



MEDICO – LEGAL MANUAL

STANDARD OPERATING PROCEDURES

[version 1.0]

2024-2025



અખિલ ભારતીય આયુર્વિજ્ઞાન સંસ્થા, રાજકોટ, ગુજરાત
अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात
All India Institute of Medical Sciences, Rajkot, Gujarat



अभिल भारतीय आयुर्विज्ञान संस्था, राजकोट, गुजरात

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All India Institute of Medical Sciences, Rajkot, Gujarat
A Central Autonomous Body under PMSSY, MoH&FW
Government of India www.aiimsrajkot.edu.in

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	Name	Designation	Signature & Date
Prepared by	Dr. Utsav Parekh	Assistant Professor, Dept. of FMT	
Reviewed by	Prof. (Dr.) Sanjay Gupta	Prof. & Head, Dept. of FMT, Dean (Academics)	
Approved by	Prof. (Dr.) Col. CDS Katoch	Executive Director & CEO, AIIMS Rajkot	

Medico – Legal Manual [Standard Operating Procedures] Version 1.0 [2024-25] by Department of Forensic Medicine & Toxicology		
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MEDICO – LEGAL CASE

A. Definition of Medico – Legal Case (MLC):

Cases wherever attending doctor after taking history and clinical examination of the patient thinks that some investigation by law enforcing agencies are essential so as to fix the responsibility regarding the case in accordance with the law of land.

B. Duty of Registered Medical Practitioner in MLC:

- B.1. To save the life of a patient and to give primary treatment is the foremost responsibility.
- B.2. Registered medical practitioner (RMP) i.e. Emergency Medical Officer (EMO)/ Assistant Emergency Medical Officer (Asst. EMO) at Emergency should decide whether the case is to be registered as MLC or not. .
- B.3. Consent of family members is NOT required for registration of a case as MLC.

C. List of MLC

- C.1. Injuries due to Accidents and Assault.
- C.2. Suspected or evident cases of suicides or homicides (even attempted cases).
- C.3. Confirmed or suspected cases of Poisoning.
- C.4. Burns.
- C.5. Cases of injuries with likelihood of death.
- C.6. Sexual offences.
- C.7. Suspected or evident criminal abortion.
- C.8. All patients brought to the hospital in suspicious circumstances/ improper history (ex: found dead on road).
- C.9. Unconscious patients where cause of unconsciousness is not clear.
- C.10. Child abuse.
- C.11. Domestic violence.
- C.12. Person under police custody or judicial custody.
- C.13. Patients dying suddenly on operation table or after parenteral administration of a drug or medication.
- C.14. Case of drunkenness substance abuse.
- C.15. Brought dead.
- C.16. Natural disaster.
- C.17. Any case which requires attention of investigating police authority

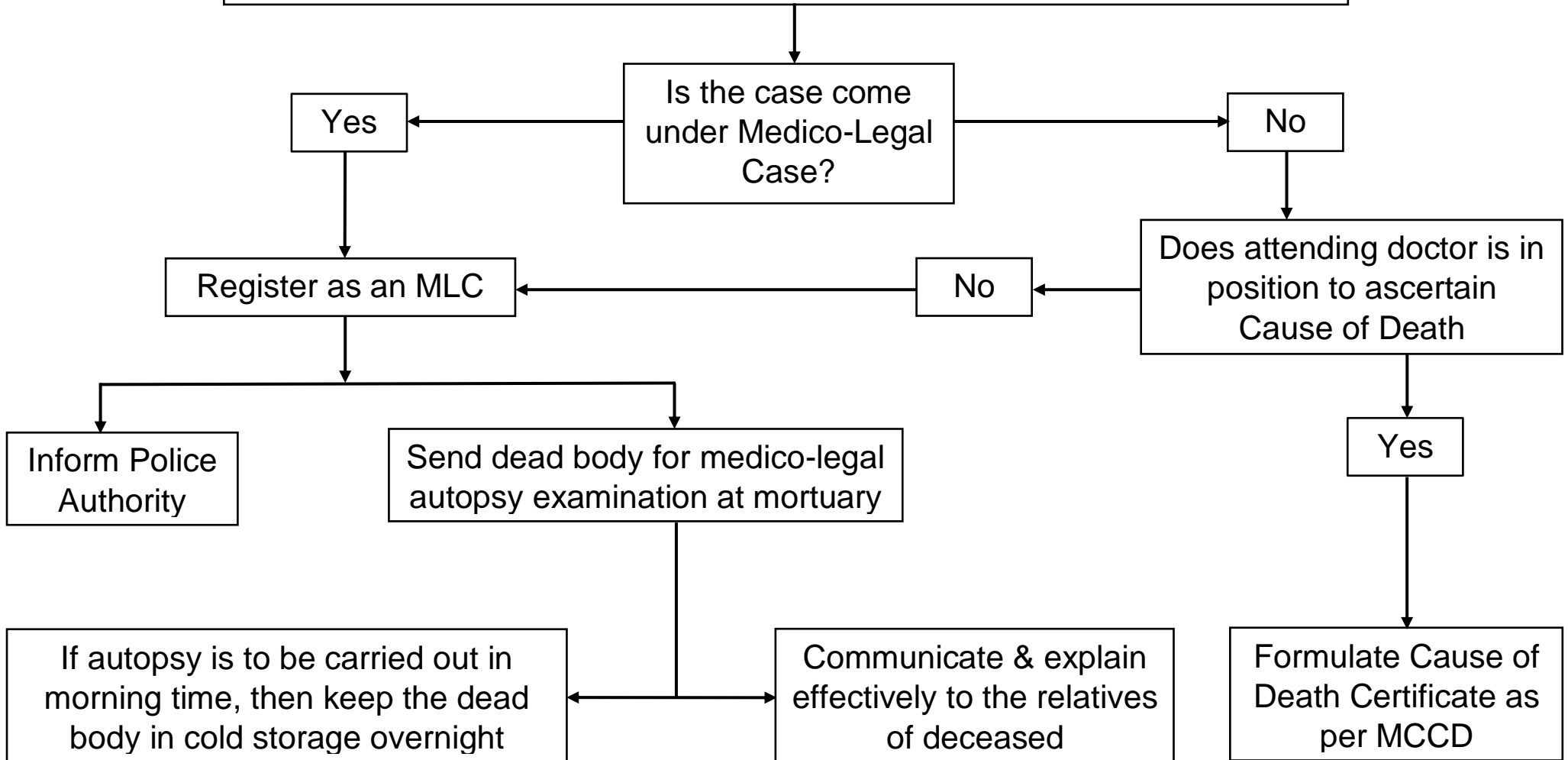
D. Work Flow for the Cases brought to Emergency/ Declared dead at IPD

- D.1. All patients/ cases are given hospital Registration No. in Emergency.
- D.2. From OPD/IPD if a case is Medicolegal, information must reach to the Emergency and MLC number is to be allotted.
- D.3. Workflow for the MLC is as follows:

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Protocol for admitted patient declared dead / brought dead at IPD





E. Protocol for filling the Medico-legal Report (MLR):

- E.1. Information to the police shall be sent in proper format.
- E.2. Take informed Consent for medical examination of the patient on the MLR document. If patient is minor or brought unconscious, then in such cases take the consent of the legal guardian/ blood relative/ accompanying person/ Police officer.
- E.3. The Preliminary entries shall be completed.
- E.4. Two Identification marks have to be noted preferably on accessible parts.
- E.5. Time and date of examination shall be indicated clearly. If the patient is under observation to decide the severity of injury/condition, same shall be indicated in Medico-legal Report.
- E.6. Take proper history in patient/guardian's own words and document correctly.
- E.7. In cases of poisoning and other cases, General Examination and other signs shall be mentioned in detail. Use standard formats wherever possible.
- E.8. Details of police constable who brought the case shall be noted.
- E.9. Mention the examination of injuries in detail (type, site, size, shape, colour, age of injury, direction, nature, duration). Use diagram wherever necessary.
- E.10. Opinion shall be crisp and to the point and as per the prescribed guidelines if available.
- E.11. Articles/ Samples preserved shall be enumerated, sealed and labelled and forwarded to concerned police person through proper forwarding letter.
- E.12. Prepare three copies of the document, one copy is kept at Emergency room, other as hospital record and the original is given to the police.



F. General Guidelines for Medico – Legal Cases

- F.1. If an MLC, recorded elsewhere and the patient (in other hospital) is referred, it shall be treated as MLC but NO NEW MLC number shall be issued. Treatment shall be continued in old MLC number. If old MLC details can not be retrieved or available, then no new MLC number can be assigned.
- F.2. If a case is brought several days after the incident, it shall be reported and findings to be noted regarding the present condition of the patient.
- F.3. MLC can be written and signed/ countersigned by (EMO)/Asst. EMO /Faculty. Wherever possible, Faculty member should sign along with SR/JR if the report is prepared by them.
- F.4. All treatment papers, investigation reports etc. to be labelled as MLC & record shall be maintained for future Medico-legal use (same may be required by court for the case).
- F.5. Whenever Medico-legal case is to be discharged from hospital, police shall be informed well in advanced and information should also be sent to the Emergency Department to make an entry in Medico-legal register.
- F.6. Belongings/ Samples of the Medico-legal cases shall be handed over to the police officer and proper receipt must be obtained in every case.
- F.7. If a Medico-legal case is not admitted, entry shall be made in the MLC Register.
- F.8. If (EMO)/ (Asst. EMO) in Emergency does not register a case as MLC but the treating doctor thinks that the case is an MLC then it shall be recorded as MLC and can be considered as MLC at any point of time, even if missed initially.
- F.9. In case of Discharged against medical advice (DAMA) or Leave against medical advice (LAMA), the Medical Officer should record the same on the file of the patient and Police Station/Post of the area and security staff shall be informed immediately.
- F.10. X-rays, blood reports, microbiological, pathological investigations etc in Medico-legal case shall be labelled as MLC & kept along with other documents of the case.

G. Record Keeping

- G.1. Always prepare three copies of the Medico-legal report, one is kept as hospital record, other is kept in the office of Medical Superintendent and the original is given to police after getting proper receipt.
- G.2. Hospital records or file of MLC shall be kept as confidential in Record Section till judgment by the court of law pertaining to the case has been issued (for practical purposes, no time limit).
- G.3. If Medico-legal report has already been issued, then duplicate Medico-legal report should not be issued unless specifically requested by the police in writing or by the order of the court.
- G.4. If copy of Medico-legal report/ hospital case papers are asked by the relatives or patient himself after discharged, the same to be provided within 3 working days after obtaining prescribed fees if any.

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H. Death in MLC & Non – MLC

- H.1. **Whenever there is a death in a Medico-legal case**, the police officer shall be informed immediately without any delay. Cause of Death certificate should not be issued in Medico-legal cases and body shall be sent to Autopsy Block for Medico-legal autopsy after completing the appropriate defined procedure. The dead body must be handed over only to the concerned police officer.
- H.2. **All cases brought dead to the Institution:** In all the cases brought dead to AIIMS Rajkot, police authority shall be informed immediately and body must be handed over only to the concerned police officer and if the autopsy is requested by the police authority, the body is sent to Autopsy Block of AIIMS Rajkot.
- H.3. **Cause of death certification** in cases other than MLC can only be issued by Emergency Medical Officer (EMO)/ Assistant EMO/ treating doctor/ attending doctor who has attended the case within 7 days. Death certificates and other documents shall be filled legible and neatly. The dead body shall be handed over to the relatives.
- H.4. **Pathological Autopsy: In case of death in Non – MLC**, if the attending doctor is unable to reach to the diagnose the underlying disease and fail to ascertain the cause of death even after 72 hours of admission, the treating doctor may initiate the request for the pathological autopsy as per the prevailing guidelines. The consent of next-of-kin is an important requisite before proceeding for pathological autopsy in such cases.
- H.5. **Patient brought in unconscious/ comatose** or any similar condition, where he/she is not in position to narrate history and extend his/her consent, in such cases if patient then died during the course of treatment, if the treating doctor is not in position to ascertain the cause of death, then register such cases as MLC & inform police immediately is required. Rest of the procedure remains same as mentioned above in the point 1.
- H.6. In any of the above scenario, the relatives of the deceased must be effectively communicated and explained about the proceedings. All their queries shall be resolved by an effective communication channel with utmost compassion and humane attitude.
- H.7. The dead bodies shall be dealt with utmost respect and dignity.



I. Medico – Legal Autopsy at AIIMS Rajkot

- I.1. Medico-Legal Autopsy is conducted in the Autopsy Block (Mortuary) of AIIMS Rajkot by the Department of Forensic Medicine & Toxicology.
- I.2. Autopsy is routinely conducted on all days and in broad daylight equivalent to the sunlight (i.e., **sunrise to sunset**). Some exceptional cases (i.e., natural or man-made mass disaster, etc.) in extraordinary circumstances with due approval of competent authority, it may be carried out after sunset.
- I.3. It is a prime duty of police authority and institutional security agency to secure the premises of the mortuary while the autopsy is being conducted.
- I.4. After completion of the post-mortem examination, the identified body shall be handed over to the relatives of the deceased through concerned police personnel. During post-mortem examination, the body shall be under the custody of concerned police station.
- I.5. In medico-legal cases of extraordinary scenarios, it shall be required to form an **Institutional Board (Panel)** to conduct medico-legal autopsy as per legal or administrative requirements to satisfy the objectives of the autopsy. Apart from the faculty from the Department of Forensic Medicine & Toxicology, the panel shall also include the faculty from another department/(s) within the institute (i.e., Obstetrics & Gynaecology, Orthopaedics, Anaesthesia, Medicine, Surgery, Pathology, Microbiology, etc.) as per the requirement of the case. It is a duty of Medical Superintendent / Deputy Medical Superintendent office to constitute the board as per the legal and administrative provisions on requirement of the case.
- I.6. The next-of-kin of the deceased person can avail **two certified copies of Post-mortem report** from the office of Department of Forensic Medicine & Toxicology after the medico-legal autopsy on producing No-Objection-Certificate from the concerned police authority, identity document and the receipt of fees prescribed by the institute (in accordance with the State and Central Government Rules) which is currently **Rs. 16/-**. The fees may be changed subjected to the institutional policy and Government rules.
- I.7. Cold storage facility is available in the mortuary complex of the institute which can accommodate maximum eighteen dead bodies at any given point of time. For dignified disposal of dead body and prevention of decomposition, the dead bodies are required to be preserved in cold storage facility in case of anticipated delay in disposal of dead body due to odd hours after sunset or logistic issues. The same process to be followed in medico-legal cases wherein death occurred and autopsy to be conducted next day early morning.



J. Guidelines for preservation of Dead Body in Cold Storage Facility

- J.1. Guidelines are applicable to both non-MLC and MLC case.
J.2. Charges for the preservation of dead body in cold storage facility at mortuary complex, AIIMS Rajkot shall be as follows:

	Hours	Charges in Rs.
MLC (if required before autopsy)	N/A	NIL
MLC (after autopsy – requested by relatives)	First 6 hours	NIL
	Thereafter (per day)	1000/ day
Non-MLC	First 6 hours	NIL
	Thereafter (per day)	1000/ day

- J.3. After the confirmation of death, if cold preservation is required at mortuary, it is the duty of ward staff to prepare the body - i.e., removal of all catheters, IV lines etc. cleaning, packing, identity tagging and transfer of the dead body.
J.4. A copy of death slip/ death summary, receipt of fees for availing cold storage facility (if applicable) and checklist for dead body transfer has to be filled and to be sent along with the dead body. Checklist form is attached at the end of SOP.
J.5. Dead body is to be shifted in dead body carrier, details of which can be obtained from mortuary.
J.6. It is the duty of Mortuary staff to receive the dead body at mortuary after verifying requisite documents and submit signature in receipt. Mortuary staff shall also ensure shifting of the body to cold chambers and recording of temperature of cold chambers from time to time. The cold chamber to be labelled and tagged appropriately to ensure identification of the dead body. The same procedure to be followed at the time of retrieval of the body from the cold chamber and handing over to the relatives of the deceased.
J.7. Mortuary attendant will ensure to obtain receiving signature of the staff accompanying the dead body transfer in the register at the mortuary.
J.8. While taking away the dead body (non-MLC) mortuary attendants will release the body after verifying the documents and transport facility.
J.9. An identity tag shall be there on the body on visible area before shifting of body to the cold storage.



SPECIFIC MEDICO – LEGAL CASES

K. Sexual Assault Cases (alleged accused and survivor)

- K.1. Be polite to the alleged accused and Victim.
- K.2. Always take informed consent. In case of alleged accused, medical examination to be done as per prevailing legal provisions.
- K.3. Detailed history to be documented in verbatims.
- K.4. Examine them properly and complete the prescribed format in time incorporating all relevant details and finding of examination for alleged accused and survivor (Annexure attached).
- K.5. Necessary measures to be ensured during examination of survivor of any offence including consent, counselling, collection of samples and maintenance of confidentiality.
- K.6. Always examine the survivor in presence of independent female attendee in case the examination is carried out by a male doctor.
- K.7. Examination shall be initiated without any unjustifiable delay. Exact time of commencement and completion of examination shall be noted in the report.
- K.8. Examination shall be done in sympathetic manner.
- K.9. **Following instructions to be followed depending on the circumstances:**
 - Take history whether she has taken bath and changed the clothes.
 - With cotton swab collect vaginal secretion from posterior fornix and prepare 4 slides.
 - Place loose pubic hair in a labelled envelope.
 - Obtain fingernail scrapings if the nails are crossing the nailbeds.
 - Preserve clothes for seminal and blood stain, etc.
 - Collect blood sample (5 ml) in suitable vacuette for lab investigations.
 - For the estimation of age suitable radiological examination is to be carried out by the attending doctor.
 - Treatment of the survivor shall be provided on priority basis as and when needed.

L. Fire Arm Injuries

- L.1. Bullets, lead shots etc recovered from the wounds or body in fire arm injury shall be air dried then put in a bottles, padded with cotton, documented, sealed and handed over to the police.).
- L.2. Always try to mention about the entry and exit wound.
- L.3. Always take X-Ray of the track or whole body.
- L.4. Never pick the bullet using a metal/toothed forceps, rather use fingers or rubber tipped forceps.
- L.5. Never wash the bullet.



M. Criminal Abortion

- M.1. Give proper treatment.
- M.2. Always perform examination of clothes and take blood sample.
- M.3. Proper history and documentation.
- M.4. If patient dies, send for Medico-legal autopsy.
- M.5. Preserve the remains of product of conception (POC) for Chemical Analysis and DNA Analysis if required.
- M.6. Examination of clothes to be carried out and preserved for further investigation if required.

N. Burns

- N.1. Proper history and documentation.
- N.2. Give primary treatment.
- N.3. Extent and degree of the burns to be noted.
- N.4. Make a proper sketch showing areas involved and state in percentage.
- N.5. Inflammable agents on the body/cloth are recorded and preserved.
- N.6. Dying declaration if required shall be arranged by informing Executive Magistrate of the area on priority basis especially in young married females with less than 7 years of marriage duration.

O. Hanging/Strangulation

- O.1. Ligature mark- Describe its position, nature, width, direction and extent whether complete or incomplete.
- O.2. Ligature material in-situ shall be cut away from the knot so as not to disturb the knot. Then the cut ends and knot have to be secured with threads separately.
- O.3. Ligature material shall be preserved.
- O.4. Examination of ligature material in respect of its nature, position, type of knot, circumference of loop, length of short and long free ends, foreign bodies and stains.

P. Poisoning

- P.1. Provided medical assistant on priority basis to stabilise the condition of the patient. Take proper history.
- P.2. History of Substance consumed, amount consumed, when, where & number of people consumed.
- P.3. Proper documentation of history, treatment and articles sealed.
- P.4. Send properly sealed, labelled samples of vomitus /stomach wash and blood sample to the police and make record wherever possible.
- P.5. Never allow the entry of unauthorized person near the Victim in a case of homicidal poisoning



Q. Injury Cases

- Q.1. Provided medical assistant on priority basis to stabilise the condition of the patient. Take proper history.
- Q.2. Try to avoid alteration of the wound unless required for the medical management.
- Q.3. Examine and record all injuries properly.
- Q.4. Proper documentation (Annexure attached).
- Q.5. Opinion should include injury by type of weapon (sharp/blunt) , manner (Self-inflicted, homicidal, accidental) and duration of injury.

R. Drunkenness

- R.1. Take proper history and document correctly in the form provided (Annexure attached).
- R.2. Consent shall be obtained as per prevailing legal provisions.
- R.3. Examine properly and collect urine, blood sample in a proper way.
- R.4. Mention the starting and ending time of examination.
- R.5. Never use rubber stopper in collection of sample. Use screw-capped bottle.
- R.6. Spirit must not be used for cleaning the skin and the syringe must be free from any trace of alcohol. Chlorhexidine can be used instead.

S. Child Abuse

- S.1. All children shall be approached with extreme sensitivity and their vulnerability recognized and understood.
- S.2. Give proper treatment.
- S.3. Usually medical examination shall be done within 24 hrs or as soon as possible.
- S.4. Consent from parents/guardians in written shall be taken.
- S.5. Consent from child in form of verbal, expressed or written is to be taken.
- S.6. Record the child's weight, height and sexual development,
- S.7. Take proper history and document it correctly.
- S.8. Always prepare the child by explaining the examination and showing equipment; this has been shown to diminish fears and anxiety. Encourage the child to ask questions about the examination.
- S.9. If possible, interview the child alone (separately from the attendants) in a separate room.
- S.10. Psychiatric counselling is advised.
- S.11. Never put undue pressure on a child for medical examination, if he/she denies even after convincing. But in conditions requiring medical attention, such as bleeding or a foreign body is suspected, consider sedation or a general anaesthesia.
- S.12. Avoid unnecessary painful and invasive procedures.



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T. Preservation of Samples

- T.1. All samples shall be properly labelled (Hospital registration no, Patient's name, age, date, police station), sealed and signed by doctor who prepared the MLC with his designation & full name.
- T.2. All samples requiring toxicological, ballistic, DNA, blood grouping analysis to be sealed and handed over to the police to be sent to specialized labs like forensic lab.



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EXAMINATION AND CERTIFICATION OF A CASE OF INJURY

Name _____ Age _____ Sex _____ Date & Time of Examination _____ MLC No. _____

Address _____ Police Station _____

Sent by _____ Brought by _____

Marks of Identification:

Consent: _____

Sr. No. (1)	Type of injury (2)	Size (3)	Situation (4)	Nature of weapon (5)	Nature of injury (6)	Duration (7)	Remarks (8)

Signature/ LTI/ RTI of examinee:

Name & Signature of M.O

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Investigation/ opinion desired:

- 1.
- 2.

REPORT

MLC Report No.:

Date:

[of the concerned X ray dept./ lab./ other dept.]

With respect to the above mentioned investigation/ opinion asked, my/ our opinion for _____ [name of the examinee], brought by _____ [name of police constable] bearing above mentioned identification marks is:

- 1.
- 2.

Date:

Signature of the Practitioner

Reference:

- 1] Radiology report no. _____ dated _____
- 2] Pathology/ Microbiology/ Biochemistry report no. _____ dated _____
- 3] _____ department no. _____ dated _____

The final opinion regarding the injuries mentioned in injury certificate no. _____ dated _____ for _____ [name of the examinee] is that injuries no. _____ are simple in nature and injuries no. _____ are grievous in nature.

Signature of the Practitioner

Received by:

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Examination & certification of a case of drunkenness

FORM - A

MLC NO. _____

Date: _____

Time: _____

From:

Dr. _____

Medical Officer

_____ Hospital,

_____.

Certified that Mr./Mrs./Miss _____ age _____
years resident of _____ Tq. _____ Dist _____
was brought by PC/HC/ASI _____ B.No. _____ of
_____ Police Station _____ am / pm on _____. Marks
of Identification: 1. _____
2. _____

The clinical examination of above named person revealed following findings:

1. Consciousness : Present / Absent
2. Eyes : Congested / not congested
3. Pupils : Dilated / not dilated
4. Alcohol smell in breath & mouth : Present / Absent
5. Speech : Incoherent / Slurred / Clear
6. Gait : Steady / Unsteady
7. Reflexes : Normal / Absent / Exaggerated
8. Tremors : Present / absent, coarse / fine
9. Memory : Present / Absent, Confused
10. Orientation of time, place, and person : Present / Absent
11. Muscular coordination:
 - Finger nose test : Able to perform / Not able to perform
 - Finger to finger test : Able to perform / Not able to perform
 - / unbuttoning shirt : Able to perform / Not able to perform
 - line walking : Able to perform / Not able to perform

Additional remarks: _____

In my opinion the said person has /has not consumed alcohol and is /is not under the influence of alcohol. Observing antiseptic and aseptic precautions (mentioned below) the sample of venous blood (5 cc) was taken and was preserved in sterilized vial containing anticoagulant and preservative chemical for analytical examination to be conducted at Forensic Science Laboratory, Gandhinagar.

[NOTE: 5 cc of venous blood collected and before withdrawing the blood a skin was clean with 1 % (one percent) aqueous solution of Mercurochrome / Gention violet no alcohol or its solution was touched while withdrawing the blood at any stage. Blood was preserved in sterilized vial containing anticoagulant and preservative. The vial was sealed & labelled]

Left thumb impression of the
person concerned

Signature of M.O.

Medico - Legal Manual [Standard Operating Procedures] Version 1.0 [2024-25] by Department of Forensic Medicine & Toxicology		
Prepared by	Reviewed by	Approved by
Dr. Utsav Parekh	Prof. (Dr.) Sanjay Gupta	Prof. Dr. (Col.) C D S Katoch



अखिल भारतीय आयुर्विज्ञान संस्था, राजकोट, गुजरात

अखिल भारतीय आयुर्विज्ञान संस्थान राजकोट, गुजरात

All India Institute of Medical Sciences, Rajkot, Gujarat

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FORM – B
See Rule 4 (2)

From:

Medical Officer

_____ Hospital,

To,
The Chief Chemical Examiner, Regional
Forensic Science Laboratory,

Sir

I forward herewith by post / with Shri _____
_____ of _____ phial bearing serial
No. _____ containing _____ cc of venous blood collected by me in the
manner stated below on _____ at _____ am / pm from the body of shri
/Smt./Kum _____ of _____ of the
_____ police station & _____ District _____ G.R.
number who was produced before me for medical examination and /or collection of blood from his/her body by
_____ and request you to test the blood and issue a
certificate (in duplicate) regarding the result of the test.

I certify that the manner in which the blood was collected and sealed is as under:

- The syringe used for the collection of blood was sterilised (disposable one time use).
_____ was used and antiseptic to clean skin surface of that part
of the body from which the blood was drawn.
- No alcohol or its solution was touched at any stage while withdrawing the blood from the body.
- The blood collected in syringe was transferred in a phial containing anticoagulant and preservative.
- The phial was rigorously shaken to dissolve the anticoagulant and preservative in the blood.
- The phial was labelled and its cap was sealed by means of sealing wax with my personal seal.
- The legible of the seal used by me for sealing the phial containing the blood is affixed herewith.

Facsimile of the seal
used for sealing the phial containing blood

Yours faithfully,

Signature & designation of the
Registered Medical Practitioner

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FORM 'C'

[See Rule 5]

Alcohol examination certificate

No. R _____ of _____

MLC Case No. _____

Dated: _____

From:

[Here mention the name, designation and address of the Testing Officer]

To: _____

[Here mention the name, designation and address of registered medical practitioner]

Your letter No. _____ dated _____, forwarding a phial containing blood of Shri/Smt./
Kumari _____ of _____
bearing Serial No. _____ labelled _____ received here on _____ by post/
with messenger Shri _____ of _____
sealed/ unsealed, seal perfect and as per copy sent/ seals intact device no copy sent.

Result of the test for blood

The blood contained _____ per cent w/v of ethyl alcohol

Method, factual date and reasons leading to the result of blood analysis

[1] *Method of analysis* - Modified Cavette's Method, Journal Analytical Chemistry, 1959, 31, 1908. It is based on oxidation of alcohol by chromic acid as that in Cavett's method but the oxidation is carried out in vacuum and room temperature. It takes only a fraction of a minute instead of few hours to complete the reaction. Ketonic bodies are volatile acids that do not interfere in this method. All usual precautions essential in micro-analytical work mentioned in the paper referred to above have been strictly followed, eg., all chemical used in the test were of reagent quality, the apparatus was first cleaned with hot chromic acid, then repeatedly with tap water and finally with distilled water [it was then dried up in hot air oven]. No grease was used anywhere in the apparatus. The atmosphere of the room where the test was carried out was free from all gases or suspended impurities. Fresh glass distilled water was used throughout the test.

[2] Factual data and reasons for arriving at the findings pertaining to the blood sample in question-
Analysed on _____

Smell: Nothing to note/ has characteristic smell of _____ Quantity of blood
taken for analysis: 0.5 ml

Quantity of N/ 20 dichromate taken: 5 ml

Quantity of N/ 20 dichromate used up in oxidising alcohol in the sample _____ ml

1 ml of N/ 20 dichromate oxidises 0.000575 grams of ethyl alcohol.

[Therefore, 100 ml of blood contained

$0.000575 \times \dots \dots \dots \text{ ml of dichromate used} \times 100 =$ gm of ethyl alcohol

0.50

Signature and testing of the Testing officer

Note: [1] w/v =grams of ethyl alcohol in 100 cc of blood

[2] The blood sample was stored in refrigerator from the time it was received in the laboratory till it was taken for analysis

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MEDICOLEGAL REPORT IN CASE OF POISONING

Report no.: _____/_____
Date & time of examination: _____
Place of examination [casualty/ OPD/ ward]: _____
Requisition from: _____ **If informed to police, whom:** _____ **at** _____ **am/**
pm on _____ **date.**
Name [of examinee]: _____
Age: _____ **Sex:** _____
Address: _____ **Brought**
by: _____

Marks of Identification:

1.

2.

Brief history:

Findings of medical examination:

Pulse: _____ **BP:** _____ **R. rate:** _____ **Temperature:** _____
Consciousness : Fully conscious/ drowsy/ unconscious
Orientation [time, place, person]: Well oriented/ disoriented
Memory [recent/ remote] : Intact/ impaired
Mental status : Normal/ depressed/ excited/ delirious
Condition of skin : Flushed/ dry/ warm/ pale/ discolored _____ **Injection/**
bite marks : Present/ absent
If present, description _____
Eyes : Normal/ congested
Pupils : Normal/ dilated/ constricted
Mouth/ lips/ tongue : Normal/ moist/ dry/ bitten/ discolored
Smell from expired breath : Absent/ present
If present : Garlicky/ kerosene like/ fruity/ rotten egg/
Vomitus [note color, odor, amount]: _____
Urine/ stool [if sample collected]: _____
[note color, consistency] _____
Systemic examination [if any]: _____
Samples preserved : Blood/ urine/ vomitus/ stool/ clothes/ note found

Opinion is reserved till receipt of chemical analyzer's report with regards to type of poison.

Signature with seal of medical practitioner

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EXAMINATION AND REPORTING OF AN ACCUSED OF SEXUAL OFFENCES

MLC No.: _____ Hosp. No.: _____

Name of the examinee: _____

Alleged age: _____ yrs Marital Status: _____ Occupation: _____

Address: _____

Sent by: _____

Identified and brought by: _____ Sign: _____

Date, place and time of examination: _____

Informed consent:

Identification marks:

History of the case [as given by _____]:

Specific history with regards to alleged offence:

1. H/O vasectomy; if yes – before how many years?
2. Use of condom during the alleged act?
3. Performance of sexual intercourse till date?
4. Micturition after the last act?
5. Bath taken after the last act?
6. Genitals washed after the last act?

Examination with regards to evidence of intoxication:

1. Eyes:
2. Pupils:
3. Smell:
4. Speech:
5. Gait:
6. Orientation:

Examination of the clothes:

1. Whether clothes changed after the incident?
2. If no, findings of examination [with regards to tears/ loss of buttons/ stains/ foreign material/odor]:

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General physical examination:

1. Height: _____ Weight: _____
2. Pubic hairs: _____ Axillary hairs: _____ Beard/ moustache: _____
3. Pomum adami: _____ Penile/ scrotal development: _____
4. Dental status:

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
(R) _____	_____ (L)
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38
5. Space for third molar: _____
6. Finger nails: _____

Examination of injuries over the body

[with regards to sings of struggle like scratches, bite marks etc.]:

Local genital examination:

1. Cremasteric reflex:
2. Scrotum:
3. Penis:
 - a. Anomaly:
 - b. Prepuce:
 - c. Frenulum:
 - d. Smegma:
 - e. Stains/ foreign material:
 - f. Injuries over penis/ scrotum/ around the genitals:
 - g. Evidence suggestive of venereal disease:

Local examination of specific part of the body involved in alleged offence [other than male organ]:

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Sr. No.

Samples collected

Investigation sought

Opinion after examination:

Date & time of completion:

Signature [with seal]:

--	--

[Signature of the examinee & Left thumb impression]

Fascimile of seal:

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EXAMINATION & CERTIFICATION OF A CASE OF VICTIM OF NATURAL SEXUAL OFFENCE

- 1. Name of the Hospital OPD No. Inpatient No
2. NameD/o or S/o (where known).....
3. Address.....
4. Age (as reported) Date of Birth (if known).....
5. Sex (M/F/Others)
6. Date and time of arrival in the hospital
7. Date and time of commencement of examination.....
8. Brought by..... (Name & signatures)
9. MLC No.Police Station.....
10. Whether conscious, oriented in time and place and person.....
11. Any physical/intellectual/psychosocial disability

(Interpreters or special educators will be needed where the survivor has special needs such as hearing/speechdisability, language barriers, intellectual or psychosocial disability.)

12. Informed Consent/refusal

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

- a) Medical examination for treatment Yes/ No
b) This medico legal examination Yes/ No
c) Sample collection for clinical & forensic examination Yes/ No

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

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

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

Name & signature of survivor or parent/Guardian/person in whom the child reposes trust in case of child (<12yrs) with date, time & place.....

Name & signature/thumb impression of witness, with Date, time and place.



13. Marks of identification (Any scar/mole)

Left Thumb impression (

14. Relevant Medical/Surgical history

- Onset of menarche (in case of girls) Yes/ No Age of onset.....
Menstrual history – Cycle length and duration Last menstrual period.....
Menstruation at the time of incident - Yes/ No
Menstruation at the time of examination - Yes/ No
Was the survivor pregnant at time of incident - Yes/No, If yes duration of pregnancy....weeks
Contraception use: Yes/No..... If yes – method used:
Vaccination status – Tetanus (vaccinated/not vaccinated), Hepatitis B (vaccinated/not vaccinated)

15 A. History of Sexual Violence

- (I) Date of incident/s being reported.....
(ii) Time of incident/s.....(iii) Location/s
(iv) Estimated duration: 1-7 days.....1 week to 2 months.....2-6 months..... >6 months.....
Episode: One..... MultipleChronic (>6 months)Unknown.....

Table with 3 columns: Prepared by, Reviewed by, Approved by. Includes names like Dr. Utsav Parekh, Prof. (Dr.) Sanjay Gupta, Prof. Dr. (Col.) C D S Katoch.



(v) Number of Assailant(s) and name/s.....

(vi) Sex of assailant(s)..... Approx. Age of assailant(s).....

If known to the survivor – relationship with the survivor.....

(vii) Description of incident in the words of the narrator:

Narrator of the incident: survivor/informant (specify name and relation to survivor).....

15 B. Type of physical violence used if any (Describe):

[Hit with (Hand, fist, blunt object, sharp object), Burned, Biting, Kicking, Pinching, Pulling Hair, Violent shaking, Banging head, Dragging, Any other]

15 C.

i. Emotional abuse or violence if any (insulting, cursing, belittling, terrorizing).....

ii. Use of restraints if any

iii. Used or threatened the use of weapon(s) or objects if any.....

iv. Verbal threats (for example, threats of killing or hurting survivor or any other person in whom the survivor is interested; use of photographs for blackmailing, etc.) if any:.....

v. Luring (sweets, chocolates, money, job) if any:

vi. Any other:

15 D.

i. Any H/O drug/alcohol intoxication:.....

ii. Whether sleeping or unconscious at the time of the incident:

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

15 F. Details regarding sexual violence:

1. By Penis: Orifice- Genitalia (Vagina and/or urethra)/ Anus/ Mouth
2. By body part of self or assailant or 3rd party (finger, tongue or any other): Genitalia (Vagina and/orurethra)/ Anus/ Mouth
3. By object: Genitalia (Vagina and/or urethra)/ Anus/ Mouth
4. Emission of semen: Yes/ No/ Don't know. If yes: Genitalia (Vagina and/or urethra)/ Anus/ Mouth
5. Oral sex performed by assailant on survivor: Yes/ No/ Don't know
6. Forced Masturbation of self by survivor: Yes/ No/ Don't know
7. Masturbation of Assailant by Survivor: Yes/ No/ Don't know
8. Forced Manipulation of genitals of assailant by survivor: Yes/ No/ Don't know
9. Exhibitionism (perpetrator displaying genitals) : Yes/ No/ Don't know
10. Did ejaculation occur outside body orifice (vagina/anus/mouth/urethra)? : Yes/ No/ Don't know. If yes, describe where on the body:
11. Kissing, licking or sucking any part of survivor's body: Yes/ No/ Don't know
12. Touching/Fondling: Yes/ No/ Don't know
13. Condom used: Yes/ No/ Don't know. If yes, status of condom: Yes/ No/ Don't know
14. Lubricant used: Yes/ No/ Don't know. If yes, describe kind of lubricant used
15. If object used, describe object:
16. Any other forms of sexual violence
17. Post incident has the survivor changed clothes: Yes/No/Don't know
18. Changed undergarments: Yes/No/Don't know
19. Cleaned/washed clothes: Yes/No/Don't know
20. Cleaned/washed undergarments: Yes/No/Don't know
21. Bathed: Yes/No/Don't know
22. Douched: Yes/No/Don't know

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23. Passed urine: Yes/No/Don't know
24. Passed stools: Yes/No/Don't know
25. Rinsing of mouth/Brushing/ Vomiting: Yes/No/Don't know
26. Time since incident.....
27. H/o vaginal/anal/oral bleeding/discharge prior to the incident of sexual violence
28. H/o vaginal/anal/oral bleeding/discharge since the incident of sexual violence
29. H/o painful urination/ painful defecation/ fissures/ abdominal pain/pain in genitals or any other parts since the incident of sexual violence

16. General Physical Examination

- a) Is this the first examination.....
- b) Pulse..... BP.....
- c) Temp..... Resp. Rate.....
- d) Pupils
- e) Any observation in terms of general physical wellbeing of the survivor.....

17. Examination for injuries on the body if any

Look for bruises, physical torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks) Note the Injury type, site, size, shape, colour, swelling signs of healing simple/grievous, dimensions.)

- a) Scalp examination for areas of tenderness (if hair pulled out/ dragged by hair)
- b) Facial bone injury: orbital blackening, tenderness
- c) Petechial haemorrhage in eyes and other places
- d) Lips and Buccal Mucosa / Gums
- e) Behind the ears/ Ear drum
- f) Neck, Shoulders and Breast
- g) Upper limb, Inner aspect of upper arms
- h) Inner aspect of thighs, Lower limb, Buttocks
- i) Other, please specify

18. Local examination of genital parts/other orifices:

A. External Genitalia: Record findings and state NA where not applicable.

- a) Urethral meatus & vestibule
- b) Labia majora
- c) Labia minora
- d) Fourchette & Introitus
- e) Hymen Perineum
- f) External Urethral Meatus
- g) Penis
- h) Scrotum
- i) Testes
- j) Clitoris
- k) Labioscrotum
- l) Any Other

B. [Per/Vaginum /Per Speculum examination should not be done unless required for detection of injuries or for medical treatment].

P/S findings if performed

P/V findings if performed

Record reasons if P/V of P/S examination performed

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C. Anus and Rectum (encircle the relevant)

Bleeding/ tear/ discharge/ oedema/ tenderness

D. Oral Cavity - (encircle the relevant)

Bleeding/ discharge/ tear/oedema/ tenderness

19. Systemic examination:

Central Nervous System:

Cardio Vascular System:

Respiratory System:

Chest:

Abdomen:

20. Sample collection/investigations for hospital laboratory/ Clinical laboratory

- 1) Blood for HIV, VDRL, HbsAg
- 2) Urine test for Pregnancy/
- 3) Ultrasound for pregnancy/internal injury
- 4) X-ray for Injury

21. Samples Collection for Central/ State Forensic Science Laboratory

- 1) Debris collection paper
- 2) Clothing evidence where available – (to be packed in separate paper bags after air drying)List and Details of clothing worn by the survivor at time of incident of sexual violence:
- 3) Body evidence samples as appropriate (duly labelled and packed separately): Collected or not collected and reason if not collected.
 - a) Swabs from Stains on the body (blood semen, foreign material, others)
 - b) Scalp hair (10-15 strands)
 - c) Head hair combing
 - d) Nail scrapings (both hands separately)
 - e) Nail clippings (both hands separately)
 - f) Oral swab
 - g) Blood for grouping, testing drug/alcohol intoxication (plain vial)
 - h) Blood for alcohol levels (Sodium fluoride vial)
 - i) Blood for DNA analysis (EDTA vial)
 - j) Urine (drug testing)
 - k) Any other (tampon/sanitary napkin/condom/object)
- 4) Genital and Anal evidence (Each sample to be packed, sealed, and labelled separately-to be placed in a bag) [Swab sticks for collecting samples shall be moistened with distilled water provided]: Collected or not collected and reason if not collected. Samples to be preserved as directed till handed over to police along with duly attested sample seal.
 - a) Matted pubic hair
 - b) Pubic hair combing (mention if shaved)
 - c) Cutting of pubic hair (mention if shaved)
 - d) Two Vulval swabs (for semen examination and DNA testing)
 - e) Two Vaginal swabs (for semen examination and DNA testing)
 - f) Two Anal swabs (for semen examination and DNA testing)
 - g) Vaginal smear (air-dried) for semen examination
 - h) Vaginal washing
 - i) Urethral swab
 - j) Swab from glans of penis/clitoris



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22. Provisional medical opinion

I have examined (name of survivor)M/F/Other
aged reporting (type of sexual violence and circumstances)....., days/hours after
the incident, after having (bathed/douched etc.)..... My findings are as follows:

- Samples collected (for FSL), awaiting reports
- Samples collected (for hospital laboratory)
- Clinical findings
- Additional observations (if any)

23. Treatment prescribed: [Yes/ No/ Type and comments]

1. STI prevention treatment
2. Emergency contraception
3. Wound treatment
4. Tetanus prophylaxis
5. Hepatitis B vaccination
6. Post exposure prophylaxis for HIV
7. Counselling
8. Other

24. Date and time of completion of examination

This report contains number of sheets and..... number of envelopes.

Place:

Signature & Name of Examining Doctor with seal

25. Final Opinion (After receiving Lab reports)

Findings in support of the above opinion, taking into account the history, clinical examination findings and
Laboratory reports of bearing identification marks described above, hours/ days
after the incident of sexual violence, I am of the opinion that:

Place:

Signature & Name of Examining Doctor with seal

[COPY OF THE ENTIRE MEDICAL REPORT MUST BE GIVEN TO THE SURVIVOR/ VICTIM FREE OF COST IMMEDIATELY]

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MEDICAL CERTIFICATION OF CAUSE OF DEATH [FORM 4]

(For hospital in-patient deaths; not to be used for stillbirths)

TO
 THE REGISTRAR OF BIRTH & DEATHS

District _____

Name of the hospital _____ I hereby certify that the person
 whose particulars are given below died in the hospital in Ward No. ___ on _____ at
 _____ AM/PM.

NAME OF THE DECEASED				For use of statistical office
SEX	Age at death			
	If 1 year or more, age in years	If less than 1 year, age in months	If less than 1 month, age in days	
1. Male				
2. Female				
Cause of death 1. Immediate cause State the diseases, injury or which caused death, not the mode of dying such as heart failure, asthenia etc. (a) _____ (Due to/ as consequence of) complication Antecedent cause morbid conditions, if any, giving rise to the above cause stating underlying conditions last (b) _____ (Due to/ as consequence of) (c) _____ 2. Other significant conditions contributing to the death but not relating to the disease or conditions causing it _____				Interval between onset & death

Manner of death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide 5. Pending investigation

If the deceased was female, was the death associated with pregnancy? 1. Yes 2. No
 If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death
 Date of verification

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

Certified that Shri/Smt./Kum. _____ S/W/D of Shri

_____ R/o _____ was admitted to this hospital on
 _____ and expired on _____ at _____ AM/PM.

Doctor _____
 (Medical Superintendent & Name of the hospital)



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REQUISITION FORM FOR PRESERVATION OF DEAD BODY IN COLD STORAGE

Name of the Deceased person: _____

Hospital Registration Number: _____

Age: _____ Gender: _____ Address: _____

Brought Dead / Admitted: Attending Consultant: _____

Admitted under the Department of _____

Name of the Consultant: _____

Date of Admission: _____

Date of Death: _____ Time of Death: _____

Body sent from: IPD/ OPD/ ER/ OT/ ICU/ HDU/ Floor/ Other _____

Nursing In-charge of the area from where the body sent: _____

Presence of wearing apparels and ornaments on the body: _____

Duration till the preservation in Cold room is required: From _____ to _____

MLC: Yes / No. If yes, kindly fill the following details:

MLC Registration No. _____

Police Station informed: _____

Details of Investigating Officer: _____

IO was informed by: _____

Relative (Next of Kin) Name: _____

Relation with the deceased person: _____ ID No. _____

Mobile No. of Next of Kin: _____

Name & Signature of the In-charge of hospital area / Investigating Officer who is sending the body: _____

Signature of Next of Kin: _____

Enclosures: (tick all applicable)

1. Copy of Receipt of Fees for Cold Storage (if applicable)
2. Copy of Death Certificate
3. Copy of Death Summary
4. Copy of ID Card of Next of Kin (In case of non-MLC)

For Office Use:

Received by: _____ on Date _____ Time _____ Stored in Chamber No. _____

Signature of Mortuary Attendant/ Clerk: _____

Medico – Legal Manual [Standard Operating Procedures] Version 1.0 [2024-25] by Department of Forensic Medicine & Toxicology		
Prepared by	Reviewed by	Approved by
Dr. Utsav Parekh	Prof. (Dr.) Sanjay Gupta	Prof. Dr. (Col.) C D S Katoch



અખિલ ભારતીય આયુર્વિજ્ઞાન સંસ્થા, રાજકોટ, ગુજરાત

અખિલ ભારતીય આયુર્વિજ્ઞાન સંસ્થાન રાજકોટ, ગુજરાત
All India Institute of Medical Sciences, Rajkot, Gujarat
A Central Autonomous Body under PMSSY, MoH&FW
Government of India www.aiimsrajkot.edu.in

પોસ્ટમોર્ટમ રિપોર્ટ મેળવવા માટેનું અરજી પત્રક

અરજદારનું સરનામું :

નામ : _____

રહેઠાણ : _____

ગામ _____ તાલુકો: _____ જિલ્લો: _____

તારીખ: _____ મો નંબર : _____

પ્રતિ શ્રી,
વિભાગીય વડા,
ફોરેન્સિક મેડીસીન એન્ડ ટોક્સિકોલોજી વિભાગ,
ઓલ ઇન્ડિયા ઇન્સ્ટિટ્યૂટ ઓફ મેડિકલ સાયન્સીસ (એઇમ્સ) રાજકોટ.

વિષય : પોસ્ટમોર્ટમ રિપોર્ટની પ્રમાણિત નકલ મેળવવા બાબત.

માનનીય સાહેબ શ્રી,
સવિનય જણાવવાનું કે મારા _____ (મરણ જનાર સાથે સંબંધ)
શ્રી/શ્રીમતી/કુ/કુમારી _____ નું
તારીખ _____ ના રોજ આપની સંસ્થા ખાતે શબ પરિક્ષણ થાયેલું હતું. આ બાબતે
_____ પોલીસ સ્ટેશનનું પી. એમ. રિપોર્ટ મેળવવા માટેનું “ના વાંધા પ્રમાણપત્ર”
સામેલ છે. તો ધારાધોરણ મુજબની ફી વસુલ કરી મને તેઓના પી. એમ. રિપોર્ટની પ્રમાણિત નકલ આપવા વિનંતી
છે.

સહી: _____

નામ: _____

બિડાણ : 1. પો...સ્ટેશનનું “ના વાંધા પ્રમાણપત્ર”
2. ઓળખપત્ર ની નકલ

વિભાગીય વડાની નોંધ:

ફી રૂ.

પહોંચ નંબર : _____

તારીખ: _____

પી. એમ. રિપોર્ટની પ્રમાણિત નકલ મળ્યાની નોંધ:

હું _____ આથી લખી આપું છું કે મને
મારા _____

નામ _____ ની પી. એમ.

રિપોર્ટ નંબર. _____ ની પ્રમાણિત નકલ મળેલ છે.

નામ : _____

સહી : _____

તારીખ: _____