

Annexure – 1
Formats for Medico-legal Certification

ACCIDENT REGISTER – CUM – WOUND CERTIFICATE

- 1. Serial No..... 2. Date and time 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.....
- 9. History was stated by the injured /**
- 10.Details of injuries:

- 11. Findings of physical examination :.....
- 12. Number of additional sheets if any.....
- 13. Whether admitted or not: Admitted/Observation/Out patient/Expired in casualty/Referred.**
- 14. Opinion: **Could be / could not be as alleged.**** Injuries appeared **Fresh / Old.**

Date :..... Signature :.....
 Place :..... Name :.....
 Name of Institution :..... Designation:.....

**** Strike off which is not applicable.**

Issued to as per his request No.dated
 Date :..... Signature of the issuing officer :

ACCIDENT REGISTER – CUM – WOUND CERTIFICATE

- 1. Serial No..... 2. Date and time 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.....
- 9. History was stated by the injured /**
- 10.Details of injuries:

- 11. Findings of physical examination :.....
- 12. Number of additional sheets if any.....
- 13. Whether admitted or not: Admitted/Observation/Out patient/Expired in casualty/Referred.**
- 14. Opinion: **Could be / could not be as alleged.**** Injuries appeared **Fresh / Old.**

Date :..... Signature :.....
 Place :..... Name :.....
 Name of Institution :..... Designation:.....

** **Strike off which is not applicable.**

Issued to as per his request No.dated
 Date :..... Signature of the issuing officer :

ACCIDENT REGISTER – CUM – WOUND CERTIFICATE

- 1. Serial No..... 2. Date and time 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.....
- 9. History was stated by the injured /**
- 10.Details of injuries:

11. Findings of physical examination :.....

12. Number of additional sheets if any.....

13. Whether admitted or not: Admitted/Observation/Out patient/Expired in casualty/Referred.**

14. Opinion: **Could be / could not be as alleged.**** Injuries appeared **Fresh / Old.**

Date :..... Signature :.....
Place :..... Name :.....
Name of Institution :..... Designation:.....

**** Strike off which is not applicable.**

Issued to as per his request No.dated
Date :..... Signature of the issuing officer :

POLICE INTIMATION

To : The S.I./SHO ofPolice station.

I write to inform you that a person by name
male/female, agedyears, address
.....
came to this institution with alleged history of
He/she is being treated as inpatient in.....ward / outpatient / referred / expired in casualty.*

Please do the needful.

Date : Signature :
Place : Name :
Name of institution : Designation :

POLICE INTIMATION

To : The S.I./SHO ofPolice station.

I write to inform you that a person by name
male/female, agedyears, address
.....
came to this institution with alleged history of
He/she is being treated as inpatient in.....ward / outpatient / referred / expired in casualty.*

Please do the needful.

Date : Signature :
Place : Name :
Name of institution : Designation :

POLICE INTIMATION

To : The S.I./SHO ofPolice station.

I write to inform you that a person by name
male/female, agedyears, address
.....
came to this institution with alleged history of
He/she is being treated as inpatient in.....ward / outpatient / referred / expired in casualty.*

Please do the needful.

Date : Signature :
Place : Name :
Name of institution : Designation :

*Strike off whichever is not applicable

POLICE INTIMATION

To : The S.I./SHO ofPolice station.

I write to inform you that a person by name
male/female, agedyears, address

.....
came to this institution with alleged history of

He/she is being treated as inpatient in.....ward / outpatient / referred / expired in casualty.*

Please do the needful.

Date :

Place :

Name of institution :

Signature :

Name :

Designation :

POLICE INTIMATION

To : The S.I./SHO ofPolice station.

I write to inform you that a person by name
male/female, agedyears, address

.....
came to this institution with alleged history of

He/she is being treated as inpatient in.....ward / outpatient / referred / expired in casualty.*

Please do the needful.

Date :

Place :

Name of institution :

Signature :

Name :

Designation :

POLICE INTIMATION

To : The S.I./SHO ofPolice station.

I write to inform you that a person by name
male/female, agedyears, address

.....
came to this institution with alleged history of

He/she is being treated as inpatient in.....ward / outpatient / referred / expired in casualty.*

Please do the needful.

Date :

Place :

Name of institution :

Signature :

Name :

Designation :

*Strike off whichever is not applicable

PROFORMA FOR RECORDING DYING DECLARATION BY A MEDICAL PRACTITIONER

I, Dr.....Son/Daughter of
working as , residing at
.....
in presence of witnesses (1)Son/Daughter of.....
residing at.....
and (2).....Son/Daughter of..... residing at
..... shall record the dying declaration of
male/female agedyears, S/oresiding at
.....at.....am/pm, on
(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:.....
Answer:.....

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:

PROFORMA FOR RECORDING DYING DECLARATION BY A MEDICAL PRACTITIONER

I, Dr.....Son/Daughter of
 working as, residing at,
 in presence of witnesses (1)Son/Daughter of.....
 residing at.....
 and (2).....Son/Daughter of..... residing at
 shall record the dying declaration of
 male/female agedyears, S/oresiding at
 at.....am/pm, on
 (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:.....

Answer:.....

.....

.....

.....

.....

.....

.....

.....

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
 (Should be translated into declarant’s mother tongue) Signature:
 Name & address of the declarant :

Recorded and signed in my presence.

Signature, Name &
 address of First witness:

Signature, Name &
 address of Second witness:

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 Age : years. Sex : male/female
3. Address
4. IP No. Date of admission Date of discharge
5. Name of the doctor who treated the patient*
6. Condition at admission
7. Results of clinical investigations if any
8. Injuries diagnosed other than those noted in the Wound Certificate, if any
9. Details of treatment given, including those of surgical and other procedures if any
10. Condition at discharge
11. Advise given at the time of discharge regarding further treatment if necessary
12. Remarks if any

Date : Signature :
Place : Name :
Name of Institution : Designation:

* The name in both these columns should be same. ** Strike off which is not applicable.
Issued to as per his request No. dated
Date : Signature of the issuing officer :

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 Age : years. Sex : male/female
3. Address
4. IP No. Date of admission Date of discharge
5. Name of the doctor who treated the patient*
6. Condition at admission
7. Results of clinical investigations if any
8. Injuries diagnosed other than those noted in the Wound Certificate, if any
9. Details of treatment given, including those of surgical and other procedures if any
10. Condition at discharge
11. Advise given at the time of discharge regarding further treatment if necessary
12. Remarks if any

Date : Place : Name of Institution : Signature : Name : Designation:

* The name in both these columns should be same. ** Strike off which is not applicable. Issued to as per his request No. dated Signature of the issuing officer :

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 Age : years. Sex : male/female
3. Address
4. IP No. Date of admission Date of discharge
5. Name of the doctor who treated the patient*
6. Condition at admission
7. Results of clinical investigations if any
8. Injuries diagnosed other than those noted in the Wound Certificate, if any
9. Details of treatment given, including those of surgical and other procedures if any
10. Condition at discharge
11. Advise given at the time of discharge regarding further treatment if necessary
12. Remarks if any

Date : Place : Name of Institution : Signature : Name : Designation:

* The name in both these columns should be same. ** Strike off which is not applicable. Issued to as per his request No. dated Signature of the issuing officer :

SL. No.....

Date.....

CERTIFICATE OF DRUNKENNESS

Requisition received from the of police station, dated for the examination and certification of drunkenness of aged.....years and accompanied by HC / PC No.

Name : Age :years. Sex : Male / Female.

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).....

(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

(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 :

Name of Institution. :

Designation :

(strike off which is not applicable)

Received the certificate : (Signature & P.C.No.)

SL. No.....

Date.....

CERTIFICATE OF DRUNKENNESS

Requisition received from the of police station, dated for the examination and certification of drunkenness of aged.....years and accompanied by HC / PC No.

Name : Age :years. Sex : Male / Female. 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)..... (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 (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 : Name of Institution. : Designation : (strike off which is not applicable)

Received the certificate : (Signature & P.C.No.)

SL. No.....

Date.....

CERTIFICATE OF DRUNKENNESS

Requisition received from the of police station, dated for the examination and certification of drunkenness of aged.....years and accompanied by HC / PC No.

Name : Age :years. Sex : Male / Female.
 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).....
 (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
 (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 :
 Name of Institution. : Designation :
 (strike off which is not applicable)

Received the certificate : (Signature & P.C.No.)

Medico-legal Register

Ref. ML. No./...../..... **Date :.....**

Name of the person :.....Age.....years Sex:Male/Female

Address :.....

.....

Ref. Crime No.....ofpolice station.

Requisition from :.....

.....Dated.....

Examination requested :.....

Name & Designation of Medical Officer who conducted the examination :.....

.....

Dated signature of the Medical Officer :

Ref. ML. No./...../..... **Date :.....**

Name of the person :.....Age.....years Sex:Male/Female

Address :.....

.....

Ref. Crime No.....ofpolice station.

Requisition from :.....

.....Dated.....

Examination requested :.....

Name & Designation of Medical Officer who conducted the examination :.....

.....

Dated signature of the Medical Officer :

Ref. No. ML/MASO.....

Date :.....

Report of examination of a male accused in sexual offence (including Potency)

Requisition dated..... was received aton....., from the..... for examination including potency of aged.....years involved in crime No.....ofPolice station.

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 potency: Present / Not present.
If present, details:.....
8. History of sexual development:
9. Marital history: Married / Unmarried. Age of marriage:....years. Whether having children: Yes / No.
10. History and alleged cause of injury (if any) :.....
11. Physical examination: A. General:- Height:.....cm. Weight.....kg. Build: Good/Moderate/Poor.
Hair : Normal Adolescent male / Adult male type of hair growth on face & body Present / Absent.
B. Local :- (a) Penis : Present / Absent. Lengthcm Circumferencecm (both flaccid state)
Disease /Deformity / Injury (if any): Present / Absent. If present, details.....
Fore skin : Retractable / Non retractable / Circumcised. Smegma deposits on corona: Present / Absent.
Sensations : Normal / Abnormal. Urethral discharge or tenderness on palpation: Present / Absent.
(b) Scrotum : Pendulous / Non-pendulous. Right testis :present /absent. Left testis : Present/absent.
Development of testis : Small / Medium / Adult size. Sensations & Reflexes: Normal/Impaired.
Disease / Deformity / Injury (if any).....
- C. Systemic examination : Pulse...../min. BP.....mm of Hg.
Other findings (CVS, CNS, RS, GIS).....
- D. Injuries on the body if any :.....

The examination concluded atam/pm on.....

12. Material objects preserved** : (a) Nail clippings (b) Scalp Hair (cut) sample (b) Pubic hair combings
(c) Pubic hairs (cut) (d) Penile Swabs taken with cotton just wetted in water & shade dried (to look for vaginal epithelial cells & for DNA profiling) (e) Penile washings in normal saline
(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 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 :.....

Date :..... Signature :.....
Place :..... Name :.....
Name of institution :..... Designation:.....

Received the certificate :(Signature, Name & P.C. No.....)

*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 offence (including Potency)

Requisition dated..... was received aton....., from the..... for examination including potency of aged.....years involved in crime No.....ofPolice station.

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 potency: Present / Not present. If present, details:.....

8. History of sexual development:

9. Marital history: Married / Unmarried. Age of marriage:....years. Whether having children: Yes / No.

10. History and alleged cause of injury (if any) :.....

11.Physical examination: A. General:- Height:.....cm. Weight.....kg. Build: Good/Moderate/Poor. Hair : Normal Adolescent male / Adult male type of hair growth on face & body Present / Absent.

B. Local :- (a) Penis : Present / Absent. Lengthcm Circumferencecm (both flaccid state) Disease /Deformity / Injury (if any): Present / Absent. If present, details.....

Fore skin : Retractable / Non retractable / Circumcised. Smegma deposits on corona: Present / Absent.

Sensations : Normal / Abnormal. Urethral discharge or tenderness on palpation: Present / Absent.

(b) Scrotum : Pendulous / Non-pendulous. Right testis :present /absent. Left testis : Present/absent.

Development of testis : Small / Medium / Adult size. Sensations & Reflexes: Normal/Impaired.

Disease / Deformity / Injury (if any).....

C. Systemic examination : Pulse...../min. BP.....mm of Hg. Other findings (CVS, CNS, RS, GIS).....

D. Injuries on the body if any :.....

The examination concluded atam/pm on.....

12. Material objects preserved** : (a) Nail clippings (b) Scalp Hair (cut) sample (b) Pubic hair combings (c) Pubic hairs (cut) (d) Penile Swabs taken with cotton just wetted in water & shade dried (to look for vaginal epithelial cells & for DNA profiling) (e) Penile washings in normal saline (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 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 :(Signature, Name & P.C. No.....)

*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 offence (including Potency)

Requisition dated..... was received aton....., from the..... for examination including potency of aged.....years involved in crime No.....ofPolice station.

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 potency: Present / Not present. If present, details:.....

8. History of sexual development:

9. Marital history: Married / Unmarried. Age of marriage:....years. Whether having children: Yes / No.

10. History and alleged cause of injury (if any) :.....

11. Physical examination: A. General:- Height:.....cm. Weight.....kg. Build: Good/Moderate/Poor. Hair : Normal Adolescent male / Adult male type of hair growth on face & body Present / Absent. B. Local :- (a) Penis : Present / Absent. Lengthcm Circumferencecm (both flaccid state) Disease /Deformity / Injury (if any): Present / Absent. If present, details.....

Fore skin : Retractable / Non retractable / Circumcised. Smegma deposits on corona: Present / Absent. Sensations : Normal / Abnormal. Urethral discharge or tenderness on palpation: Present / Absent.

(b) Scrotum : Pendulous / Non-pendulous. Right testis :present /absent. Left testis : Present/absent. Development of testis : Small / Medium / Adult size. Sensations & Reflexes: Normal/Impaired. Disease / Deformity / Injury (if any).....

C. Systemic examination : Pulse...../min. BP.....mm of Hg. Other findings (CVS, CNS, RS, GIS).....

D. Injuries on the body if any :.....
.....
.....
.....

The examination concluded atam/pm on.....

12. Material objects preserved** : (a) Nail clippings (b) Scalp Hair (cut) sample (b) Pubic hair combings (c) Pubic hairs (cut) (d) Penile Swabs taken with cotton just wetted in water & shade dried (to look for vaginal epithelial cells & for DNA profiling) (e) Penile washings in normal saline (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 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 :.....
.....

Date :..... Signature :.....
Place :..... Name :.....
Name of institution :..... Designation:.....

Received the certificate :(Signature, Name & P.C. No.....)

*Delete whichever is not applicable. **All need not be preserved if examined after 72hours of alleged incident

Ref. ML. No./FVSA :

Date :

REPORT OF EXAMINATION OF A FEMALE VICTIM OF SEXUAL ASSAULT

Name : Age : years

Address :

Requisition (if any) from ;

vide Crime No. of Police station dated

and brought or accompanied by (Name & Address.)

Consent :

Date, time of commencement & place of examination.....

Identification marks :

(1).....

(2).....

Marital status : Married / Unmarried. Educational status :

Occupation :

Signature, name and designation of female witness if any ;

History related to the incident (as stated by subject /):

1) Date, time and place of alleged act :

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 act).....

Menstrual history : Age of menarche : years / Not attained / Menopause attained.

Periods : Regular / Irregular / NA Whether menstruating now : Yes/No/NA.

Date of Last Menstrual Period :

Other relevant history if any :

Obstetric history : Whether pregnant now : Yes / No / NA. No of previous pregnancies :

Type of delivery & other details :

(To be continued in Page 2)

Page 2(Continued from Page 1)

Ref. ML. No./FVSA :

Date :

Physical examination

- a) General : 1) Height.....cm. 2) Weight.....kg. 3) Build & nourishment : Good / Moderate / Poor.
 - 4) Clothes : Intact / Disordered / Torn/NA. 5) General Mental condition : Excited / Calm / Depressed.
 - 6) Secondary sexual characters including breasts :
- b) Local : (1) Condition of pubic hair : Matted / Not matted /
 - (2) Appearance of labia / clitoris :
 - (3) Hymen ; Intact / Torn / Carunculae hymenalis / Absent / Fleshy and elastic /
 - If torn, partial / complete, atO'clock Position(s) and fresh / infected / healing / old.....
 - (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.....
 - Injuries in the vagina ;.....
 - (7) Appearance of perineum and thighs :
 - (8) Others if any :
- c) Injuries on the body (if any) :
- d) Systemic examination findings :

Examination concluded atam/pm on.....

Material Objects preserved : (1) Vaginal smears (2) Vaginal swabs (3) Nail clippings
 (4) Loose hair from combings of pubic region (5) Pubic hair samples (cut) (6) Scalp hair samples (cut)
 (6)Urine for pregnancy test (7)Blood to look for sedatives/hypnotics (8) urine to look for sedatives /
 hypnotics (9) Clothes. Any other :

If not preserved, reasons :

OPINION

- Findings of examination are consistent / not inconsistent with the history of alleged sexual assault
- There is evidence / no evidence of recent / past vaginal penetration.
- The injuries on the body could be / could not be suggestive of resistance from the victim.
- There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results)

Reasons for the conclusions arrived at ;.....

Date : Signature :

Place : Name :

Name of Institution. : Designation :

(strike off which is not applicable)

**** Strike off which is not applicable.**

Issued to as per his request No.dated

Date : Signature of the issuing officer :

Received the certificate :.....(Signature, name & designation)

Ref. ML. No./FVSA :

Date :

REPORT OF EXAMINATION OF A FEMALE VICTIM OF SEXUAL ASSAULT

Name : Age : years

Address :

Requisition (if any) from ;
vide Crime No. of Police station dated
and brought or accompanied by (Name & Address.)

Consent :

Date, time of commencement & place of examination.....

Identification marks :

(1).....

(2).....

Marital status : Married / Unmarried. Educational status :

Occupation :

Signature, name and designation of female witness if any ;

History related to the incident (as stated by subject /):

1) Date, time and place of alleged act :

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 act).....

Menstrual history : Age of menarche : years / Not attained / Menopause attained.

Periods : Regular / Irregular / NA Whether menstruating now : Yes/No/NA.

Date of Last Menstrual Period :

Other relevant history if any :

Obstetric history : Whether pregnant now : Yes / No / NA. No of previous pregnancies :

Type of delivery & other details :

(To be continued in Page 2)

Page 2(Continued from Page 1)

Ref. ML. No./FVSA :

Date :

Physical examination

- a) General : 1) Height.....cm. 2) Weight.....kg. 3) Build & nourishment : Good / Moderate / Poor.
 - 4) Clothes : Intact / Disordered / Torn/NA. 5) General Mental condition : Excited / Calm / Depressed.
 - 6) Secondary sexual characters including breasts :
- b) Local : (1) Condition of pubic hair : Matted / Not matted /
 - (2) Appearance of labia / clitoris :
 - (3) Hymen ; Intact / Torn / Carunculae hymenalis / Absent / Fleshy and elastic /
 - If torn, partial / complete, atO'clock Position(s) and fresh / infected / healing / old.....
 - (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.....
 - Injuries in the vagina ;.....
 - (7) Appearance of perineum and thighs :
 - (8) Others if any :
- c) Injuries on the body (if any) :
- d) Systemic examination findings :

Examination concluded atam/pm on.....

Material Objects preserved : (1) Vaginal smears (2) Vaginal swabs (3) Nail clippings
 (4) Loose hair from combings of pubic region (5) Pubic hair samples (cut) (6) Scalp hair samples (cut)
 (6)Urine for pregnancy test (7)Blood to look for sedatives/hypnotics (8) urine to look for sedatives /
 hypnotics (9) Clothes. Any other :

If not preserved, reasons :

OPINION

- Findings of examination are consistent / not inconsistent with the history of alleged sexual assault
- There is evidence / no evidence of recent / past vaginal penetration.
- The injuries on the body could be / could not be suggestive of resistance from the victim.
- There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results)

Reasons for the conclusions arrived at ;.....

Date : Signature :

Place : Name :

Name of Institution. : Designation :

(strike off which is not applicable)

**** Strike off which is not applicable.**

Issued to as per his request No.dated

Date : Signature of the issuing officer :

Received the certificate :.....(Signature, name & designation)

Ref. ML. No./FVSA :

Date :

REPORT OF EXAMINATION OF A FEMALE VICTIM OF SEXUAL ASSAULT

Name : Age : years

Address :

Requisition (if any) from ;

vide Crime No. of Police station dated

and brought or accompanied by (Name & Address.)

Consent :

Date, time of commencement & place of examination.....

Identification marks :

(1).....

(2).....

Marital status : Married / Unmarried. Educational status :

Occupation :

Signature, name and designation of female witness if any ;

History related to the incident (as stated by subject /):

1) Date, time and place of alleged act :

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 act).....

Menstrual history : Age of menarche : years / Not attained / Menopause attained.

Periods : Regular / Irregular / NA Whether menstruating now : Yes/No/NA.

Date of Last Menstrual Period :

Other relevant history if any :

Obstetric history : Whether pregnant now : Yes / No / NA. No of previous pregnancies :

Type of delivery & other details :

(To be continued in Page 2)

Page 2(Continued from Page 1)

Ref. ML. No./FVSA :

Date :

Physical examination

- a) General : 1) Height.....cm. 2) Weight.....kg. 3) Build & nourishment : Good / Moderate / Poor.
 - 4) Clothes : Intact / Disordered / Torn/NA. 5) General Mental condition : Excited / Calm / Depressed.
 - 6) Secondary sexual characters including breasts :
- b) Local : (1) Condition of pubic hair : Matted / Not matted /
 - (2) Appearance of labia / clitoris :
 - (3) Hymen ; Intact / Torn / Carunculae hymenalis / Absent / Fleshy and elastic /
 - If torn, partial / complete, atO'clock Position(s) and fresh / infected / healing / old.....
 - (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.....
 - Injuries in the vagina ;.....
 - (7) Appearance of perineum and thighs :
 - (8) Others if any :
- c) Injuries on the body (if any) :
- d) Systemic examination findings :

Examination concluded atam/pm on.....

Material Objects preserved : (1) Vaginal smears (2) Vaginal swabs (3) Nail clippings
 (4) Loose hair from combings of pubic region (5) Pubic hair samples (cut) (6) Scalp hair samples (cut)
 (6)Urine for pregnancy test (7)Blood to look for sedatives/hypnotics (8) urine to look for sedatives /
 hypnotics (9) Clothes. Any other :

If not preserved, reasons :

OPINION

- Findings of examination are consistent / not inconsistent with the history of alleged sexual assault
- There is evidence / no evidence of recent / past vaginal penetration.
- The injuries on the body could be / could not be suggestive of resistance from the victim.
- There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results)

Reasons for the conclusions arrived at ;.....

Date : Signature :

Place : Name :

Name of Institution. : Designation :

(strike off which is not applicable)

**** Strike off which is not applicable.**

Issued to as per his request No.dated

Date : Signature of the issuing officer :

Received the certificate :.....(Signature, name & designation)

Ref. ML / No./ VUSO : Date :

REPORT OF EXAMINATION OF A VICTIM OF UNNATURAL SEXUAL OFFENCE

Name : Age : years. Sex : M / F

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 : Occupation

History related to the incident (as stated by the subject /):

Whether changed clothing since the incident: Yes/No/NA. Whether bathed since the incident: Yes/No/NA

Whether washed mouth / had any food or drinks / urinated / defecated since the incident: Yes/No/NA.

Whether having pain on walking/urination/defecation: Yes/No/NA. Any history of vomiting : Yes/No/NA.

Any history of bleeding from anus : Yes/No/NA. Loss of consciousness during / after the incident : Yes/No.

Physical examination

a) General : 1) Height.....cm. 2) Weight.....kg. 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. Tears : Present / Absent. If present, Recent / old.

Depression of anus : Present / Not present. Hemorrhoids : Present / Not present.

Stains of blood / Semen / Lubricants : Present / Absent. Anal sphincter : Patulous / Non patulous

Anal sphincter admits one / more finger, with / without pain. Sphincter tone : Retained / Lost

Evidence of STD : Present / Not present. On bimanual lateral traction, anal orifice closes / opens.

Findings of rectal examination with speculum :

(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 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 look for sedatives/hypnotics (7) Clothes.

(8) Swabs from suspected stains on the body parts.Others if any :

If not preserved, reasons :

OPINION

• **Findings of examination are consistent with / not inconsistent with / not consistent with the history of alleged unnatural sexual offence.**

• **There is evidence / no evidence of recent / past anal penetration.**

• **The injuries on the body could be / could 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./ VUSO : Date :

REPORT OF EXAMINATION OF A VICTIM OF UNNATURAL SEXUAL OFFENCE

Name : Age : years. Sex : M / F

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 : Occupation

History related to the incident (as stated by the subject /):

Whether changed clothing since the incident: Yes/No/NA. Whether bathed since the incident: Yes/No/NA

Whether washed mouth / had any food or drinks / urinated / defecated since the incident: Yes/No/NA.

Whether having pain on walking/urination/defecation: Yes/No/NA. Any history of vomiting : Yes/No/NA.

Any history of bleeding from anus : Yes/No/NA. Loss of consciousness during / after the incident : Yes/No.

Physical examination

a) General : 1) Height.....cm. 2) Weight.....kg. 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. Tears : Present / Absent. If present, Recent / old.

Depression of anus : Present / Not present. Hemorrhoids : Present / Not present.

Stains of blood / Semen / Lubricants : Present / Absent. Anal sphincter : Patulous / Non patulous

Anal sphincter admits one / more finger, with / without pain. Sphincter tone : Retained / Lost

Evidence of STD : Present / Not present. On bimanual lateral traction, anal orifice closes / opens.

Findings of rectal examination with speculum :

(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 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 look for sedatives/hypnotics (7) Clothes.

(8) Swabs from suspected stains on the body parts.Others if any :

If not preserved, reasons :

OPINION

• **Findings of examination are consistent with / not inconsistent with / not consistent with the history of alleged unnatural sexual offence.**

• **There is evidence / no evidence of recent / past anal penetration.**

• **The injuries on the body could be / could 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./ VUSO : Date :

REPORT OF EXAMINATION OF A VICTIM OF UNNATURAL SEXUAL OFFENCE

Name : Age : years. Sex : M / F

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 : Occupation

History related to the incident (as stated by the subject /):

Whether changed clothing since the incident: Yes/No/NA. Whether bathed since the incident: Yes/No/NA

Whether washed mouth / had any food or drinks / urinated / defecated since the incident: Yes/No/NA.

Whether having pain on walking/urination/defecation: Yes/No/NA. Any history of vomiting : Yes/No/NA.

Any history of bleeding from anus : Yes/No/NA. Loss of consciousness during / after the incident : Yes/No.

Physical examination

a) General : 1) Height.....cm. 2) Weight.....kg. 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. Tears : Present / Absent. If present, Recent / old.

Depression of anus : Present / Not present. Hemorrhoids : Present / Not present.

Stains of blood / Semen / Lubricants : Present / Absent. Anal sphincter : Patulous / Non patulous

Anal sphincter admits one / more finger, with / without pain. Sphincter tone : Retained / Lost

Evidence of STD : Present / Not present. On bimanual lateral traction, anal orifice closes / opens.

Findings of rectal examination with speculum :

(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 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 look for sedatives/hypnotics (7) Clothes.

(8) Swabs from suspected stains on the body parts.Others if any :

If not preserved, reasons :

OPINION

- Findings of examination are consistent with / not inconsistent with / not consistent with the history of alleged unnatural sexual offence.
- There is evidence / no evidence of recent / past anal penetration.
- The injuries on the body could be / could 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 :

Date :

REPORT OF EXAMINATION FOR EVIDENCE OF RECENT DELIVERY

Requisition received from the for the examination of a female, named.....aged.....years, to look for signs of recent delivery, vide Crime No. of Police station dated and accompanied by WHC/WPC No.

Name & Address of the subject :

Age.....years. Marital status : Married / Unmarried. Occupation :.....

Consent :

Date, time & place of examination.....

Identification marks : (1)

(2).....

History related to gestation (as stated by the subject) : Menarche :.....

Date of last Menstrual period :..... Antenatal checkup : Taken / Not taken

Any other details :

Physical examination

a) General : (1) Height.....cm. (2) Weight.....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 Montgomery's tubercles / pale and non-prominent

(7) Nipple : Colostrum or milk could be expressed / Could not be expressed.

(8) Abdomen : Pendulous with wrinkled skin / Non-pendulous with smooth skin.

(9) Striae gravidarum : Present and reddish in color / Present as healed scars / Absent.

b) Uterus : Palpable per abdomen / Not palpable per abdomen. If palpable per abdomen, details regarding size, tenderness etc

c) Vagina : (1) Labia : Swollen / Not swollen (2) Labial tenderness : Present / Absent

(3) Injuries to labia : Present / Absent . If present, describe

(4) Vagina : Capacious and relaxed / non-capacious 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.

If present, describe

(5) Lochia discharge at Os : Present / Not present. If present : Lochia rubra / Lochia serosa / Lochis alba

e) Systemic examination findings :

f) Laboratory examinations : Urine for pregnancy test: Positive / Negative

USG Abdomen (Optional) :.....

Any other :

OPINION

• **There is evidence / no evidence suggestive 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 :

REPORT OF EXAMINATION FOR EVIDENCE OF RECENT DELIVERY

Requisition received from the for the examination of a female, named.....aged.....years, to look for signs of recent delivery, vide Crime No. of Police station dated and accompanied by WHC/WPC No.

Name & Address of the subject :

Age.....years. Marital status : Married / Unmarried. Occupation :..... Consent :

Date, time & place of examination..... Identification marks : (1) (2).....

History related to gestation (as stated by the subject) : Menarche :..... Date of last Menstrual period :..... Antenatal checkup : Taken / Not taken Any other details :

Physical examination

- a) General : (1) Height.....cm. (2) Weight.....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 Montgomery’s tubercles / pale and non-prominent (7) Nipple : Colostrum or milk could be expressed / Could not be expressed. (8) Abdomen : Pendulous with wrinkled skin / Non-pendulous with smooth skin. (9) Striae gravidarum : Present and reddish in color / Present as healed scars / Absent.
 - b) Uterus : Palpable per abdomen / Not palpable per abdomen. If palpable per abdomen, details regarding size, tenderness etc
 - c) Vagina : (1) Labia : Swollen / Not swollen (2) Labial tenderness : Present / Absent (3) Injuries to labia : Present / Absent . If present, describe (4) Vagina : Capacious and relaxed / non-capacious 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. If present, describe (5) Lochia discharge at Os : Present / Not present. If present : Lochia rubra / Lochia serosa / Lochis alba
 - e) Systemic examination findings :
 - f) Laboratory examinations : Urine for pregnancy test: Positive / Negative
USG Abdomen (Optional) :.....
- Any other :

OPINION

- **There is evidence / no evidence suggestive 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 :

REPORT OF EXAMINATION FOR EVIDENCE OF RECENT DELIVERY

Requisition received from the for the examination of a female, named.....aged.....years, to look for signs of recent delivery, vide Crime No. of Police station dated and accompanied by WHC/WPC No.

Name & Address of the subject :

Age.....years. Marital status : Married / Unmarried. Occupation :.....

Consent :

Date, time & place of examination.....

Identification marks : (1)

(2).....

History related to gestation (as stated by the subject) : Menarche :.....

Date of last Menstrual period :..... Antenatal checkup : Taken / Not taken

Any other details :

Physical examination

a) General : (1) Height.....cm. (2) Weight.....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 Montgomery's tubercles / pale and non-prominent

(7) Nipple : Colostrum or milk could be expressed / Could not be expressed.

(8) Abdomen : Pendulous with wrinkled skin / Non-pendulous with smooth skin.

(9) Striae gravidarum : Present and reddish in color / Present as healed scars / Absent.

b) Uterus : Palpable per abdomen / Not palpable per abdomen. If palpable per abdomen, details regarding size, tenderness etc

c) Vagina : (1) Labia : Swollen / Not swollen (2) Labial tenderness : Present / Absent

(3) Injuries to labia : Present / Absent . If present, describe

(4) Vagina : Capacious and relaxed / non-capacious 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.

If present, describe

(5) Lochia discharge at Os : Present / Not present. If present : Lochia rubra / Lochia serosa / Lochis alba

e) Systemic examination findings :

f) Laboratory examinations : Urine for pregnancy test: Positive / Negative

USG Abdomen (Optional) :.....

Any other :

OPINION

• **There is evidence / no evidence suggestive 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.)

Report of examination of a victim alleged to have been drugged

Requisition received from the of police station, dated for the examination and certification of aged.....years, alleged to have been drugged and accompanied by HC / PC No.

Name : Age :years. Sex : Male / Female. Address :

Consent :

Date & time of examination. :

Identification marks :

- (1).....
- (2).....

History :

- (a) Date & time of the alleged incident :
- (b) Regarding mode of administration :.....
- (c) Loss of consciousness : Yes / No / Can't remember. If Yes, period of unconsciousness:.....
- (d) Whether able to remember what has happened from the point of administration to recovery : Yes / No.
- (e) If Yes, was he/she able to respond to what was happening during that period : Yes / No.
- (f) Any sequelae that he/she is able to make out :.....

General Examination:

- 1. Clothing : In proper order/Disordered. 2. Level of consciousness:Conscious/Semiconscious/Unconscious
- 3. Alertness: Alert/Drowsy/Stuperous. 3. General disposition: Calm / Anxious/ Depressed.
- 4. Speech : Normal / Thick and slurred / incoherent. 5. Memory (Recent/Remote) : Normal / impaired.
- 5. Orientation of time, place & person : Normal / impaired. 6. Reaction time : Normal / Delayed.

Physical Examination :

Height :.....cm. Weight :.....kg. Build and nourishment : Good / Moderate / Poor. Conjunctiva : Normal / Congested. Pupils : Pinpoint / Constricted / Normal / Dilated / Sluggishly reacting. Nostrils and nasal mucosa :..... Lips, oral cavity and circum-oral regions :..... Marks of injection on the skin :..... Muscular co-ordination : Normal / Impaired. Reflexes : Normal / Exaggerated / Sluggish. Romberg's sign : Positive/Negative. Finger nose test : Positive/Negative. Gait : Normal/Unsteady. Systemic examination findings : Pulse :/min. B.P. :mm of Hg.

Injuries on the body :

Any other findings :

Laboratory examination :

Nasal swabs : Preserved / Not applicable. Stomach Aspirate : Preserved / Not applicable. Vomitus : Preserved /Not applicable.Blood : Preserved / Not applicable. Urine : Preserved : Not applicable.

Opinion :

- 1) **Reserved pending results of laboratory examinations.**
- 2) **Findings of physical and laboratory examinations are consistent with / not inconsistent with / not consistent with the alleged history of having been drugged.**

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

Received the certificate : (Signature & P.C.No.)

Report of examination of a victim alleged to have been drugged

Requisition received from the of police station, dated for the examination and certification of aged.....years, alleged to have been drugged and accompanied by HC / PC No.

Name : Age :years. Sex : Male / Female. Address :

Consent :

Date & time of examination. :

Identification marks : (1)..... (2).....

History : (a) Date & time of the alleged incident : (b) Regarding mode of administration : (c) Loss of consciousness : Yes / No / Can't remember. If Yes, period of unconsciousness:..... (d) Whether able to remember what has happened from the point of administration to recovery : Yes / No. (g) If Yes, was he/she able to respond to what was happening during that period : Yes / No. (h) Any sequelae that he/she is able to make out :

General Examination: 1. Clothing : In proper order/Disordered. 2. Level of consciousness:Conscious/Semiconscious/Unconscious 3. Alertness: Alert/Drowsy/Stuperous. 3. General disposition: Calm / Anxious/ Depressed. 4. Speech : Normal / Thick and slurred / incoherent. 5. Memory (Recent/Remote) : Normal / impaired. 5. Orientation of time, place & person : Normal / impaired. 6. Reaction time : Normal / Delayed.

Physical Examination : Height :.....cm. Weight :.....kg. Build and nourishment : Good / Moderate / Poor. Conjunctiva : Normal / Congested. Pupils : Pinpoint / Constricted / Normal / Dilated / Sluggishly reacting. Nostrils and nasal mucosa :..... Lips, oral cavity and circum-oral regions :..... Marks of injection on the skin :..... Muscular co-ordination : Normal / Impaired. Reflexes : Normal / Exaggerated / Sluggish. Romberg's sign : Positive/Negative. Finger nose test : Positive/Negative. Gait : Normal/Unsteady. Systemic examination findings : Pulse :/min. B.P. :mm of Hg. Injuries on the body : Any other findings :

Laboratory examination : Nasal swabs : Preserved / Not applicable. Stomach Aspirate : Preserved / Not applicable. Vomitus : Preserved /Not applicable.Blood : Preserved / Not applicable. Urine : Preserved : Not applicable.

Opinion :
1) **Reserved pending results of laboratory examinations.**
2) **Findings of physical and laboratory examinations are consistent with / not inconsistent with / not consistent with the alleged history of having been drugged.**

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

Received the certificate : (Signature & P.C.No.)

Report of examination of a victim alleged to have been drugged

Requisition received from the of police station, dated for the examination and certification of aged.....years, alleged to have been drugged and accompanied by HC / PC No.

Name : Age :years. Sex : Male / Female.
Address :

Consent :

Date & time of examination. :

Identification marks :

- (1).....
- (2).....

History :

- (a) Date & time of the alleged incident :
- (b) Regarding mode of administration :.....
- (c) Loss of consciousness : Yes / No / Can't remember. If Yes, period of unconsciousness:.....
- (d) Whether able to remember what has happened from the point of administration to recovery : Yes / No.
- (i) If Yes, was he/she able to respond to what was happening during that period : Yes / No.
- (j) Any sequelae that he/she is able to make out :.....

General Examination:

- 1. Clothing : In proper order/Disordered. 2. Level of consciousness:Conscious/Semiconscious/Unconscious
- 3. Alertness: Alert/Drowsy/Stuperous. 3. General disposition: Calm / Anxious/ Depressed.
- 4. Speech : Normal / Thick and slurred / incoherent. 5. Memory (Recent/Remote) : Normal / impaired.
- 5. Orientation of time, place & person : Normal / impaired. 6. Reaction time : Normal / Delayed.

Physical Examination :

Height :.....cm. Weight :.....kg. Build and nourishment : Good / Moderate / Poor.
Conjunctiva : Normal / Congested. Pupils : Pinpoint / Constricted / Normal / Dilated / Sluggishly reacting.
Nostrils and nasal mucosa :.....
Lips, oral cavity and circum-oral regions :.....
Marks of injection on the skin :.....
Muscular co-ordination : Normal / Impaired. Reflexes : Normal / Exaggerated / Sluggish.
Romberg's sign : Positive/Negative. Finger nose test : Positive/Negative. Gait : Normal/Unsteady.
Systemic examination findings : Pulse :/min. B.P. :mm of Hg.

Injuries on the body :

Any other findings :

Laboratory examination :

Nasal swabs : Preserved / Not applicable. Stomach Aspirate : Preserved / Not applicable.
Vomit : Preserved /Not applicable.Blood : Preserved / Not applicable. Urine : Preserved : Not applicable.

Opinion :

- 1) **Reserved pending results of laboratory examinations.**
- 2) **Findings of physical and laboratory examinations are consistent with / not inconsistent with / not consistent with the alleged history of having been drugged.**

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

Received the certificate : (Signature & P.C.No.)

Ref.ML. No./PES:.....Date:.....

Certificate of Examination by a Medical Officer

As per requisition from.....
dated.....,physical examination of S/o
.....(address)
.....,
involved in crime number.....of police station
was done at.....am/pm on..... at

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

Received the certificate : (Signature & P.C.No.)

Ref.ML. No./PES:.....Date:.....

Certificate of Examination by a Medical Officer

As per requisition from.....
dated.....,physical examination of S/o
.....(address)
.....,
involved in crime number.....of police station
was done at.....am/pm on..... at

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

Received the certificate : (Signature & P.C.No.)

Ref.ML. No./PES:.....Date:.....

Certificate of Examination by a Medical Officer

As per requisition from.....
dated.....,physical examination of S/o
.....(address)
.....,
involved in crime number.....of police station
was done at.....am/pm on..... at

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

Received the certificate : (Signature & P.C.No.)

Ref.ML. No./PES:.....

Date:.....

Certificate of Examination by a Specialist Medical Officer/ Team of Specialist Medical Officers

As per requisition from.....
dated.....physical examination of.....
S/o.....(address).....
.....,
involved in crime number.....of
police station was done at.....on.....

Consent :.....
.....

Identification marks:

- (1).....
- (2).....

History:.....
.....

Findings of physical examination :.....
.....
.....
.....
.....
.....

Results of Investigations if any:.....
.....
.....

Opinion :.....
.....
.....

Place :.....
Date :.....

Signature :
Name :.....
Designation :.....

Signature, name & designation of other members of the team if present

- 1)
- 2)

Name of Institution :

Issued to :

Ref.ML. No./PES:.....

Date:.....

Certificate of Examination by a Specialist Medical Officer/ Team of Specialist Medical Officers

As per requisition from.....
dated.....physical examination of.....
S/o.....(address).....
.....,
involved in crime number.....of
police station was done at.....on.....

Consent :.....
.....

Identification marks:

- (1).....
- (2).....

History:.....
.....

Findings of physical examination :.....
.....
.....
.....
.....
.....
.....

Results of Investigations if any:.....
.....
.....

Opinion :.....
.....
.....

Place :.....
Date :.....

Signature :
Name :.....
Designation :.....

Signature, name & designation of other members of the team if present

- 1)
- 2)

Name of Institution :

Issued to :

Ref.ML. No./PES:.....

Date:.....

Certificate of Examination by a Specialist Medical Officer/ Team of Specialist Medical Officers

As per requisition from.....
dated.....physical examination of.....
S/o.....(address).....
.....,
involved in crime number.....of
police station was done at.....on.....

Consent :.....
.....

Identification marks:

- (1).....
- (2).....

History:.....
.....

Findings of physical examination :.....
.....
.....
.....
.....
.....

Results of Investigations if any:.....
.....
.....

Opinion :.....
.....
.....

Place :.....
Date :.....

Signature :
Name :.....
Designation :.....

Signature, name & designation of other members of the team if present

- 1)
- 2)

Name of Institution :

Issued to :

Ref.ML. No/MOC.:.....Date.....

ORIGINAL

Certificate of collection of material objects from the body of a person for chemical examination, DNA profiling, examination at FSL, etc

Requisition received from
Dated.....for the collection of

.....
from the body of a male / female,
agedyears, involved in Crime no.....of.....
police station ata.m / pm., on The subject was
accompanied by

Name & address of the subject :.....
.....

Consent :.....
.....

Identification marks :.....
.....

Material objects collected :.....
.....

Material objects which were requested to be collected, but could not be collected if any

Reasons for not collecting :.....
.....

Handed over the sealed packets containing the material objects requested

Signature :

Date :.....

Name :.....

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)

Certificate of collection of material objects from the body of a person for chemical examination, DNA profiling, examination at FSL, etc

Requisition received from
Dated.....for the collection of

.....
from the body of a male / female,
agedyears, involved in Crime no.....of.....
police station ata.m / pm., on The subject was
accompanied by

Name & address of the subject :.....
.....

Consent :.....
.....

Identification marks :.....
.....

Material objects collected :.....
.....

Material objects which were requested to be collected, but could not be collected if any

Reasons for not collecting :.....
.....

Handed over the sealed packets containing the material objects requested

Signature :

Date :.....

Name :.....

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)

Ref.ML. No/MOC.:.....Date.....

TRIPLICATE

Certificate of collection of material objects from the body of a person for chemical examination, DNA profiling, examination at FSL, etc

Requisition received from
Dated.....for the collection of

.....
from the body of a male / female,
agedyears, involved in Crime no.....of.....
police station ata.m / pm., on The subject was
accompanied by

Name & address of the subject :.....

Consent :.....

Identification marks :.....

Material objects collected :.....

Material objects which were requested to be collected, but could not be collected if any

Reasons for not collecting :.....

Handed over the sealed packets containing the material objects requested

Signature :

Date :.....

Name :.....

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./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

2. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

3. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

4. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

5. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

6. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
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:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

2. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

3. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

4. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

5. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

6. Ref. ML. No./..... Date:.....
Name of the Subject:..... Age.....years.
Specimen :
Preservative :

Signature of the Medical Officer

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 : Age : years.

3. Address :
.....

4. Crime No. ofPolice station.

5. Medico-legal examination conducted :

6.	<u>Material Objects preserved</u>	<u>Preservative used (if any)</u>
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

7. Mode of packing : Collected in glass bottles / 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 :

To
The Regional Chemical Examiner To Government,
Sir,
I am forwarding the above mentioned material objects through Sri.
PC. No. for chemical examination and certificate. I request that three copies of your
certificate may be sent to me at an early date.

Yours faithfully,

(Office Seal)
Date :

Name :
Designation :

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

Type of medico-legal examination conducted :.....

.....

Material objects : 1)

.....

.....

.....

.....

Ref. ML. No. /..... Date.....

Name of the Subject;.....age:.....yrs. Sex :M/F

Crime No.ofpolice station.

Date:..... Signature of M.O. :

Place:..... Name & Designation :

Label to be affixed on the sealed packet for Chemical Analysis of material objects

Type of medico-legal examination conducted :.....

.....

Material objects : 1)

.....

.....

.....

.....

Ref. ML. No./... Date.....

Name of the Subject;.....age:.....yrs. Sex :M/F

Crime No.ofpolice station.

Date:..... Signature of M.O. :

Place:..... Name & Designation :

ORIGINAL

From To
....., The S.I. of police,
..... police station.

Sir,

I am to inform you that the following material objects are preserved from the body of
..... agedyears, male / female, as part of
.....(type of examination conducted) on

1)
.....
.....

You may depute a police constable for their dispatch, within two weeks of this intimation.

Place:..... Signature
Date..... Name & Designation:.....
Name of Institution :.....
Received the Original of Intimation Signature & P.C. No.....

ORIGINAL

From To
....., The S.I. of police,
..... police station.

Sir,

I am to inform you that the following material objects are preserved from the body of
..... agedyears, male / female, as part of
.....(type of examination conducted) on

1)
.....
.....

You may depute a police constable for their despatch, within two weeks of this intimation.

Place:..... Signature
Date..... Name & Designation:.....
Name of Institution :.....
Received the Original of Intimation Signature & P.C. No.....

DUPLICATE

From To
....., The S.I. of police,
..... police station.

Sir,

I am to inform you that the following material objects are preserved from the body of
..... agedyears, male / female, as part of
.....(type of examination conducted) on

1)
.....
.....

You may depute a police constable for their despatch, within two weeks of this intimation.

Place:..... Signature
Date..... Name & Designation:.....
Name of Institution :.....
Received the Original of Intimation Signature & P.C. No.....

DUPLICATE

From To
....., The S.I. of police,
..... police station.

Sir,

I am to inform you that the following material objects are preserved from the body of
..... agedyears, male / female, as part of
.....(type of examination conducted) on

1)
.....
.....

You may depute a police constable for their despatch, within two weeks of this intimation.

Place:..... Signature
Date..... Name & Designation:.....
Name of Institution :.....
Received the Original of Intimation Signature & P.C. No.....

Ref. ML. No./ AGE.

Date :

REPORT OF EXAMINATION FOR ESTIMATION OF AGE

Requisition received from the

Dated.....for the examination and certification of age of

..... male/female, involved in Crime No. of

..... police station and accompanied by.....

1. Name of the subject :

2. Address :

3. Age :yrs.(.....years) as stated by the subject.

4. Consent :

5. Date and time of examination :

6. Identification marks (1).....

(2).....

7. Physical examination :

Height.....cm. Weight.....kg. General build : Poor / Moderate / Good.

Voice : Masculine / Feminine. Adam's apple : Prominent / Not prominent.

Hair : Moustache : Pubic :.....

Axillary : Chest :

Breasts :

External genitalia :

Menarchy / Ejaculation :.....

Date of last menstrual period (for females) :

8. Dental examination :

Total number of teeth : Temporary :..... Permanent :

Details :

9. Radiological examination :

Regions Findings

a) Shoulder :

.....

b) Elbow :

.....

.....

c) Wrist :

.....

d) Pelvis :.....

.....

.....

f) Skull & jaw :.....

Opinion : Based on physical, dental and radiological findings, I am of the opinion that the subject is aged above ...(.....) years and below ...(.....) years of age.

Date :..... Signature : Name :.....

Place :..... Designation :.....

Name of institution

Forwarded to :

Ref. ML. No./ AGE.

Date :

REPORT OF EXAMINATION FOR ESTIMATION OF AGE

Requisition received from the

Dated.....for the examination and certification of age of

..... male/female, involved in Crime No. of

..... police station and accompanied by.....

1. Name of the subject :

2. Address :

.....

3. Age :yrs.(.....years) as stated by the subject.

4. Consent :

.....

5. Date and time of examination :

6. Identification marks (1).....

(2).....

7. Physical examination :

Height.....cm. Weight.....kg. General build : Poor / Moderate / Good.

Voice : Masculine / Feminine. Adam's apple : Prominent / Not prominent.

Hair : Moustache : Pubic :.....

Axillary : Chest :

Breasts :

External genitalia :

Menarchy / Ejaculation :

Date of last menstrual period (for females) :

8. Dental examination :

Total number of teeth : Temporary :..... Permanent :

Details :

9. Radiological examination :

Regions

Findings

b) Shoulder :

.....

b) Elbow :

.....

.....

c) Wrist :

.....

d) Pelvis :

.....

.....

f) Skull & jaw :

Opinion : Based on physical, dental and radiological findings, I am of the opinion that the subject is aged above ...(.) years and below ...(.) years of age.

Date :.....

Place :.....

Name of institution

Signature :

Name :.....

Designation :

Forwarded to :

Ref. ML. No./ AGE.

Date :

REPORT OF EXAMINATION FOR ESTIMATION OF AGE

Requisition received from the

Dated.....for the examination and certification of age of

..... male/female, involved in Crime No. of
..... police station and accompanied by.....

1. Name of the subject :

2. Address :

3. Age :yrs.(.....years) as stated by the subject.

4. Consent :

5. Date and time of examination :

6. Identification marks (1).....
(2).....

7. Physical examination :

Height.....cm. Weight.....kg. General build : Poor / Moderate / Good.

Voice : Masculine / Feminine. Adam's apple : Prominent / Not prominent.

Hair : Moustache : Pubic :.....

Axillary : Chest :

Breasts :

External genitalia :

Menarchy / Ejaculation :.....

Date of last menstrual period (for females) :

8. Dental examination :

Total number of teeth : Temporary :..... Permanent :

Details :

9. Radiological examination :

Regions Findings

c) Shoulder :

b) Elbow :

c) Wrist :

d) Pelvis :

.....

f) Skull & jaw :

Opinion : Based on physical, dental and radiological findings, I am of the opinion that the subject is aged above ...(.) years and below ...(.) years of age.

Date :.....

Place :.....

Name of institution

Forwarded to :

Signature :

Name :.....

Designation :

Request for Radiological examination as part of estimation of Age

Ref. ML. No./AGE :.....

From

.....
.....

To

The Professor / Medical Officer I/C
Department of Radiology

.....

Sir / Madam,

Sub.: Estimation of age of

Ref. : Requisition from

.....dated.....

I request that Radiographs of the subject may be taken as indicated below.

<u>Sl. No.</u>	<u>Area</u>	<u>View</u>
1.
2.
3.
4.
5.
6.
7.
8.

The subject bears the following identification marks :

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 / from :.....

Dead body was kept in Mortuary / Cold room aton.....

Intimation given to : Police / Corporation / Municipality / Panchayat / Relatives/ Not necessary.

Articles on the body, kept under safe custody :.....

Any other remarks :.....

Signature & Name of
Staff/Head Nurse I/C

Signature, Name & Designation
of Medical Officer I/C

Body handed over to: Legal heir / Police / Academic Institutions / Hospital or Local body
Authorities /at.....on.....for
cremation or burial by legal heirs / Inquest / Academic purpose / Disposal by hospital or local body
authorities.

Received the dead body of
aged.....years, aton.....alongwith the
articles recovered from the body and kept in safe custody, as enlisted above.

Signature, Name, Address/Designation of]
the person receiving the dead body]

Signature & Name of
Staff/Head Nurse I/C

Signature, Name & Designation
of Medical Officer I/C

Register of Postmortem Examinations

P.M. No...... **Date** :.....

Name of the deceased :.....

.....Age :.....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 byand.....

Remarks if any :.....

Signature of the M O :

Signature of Charge H.C./P.C. :

P.M. No...... **Date** :.....

Name of the deceased :.....

.....Age :.....years Sex : Male / Female / Not known.

Crime No.of.....police station.

Requisition from :.....

.....

Alleged cause of death as per inquest :.....

Name & Desidnation of Medical Officer :.....

Assisted byand.....

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.of
.....police station, atam/pm
on as per requisition from
....., through P.C. No.....for 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.of
.....police station, atam/pm on
..... as per requisition from
....., through P.C. No.....for 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.of
.....police station, atam/pm on
..... as per requisition from
....., through P.C. No.....for postmortem examination.

Signature :

Name :

Designation :

Name of the Institution :

P.M. No.....

Date

POST-MORTEM DETAILED NOTES

On the body of a male / female
aged about years sent by
..... with letter Crime No.
dated in charge of H.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 was conducted by : Dr..... and
was assisted by and

Notes on Scene Examination :

Clothes, weapons and other articles sent with the body:

Schedule of observations

A. GENERAL

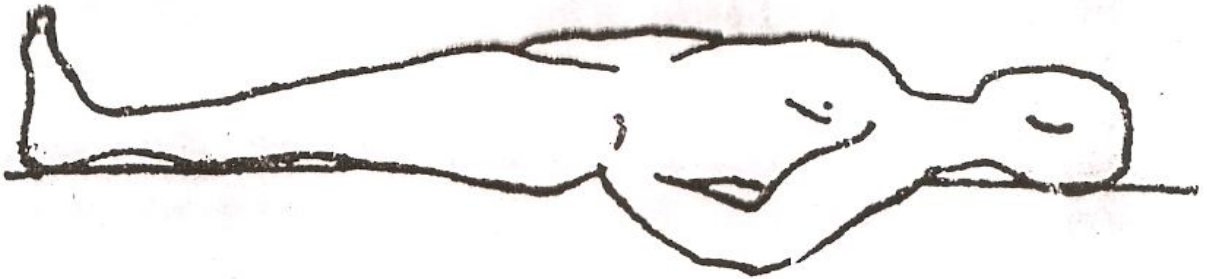
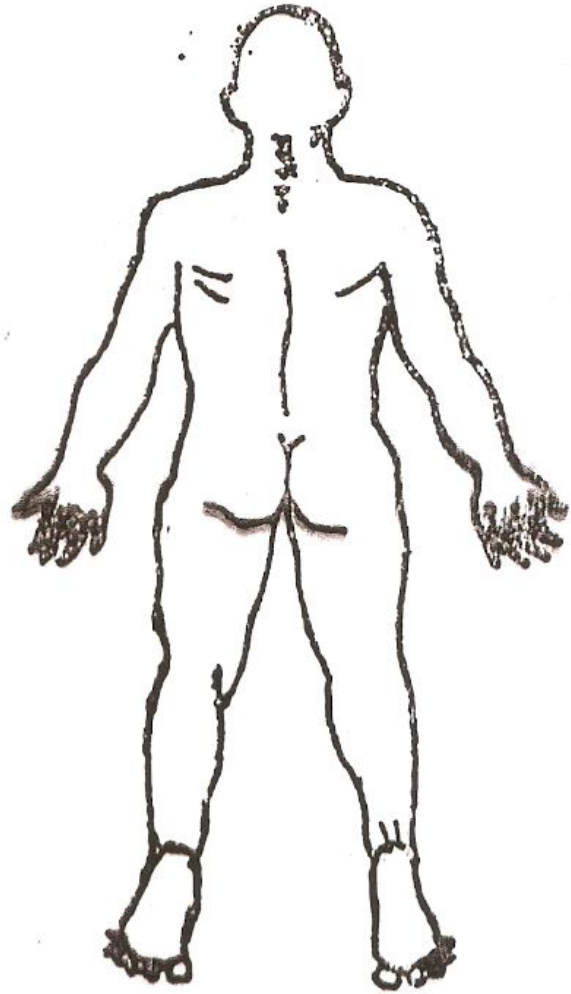
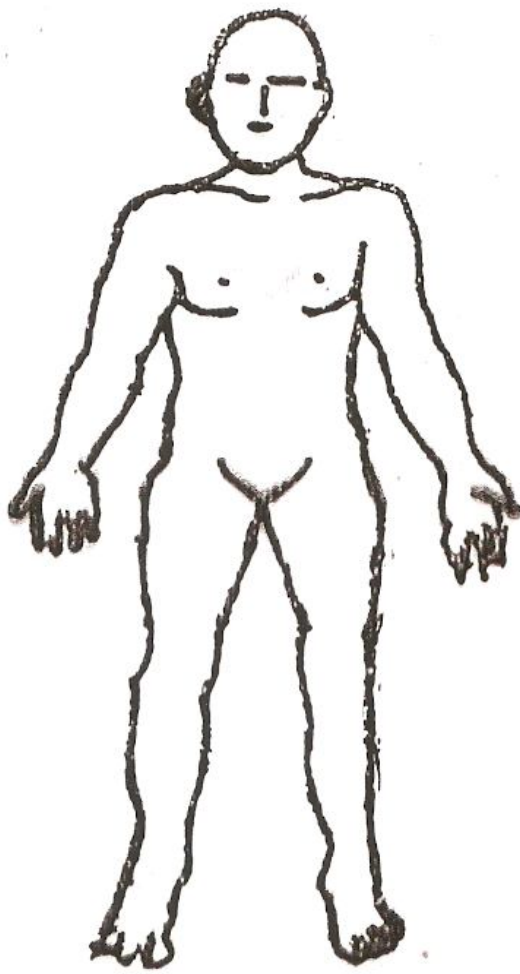
Body : Entire and intact / Mutilated and in pieces Sex: Male / Female. Ht.cm.
Wt.kg. Build : Thin / Moderate / Well. Nourishment : Poor / Moderate / Well / Obese.
Smell :Facial appearance : Pale / Normal / Livid.
Eyes : Closed / Half open / Open.
Corneae : Clear / Hazy / Opaque.....
Pupils : Constricted / 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 Biliary 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 OBSERVATIONS

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 along with the articles mentioned in K.P.F. No. 102 at on

Signature P.C. No.

P.M. No:.....

Dated,.....

POSTMORTEM CERTIFICATE.

The requisition for postmortem examination on the body of a **male / female** by name stated to be agedyears, involved in Crime No..... of police station was received from..... at.....on.....(vide his letter Cr. No.....dated.....). The body was in charge of P.C. No..... who identified the same. The body was first seen by the undersigned and the postmortem examination commenced at.....onand concluded aton the same day. The alleged cause of death as per inquest was

(To be exactly reproduced from the relevant column in the requisition for postmortem examination KPF 102)

Post-mortem findings

Opinion :

Date :.....
Place :.....
Name of Institution :

Signature :
Name :.....
Designation :.....

Forwarded to :.....
Copy to :.....

P.M. No:.....

Dated,.....

POSTMORTEM CERTIFICATE.

The requisition for postmortem examination on the body of a **male / female** by name stated to be agedyears, involved in Crime No..... of police station was received from..... at.....on.....(vide his letter Cr. No.....dated.....). The body was in charge of P.C. No..... who identified the same. The body was first seen by the undersigned and the postmortem examination commenced at.....onand concluded aton the same day. The alleged cause of death as per inquest was

(To be exactly reproduced from the relevant column in the requisition for postmortem examination KPF 102)

Post-mortem findings

Opinion :

Date :.....

Place ;.....

Name of Institution :

Signature :

Name :.....

Designation :.....

Forwarded to :.....

Copy to :.....

P.M. No:.....

Dated,.....

POSTMORTEM CERTIFICATE.

The requisition for postmortem examination on the body of a **male / female** by name stated to be agedyears, involved in Crime No..... of police station was received from..... at.....on.....(vide his letter Cr. No.....dated.....). The body was in charge of P.C. No..... who identified the same. The body was first seen by the undersigned and the postmortem examination commenced at.....onand concluded aton the same day. The alleged cause of death as per inquest was

(To be exactly reproduced from the relevant column in the requisition for postmortem examination KPF 102)

Post-mortem findings

Opinion :

Date :.....
Place :.....
Name of Institution :

Signature :
Name :.....
Designation :.....

Forwarded to :.....
Copy to :.....

P.M. No:.....

Dated,.....

POSTMORTEM CERTIFICATE.

The requisition for postmortem examination on the body of a **male / female** by name stated to be agedyears, involved in Crime No..... of police station was received from..... at.....on.....(vide his letter Cr. No.....dated.....). The body was in charge of P.C. No..... who identified the same. The body was first seen by the undersigned and the postmortem examination commenced at.....onand concluded aton the same day. The alleged cause of death as per inquest was

(To be exactly reproduced from the relevant column in the requisition for postmortem examination KPF 102)

Post-mortem findings

Opinion :

Date :.....

Place ;.....

Name of Institution :

Signature :

Name :.....

Designation :.....

Forwarded to :.....

Copy to :.....

Office of the.....
.....dated.....

From

.....
.....

To

(Affix the Sample Seal here)

The Professor / Medical Officer I/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 No.....of police station may be conducted, as the findings of such examination are absolutely necessary for furnishing opinion as to cause of death . The alleged cause of death as per requisition for postmortem examination was

Relevant findings of autopsy are

.....
.....

1.
2.
3.
4.
5.
6.

I am sending the specimens in sealed packet through H.C./P.C. No..... I request you that the results may be made ready at an early date, so as to be collected through police.

Yours faithfully

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:..... Age.....years. Sex: Male/Female
Specimen : Stomach with contents and first 30cm of intestine with contents.
Preservative : Saturated Saline.

Signature of the Medical Officer

2. P.M. No..... Date:.....
Name of the deceased:..... Age.....years. 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..... Date:.....
Name of the deceased:..... Age.....years. Sex: Male/Female
Specimen : Blood.
Preservative : Sodium fluoride.

Signature of the Medical Officer

4. P.M. No..... Date:.....
Name of the deceased:..... Age.....years. Sex: Male/Female
Specimen : Urine.
Preservative : Sodium fluoride.

Signature of the Medical Officer

5. P.M. No..... Date:.....
Name of the deceased:..... Age.....years. Sex: Male/Female
Specimen :Saturated Saline (Sample of preservative).

Signature of the Medical Officer

6. P.M. No..... Date:.....
Name of the deceased:..... Age.....years. Sex: Male/Female
Specimen :Sodium Fluoride (Sample of preservative).

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:..... Age.....years. Sex: Male/Female
Specimen : Stomach with contents and first 30cm of intestine with contents.
Preservative : Saturated Saline.

Signature of the Medical Officer

2. P.M. No..... Date:.....
Name of the deceased:..... Age.....years. 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..... Date:.....
Name of the deceased:..... Age.....years. Sex: Male/Female
Specimen : Blood.
Preservative : Sodium fluoride.

Signature of the Medical Officer

4. P.M. No..... Date:.....
Name of the deceased:..... Age.....years. Sex: Male/Female
Specimen : Urine.
Preservative : Sodium fluoride.

Signature of the Medical Officer

5. P.M. No..... Date:.....
Name of the deceased:..... Age.....years. Sex: Male/Female
Specimen :Saturated Saline (Sample of preservative).

Signature of the Medical Officer

6. P.M. No..... Date:.....
Name of the deceased:..... Age.....years. Sex: Male/Female
Specimen :Sodium Fluoride (Sample of preservative).

Signature of the Medical Officer

Office of the

.....Dated.....

REPORT TO BE FORWARDED WITH THE MATERIAL OBJECTS SENT FOR CHEMICAL ANALYSIS (Preserved during postmortem examination)

1) Postmortem No. :.....Dated :.....

2) Name of the deceased:..... Age:....years. Sex: M / F.

3) Crime No..... of..... police station.

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)

5) Mode of packing : Collected in bottles, wrapped with paper, tied and sealed.

6) Impression seal used : **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.....

PC. No..... for chemical examination and certificate. I request you that three copies of your certificate may be sent to me at an early date.

Yours faithfully,

Date:.....

Place:.....

Signature:.....

Name :.....

Designation:.....

Office of the

.....Dated.....

REPORT TO BE FORWARDED WITH THE MATERIAL OBJECTS SENT FOR CHEMICAL ANALYSIS (Preserved during postmortem examination)

1) Postmortem No. :.....Dated :.....

2) Name of the deceased:..... Age:....years. Sex: M / F.

3) Crime No..... of..... police station.

4) Material objects :

- i) Stomach and part of intestine with contents.
- j) Part of liver and one half of each kidney.
- k) Blood
- l) Urine.
- m) Saturated saline (sample of preservative for 1 & 2).
- n) Sodium fluoride (sample of preservative for 3 & 4)
- o)
- p)

5) Mode of packing : Collected in bottles, wrapped with paper, tied and sealed.

6) Impression seal used : **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.....
PC. No..... for chemical examination and certificate. I request you that three copies of
your certificate may be sent to me at an early date.

Yours faithfully,

Date:.....

Place:.....

Signature:.....
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
Crime No.ofpolice station.
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
Crime No.ofpolice station.
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
Crime No.ofpolice station.
Date:..... Signature :
Place:..... Name & Designation :

PM. No.(dated.....).

Date :

FINAL OPINION AS TO 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 No..... dated was issued by the undersigned. The opinion as to cause of death was reserved pending results of chemical analysis of viscera and other material objects preserved from the body**.

The Certificate of chemical analysis No.....dated..... of the above said viscera and other material objects was received by me on.....from the Chemical Examiner to Government.

Laboratory Findings :
.....
.....
.....
.....
.....
.....
.....
.....

Opinion

Based on the postmortem findings and results of Laboratory examinations, I furnish my Final Opinion as follows :-

.....
.....
.....

Place :
Date :
Signature :
Name :
Designation :
Forwarded to:.....
Copy to:.....

(** Strike off if not applicable)

PM. No.(dated.....). Date :

FINAL OPINION AS TO 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 No..... dated was issued by the undersigned. The opinion as to cause of death was reserved pending results of chemical analysis of viscera and other material objects preserved from the body**.

The Certificate of chemical analysis No.....dated..... of the above said viscera and other material objects was received by me on.....from the Chemical Examiner to Government.

Laboratory Findings :
.....
.....
.....
.....
.....
.....
.....
.....

Opinion

Based on the postmortem findings and results of Laboratory examinations, I furnish my Final Opinion as follows :-

.....
.....
.....

Place :
Date :
Signature :
Name :
Designation :

Forwarded to:.....
Copy to:.....

(** Strike off if not applicable)

PM. No.(dated.....). Date :

FINAL OPINION AS TO 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 No..... dated was issued by the undersigned. The opinion as to cause of death was reserved pending results of chemical analysis of viscera and other material objects preserved from the body**.

The Certificate of chemical analysis No.....dated..... of the above said viscera and other material objects was received by me on.....from the Chemical Examiner to Government.

Laboratory Findings :
.....
.....
.....
.....
.....
.....
.....
.....

Opinion

Based on the postmortem findings and results of Laboratory examinations, I furnish my Final Opinion as follows :-

.....
.....
.....

Place :
Date :

Signature :
Name :
Designation :

Forwarded to:.....
Copy to:.....

(** Strike off if not applicable)

PM. No.(dated.....). Date :

FINAL OPINION AS TO 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 No..... dated was issued by the undersigned. The opinion as to cause of death was reserved pending results of chemical analysis of viscera and other material objects preserved from the body**.

The Certificate of chemical analysis No.....dated..... of the above said viscera and other material objects was received by me on.....from the Chemical Examiner to Government.

Laboratory Findings :
.....
.....
.....
.....
.....
.....
.....
.....

Opinion

Based on the postmortem findings and results of Laboratory examinations, I furnish my Final Opinion as follows :-

.....
.....
.....

Place :.....
Date :

Signature :
Name :
Designation :

Forwarded to:.....
Copy to:.....

(** Strike off if not applicable)

AMBULANCE / CREMATION / BURIAL/ EMBALMING CERTIFICATE

This is to certify that the postmortem examination on the body of a male / female by name , aged.....years, involved in Crime No.ofPolice station was done by me on this day of at

It is also certified that the body has been embalmed, hermetically sealed and is fit for transportation by air. The embalming fluid contained the following ingredients

This certificate is being issued for the purpose of being produced in relation to cremation / burial of the body / transportation of the body from to / 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)

AMBULANCE / CREMATION / BURIAL/ EMBALMING CERTIFICATE

This is to certify that the postmortem examination on the body of a male / female by name , aged.....years, involved in Crime No.ofPolice station was done by me on this day of at

It is also certified that the body has been embalmed, hermetically sealed and is fit for transportation by air. The embalming fluid contained the following ingredients

This certificate is being issued for the purpose of being produced in relation to cremation / burial of the body / transportation of the body from to / 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:.....

Dated,.....

FORMAT FOR REFERRING A POSTMORTEM EXAMINATION TO POLICE SURGEON THROUGH INVESTIGATING POLICE OFFICER OR MAGISTRATE.

The requisition for postmortem examination on the body of a **male / female** by name stated to be agedyears, involved in Crime No..... of police station was received from..... at.....on.....(vide his letter Cr. No.....dated.....). The body was in charge of P.C. No..... who identified the same. The body was first seen by the undersigned and the postmortem examination commenced at.....on The alleged cause of death as per inquest was

(To be exactly reproduced from the relevant column in the requisition for postmortem examination KPF 102)

On the body, I noted the following:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Based on the findings of external examination, I am of the opinion that this case requires a detailed examination by Police Surgeon. I also consulted Dr....., Head of this institution who agreed with me regarding the same. Hence I request you that the case may be referred to Police Surgeon attached to

Signature :
Name :.....
Designation :.....

I agree with the opinion of Dr....., for referring this case to Police Surgeon and to sanction the expenses for transportation of the dead body .

Date :.....
Place :.....
Name of Institution :

Signature :
Name :.....
Designation :.....

Forwarded to :.....
Copy to :.....

P.M. No:.....

Dated,.....

FORMAT FOR REFERRING A POSTMORTEM EXAMINATION TO POLICE SURGEON THROUGH INVESTIGATING POLICE OFFICER OR MAGISTRATE.

The requisition for postmortem examination on the body of a **male / female** by name stated to be agedyears, involved in Crime No..... of police station was received from..... at.....on.....(vide his letter Cr. No.....dated.....). The body was in charge of P.C. No..... who identified the same. The body was first seen by the under signed and the postmortem examination commenced at.....on The alleged cause of death as per inquest was

(To be exactly reproduced from the relevant column in the requisition for postmortem examination KPF 102) On the body, I noted the following:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Based on the findings of external examination, I am of the opinion that this case requires a detailed examination by Police Surgeon. I also consulted Dr....., Head of this institution who agreed with me regarding the same. Hence I request you that the case may be referred to Police Surgeon attached to

Signature :
Name :.....
Designation :.....

I agree with the opinion of Dr....., for referring this case to Police Surgeon and to sanction the expenses for transportation of the dead body .

Date :.....
Place :.....
Name of Institution :

Signature :
Name :.....
Designation :.....

Forwarded 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 certificate :.....
.....
Place :.....
Date :..... Signature of the applicant.

Certificate

I, the Investigating Police Officer of Crime No.....of
..... 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 abovesaid crime.

Place:..... (Seal)
Date :..... Signature & Designation of the Officer.

For 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 No.....dated.....(For A.P.L. card holders only)

Issued the copy of Postmortem Certificate :
Signature of the Issuing Officer

Received the copy of Postmortem certificate :
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
Address (as recorded in Postmortem Certificate):.....
.....
Ref. Crime No.:.....ofpolice station
Name & Designation of doctor who conducted Postmortem examination :.....
.....
Name of institution:.....

It is requested that the authenticity 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 certificate attested and returned to us at an early date.

Certified that, I, Dr....., working as
..... attached to
.....have conducted postmortem examination on the dead body of a male /
female, by name , agedyears,
involved in Crime No..... of
police station, on and issued the Postmortem Certificate No.....
dated..... Copy of the certificate is attested and returned along with.

Place :..... Signature :
Date :..... Name :
: (Seal) Registration No.:
Designation :
Name of Institution :.....