | |
| Disease /Deformity / Injury (if any): Present / Absent. If present, | |
| | |
| Fore skin: Retractable / Non retractable / Circumcised. Smegma | deposits on corona: Present / Absent. |
| Sensations: Normal / Abnormal. Urethral discharge or tendernes | |
| (b) Scrotum: Pendulous / Non-pendulous. Right testis: present /s | |
| Development of testis: Small / Medium / Adult size. Sensations | |
| Disease / Deformity / Injury (if any) | |
| C. Systemic examination : Pulse/min. | |
| Other findings (CVS, CNS, RS, GIS) | |
| D. Injuries on the body if any: | |
| | |
| | |
| The examination concluded at | |
| 12. Material objects preserved**: (a) Nail clippings (b) Scalp Hair (| |
| (c) Pubic hairs (cut) (d) Penile Swabs taken with cotton just we | |
| for vaginal epithelial cells & for DNA profiling) (e) Penile wa | |
| (f) Blood for DNA profiling (g) others if any | |
| (-) | |
| OPINION: | |
| * There is nothing to suggest that the above person is incapable | of performing the sexual act. |
| * The above subject may be incapable of performing sexual act. | |
| * There is evidence / No evidence of Recent Sexual Act (Based of | |
| * Opinion as to cause of injury : Could be as alleged / Could not | |
| * Other if any : | |
| REASONS FOR CONCLUSIONS ARRIVED AT: | |
| | |
| | Cionatura |
| Data : | Signature : |
| Date : | Name : Designation: |
| Name of institution: | |
| Received the certificate:(Signat | |
| *Delete whichever is not applicable. **All need not be preserved if example and the preserved in the preserve | |
| 2 class mener et la not applicable. Ini neca not de preserved il exal | area , zirours or unegea meracht |

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| Ref. ML. No./FVSA: | Date : |
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REPORT OF EXAMINATION OF A FEMALE VICTIM OF SEXUAL ASSAULT

| Name : | |
|--|----------------------------------|
| Requisition (if any) from ; | Police station dated |
| Consent: | |
| Date, time of commencement & place of examination | |
| Marital status: Married / Unmarried. Educational status: Occupation: | |
| History related to the incident (as stated by subject / | |
| 2) State of consciousness at the time of incident : | |
| 3) Number and name(s) of person(s) involved : | |
| 4) Details of position : | |
| 5) Degree of violence used and extent of penetration; | |
| 6) Resistance offered and if no resistance offered, reason (s) : | |
| 7) Pain on walking / urination / defecation : | |
| 8) Whether urinated / washed the genital area since the incident : 9) Reasons for delay in complaint if any : | |
| 10) Any other information to be conveyed : | |
| Sexual history (Previous experience / frequency / date of last sexual ac | ct) |
| Menstrual history: Age of menarche:years / Not attained / M Periods: Regular / Irregular / NA Whether menstruating now: Date of Last Menstrual Period: | enopause attained. Yes/No/NA. |
| Obstetric history: Whether pregnant now: Yes / No / NA. No of pre Type of delivery & other details: | vious pregnancies : |
| | |

Page 2(Continued from Page 1)

| Physical examination a) General: 1) Height | Ref. ML. No./FVSA: | Date : |
|---|---|---|
| b) Local: (1) Condition of pubic hair: Matted / Not matted / | a) General: 1) Height | 5) General Mental condition : Excited / Calm / Depressed. easts : |
| (4) Fourchette: Intact / Torn. Details (5) Posterior commissure: Intact / Torn. Details (6) Vagina: Admits one / two / more fingers. Rugae: Distinct / Not distinct. Discharge: Absent / Present If present, Normal / blood / yellowish / whitish | b) Local: (1) Condition of pubic hair: Matte (2) Appearance of labia / clitoris: | ed / Not matted / |
| (7) Appearance of perineum and thighs: (8) Others if any: c) Injuries on the body (if any): d) Systemic examination findings: Examination concluded at | (4) Fourchette: Intact / Torn. Details (5) Posterior commissure: Intact / Torn. De (6) Vagina: Admits one / two / more fingers If present, Normal / blood / yellowish / y Injuries in the vagina; | tailss. Rugae : Distinct / Not distinct. Discharge : Absent / Present whitish |
| d) Systemic examination findings: Examination concluded at | (7) Appearance of perineum and thighs : (8) Others if any : | |
| Date: There is evidence / no evidence of recent / past vaginal penetration. There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Place: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) Pate: There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results) | | |
| Examination concluded at | d) Systemic examination findings : | |
| Place: | Examination concluded at | |
| | Place: | Name : Designation : |
| | Date : | Signature of the issuing officer: |

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| Ref. ML. No./FVSA: Date | : |
|-------------------------|---|

REPORT OF EXAMINATION OF A FEMALE VICTIM OF SEXUAL ASSAULT

| Name : | |
|--|----------------------------------|
| Requisition (if any) from; | Police station dated |
| Consent: | |
| Date, time of commencement & place of examination | |
| Marital status: Married / Unmarried. Educational status: Occupation: | |
| History related to the incident (as stated by subject / | |
| 2) State of consciousness at the time of incident : | |
| 3) Number and name(s) of person(s) involved : | |
| 4) Details of position : | |
| 5) Degree of violence used and extent of penetration; | |
| 6) Resistance offered and if no resistance offered, reason (s) : | |
| 7) Pain on walking / urination / defecation : | |
| 8) Whether urinated / washed the genital area since the incident : | |
| 10) Any other information to be conveyed : | |
| Sexual history (Previous experience / frequency / date of last sexual act | t) |
| Menstrual history: Age of menarche:years / Not attained / Me Periods: Regular / Irregular / NA Whether menstruating now: Y Date of Last Menstrual Period: Other relevant history if any: | enopause attained. Ves/No/NA. |
| Obstetric history: Whether pregnant now: Yes / No / NA. No of prev Type of delivery & other details: | ious pregnancies : |
| | |

Page 2(Continued from Page 1)

| Ref. ML. No./FVSA: | Date : |
|---|---|
| Physical examination a) General: 1) Heightcm. 2) Weightkg. 3 4) Clothes: Intact / Disordered / Torn/NA. 5) Gene 6) Secondary sexual characters including breasts: | ral Mental condition: Excited / Calm / Depressed. |
| b) Local: (1) Condition of pubic hair: Matted / Not ma (2) Appearance of labia / clitoris: | sent / Fleshy and elastic / |
| (4) Fourchette: Intact / Torn. Details (5) Posterior commissure: Intact / Torn. Details (6) Vagina: Admits one / two / more fingers. Rugae: If present, Normal / blood / yellowish / whitish Injuries in the vagina; | Distinct / Not distinct. Discharge : Absent / Present |
| (7) Appearance of perineum and thighs : | |
| | |
| | |
| | |
| d) Systemic examination findings: | |
| Examination concluded at | vaginal swabs (3) Nail clippings nair samples (cut) (6) Scalp hair samples (cut) es/hypnotics (8) urine to look for sedatives / |
| Date: | Signature : |
| Issued to | as per his request Nodated |
| Received the certificate: (Signature, par | ne & designation) |

| Page | 1 |
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| Ref. ML. No./FVSA: | Date : |
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REPORT OF EXAMINATION OF A FEMALE VICTIM OF SEXUAL ASSAULT

| Name : | | |
|--|--------------------------------|----------|
| Requisition (if any) from; | Police station dated | |
| Consent: | | •• |
| Date, time of commencement & place of examination | | |
| Marital status: Married / Unmarried. Educational status: Occupation: | | |
| History related to the incident (as stated by subject / | | .) : |
| 2) State of consciousness at the time of incident : | | |
| 3) Number and name(s) of person(s) involved : | | |
| 4) Details of position : | | |
| 5) Degree of violence used and extent of penetration; | | |
| 6) Resistance offered and if no resistance offered, reason (s) : | | |
| 7) Pain on walking / urination / defecation : | | |
| 8) Whether urinated / washed the genital area since the incident : | | |
| 10) Any other information to be conveyed : | | |
| Sexual history (Previous experience / frequency / date of last sexual act | t) | |
| Menstrual history: Age of menarche:years / Not attained / Me Periods: Regular / Irregular / NA Whether menstruating now: Y Date of Last Menstrual Period: Other relevant history if any: | nopause attained. es/No/NA. | |
| Obstetric history: Whether pregnant now: Yes / No / NA. No of prev Type of delivery & other details: | ious pregnancies : | •• |
| | | |

Page 2(Continued from Page 1)

| Ref. ML. No./FVSA: | Date : |
|--|---|
| 4) Clothes: Intact / Disordered / Torn/NA.6) Secondary sexual characters including breading breading breading. | kg. 3) Build & nourishment : Good / Moderate / Poor. 5) General Mental condition : Excited / Calm / Depressed. asts : |
| b) Local: (1) Condition of pubic hair: Matter (2) Appearance of labia / clitoris: | alis / Absent / Fleshy and elastic / |
| (4) Fourchette: Intact / Torn. Details (5) Posterior commissure: Intact / Torn. Details (6) Vagina: Admits one / two / more fingers. If present, Normal / blood / yellowish / w Injuries in the vagina; | nils Rugae: Distinct / Not distinct. Discharge: Absent / Present hitish. |
| (7) Appearance of perineum and thighs : (8) Others if any : | |
| | |
| | |
| | |
| · · · | |
| Examination concluded at | 5) Pubic hair samples (cut) (6) Scalp hair samples (cut) or sedatives/hypnotics (8) urine to look for sedatives / t inconsistent with the history of alleged sexual assault past vaginal penetration. ot be suggestive of resistance from the victim. |
| Date: | Signature : |
| | |
| | enature, name & designation) |

| Ref. ML / No./ VUSO : | ORIGINAL Date : |
|--|---|
| REPORT OF EXAMINATION OF A VICTIN | OF UNNATURAL SEXUAL OFFENCE |
| Name : | |
| Address: | |
| | |
| Requisition (if any) from; | |
| vide Crime No of | Police station dated |
| and accompanied by (Name & Address.) | |
| Consent: | |
| | |
| Date, time & place of examination | ••••• |
| Identification marks: | |
| | |
| Educational status : Oc | ecupation |
| History related to the incident (as stated by the subject | |
| | |
| | |
| Whether changed clothing since the incident: Yes/No/N | |
| Whether washed mouth / had any food or drinks / urinat | |
| Whether having pain on walking/urination/defecation: | |
| Any history of bleeding from anus : Yes/No/NA. Loss of | |
| Physical examination | r consciousness during, after the melacit. Tes, ito. |
| a) General: 1) Heightcm. 2) Weightkg. 3) | Build : Good/Moderate/Poor 4) Gait: Painful / Not |
| | pressed. 5) Clothes: Intact / Disordered / Torn/NA. |
| b) Local: (1) Lips and oral cavity: | |
| (2) Anus : Anal mucosa : Smooth / Thickened. Tears : | |
| | Hemorrhoids: Present / Not present. |
| Stains of blood / Semen / Lubricants : Present / Ab | |
| Anal sphincter admits one / more finger, with / with | |
| | bimanual lateral traction, anal orifice closes / opens. |
| | |
| | |
| (3) Penis & scrotum : | |
| (4) Inner thigh regions & pereneum : | |
| c) Injuries on the body (if any): | |
| | |
| | |
| d) Systemic examination findings : | |
| | |
| Material objects preserved : (1) Buccal smears | |
| (3) Swab from skin of thighs. (4) Nail clippings (5) L | |
| (6) Pubic hairs (cut) sample (7) Blood & Urine to look | |
| (8) Swabs from suspected stains on the body parts. Other | |
| If not preserved, reasons : | |
| OPINION | |
| • Findings of examination are consistent with / 1 | not inconsistent with / not consistent with the |
| history of alleged unnatural sexual offence. | |
| There is evidence / no evidence of recent / pas | st anal penetration. |
| The injuries on the body could be / could not be | e suggestive of resistance by the victim. |
| There is evidence / no evidence of recent anal | / buccal coitus. (Based on laboratory results) |
| | · |
| Date : | Signature : |
| Place : | Name : |
| Name of Institution.: | Designation: |
| (strike off which is not applicable) | _ |
| Received the certificate: | (Signature & P.C.No.) |

| Ref. ML / No./ VUSO : | DUPLICATE Date : |
|--|--|
| REPORT OF EXAMINATION OF A VICT | TIM OF UNNATURAL SEXUAL OFFENCE |
| Name : | Age :years. Sex : M / F |
| Requisition (if any) from; | Police station dated |
| Date, time & place of examination Identification marks: | |
| | Occupation |
| History related to the incident (as stated by the sub | oject /) : |
| Whether changed clothing since the incident: Yes/No Whether washed mouth / had any food or drinks / uri Whether having pain on walking/urination/defecation Any history of bleeding from anus: Yes/No/NA. Los Physical examination a) General: 1) Heightcm. 2) Weightkg. 4) Mental disposition: Excited / Calm / I b) Local: (1) Lips and oral cavity: | n: Yes/No/NA. Any history of vomiting: Yes/No/NA. ss of consciousness during / after the incident: Yes/No. 3) Build: Good/Moderate/Poor. 4) Gait: Painful / Not Depressed. 5) Clothes: Intact / Disordered / Torn/NA. srs: Present / Absent. If present, Recent / old. Hemorrhoids: Present / Not present. Absent. Anal sphincter: Patulous / Non patulous without pain. Sphincter tone: Retained / Lost On bimanual lateral traction, anal orifice closes / opens. |
| d) Systemic examination findings: | |
| Material objects preserved: (1) Buccal sme (3) Swab from skin of thighs. (4) Nail clippings (5) (6) Pubic hairs (cut) sample (7) Blood & Urine to lo (8) Swabs from suspected stains on the body parts.C If not preserved, reasons: |) Loose hair from anal region & buttocks ok for sedatives/hypnotics (7) Clothes. Others if any: 1 / not inconsistent with / not consistent with the past anal penetration. |

| Date : | : |
|------------------------|------|
| Name of Institution. : | |
| | |

| | TRIPLICATE |
|---|--|
| Ref. ML / No./ VUSO : | Date : |
| | CTIM OF UNNATURAL SEXUAL OFFENCE |
| | Age :years. Sex : M / F |
| | |
| | |
| | Police station dated |
| | |
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| * | |
| | |
| | |
| | . Occupation |
| | ıbject /): |
| | |
| | No/NA. Whether bathed since the incident: Yes/No/NA |
| Whether washed mouth / had any food or drinks / u | |
| | on: Yes/No/NA. Any history of vomiting: Yes/No/NA. |
| | oss of consciousness during / after the incident : Yes/No. |
| Physical examination | 6 |
| · · · | g. 3) Build: Good/Moderate/Poor. 4) Gait: Painful / Not |
| 4) Mental disposition: Excited / Calm / | Depressed. 5) Clothes: Intact / Disordered / Torn/NA. |
| b) Local: (1) Lips and oral cavity: | |
| (2) Anus : Anal mucosa : Smooth / Thickened. Te | |
| Depression of anus: Present / Not present. | |
| | / Absent. Anal sphincter : Patulous / Non patulous |
| Anal sphincter admits one / more finger, with | / without pain. Sphincter tone: Retained / Lost |
| | On bimanual lateral traction, anal orifice closes / opens. |
| - | |
| (4) Inner thigh regions & pereneum: | |
| | |
| | |
| | |
| | |
| | |
| Material objects preserved : (1) Buccal sm | ears and swabs (2)Anal swabs and smears |
| (3) Swab from skin of thighs. (4) Nail clippings | (5) Loose hair from anal region & buttocks |
| (6) Pubic hairs (cut) sample (7) Blood & Urine to l | |
| | Others if any: |
| | |
| OPINION | |
| _ | th / not inconsistent with / not consistent with the |
| history of alleged unnatural sexual offence | |
| • There is evidence / no evidence of recent | |
| | not be suggestive of resistance by the victim. |
| • There is evidence / no evidence of recent | anal / buccal coitus. (Based on laboratory results) |
| Date : | Signature : |
| Place: | Name : |
| Name of Institution. : | Designation: |
| (strike off which is not applicable) | |
| Received the certificate: | (Signature & P.C.No.) |

| Ref. ML. No./SRD : REPORT OF EXAMINATION I | Date:FOR EVIDENCE OF RECENT DELIVERY |
|--|---|
| | for the |
| | agedyears, |
| | No of |
| Police station dated and a | ccompanied by WHC/WPC No |
| | |
| | |
| | nmarried. Occupation: |
| | |
| | |
| | |
| Date, time & place of examination | |
| Identification marks: (1) | |
| | |
| | ubject): Menarche: |
| | Antenatal checkup: Taken / Not taken |
| • | |
| | |
| Physical examination | t lea (2) Dwild - Cood / Moderate / Door |
| | tkg. (3) Build : Good / Moderate / Poor. .(5) Breasts : Engorged / Tender / Visibly full / Patulous. |
| | h Montgomery's tubercles / pale and non-prominent |
| (7) Nipple : Colostrum or milk could be expre | |
| (8) Abdomen: Pendulous with wrinkled skin | |
| (9) Striae gravidarum : Present and reddish in | |
| | e per abdomen. If palpable per abdomen, details regarding |
| | |
| • | |
| c) Vagina: (1) Labia: Swollen / Not swolle | n (2) Labial tenderness: Present / Absent |
| | esent, describe |
| | ······· |
| (4) Vagina: Capacious and relaxed / non-cap | pacious with normal tone. (5) Injuries: Present / Absent. |
| If present, describe | |
| d) Cervix: (1) Cervical lips: Soft and swollen / | Firm. (2) Cervical mucus plug: Present / Absent |
| (3) External Os: Closed / Open / Admits one | finger / Admits two fingers. (4) Injuries : Present / Absent. |
| | |
| | esent. If present: Lochia rubra / Lochia serosa / Lochis alba |
| e) Systemic examination findings : | |
| | |
| f) Laboratory examinations: Urine for pregnan | • |
| | |
| | |
| OPINION | |
| | tive of a recent vaginal delivery / abortion. |
| Approximate period since the date of c | lelivery could be |
| Division | G' |
| Date: | Signature : |
| Place: Name of Institution: | Name : |
| (-t-:1 | Designation: |
| Received the certificate: | (Signature & P.C.No.) |
| 10001700 the continuate | (Digitature & 1 .C.140.) |

| Ref. ML. No./SRD: REPORT OF EXAMINATION | Date: FOR EVIDENCE OF RECENT DELIVERY |
|--|--|
| | for the |
| | agedyears, |
| | ne No |
| | accompanied by WHC/WPC No |
| - | |
| | |
| Ageyears. Marital status : Married / U | Unmarried. Occupation: |
| | |
| | |
| | |
| | |
| | |
| | subject) : Menarche : |
| | Antenatal checkup : Taken / Not taken |
| | |
| | |
| Physical examination | |
| | chtkg. (3) Build: Good / Moderate / Poor. |
| | nt.(5) Breasts : Engorged / Tender / Visibly full / Patulous. |
| | ith Montgomery's tubercles / pale and non-prominent |
| (7) Nipple : Colostrum or milk could be expr | |
| (8) Abdomen: Pendulous with wrinkled skir | |
| (9) Striae gravidarum : Present and reddish is | |
| | ble per abdomen. If palpable per abdomen, details regarding |
| | ne per abdomen. It parpable per abdomen, details regarding |
| · | |
| | len (2) Labial tenderness: Present / Absent |
| | resent, describe |
| - | |
| | apacious with normal tone. (5) Injuries: Present / Absent. |
| | apacious with normal tone. (3) injuries . I resent / Absent. |
| | / Firm. (2) Cervical mucus plug: Present / Absent |
| | |
| | ne finger / Admits two fingers. (4) Injuries : Present / Absent. |
| | The state of the s |
| | resent. If present : Lochia rubra / Lochia serosa / Lochis alba |
| | |
| | |
| f) Laboratory examinations: Urine for pregna | · · |
| | |
| • | |
| OPINION | |
| | stive of a recent vaginal delivery / abortion. |
| Approximate period since the date of | delivery could be |
| . | |
| Date : | Signature : |
| Place: | Name : |
| Name of Institution.: | Designation: |
| (strike off which is not applicable) | |
| Received the certificate: | (Signature & P.C.No.) |

| Ref. ML. No./SRD: | Date : |
|---|--|
| | R EVIDENCE OF RECENT DELIVERY |
| | for the |
| | agedyears, |
| | of |
| Police station dated and accom | npanied by WHC/WPC No |
| | |
| | |
| | rried. Occupation: |
| • | med. Occupation |
| | |
| | |
| | |
| | |
| | |
| | ct) : Menarche : |
| | Antenatal checkup: Taken / Not taken |
| | |
| | |
| Physical examination | |
| a) General: (1) Height | kg. (3) Build: Good/Moderate/Poor. |
| (4) Conjunctival pallor: Present / Not present.(5) | Breasts: Engorged / Tender / Visibly full / Patulous. |
| (6) Areola of nipple: Dark and prominent with M | |
| (7) Nipple: Colostrum or milk could be expressed | |
| (8) Abdomen: Pendulous with wrinkled skin / No | |
| (9) Striae gravidarum: Present and reddish in colo | |
| | abdomen. If palpable per abdomen, details regarding |
| size, tenderness etc | |
| | |
| c) Vagina : (1) Labia : Swollen / Not swollen | |
| - | t, describe |
| | ever with mountail tone (5) Injuries a Dresent / Absent |
| | ous with normal tone. (5) Injuries : Present / Absent. |
| d) Cervix : (1) Cervical lips : Soft and swollen / Firm | |
| | ger / Admits two fingers. (4) Injuries: Present / Absent. |
| | 2017 Admits two fingers. (4) injuries : 1 resent / Absent. |
| | t. If present : Lochia rubra / Lochia serosa / Lochis alba |
| | If present : Boeing rabia / Boeing serosa / Boeing aroa |
| | |
| f) Laboratory examinations: Urine for pregnancy to | |
| | |
| ` * | |
| OPINION | |
| There is evidence / no evidence suggestive | of a recent vaginal delivery / abortion. |
| Approximate period since the date of deliv | |
| pp- ominio period and and of deliv | |
| Date : | Signature : |
| Place: | Name : |
| Name of Institution.: | Designation: |
| (strike off which is not applicable) | |
| Received the certificate: | (Signature & P.C.No.) |

| Ref.ML. No./ VADDate | ORIGINAL |
|--|---|
| Report of examination of a vic | tim alleged to have been drugged |
| | |
| of | police station, dated |
| for the examination and certification of | - |
| agedyears, alleged to have been drugged and | accompanied by HC / PC No |
| Name : | Age:years. Sex: Male / Female. |
| | |
| | |
| | |
| | |
| Identification marks: | |
| | |
| | |
| History: | |
| | |
| | skar If Vas maried of smeamaciassmass. |
| | ber. If Yes, period of unconsciousness:rom the point of administration to recovery: Yes / No. |
| (e) If Yes, was he/she able to respond to what | |
| · · | : |
| • • | |
| General Examination: | |
| | consciousness:Conscious/Semiconscious/Unconscious |
| 3. Alertness: Alert/Drowsy/Stuperous. 3. General | lisposition: Calm / Anxious/ Depressed. |
| • | 5. Memory (Recent/Remote): Normal / impaired. |
| 5. Orientation of time, place & person : Normal / im | paired. 6. Reaction time: Normal / Delayed. |
| Physical Examination : | |
| | Build and nourishment: Good / Moderate / Poor. |
| | t / Constricted / Normal / Dilated / Sluggishly reacting. |
| | |
| | |
| Muscular co-ordination: Normal / Impaired. R | |
| | e test: Positive/Negative. Gait: Normal/Unsteady. |
| Systemic examination findings: Pulse:/mi | |
| Injuries on the body: | |
| | |
| • | |
| Laboratory examination : | |
| Nasal swabs: Preserved / Not applicable. Stomach | Aspirate: Preserved / Not applicable. |
| Vomitus: Preserved /Not applicable.Blood: Preserv | ed / Not applicable. Urine : Preserved : Not applicable. |
| Opinion: | |
| 1) Reserved pending results of laboratory exa | |
| not consistent with the alleged history of ha | ations are consistent with / not inconsistent with / |
| not consistent with the aneget instory of ha | ving been at aggea. |
| Date : | Signature : |
| Place : | Name : |
| Name of Institution.: | Designation: |
| (strike off which is not applicable) | (Cianatama & D.C.Na.) |
| Received the certificate: | (Signature & P.C.No.) |

| Ref.ML. No./ VADDate | DUPLICATE |
|--|--|
| Report of examination of a vic | tim alleged to have been drugged |
| | |
| | police station, dated |
| | |
| agedyears, alleged to have been drugged and | accompanied by HC / PC No |
| Name: | Age:years. Sex: Male/Female. |
| | |
| | |
| | |
| | |
| Identification marks: | |
| | |
| · · | |
| History: | |
| | |
| | ber. If Yes, period of unconsciousness: |
| | rom the point of administration to recovery: Yes / No. |
| (g) If Yes, was he/she able to respond to what | |
| | |
| • • • | |
| General Examination: | |
| | consciousness:Conscious/Semiconscious/Unconscious |
| 3. Alertness: Alert/Drowsy/Stuperous. 3. General of | |
| | 5. Memory (Recent/Remote): Normal / impaired. |
| 5. Orientation of time, place & person : Normal / im | • , |
| Physical Examination: | · |
| Height:kg. | Build and nourishment : Good / Moderate / Poor. |
| | / Constricted / Normal / Dilated / Sluggishly reacting. |
| | |
| | |
| | |
| Muscular co-ordination: Normal / Impaired. Re | |
| | e test: Positive/Negative. Gait: Normal/Unsteady. |
| Systemic examination findings : Pulse :/mi | |
| Injuries on the body: | |
| Any other findings | |
| Any other findings : | |
| Laboratory examination: | |
| Nasal swabs : Preserved / Not applicable. Stomach | |
| ** | ed / Not applicable. Urine : Preserved : Not applicable. |
| Opinion: | |
| 1) Reserved pending results of laboratory example. | |
| Findings of physical and laboratory examin not consistent with the alleged history of ha | ations are consistent with / not inconsistent with / |
| not consistent with the aneged history of ha | ing been di ugged. |
| Date : | Signature : |
| Place : | Name : |
| Name of Institution.: | Designation: |
| (strike off which is not applicable) | |
| Received the certificate: | (Signature & P.C.No.) |

| Ref.ML. No./ VADDate | TRIPLICATE |
|--|---|
| Report of examination of a vict | im alleged to have been drugged |
| Requisition received from the | |
| of | police station, dated |
| for the examination and certification of | |
| agedyears, alleged to have been drugged and | accompanied by HC / PC No |
| Name : | |
| Address: | |
| | |
| Consent: | |
| | |
| Identification marks: | |
| (1) | |
| (2) | |
| History: | |
| (a) Date & time of the alleged incident : | |
| | TC 37 |
| | per. If Yes, period of unconsciousness: |
| | om the point of administration to recovery: Yes / No. |
| (i) If Yes, was he/she able to respond to what v | 11 0 1 |
| , , , , , , , , , , , , , , , , , , , | |
| | |
| General Examination: | consciousness:Conscious/Semiconscious/Unconscious |
| 3. Alertness: Alert/Drowsy/Stuperous. 3. General de | |
| | 5. Memory (Recent/Remote): Normal / impaired. |
| 5. Orientation of time, place & person: Normal / imp | • |
| Physical Examination: | anca. 6. Reaction time: Norman / Delayed. |
| | Build and nourishment: Good / Moderate / Poor. |
| Conjunctiva: Normal / Congested. Pupils: Pinpoint | |
| Nostrils and nasal mucosa: | |
| Lips, oral cavity and circum-oral regions : | |
| Marks of injection on the skin : | |
| Muscular co-ordination: Normal / Impaired. Ref | |
| Romberg's sign: Positive/Negative. Finger nose | |
| Systemic examination findings: Pulse:/min | |
| Injuries on the body: | |
| | |
| Any other findings : | |
| Laboratory examination : | |
| Nasal swabs : Preserved / Not applicable. Stomach A | Aspirate: Preserved / Not applicable. |
| | d / Not applicable. Urine : Preserved : Not applicable. |
| Opinion: | |
| 1) Reserved pending results of laboratory exam | |
| | tions are consistent with / not inconsistent with / |
| not consistent with the alleged history of hav | ing been drugged. |
| Date : | Signature : |
| Place: | Name : |
| Name of Institution.: | Designation: |
| (strike off which is not applicable) | |
| Received the certificate: | (Signature & P.C.No.) |

| Certificate of Examination by a Medical Officer As per requisition from | Ref.ML. No./PES:Date: | | | |
|---|-------------------------------|--------------------|-----------------------------|--|
| dated | Certificate of Examination | on by a Medical Of | <u>ficer</u> | |
| involved in crime number | As per requisition from | | | |
| involved in crime number | dated,physical examination of | | S/c | |
| involved in crime number | | | | |
| was done at | | | | |
| Consent: Identification marks: (1) | involved in crime numberof | | police station | |
| Identification marks: (1) | was done atam/pm on | at | | |
| Identification marks: (1) | Consent : | | | |
| Identification marks: (1) (2) History (Related to illness / injury if any): Findings of physical examination: A. General: Height:cm. Weight:kg. Build & nourishment: Poor/Moderate/Obese. Pallor: Present/Absent. Physical deformity if any: Others if any : B. Systemic Examination: Pulse:/min. Blood Pressure:mm of Hg. CVS, NS, RS & GIS: C. Injuries (If any): D. Investigations if any: Opinion: There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: | | | | |
| (1) | | | | |
| (2) | | | | |
| History (Related to illness / injury if any): Findings of physical examination: A. General: Height:cm. Weight:kg. Build & nourishment: Poor/Moderate/Obese. Pallor: Present/Absent. Physical deformity if any: | | | | |
| Findings of physical examination: A. General: Height:cm. Weight:kg. Build & nourishment: Poor/Moderate/Obese. Pallor: Present/Absent. Physical deformity if any: | | | | |
| A. General: Height:cm. Weight:kg. Build & nourishment: Poor/Moderate/Obese. Pallor: Present/Absent. Physical deformity if any: | | | | |
| A. General: Height:cm. Weight:kg. Build & nourishment: Poor/Moderate/Obese. Pallor: Present/Absent. Physical deformity if any: | | | | |
| Pallor: Present/Absent. Physical deformity if any: Others if any: B. Systemic Examination: Pulse:/min. Blood Pressure:mm of Hg. CVS, NS, RS & GIS: C. Injuries (If any): D. Investigations if any: Opinion: There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: | | Ruild & nourish | ument · Poor/Moderate/Ohese | |
| Others if any : B. Systemic Examination : Pulse :/min. Blood Pressure :mm of Hg. CVS, NS, RS & GIS : | | | | |
| B. Systemic Examination: Pulse:/min. Blood Pressure:mm of Hg. CVS, NS, RS & GIS: | | | | |
| CVS, NS, RS & GIS: C. Injuries (If any): D. Investigations if any: Opinion: There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: Place: Name Name Name Signature: Name Designation: Strike off which is not applicable) | · | | | |
| C. Injuries (If any): | - | | _ | |
| C. Injuries (If any): | | | | |
| D. Investigations if any: Opinion: There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: Place: Name Name of Institution: (strike off which is not applicable) | | | | |
| D. Investigations if any: Opinion: There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: Signature Place: Name Name of Institution: (strike off which is not applicable) | | | | |
| D. Investigations if any: Opinion: There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: Place: Name of Institution: Signature Name image: Designation: (strike off which is not applicable) | | ••••• | ••••• | |
| D. Investigations if any: Opinion: There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: Place: Name of Institution: Oesignation: (strike off which is not applicable) | | ••••• | ••••• | |
| D. Investigations if any: Opinion: There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: Place: Name of Institution: Oesignation: (strike off which is not applicable) | | | | |
| D. Investigations if any: | | | | |
| Opinion: There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: Place: Name of Institution: (strike off which is not applicable) | | | | |
| There is no evidence of any clinically identifiable illness. There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: Place: Name of Institution: (strike off which is not applicable) | | | | |
| There are no injuries on the person / Injuries on the person could be caused as alleged.** Suggestions if any: Date: Signature: Name Name of Institution: Designation: (strike off which is not applicable) | | | | |
| Suggestions if any : | · | | | |
| Date: | | | _ | |
| Place: | Suggestions if any: | | | |
| Place: | | ~. | | |
| Name of Institution : Designation : (strike off which is not applicable) | | _ | | |
| | Name of Institution.: | | | |
| | | (Signature | & P.C.No.) | |

| Ref.ML. No./PES:Date: | | | |
|--|---|-----------------------------|--|
| Certificate of Examination | on by a Medical Of | <u>ficer</u> | |
| As per requisition from | | | |
| dated,physical examination of | | | |
| (addre | ess) | | |
| | | , | |
| involved in crime numberof | | police station | |
| was done atam/pm on | | _ | |
| Consent: | | | |
| | | | |
| Identification marks: | | | |
| (1) | | | |
| (2) | | | |
| History (Related to illness / injury if any): | | | |
| Findings of physical examination : | | | |
| A. General: Height:cm. Weight:kg. | Build & nourish | nment · Poor/Moderate/Ohese | |
| Pallor: Present/Absent. Physical deformity if any | | | |
| Others if any: | | | |
| · | | | |
| B. Systemic Examination : Pulse :/min. CVS, NS, RS & GIS : | | | |
| C v S, N S, K S & G IS | | | |
| C. Injuries (If any): | | | |
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| D. Investigations if any : | | | |
| Opinion : | | | |
| There is no evidence of any clinically identifiable illnes | | | |
| There are no injuries on the person / Injuries on the person | | | |
| Suggestions if any: | | | |
| Date : | Signature | : | |
| Place: | Name Designation | : | |
| Name of Institution. : | Designation:. | | |
| Received the certificate: | (Signature | & P.C.No.) | |

| Ref.ML. No./PES:Date: | | | | |
|--|-------------------------|--------------|--|--|
| Certificate of Examinat | tion by a Medical Of | <u>ficer</u> | | |
| As per requisition from | | | | |
| dated,physical examination of | | | | |
| (add | | | | |
| involved in crime numberof | | • | | |
| was done atam/pm on | at | | | |
| Consent: | | | | |
| Identification marks: | | | | |
| (1) | | | | |
| (2) | | | | |
| History (Related to illness / injury if any): | | | | |
| Findings of physical examination. | | | | |
| Findings of physical examination: | D 1110 | D 44 1 (0) | | |
| A. General: Height:cm. Weight:kg | | | | |
| Pallor : Present/Absent. Physical deformity if a | - | | | |
| Others if any : | | | | |
| B. Systemic Examination : Pulse :/min. | | _ | | |
| CVS, NS, RS & GIS : | | | | |
| | | | | |
| C. Injuries (If any) : | | | | |
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| D. Investigations if any : | | | | |
| Opinion: | | | | |
| There is no evidence of any clinically identifiable illn | ess. | | | |
| There are no injuries on the person / Injuries on the person | erson could be caused a | s alleged.** | | |
| Suggestions if any: | | | | |
| Date : | Signature | : | | |
| Place: | Name | : | | |
| Name of Institution. : | | | | |
| Received the certificate: | (Signature | & P.C.No.) | | |

| Ref.ML. No./PES: | Date: |
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| Certificate of Examination by a Specialist M | ledical Officer/ Team of Specialist Medical Officers |
| As per requisition from | |
| | tion of |
| • • | |
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| police station was done aton | |
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| Identification marks: | |
| (1) | |
| (2) | |
| <u>History</u> : | |
| | |
| Findings of physical examination: | |
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| | |
| results of investigations if they | |
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| 0 | |
| Opinion: | |
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| Place : Date : | Signatura . |
| Date : | Signature : Name : |
| | Designation : |
| Signature, name & designation of other memb | • |
| , | |
| Name of Institution : | |
| Issued to : | |

| Ref.ML. No./PES: | •••• | Date: |
|-------------------------------------|------------------|---|
| Certificate of Examination by a Sp | pecialist Medica | al Officer/ Team of Specialist Medical Officers |
| As per requisition from | | |
| | | of |
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| police station was done at | | |
| Consent : | | |
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| Identification marks: | | |
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| Results of Investigations if any: | | |
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| Oninion | | |
| <u>Opinion :</u> | | |
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| Place: | a. | |
| Date : | - | gnature : ame : |
| | Desig | gnation : |
| Signature, name & designation of ot | | - |
| , | | |
| Name of Institution: | | |

Issued to:

| Ref.ML. No./PES: | Date: | CAIL |
|---|-----------------------------------|---|
| Certificate of Examination by a Specialist Medical Officer/ T | Team of Specialist Medical Office | ers |
| | | |
| As per requisition from | | |
| datedphysical examination of | | |
| S/o(address) | | • • • • • |
| | | , |
| involved in crime numberof | | |
| police station was done aton | | |
| Consent : | | |
| | | |
| Identification marks: | | ••••• |
| | | |
| (1) | | |
| (2) | | • |
| <u>History</u> : | | · • • • • • • |
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| Findings of physical examination: | | |
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| Results of Investigations if any: | | |
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| | | |
| Opinion: | | |
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| DL | | •••• |
| Place : Signature : | | |
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| | | |
| Signature, name & designation of other members of the team i | | |
| 1) | | |
| 2) | | • |
| Name of Institution: | <u> </u> | <u></u> |

| Ref.ML. No/MOC.: | Date | ORIGINAL |
|-------------------------------|---|-----------------|
| Certificate of collection | of material objects from the body | of a person for |
| chemical examination, D | NA profiling, examination at FSL, etc | |
| Requisition received from | | |
| • | for the collection of | |
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| | ile, | |
| • | in Crime noofof | |
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| · · | equested to be collected, but could not be collected. | • |
| ••••• | | ••••• |
| Reasons for not collecting : | | |
| | | |
| | | |
| Handed over the sealed packe | ets containing the material objects requested | |
| Transce over the searce packe | as containing the material objects requested | |
| | Signature : | |
| Date : | Name : | |
| Place : | Designation : | |
| Name of Institution : | | |
| Issued to : | (** Outles of which are in | |
| | (** Strike off whichever is | not applicable) |
| | | |

Received the sealed packet containing the material objects : (Signature, name and designation)

| Ref.ML. No/MOC.: | Date | DUPLICATE |
|--------------------------------|--|-------------------|
| Certificate of collection o | of material objects from the bod | v of a person for |
| | A profiling, examination at FSL, et | - |
| Degrisition massived from | | |
| * | for the collection of | |
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| | Crima no of | |
| · · | n Crime noofof | |
| | pini, on | |
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| • | uested to be collected, but could not be colle | • |
| | | |
| Reasons for not collecting : | | |
| | | |
| | ••••• | |
| Handed over the sealed packets | containing the material objects requested | |
| | 0. | |
| Date : | Signature : | |
| Place : | Name : | |
| Name of Institution : | Designation : | |
| | | |
| 1990EU IU | (** Strike off whichever i | |
| | | |
| | | |

Received the sealed packet containing the material objects : (Signature, name and designation)

| Ref.ML. No/MOC.: | Date | TRIPLICATE |
|----------------------------------|--|--------------------|
| Certificate of collection of | of material objects from the boo | lv of a person for |
| | A profiling, examination at FSL, e | |
| Requisition received from | | |
| • | for the collection of | |
| | | |
| | e,ofof | |
| • | a.m / pm., on | |
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| | | ••••• |
| Material objects which were requ | uested to be collected, but could not be col | lected if any |
| | | |
| Reasons for not collecting : | | |
| | | |
| | | |
| Handed over the sealed packets | containing the material objects requested | |
| | Signature : | |
| Date : | _ | |
| Place : | Designation : | |
| Name of Institution : | | |
| Issued to : | | |
| | (** Strike off whichever | is not applicable) |
| | | |

Received the sealed packet containing the material objects : (Signature, name and designation)

Label to be attached to the material objects preserved during a medico-legal examination

| 1. Ref. ML. No./ | |
|---------------------------|--|
| Name of the Subject: | Ageyears. |
| Specimen : Preservative : | |
| | Signature of the Medical Officer |
| 2. Ref. ML. No./ | Date: |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | Cinneture of the Medical Officer |
| | Signature of the Medical Officer |
| 3. Ref. ML. No./ | |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | O'constant of the Madical Office |
| | Signature of the Medical Officer |
| 4. Ref. ML. No./ | Date: |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | 0' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| | Signature of the Medical Officer |
| 5. Ref. ML. No./ | |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | |
| | Signature of the Medical Officer |
| 6. Ref. ML. No./ | |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | |
| | Signature of the Medical Officer |
| | |

Label to be attached to the material objects preserved during a medico-legal examination

| 1. Ref. ML. No./ | Date: |
|----------------------|----------------------------------|
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | Signature of the Medical Officer |
| 2. Ref. ML. No./ | |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | |
| | Signature of the Medical Officer |
| 3. Ref. ML. No./ | |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | |
| | Signature of the Medical Officer |
| 4. Ref. ML. No./ | Date: |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | 0' / / / N !' 10'' |
| | Signature of the Medical Officer |
| 5. Ref. ML. No./ | Date: |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | |
| | Signature of the Medical Officer |
| 6. Ref. ML. No./ | Date: |
| Name of the Subject: | Ageyears. |
| Specimen : | |
| Preservative : | |
| | Signature of the Medical Officer |
| | |

| | ORIGINAL Office of the |
|---|---|
| | dateddated |
| Report to be forwarded w | ith material objects sent for chemical analysis |
| 1. Ref. ML. No./:: | Dated : |
| 2.Name of the subject : | Age : years. |
| 3. Address : | |
| | |
| 4. Crime No of | Police station. |
| 5. Medico-legal examination conducted : | |
| 6. <u>Material Objects preserved</u> | Preservative used (if any) |
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| | |
| 7. Mode of packing: Collected in glass bot | |
| 8. Copy of labels affixed to bottles / packag | |
| | ges . Attached. |
| 9. Impression seal affixed to the bottles: | |
| • | |
| 11. Findings of examination: | |
| | |
| | |
| 12. Examination required : | |
| | |
| | |
| | Signature : |
| | Name : |
| | Designation: |
| То | |
| The Regional Chemical Examiner To C | Government, |
| Sir, | notorial chicata through Cri |
| | naterial objects through Sri |
| certificate may be sent to me at an early | |
| · | Yours faithfully, |
| (Office Seal) | Name : |
| Date : | Designation: |

| | Office of the |
|---|---|
| | dated |
| Report to be forwarded with | material objects sent for chemical analysis |
| 1. Ref. ML. No./:: | Dated : |
| 2.Name of the subject : | |
| | |
| | |
| 5. Medico-legal examination conducted : | |
| 6. <u>Material Objects preserved</u> | Preservative used (if any) |
| | |
| | |
| | |
| | |
| | |
| | |
| 7. Mode of packing: Collected in glass bottles | s / wrapped with paper, tied and sealed. |
| 8. Copy of labels affixed to bottles / packages | : Attached. |
| 9. Impression seal affixed to the bottles: | |
| 10. History of the case: | |
| 11. Findings of examination : | |
| | |
| | |
| 12. Examination required : | |
| | |
| | |
| | Signature : Name : Designation : |
| Го | |
| The Regional Chemical Examiner To Gove Sir, | ernment, |
| | erial objects through Sri |
| certificate may be sent to me at an early da | ite. Yours faithfully, |
| | rours rainnuny, |
| (Office Seal) | Name: |

Date :....

Designation:

<u>Label to be affixed on the sealed packet of different material objects collected from one medico-legal examination, for dispatch to the center of analysis</u>

| | on conducted : |
|-------------------------------|--|
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| | |
| Ref. ML. No. / | Date |
| Name of the Subject; | age:yrs. Sex :M/F |
| Crime Noof | police station. |
| Date: | Signature of M.O.: |
| Place: | Name & Designation : |
| Label to be affixed on the se | aled packet for Chemical Analysis of material objects on conducted : |
| | |
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| | |
| Ref. ML. No./ | Date |
| Name of the Subject; | age:yrs. Sex :M/F |
| Crime Noof | 9 |
| | police station. |
| Date: | |

ORIGINAL

| From | То | |
|--------------------------|--|-----------------------------------|
| | , The S.I. of pol | ice, |
| | | police station. |
| Sir, | | |
| I am to inform y | ou that the following material objects are | e preserved from the body of |
| | aged | .years, male / female, as part of |
| | (type of examination cond | lucted) on |
| 1) | | |
| | | |
| | | |
| You may depute a | police constable for their dispatch, within tw | o weeks of this intimation. |
| | | |
| Place: | - | |
| Date | Name & Designation: | |
| Name of Institution : | | |
| C | of Intimation Signature & P.C. No | |
| | | |
| From | То | ORIGINAL |
| | , The S.I. of pol | ice, |
| | | police station. |
| Sir, | | |
| I am to inform y | ou that the following material objects are | e preserved from the body of |
| | aged | .years, male / female, as part of |
| | (type of examination cond | lucted) on |
| 1) | | |
| | | |
| | | |
| You may depute a | police constable for their despatch, within tw | vo weeks of this intimation. |
| Place: | Signature | |
| Date | Name & Designation: | |
| Name of Institution : | | |
| Received the Original of | of Intimation Signature & P.C. No. | |

| From | To | UPLICATE |
|------------------------|---|---|
| | The S.I. of police, | |
| | polic | ce station. |
| Sir, | • | |
| I am to inform | you that the following material objects are preserved from t | he body of |
| | agedyears, male / femal(type of examination conducted) on | |
| | | |
| | | |
| | police constable for their despatch, within two weeks of this inti- | |
| Place: | Signature | |
| Date | Name & Designation: | |
| Name of Institution :. | | |
| | of Intimation Signature & P.C. No | |
| | | UPLICATE |
| From | То | |
| | , The S.I. of police, | |
| | polic | ce station. |
| Sir, | | |
| | you that the following material objects are preserved from the | • |
| | agedyears, male / femal | e, as part of |
| | (type of examination conducted) on | |
| 1) | | |
| | | • |
| | | |
| You may depute a | police constable for their despatch, within two weeks of this inti- | mation. |
| Place: | Signature | |
| Date | Name & Designation: | |
| Name of Institution :. | | |
| Received the Original | of Intimation Signature & P.C. No. | |

| Ref. ML. No./ AGE | Date : |
|--|---|
| REPORT OF EXAMINAT | TION FOR ESTIMATION OF AGE |
| Requisition received from the | |
| Datedfor the examination and of | certification of age of |
| | male/female, involved in Crime No of |
| | tation and accompanied by |
| | |
| | |
| | |
| | years) as stated by the subject. |
| | |
| | |
| | |
| | |
| | |
| 7. Physical examination : | |
| · | General build: Poor / Moderate / Good. |
| | Adam's apple: Prominent / Not prominent. |
| | Pubic : |
| Axillary: | Chest: |
| | |
| External genitalia: | |
| | |
| Date of last menstrual period (for females |): |
| 8. Dental examination : | |
| Total number of teeth: Te | emporary: Permanent: |
| Details: | |
| | |
| 9. Radiological examination : | |
| Regions | Findings |
| a) Shoulder: | |
| | |
| b) Elbow : | |
| | |
| | |
| c) Wrist : | |
| | |
| d) Pelvis : | |
| | |
| | |
| f) Skull & jaw : | |
| | |
| | |
| | liological findings, I am of the opinion that the subject |
| is aged above() years | s and below() years of age. |
| | |
| | Signature : |
| Date : | Name : |
| Place : | Designation : |
| | |
| Engranded to : | |

| Ref. | ML. No./ AGE | Date : INATION FOR ESTIMATION OF AGE |
|-------------|----------------------------------|--|
| Req | | |
| | | and certification of age of |
| | | male/female, involved in Crime No of |
| | | plice station and accompanied by |
| | | |
| | • | |
| | | |
| 3. A | ge :yrs.(| years) as stated by the subject. |
| | • • | |
| | | |
| 5. D | eate and time of examination: | |
| | | |
| | ` ' | |
| 7. P | hysical examination : | |
| | | kg. General build: Poor / Moderate / Good. |
| | | Adam's apple: Prominent / Not prominent. |
| | | Pubic : |
| | Axillary: | Chest : |
| В | | |
| | | |
| | _ | |
| | • • | nales): |
| | ental examination : | , |
| Т | otal number of teeth: | . Temporary: Permanent: |
| | | |
| | | |
| 9. R | adiological examination : | |
| | Regions | Findings |
| b) | • | |
| | | |
| b) | Elbow: | |
| | | |
| | | |
| c) | Wrist : | |
| - / | | |
| d) | | |
| / | | |
| | | |
| f) S | | |
| 1). | skuir & jun | |
| | | |
| Oni | nion: Based on physical dental a | nd radiological findings, I am of the opinion that the subject |
| | | years and below() years of age. |
| 10 a | 500 400 10() | jeus und seis ii years of age. |
| | | |
| | | Signature : |
| | : | Name : |
| | o of institution | Designation : |
| | e of institution | |

| Ref. ML. No./ AGE | Date : |
|--|---|
| REPORT OF EXAMINAT | ΓΙΟΝ FOR ESTIMATION OF AGE |
| Requisition received from the | |
| Datedfor the examination and | certification of age of |
| | male/female, involved in Crime No of |
| | station and accompanied by |
| | |
| | |
| | |
| | \(\tag{1.00} |
| | years) as stated by the subject. |
| 4. Consent : | |
| | |
| 5. Date and time of examination: | |
| 6. Identification marks (1) | |
| (2) | |
| 7. Physical examination : | |
| Heightkg | . General build : Poor / Moderate / Good. |
| | Adam's apple : Prominent / Not prominent. |
| | Pubic : |
| | Chest: |
| | Citest |
| | |
| • | |
| • • | |
| <u>*</u> , |): |
| 8. Dental examination : | |
| | emporary: Permanent: |
| Details: | |
| | |
| 9. Radiological examination: | |
| Regions | Findings |
| c) Shoulder: | |
| | |
| b) Elbow : | |
| <i>′</i> | |
| | |
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| | |
| , | |
| | |
| | |
| 1) Skull & jaw : | |
| | |
| | |
| Opinion : Based on physical, dental and rac | diological findings, I am of the opinion that the subject |
| is aged above() years | s and below() years of age. |
| • | |
| | |
| D. A | Signature : |
| Date : | Name : |
| Place : | Designation : |
| Forwarded to : | ······ |

Request for Radiological examination as part of estimation of Age

| Ref. ML. | No./AGE : | |
|----------------|--|------------------------------|
| From | | |
| | | |
| | | |
| То | | |
| The | Professor / Medical Officer I/C | |
| Dep | artment of Radiology | |
| | | |
| Sir / Mad | lam, | |
| Su | b.: Estimation of age of | |
| Re | f.: Requisition from | |
| | | dated |
| I req | uest that Radiographs of the subject may b | e taken as indicated below. |
| <u>Sl. No.</u> | <u>Area</u> | <u>View</u> |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| The sub | ject bears the following identification marl | ss: |
| 1 | | |
| 2 | | |
| | | |
| | I request you that the X-ray plates may be | sent to me at an early date. |
| | | Yours faithfully |
| Date : | | Signature : |
| Place · | Name | & Designation: |

Mortuary Register

| SL. No | Date: | Time: | |
|--------------------------------|-------------------------|-------------------------------------|-------------------------------|
| Name of the deceased: | | Age | yrs Sex: Male/Female |
| Address: | | | |
| | | | |
| Alleged cause of death : | | | |
| Deceased was brought by / f | rom : | | |
| | | | |
| Dead body was kept in Morto | uary / Cold room at | | on |
| Intimation given to : Police / | Corporation / Municipal | pality / Panchayat / F | Relatives/ Not necessary. |
| Articles on the body, kept u | under safe custody : | | |
| | | | |
| | | | |
| Any other remarks : | | | |
| | | | |
| | | | |
| Signature & Name of | | Signatura Nama (| r Decignation |
| Staff/Head Nurse I/C | | Signature, Name & of Medical Office | |
| Stail/Fload Parise I/C | | of Medical Office | |
| Body handed over to: Lega | al heir / Police / Ac | cademic Institutions | / Hospital or Local body |
| Authorities / | at | on | for |
| cremation or burial by legal l | heirs / Inquest / Acade | mic purpose / Dispos | sal by hospital or local body |
| authorities. | | | |
| | | | |
| Received the dead body of | | | |
| agedyears, at | | | |
| articles recovered from the b | ody and kept in safe co | ustody, as enlisted ab | oove. |
| Signatura Nama Addrass/D | agignation of 1 | | |
| Signature, Name, Address/De | _ | | |
| the person receiving the dead | l body] | | |
| Signature & Name of | | Signature, Name & | & Designation |
| Staff/Head Nurse I/C | | of Medical Office | _ |

Register of Postmortem Examinations

| P.M. No | Date : |
|---|---|
| Name of the deceased : | |
| A | .ge:years Sex: Male / Female / Not known. |
| Crime No of | police station. |
| | • |
| Requisition from : | |
| | |
| Alleged cause of death as per inquest : | |
| Name & Designation of Medical Officer : | |
| Assisted by | and |
| | |
| • | |
| Signature of the M O: | Signature of Charge H.C./P.C.: |
| | |
| | |
| P.M. No | Date : |
| Name of the deceased : | |
| A | years Sex : Male / Female / Not known. |
| Crime Noof | police station. |
| Requisition from : | |
| | |
| | |
| Alleged cause of death as per inquest : | |
| Name & Desidnation of Medical Officer : | |
| Assisted by | and |
| Remarks if any : | |
| Signature of the M O: | Signature of Charge H.C./P.C.: |

Receipt for Dead body for Postmortem examination

| Received the dead body of |
|---|
| male/female, stated to be agedyears, involved in crime No |
| police station, atam/pr |
| on as per requisition from |
| , through P.C. No |
| Signature: |
| Name : |
| Name of the Institution : |
| Receipt for Dead body for Postmortem examination |
| Received the dead body of |
| male/female, stated to be agedyears, involved in crime No |
| police station, atam/pm o |
| as per requisition from |
| , through P.C. Nofor postmortem examination |
| Signature : |
| Name : |
| Designation: |
| Name of the Institution: |
| Receipt for Dead body for Postmortem examination |
| Received the dead body of |
| male/female, stated to be agedyears, involved in crime No |
| police station, atam/pm o |
| as per requisition from |
| , through P.C. Nofor postmortem examination |
| Signature : |
| Name : |
| Designation: |
| Name of the Institution : |

| P.M. No | | Date |
|-------------------------|------------------|----------------------|
| | POST-MOR | TEM DETAILED NOTES |
| On the body of a male / | female | |
| aged about y | ears sent by | |
| | | with letter Crime No |
| dated | in charge of H.C | C. / P.C. No |
| | | |
| Body identified By: | Signature | : |
| | Name | |
| | H.C. / P.C. No. | |
| The body was first | seen at | on |
| Postmortem examination | was commenced | at on |
| Post-mortem examination | on was conducted | by: Dr and |
| was assisted by | | and |
| | | |
| Notes on Scene Examina | tion: | |
| | | |
| | | |
| | | |
| | | |

Clothes, weapons and other articles sent with the body:

Schedule of observations

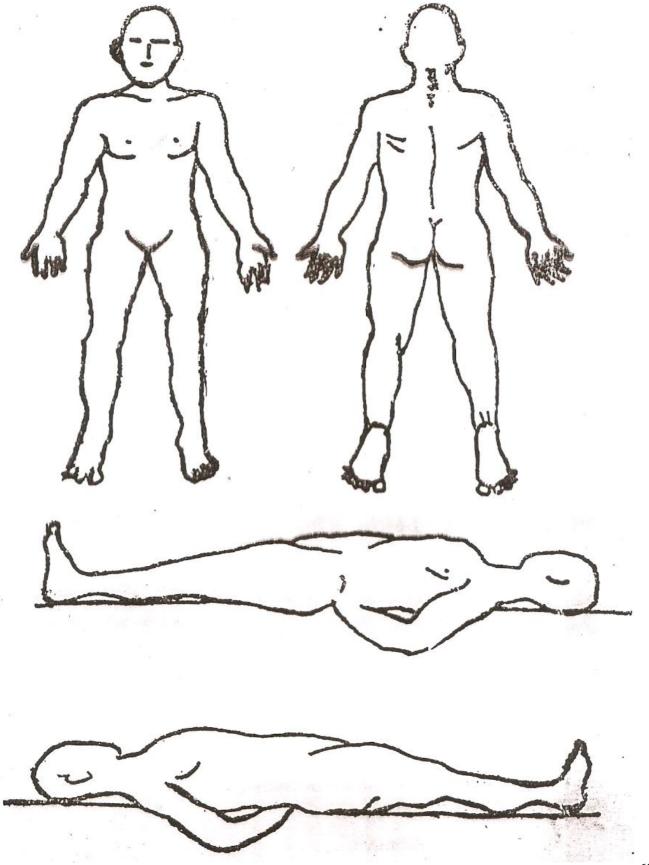
A. GENERAL

| Body: Entire and intact / Mutilated and in pieces Sex: Male / Female. Htcm. |
|---|
| Wtkg. Build: Thin/Moderate/Well. Nourishment: Poor/Moderate/Well/Obese. |
| Smell :Facial appearance : Pale / Normal / Livid. |
| Eyes : Closed / Half open / Open |
| Corneae : Clear / Hazy / Opaque |
| Pupils : Constricted / Dialated / Regular / Irregular |
| Conjunctivae : Pale / Normal / Congested |
| Nostrils : |
| Mouth : |
| Tongue :Lips : Pale / Blue / |
| Circum-oral regionsOral cavity : |
| Inner aspects of lips |
| Ears: Urethral orifice: |
| Anus : |
| Rigor mortis : |
| Postmortem staining: |
| Dried salivary dribble mark : |
| Smearings on the body: |
| Postmortem ant bite marks : |
| Postmortem aquatic or other animal bite marks : |
| |
| Postmortem burns due to exposure to sunlight : |
| |
| Decomposition changes : |
| |
| Any other findings: |
| |
| |
| |
| |
| |
| Body was kept in cold room (If it was kept) at on |

B. INJURIES (Ante-mortem)

External:

Internal:



C. INTERNAL EXAMINATION

| I) Head and Neck: |
|---|
| Scalp: |
| Skull: |
| Meninges and cerebral Vessels: |
| Brain: |
| |
| Subcutaneous tissues & muscles of neck: |
| Mouth and Pharynx: |
| Cartilages of neck: |
| Hyoid bone: |
| |
| II) Chest: |
| Ribs and chest wall: |
| Pleural cavities: |
| Diaphragm: |
| Mediastinum and thymus: |
| Oesophagus: |
| Trachea and bronchi: |
| Lungs: Right: |
| Left : |
| Pericardial sac: |
| Heart : General : |
| Walls : |
| Valves: |
| Chambers: |
| Coronaries: |
| Aorta: |
| |
| III) Abdomen : |
| Abdominal wall: |
| Peritoneal cavity: |
| Liver: |

Gall bladder and Billary passages:

| Spleen: | | | |
|---|------------------|--|--|
| Kidneys: Right: | Left: | | |
| Pancreas: | | | |
| Adrenal glands: Right: | Left: | | |
| Stomach and contents: | | | |
| | | | |
| Intestines and mesentery: | | | |
| Urinary bladder: | | | |
| Genital Organs: | | | |
| Spinal Column and Cord: | | | |
| ADDITIONAL OBSE | <u>CRVATIONS</u> | | |
| | | | |
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| | | | |
| | | | |
| Viscera and other Material Objects for Chemical and Other Examinations: (1) Stomach, small intestine and contents (2) Part of Liver and Kidney. (3) Blood (4) Urine (5) Preservative for 1 & 2 (saturated saline) (6) Preservative for 3 & 4 Sodium fluoride (7) (8) (9) | | | |
| | | | |
| Post-mortem examination concluded at | On | | |
| OPINION AS TO CAUSE OF DEATH: | | | |
| | | | |
| Station: | Signature | | |
| Date : | Name: | | |
| | Designation: | | |
| | | | |
| Received the dead body after postmortem examination No. 102 at | | | |

Signature P.C. No.

| P.M. No: | Dated, | |
|---|---|--|
| | M CERTIFICATE. | |
| | ion on the body of a male / female by name stated to be aged | |
| police station was received from | letter Cr. Nodated) who identified the same. The body was first rtem examination commenced aton on the same day. The alleged cause of death | |
| | | |
| (To be exactly reproduced from the relevant column in the requisition for postmortem examination KPF 102) Post-mortem findings | | |
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| Opinion : | | |
| Оринон . | | |
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| | | |
| | Signature : | |
| Date : | Name : | |
| Place : | Designation : | |
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| Copy to : | | |

| P.M. No: | Dated, |
|------------------------------------|---|
| POSTMORTE | M CERTIFICATE. |
| | ation on the body of a male / female by name |
| | stated to be aged |
| | of |
| | lotter Cr. No. detect |
| The hody was in charge of P.C. No. | letter Cr. Nodated) who identified the same. The body was first |
| | ortem examination commenced aton |
| | on the same day. The alleged cause of death |
| | |
| | |
| | nn in the requisition for postmortem examination KPF 102) |
| Post-mo | rtem findings |
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| Oninian . | |
| Opinion : | |
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| | Signature : |
| Date : | Name : |
| Place ; | Designation : |
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| Copy to : | |

| P.M. No: | Dated, | |
|---|--|--|
| | M CERTIFICATE. | |
| | tion on the body of a male / female by name stated to be aged | |
| years, involved in Crime No | of | |
| | letter Cr. Nodated). | |
| The body was in charge of P.C. No | who identified the same. The body was first | |
| seen by the undersigned and the postmo | ortem examination commenced aton | |
| | on the same day. The alleged cause of death | |
| | | |
| (To be exactly reproduced from the relevant column in the requisition for postmortem examination KPF 102) Post-mortem findings | | |
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| Opinion : | | |
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| | Signature : | |
| Date : | Name : | |
| Place : | Designation : | |
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| P.M. No: | Dated, |
|-----------|--|
| POSTMORTE | M CERTIFICATE. |
| | tion on the body of a male / female by name |
| | stated to be aged of |
| | |
| | letter Cr. Nodated). |
| | who identified the same. The body was first |
| | ortem examination commenced aton on the same day. The alleged cause of death |
| | |
| | n in the requisition for postmortem examination KPF 102) |
| · · | rtem findings |
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| Opinion: | |
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| | Signature : |
| Date : | Name : |
| Place ; | Designation : |
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| Copy to : | |

| | Office of the |
|---|---|
| From | dated |
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| _ | |
| To | (Affix the Sample Seal here) |
| The Professor / Medical Officer L | /C |
| Department of Pathology | |
| | |
| Sir / Madam, | |
| Sub.: Histo-pathological Examination | of specimens preserved during the postmortem examination |
| Ref.: PM. No. | dated |
| I request that the histo-pathological | examination of the following specimens, preserved from the |
| deadbody of | , Male / Female, |
| agedyears, involved in Crime | e Noof |
| | police station may be conducted, as the |
| | lutely necessary for furnishing opinion as to cause of death. |
| - | s per requisition for postmortem examination was |
| _ | |
| | |
| | |
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| | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| I am sending the specimens in sea | led packet through H.C./P.C. No I request you |
| that the results may be made ready at a | n early date, so as to be collected through police. |
| | |
| | Yours faithfully |
| D. | G. |
| Date : | Signature: |
| Place : | Name & Designation: |

LABEL TO BE ATTACHED TO MATERIAL OBJECTS SENT FOR CHEMICAL ANALYSIS (Preserved during postmortem examination)

| 1. P.M. No | Date: |
|--|------------------------------------|
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen : Stomach with contents and first | t 30cm of intestine with contents. |
| Preservative : Saturated Saline. | |
| | Signature of the Medical Officer |
| 2. P.M. No | |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen : 500gms of liver and one half of | each kidney. |
| Preservative : Saturated Saline. | |
| | Signature of the Medical Officer |
| 3. P.M. No | |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen : Blood. | |
| Preservative : Sodium fluoride. | |
| | Signature of the Medical Officer |
| 4. P.M. No | |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen : Urine. | |
| Preservative : Sodium fluoride. | |
| | Signature of the Medical Officer |
| 5. P.M. No | Date: |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen :Saturated Saline (Sample of pre | eservative). |
| | Signature of the Medical Officer |
| 6. P.M. No | |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen :Sodium Fluoride (Sample of pre | eservative). |

Signature of the Medical Officer

LABEL TO BE ATTACHED TO MATERIAL OBJECTS SENT FOR CHEMICAL ANALYSIS (Preserved during postmortem examination)

| 1. P.M. No | Date: |
|---|---------------------------------------|
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen : Stomach with contents and fi | irst 30cm of intestine with contents. |
| Preservative : Saturated Saline. | Signature of the Medical Officer |
| 2. P.M. No | |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen: 500gms of liver and one half | of each kidney. |
| Preservative : Saturated Saline. | Signature of the Medical Officer |
| 3. P.M. No | |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen : Blood. | |
| Preservative : Sodium fluoride. | |
| | Signature of the Medical Officer |
| 4. P.M. No | |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen : Urine. | |
| Preservative : Sodium fluoride. | Signature of the Medical Officer |
| 5. P.M. No | Date: |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen :Saturated Saline (Sample of p | preservative). |
| | Signature of the Medical Officer |
| 6. P.M. No | |
| Name of the deceased: | Ageyears. Sex: Male/Female |
| Specimen :Sodium Fluoride (Sample of p | preservative). |

Signature of the Medical Officer

| ORIGINAL Office of the |
|---|
| Office of theDated |
| REPORT TO BE FORWARDED WITH THE MATERIAL OBJECTS SENT FOR CHEMICAL ANALYSIS (Preserved during postmortem examination) 1) Postmortem No |
| 2) Name of the deceased: |
| 3) Crime No |
| 4) Material objects: a) Stomach and part of intestine with contents. b) Part of liver and one half of each kidney. c) Blood d) Urine. e) Saturated saline (sample of preservative for 1 & 2). f) Sodium fluoride (sample of preservative for 3 & 4) g) |
| h) |
| |
| 6) Impression seal used: \mathbf{X} 7) Copy of labels affixed to bottles / packages: Attached. |
| 8) Alleged cause of death as per inquest : |
| 9) Clinical history,treatment, progress etc., : |
| 10) Postmortem findings in brief: |
| |
| |
| |
| 11) Examination required: Quantitative and qualitative analysis for drugs / poisons, detected if any |
| Signature: |
| Name & Designation: |
| To, |
| The Regional Chemical Examiner to Government, |
| Sir, I am forwarding the above mentioned material objects through Sri |
| Date: |

Place:....

| | Office of the |
|---|--|
| | Dated |
| CHEMICAL ANALYSIS (Preser | TH THE MATERIAL OBJECTS SENT FOR ved during postmortem examination)Dated : |
| | |
| | police station. |
| 4) Material objects: i) Stomach and part of intestine with conjugate joint of liver and one half of each kidded in the liver and one half of each kidded in the liver and one half of each kidded in the liver and one half of each kidded in the liver and liver | ney. tive for 1 & 2). |
| | |
| | py of labels affixed to bottles / packages: Attached. |
| B) Alleged cause of death as per inquest | ; |
| 9) Clinical history,treatment, progress etc., | : |
| 10) Postmortem findings in brief: | |
| | |
| | qualitative analysis for drugs / poisons, detected if any |
| Sign | ature: |
| | |
| Name & Design | nation: |

Yours faithfully,

Signature:....

Designation:....

·....

Date:.....

Label to be affixed on the sealed packet for Chemical Analysis of Viscera and other material objects sent to Chemical Examiner. Material objects: 1) Stomach, intestine and contents. 2) Part of liver and one kidney 3) Blood. 4) Urine 5) Saturated saline. 6) Sodium fluoride 7) PM. No. Date..... Name of the deceased ;.....age:....yrs. Sex :M/F Crime No.police station. Signature: Date:.... Name & Designation: Place:.... Label to be affixed on the sealed packet for Chemical Analysis of Viscera and other material objects sent to Chemical Examiner. Material objects: 1) Stomach, intestine and contents. 2) Part of liver and one kidney 3) Blood. 4) Urine 5) Saturated saline. 6) Sodium fluoride 7) PM. No. Date..... Name of the deceased ;.....age:....yrs. Sex :M/F Date:..... Signature: Place:.... Name & Designation: Label to be affixed on the sealed packet for Chemical Analysis of Viscera and other material objects sent to Chemical Examiner. Material objects: 1) Stomach, intestine and contents. 2) Part of liver and one kidney 3) Blood. 4) Urine 5) Saturated saline. 6) Sodium fluoride 7) PM. No. Date..... Name of the deceased ;.....age:....yrs. Sex :M/F Date:.... Signature: Place:.... Name & Designation:

| | ORIGINAL |
|---|-----------------------------------|
| PM. No(dated |). Date : |
| FINAL OPINION AS T | O CAUSE OF DEATH |
| As per requisition from the | of |
| | Police station dated, |
| postmortem examination was conducted | on the body of a male/female by |
| name | stated to be |
| aged aboutyears, involved in Crime No | of |
| police station and the postmortem certificate N | |
| by the undersigned. The opinion as to cause | |
| chemical analysis of viscera and other materia | · |
| • | dated |
| | |
| of the above said viscera and other | • |
| onfrom the Chemical Exa | |
| <u>Laboratory Findings</u> : | |
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| <u>Opir</u> | ion |
| Based on the postmortem findings and resu | |
| Final Opinion as follows:- | , |
| Tindi Opinion do Tollowo . | |
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| | Signature : |
| Place : | Name : |
| Date : | Designation : |
| Forwarded to: | |
| Copy to: | (** Strike off if not applicable) |
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| | DUPLICATE |
|---|---|
| PM. No(dated FINAL OPINION AS T |). Date : |
| As per requisition from the | of |
| | Police station dated, |
| postmortem examination was conducted | on the body of a male/female by |
| name | stated to be |
| aged aboutyears, involved in Crime No | of |
| police station and the postmortem certificate N | Vo dated was issued |
| by the undersigned. The opinion as to cause | e of death was reserved pending results of |
| chemical analysis of viscera and other materia | al objects preserved from the body**. |
| The Certificate of chemical analysis No | odated |
| of the above said viscera and other | material objects was received by me |
| onfrom the Chemical Exa | aminer to Government. |
| Laboratory Findings : | |
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| <u>Opi</u> | nion |
| | ults of Laboratory examinations, I furnish my |
| Final Opinion as follows :- | me of Euboratory oxaminations, Framion my |
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| Disco | Signature : |
| Place : Date : | Name : Designation : |
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(** Strike off if not applicable)

| | TRIPLICATE |
|--|--------------------------------------|
| PM. No(dated). FINAL OPINION AS TO CA | Date : AUSE OF DEATH |
| As per requisition from the | of |
| | |
| name | stated to be |
| aged aboutyears, involved in Crime No | of |
| police station and the postmortem certificate No | dated was issued |
| by the undersigned. The opinion as to cause of contemical analysis of viscera and other material objections. | |
| The Certificate of chemical analysis No | dated |
| of the above said viscera and other mate | erial objects was received by me |
| onfrom the Chemical Examine | er to Government. |
| Laboratory Findings : | |
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| <u>Opinion</u> | |
| Based on the postmortem findings and results of | |
| Final Opinion as follows :- | Laboratory examinations, Trainion my |
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| | Signature : |
| Place : Date : | Name : Designation : |
| Forwarded to: | |

(** Strike off if not applicable)

QUADRAPLICATE

| PM. No(dated FINAL OP | INION AS TO | | | | | |
|------------------------------------|---------------|-------------|---------------|----------|---------------|-------------|
| As per requisition from the | | | | | | Oʻ |
| | | Police st | ation da | ted | | |
| postmortem examination was name | | | - | | | - |
| aged aboutyears, involved in (| | | | | | |
| police station and the postmortem | | | | | | |
| | | | | | | |
| by the undersigned. The opinion | | | | | - | |
| chemical analysis of viscera and o | | | | | • | |
| The Certificate of chemical | • | | | | | |
| of the above said viscera | and other | material | objects | was | received | by me |
| onfrom the C | hemical Exa | miner to (| Governm | ent. | | |
| <u>Laboratory Findings</u> : | | | | | | |
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| | Opin | | | | | |
| | | | | | utiono I fru | برجم جاجاجي |
| Based on the postmortem findir | igs and resul | ils of Labo | Dialory e | хапша | alions, i iui | misn my |
| Final Opinion as follows:- | | | | | | |
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| | tem examination on the body of a male / female by name |
|--|--|
| | gedyears, involved |
| in Crime Noof | Police |
| - | is day of at |
| | |
| transportation by air. The e | has been embalmed, hermetically sealed and is fit for mbalming fluid contained the following ingredients |
| This certificate is being issued fo burial of the body / transportatio | r the purpose of being produced in relation to cremation / n of the body from |
| | Signature: |
| Place | Name : |
| Date: | Designation: |
| (Strike off whichever is not applicable) | y and 5 copies for international transportation) |
| AMBULANCE / CREMA | ATION / BURIAL/ EMBALMING CERTIFICATE |
| | tem examination on the body of a male / female by name |
| in Crime Noof station was done by me on the | agedyears, involved |
| transportation by air. The e | has been embalmed, hermetically sealed and is fit for mbalming fluid contained the following ingredients |
| burial of the body / transportatio | r the purpose of being produced in relation to cremation / n of the body from |
| 10 | / for airlifting the body within or outside the country. |
| | Signature: |
| Place | Name : |
| Date: | Designation: |
| Name of Institution:(Strike off whichever is not applicable) | |

(3 copies for airlifting within the country and 5 copies for international transportation)

| P.M. No: | ORIGINAL Dated, |
|--|--|
| THROUGH INVESTIGATING P The requisition for postmortem examina | PRTEM EXAMINATION TO POLICE SURGEON POLICE OFFICER OR MAGISTRATE. ation on the body of a male / female by name stated to be aged |
| police station was received from | letter Cr. Nodated |
| | |
| | |
| Based on the findings of external e requires a detailed examination Dragreed with me regarding the same. Hence | xamination, I am of the opinion that this case by Police Surgeon. I also consulted |
| | Signature: Name: Designation: , for referring this e expenses for transportation of the dead body. |
| Date : Place : Name of Institution : | Signature : Name : Designation : |

Copy to :....

| P.M. No: | DUPLICATE Dated, |
|--|--|
| THROUGH INVESTIGATING PO The requisition for postmortem examinati | TEM EXAMINATION TO POLICE SURGEON LICE OFFICER OR MAGISTRATE. on on the body of a male / female by name |
| police station was received from | etter Cr. Nodated) who identified the same. The body was first tem examination commenced aton as per inquest was |
| (To be exactly reproduced from the relevant column On the body I noted the following | in the requisition for postmortem examination KPF 102) |
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| requires a detailed examination by Police S Dragreed with me regarding the same. Hence | ination, I am of the opinion that this case urgeon. I also consulted |
| I agree with the opinion of Drcase to Police Surgeon and to sanction the | Signature: Name: |
| | Signature : Name : Designation : |
| rorwarded to | |

Copy to :....

Copy to :.....

Form of Application cum No Objection Certificate (For issue of Postmortem Certificate, to the legal heirs of the deceased)

| Name of the Applicant: | |
|---|--|
| Address : | |
| | |
| Relation of the applicant to the deceased | : |
| Date of PM examination : | Crime No.: |
| Name of police station : | |
| Reason for applying for copy of the certification | ficate : |
| | |
| Place : | |
| Date : | Signature of the applicant. |
| | <u>Certificate</u> |
| I, the Investigating Police C | Officer of Crime Noof |
| | police station, hereby certify that |
| there is no objection in issuing to the | applicant, a copy of the Certificate of Postmortem |
| examination conducted on the body of | |
| agedyears, involved in the above | esaid crime. |
| Place: (5 | Seal) |
| Date : | Signature & Designation of the Officer. |
| | |
| <u>Fo</u> | or Office Use only |
| Verified Ration Card No | .Applicant is A.P.L. / B.P.L. **(Strike off whichever is not applicable) |
| Remitted Rs(|) as |
| per Receipt Nodated. | (For A.P.L. card holders only) |
| Issued the copy of Postmortem Certificate | 2 : |
| | Signature of the Issuing Officer |
| Received the copy of Postmortem certific | ate: |
| | Signature of the Applicant |

Form of Application cum Certificate of Authenticity

(of the copy of Postmortem certificate, for the purpose of Insurance claim)

| Name of Insurance Company : | | | |
|--|--|--|--|
| Reference Policy / Claim No. : | | | |
| Postmortem Number and date.: | | | |
| Name of the deceased : | Age:years Sex:Male/Female | | |
| | em Certificate): | | |
| | police station | | |
| - | no conducted Postmortem examination : | | |
| | | | |
| It is requested that the authentic | city of the copy of abovesaid Postmortem Certificate, produced | | |
| alongwith this application, which was submitted to us for the purpose of Insurance Claim, may be | | | |
| certified and the copy of the certific | icate attested and returned to us at an early date. | | |
| Certified that, I, Dr | , working as | | |
| | attached to | | |
| | conducted postmortem examination on the dead body of a male / | | |
| | , agedyears, | | |
| | of Of | | |
| | ppy of the certificate is attested and returned along with. | | |
| | | | |
| Place : | Signature : | | |
| Date : (Seal) | Name : Registration No.: Designation : | | |
| Name of Institution : | ······ | | |