Medico-legal Manual 2025

All India Institute of Medical Sciences, Rishikesh

(A Statutory Body under the Aegis of Ministry of Health and Family Welfare, Government of India)

Standard Operating Procedure (SOP)
Medico-legal Case

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Introduction: SOP for Handling Medico-Legal Case (MLC) at AIIMS Rishikesh. These SOPs align with relevant Indian laws (BNS, BNSS, BSA) regulations, and various standard guidelines, such as MoHFW, etc. References are given at appropriate places.

These SOPs are meant to guide the Medical/Para-medical and other staff on duty in the OPD, wards, laboratory, and in emergency for dealing with medico-legal cases and handling, storing and handing over of samples collected in all medicolegal cases, so as to insure legal compliance, evidence integrity, and protection of the institute and staff.

Documentation and Medical Records:

What is a medico-legal case (MLC)?
Any case wherever, after taking history, clinical examination, or investigations of a patient, the Treating Physician has a reason to believe that some investigation by law enforcement agencies are essential to fix the responsibility regarding the occurrence of Cause in accordance with the law of the land.

Medico-legal cases where the Treating Physician needs to send Police Information

- All cases of injuries
  - Accidental (Roadside, Industrial, Household, attack by wild animal, Self-fall (height, vehicle, etc.)
  - Suicidal (alleged or attempted)
  - Homicidal (alleged or attempted/assault).
- All cases of Burns, Scalds (dry or wet heat; electrical)
- Asphyxial deaths/survivors (hanging, strangulation, drowning, choking)
- All cases (suspected or evident)
  - Poisoning, snake bite, scorpion sting, etc.
  - Intoxication, drug overdose, Anaphylaxis/adverse drug reactions.
  - Sexual assault/sexual offenses.
  - Child Abuse.
  - Domestic Violence.
  - Criminal abortion.
  - Consensual sexual contact between minors of any gender.
- All cases of unconsciousness, where its cause is not natural or not apparent to the Treating Physician or where there is no accompanying person/attendant with the patient.
- Any cases brought dead to the hospital.
- Any patients brought to the hospital in suspicious circumstances/ improper history (e.g., found dead roadside).
- Natural Disaster.
- Allegation of Medical negligence.
- Sudden Death on operation table/after parenteral administration of a drug/ medication/ whose cause of Death is unknown.

Medico-legal cases brought by the Police itself or sent by the Court of law.
- Person under Police/Judicial Custody sent for examination by Court of law.
- Case of torture under Police/Judicial Custody sent for examination/treatment by a court of law.
- Cases (Accused) brought by Police for medicolegal examination and evidence collection involved in crimes like assault or sexual offenses.
- Under Trial/convicted person sent through the court order from prison to AIIMS hospital for treatment of existing disease or medicolegal examination.
- Case of Drunkenness brought by Police for medicolegal examination and

evidence collection.

- Age estimation- required by legal authority in any offense except for an age certificate for participation in any event or sports authority

All departments are advised to maintain an MLC register at their own level. The MLC should be initiated and documented in the register. Personal particulars, identification marks, Particulars of the person accompanying the patient, etc, should be noted.
**The list of MLC cases is not exhaustive; any case can be labeled as MLC as per discretion of Treating Physician.*

What are the Duties of Treating Physician in MLC cases?

- To save the life of a patient and to give primary treatment is the first and foremost responsibility.
- To register the case as MLC
- To send police intimation about the case.
- Proper documentation.
- Collection & preservation of medico-legally important evidence (clothes, vomitus, lavage, etc.)
- To prepare the MLR in all cases brought by the Police, those coming of their own for medico-legal examination, or any other case in which foul play is suspected.

Protection of Good Samaritans from Legal and procedural hassles, the following points are to be noted by the Treating Physicians on duty:-

- Good Samaritan: Bystander/eyewitness of a road accident who may take an injured person to the nearest hospital
- The Good Samaritan should be allowed to leave immediately except after furnishing the address by the eyewitness only, and no question shall be asked of such good Samaritan.
- The Good Samaritan shall not be liable for any civil or criminal liability.
- The disclosure of personal information, such as the name and contact details of the good Samaritan, shall be made voluntary and optional, including in the Medico-Legal Case (MLC) Form provided by hospitals.

#The disciplinary or departmental action may be initiated against public officials who coerce or intimidate a Good Samaritan for revealing his name or personal details.

Consent Procedures:

1. No consent of the patient or his relative or accompanying person is required to label a case as MLC.
2. As a Government servant the onus of labeling a case as MLC and informing the police vests directly on the Treating Physician.
3. In case a person refuses, the refusal is for the Medico-legal examination for the purpose of preparing an MLR but not for labeling the said case as an MLC.
4. As such, it is the duty of the Treating Physician to note down all the injuries in detail on the file itself in every MLC and inform the Police in writing.
5. In case the patient/relative refuses to give consent for a medico-legal examination, the same should be documented in the case file and communicated to the Police without fail.
6. It may be noted that any case may be labeled as an MLC at any time during the patient's stay in the hospital if further examination/history, etc., reveals suspicion of foul play.

"MLCs are legal requirements in criminal cases and are not prepared at the instance of the patient. They are a record of injuries inflicted on a person to be used by the Court in criminal proceedings. Hence, the responsibility of labeling a case as an MLC and informing the Police raises solely with the attending medical practitioner and consent of the patient for the same is immaterial."
Various decisions of the Central Information Commission
Dogra TD, Rudra A. 27. *Lyon's Medical Jurisprudence and Toxicology,* In: 11th ed. p. 367–8.

Police information:
Whenever a suspected medicolegal case is brought to the hospital, this is the duty of the Treating Physician to send information to the police post attached to AIIMS Rishikesh.
Acknowledgment from the police officer receiving the information should be kept in the patient's file, and in other OPD cases, it may be pasted into the OPD register for further reference.

The Treating Physician should then complete the records in the file and admission OPD register.
Apart from the description of the injuries/details of the examination, the following points should be kept in mind.

- Note the time and date of informing the Police.
- Stamp "MLC" on the top of the first page of the file/card of the patient or mark "MLC" with a red pen.
- Note the date and time of admission of the case, all injuries, and the names and addresses of the attendants who brought the patient.

The "MLC" stamp should be kept with the nursing officer on duty.
#Non reporting may attract personal legal liability.

Protocol for Preparing the Medico-Legal Report (MLR)
All medico-legal work should be done on prescribed proforma in digital form (computer typed) only. No handwritten reports should be made or issued.

Treating Physicians on duty should take written informed consent for medico-legal examination and preparing medico-legal injury report in all medicolegal cases.

Treating Physicians should prepare the MLR on the day of performing the medico-legal examination for all assault cases coming during their duty hours.

They will hand over the original MLR to the IO, and in those cases where the IO has left without taking the MLR, the same should be sent to the respective department within 24 hours.
No Treating Physician should defer preparing medico-legal injury report in assault cases except in very critical cases.

- If the Treating Physician feels difficulty in handling cases due to nature or number of cases (eg assault cases), he may call SR/Faculty Forensic Medicine.
- The SR/Faculty will guide in performing the medico-legal examination and preparing the MLR. However, the rest of the duties will be performed by the Treating Physician only.
- The notes on the observation file should also be put in the usual manner by the Treating Physician only.

Sample collection, preservation, and maintenance of chain of custody.
Collect the samples like gastric lavage, blood, urine, vomitus, swabs, clothing, hair, gunshot residue, nail scrapping/clippings, blood on gauze, or any other as per the Treating Physician's discretion or as asked by the investigation officers

(IO).

Pack the samples in appropriate containers and preservatives.

Labeling:

Name of the patient:	UHID:
FIR no. and name of the police station:	MLC number
Type of sample:	
Date and Time of collection:	
Name and Signature of the collector (TP):	

#Label should be water-proof and temper-proof

Sealing:
Seal the container with Dept seal with lac or tape signed across by the collector. Ensure no tampering is possible ones sealed.

Documentation:
A dispatch register should be maintained by mentioning details of the case, samples preserved, and receipt of samples by whom and at what date and time.
Prepare a forwarding letter mentioning name of the authority to whom sample are being forwarded, details of case and sample and investigation required, Name and Signature of the collector (TP), and Name and Signature of the IO/police officer to whom sample were handed over.
Obtain acknowledgement/receiving from the concerned IO on hospital copy.

The samples preserved, along with a sample of the seal, should be handed over to the concerned IO/accompanying Police immediately.

Note: Samples must never be handed over to private individual, attendants or accused.

Storage:
Never retain any medicolegal sample in the hospital; it should be immediately handed over to the concerned IO in any case.
If immediate hand-over not possible: Store biological samples in secure designated place/refrigerator.

What to do if the IO delays?
If the parcel is not collected by the IO within the reasonable time frame, inform the Medical Superintendent (MS) to further inform the district SP/DSP about the delay.

The MS will inform the district SP/DSP via a letter describing the case, sample, and the delay in collection and a note that in case the sample is not collected within the next 30 days, it will be assumed that the sample is not needed for the investigation and will be destroyed afterward.

Points to remember while preparing MLR

- The Treating Physician who first examines the case shall prepare the MLR. However, in difficult cases, the Treating Physician may take help of other Treating Physician to conduct the medico-legal examination or prepare the MLR.
- MLR should be prepared on prescribed proforma (computer typed)
- Take proper history in the patient/person/guardian's own words and document it correctly.
- Brief history of the incident be recorded as stated by the injured/accompanying person regarding time, manner (accidental/

intentional) with weapon/ means caused, place of event of injury/poisoning, and the time sequence of symptoms/ incapacitation developed, etc.

E.g. As per ..... (name of patient/person/guardian/IO), alleged history of assault using lathi and chaku by two known/unknown persons on 10/05/26 at about 8:30 am near,..... when (the name of patient/victim/survivor) was sleeping at his farmhouse. First, he was taken to civil hospital ..... from where he was referred to AIIMS Rishikesh.
As per Mr Prakash brother of the patient, alleged history of RSA on 10/05/26 at about 8:30 am near Triveni ghat when the patient was riding a bike and collided with another bike coming from front. First, he was taken to civil hospital Rishikesh, from where he was referred to AIIMS Rishikesh.

Two identification marks (mole, scar mark, tattoo, skin tags, etc.) must be noted, preferably present on the exposed areas of the body. (Mention type, size, shape, color, and location.)

Consent/ refusal for medico-legal examination by the patient should be properly documented after explaining it to the patient so that there would be no problems for the concerned doctor in the future.

Ask the relative/IO not to go anywhere before the examination is over.
If the patient is brought by IO, the IO should be present at the time of medicolegal examination, and the same should be documented in the report. The accompanying person/IO should not leave the hospital until the entire process is finished.

If the patient is less than 12 years old or brought unconscious, take the consent of the guardian/accompanying person/IO.
If unaccompanied and unconscious, perform examination for the benefit of the patient.
No consent is required for life-saving/emergency procedures.

BNS 30: Act done in good faith for benefit of a person without consent.
Nothing is an offence by reason of any harm which it may cause to a person for whose benefit it is done in good faith, even without that person's consent; if the circumstances are such that it is impossible for that person to signify consent, or if that person is incapable of giving consent, and has no guardian or other person in lawful charge of him from whom it is possible to obtain consent in time for the thing to be done with benefit:
Provided that this exception shall not extend to—
(*a*) the intentional causing of Death, or the attempting to cause Death;
(*b*) the doing of anything which the person doing it knows to be likely to cause Death, for any purpose other than the preventing of Death or grievous hurt, or the curing of any grievous disease or infirmity;
(*c*) the voluntary causing of hurt, or to the attempting to cause hurt, for any purpose other than the preventing of Death or hurt;
(*d*) the abetment of any offense, to the committing of which offense it would not extend.
Illustrations.
(*1*) Z is thrown from his horse, and is insensible. A, a surgeon, finds that Z requires to be trepanned. A, not intending Z's Death, but in good faith, for Z's benefit, performs the trepan before Z recovers his power of judging for himself. A has committed no offence.
(*2*) Z is carried off by a tiger. A fires at the tiger knowing it to be likely that the shot may kill Z, but not intending to kill Z, and in good faith intending Z's benefit. A's bullet gives Z a mortal wound. A has committed no offence.
(*3*) A, a surgeon, sees a child suffer an accident which is likely to prove fatal unless an operation be immediately performed. There is no time to apply to the child's guardian. A performs the operation in spite of the entreaties of the child, intending, in good faith, the child's benefit. A has committed no offence.
(*4*) A is in a house which is on fire, with Z, a child. People below hold out a blanket. A drops the child from the house top, knowing it to be likely that the fall may kill the child, but not intending to kill the child, and intending, in good faith, the child's benefit. Here, even if the child is killed by the fall, A has committed no offense.

Document the police request/reference/DDR/FIR number and police station with date wherever applicable.
The particulars of the patient/person concerned should be documented completely.
Details of the accompanying person/who brought the case to be documented. (Name, relationship with the person concerned, address, contact number, etc.).

The date and time of starting the examination should be clearly documented. Mention the place of examination wherever necessary.

Examination:
General examination findings and other signs (General condition of the patient, GCS, pulse rate, blood pressure, respiratory rate, temperature, intubation, pupils, level of consciousness, posture, gait, speech, bleeding through natural orifices like ear, nose, mouth, rectum, vagina, etc., paralysis, urinary/faecal retention/incontinence, smell, etc.) should be mentioned in detail.

Clothes in medico-legal cases:

Details of clothing, including color, condition, size, etc., should be written in the MLR. Condition of clothing regarding their disorder, buttons (intact, undone, or torn, rents, tears, cuts whether coinciding with a particular injury, presence of stains like blood, mud/sand, weeds, fecal, seminal, etc., foreign matter, stippling, burns, etc., should be mentioned.
Encircle the area of interest and put a signature beside it.

In certain medico-legal cases (stab injuries, firearm injuries, burns, unidentified dead bodies, etc.), clothes should be air-dried, made into a parcel, sealed, and handed over to the IO.

Clothes of accident victims need not be preserved unless specifically asked for by the IO.

Clothes in medico-legal cases involved in rape (See separate guidelines for examination of survivors/victims of sexual assault)

e.g. On examination, multiple blood/vomit stains were present on the front of the clothes (printed red and brown saree and red blouse) of the patient. On examination, multiple cuts of varying measurements were present over the left shoulder region of the shirt, the area encircled and signed. The clothes were dried in room air, sealed, and handed over to the IO.

Injuries:
The person should be examined in a systematic way from head to toe on front and back aspects.
Mention the examination of injuries in detail

- Type
- Location/Site
- Size
- Shape
- Color
- Age/duration
- Direction
- Nature

Type of injury: Abrasion, bruise, laceration, incision, puncture, fracture-dislocation or burns, etc.

Location of injuries: Avoid medical jargon while describing the location of injury in MLR, e.g., use front, back, etc, rather than anterior or posterior.

Size of injury: The exact dimensions (in centimeters) of each injury should be noted down with respect to its length, breadth, and depth wherever possible.

#Never try to probe the wound for the purpose of measuring its depth. Rather, mention the depth as observed/appreciated during examination and treatment process like muscle deep, bone-deep,

peritoneal cavity deep, etc

Shape of injury: Circular, oval, spindle, triangular, elliptical, crescentric, satellite, etc.,

Margins/edges of wounds should be examined (use hand lens wherever necessary), regular or irregular, having bruise in its vicinity

The floor must be examined by just retracting the edges to see the tissue in it. Foreign matter like grease, dirt, gravel, straw, coal, paint, glass, weed, metal, palettes, bullets, wads, clothes, hair, etc., should be reported and must be preserved for further analysis.

Colour changes and healing process.

Age of injuries (Duration of injuries): Time lapsed between infliction of injuries and examination.

Direction of the injuries: Important in firearm, stab injury cases.

Eg Reddish brown abrasion of size 5 cm x 2 cm present over middle one third of back of right forearm.

Actively bleeding laceration of size 7 cm x 1.5 cm x muscle deep present over middle one-third of the back of the right forearm.

Superficial to deep thermal burns present all over the body except front of the lower abdomen, external genitals, front of upper part of both thighs, outer aspect of left thighs, right buttock, inner part of left buttock, both soles and some small patchy areas over outer aspect of both elbows, front of right knee and dorsum of both feet. Singeing of hairs present over face, scalp and axillary region. Total body surface area burnt is approximately 90-95%.

Opinion:

Opinion should be clear and to the point.

Opinion about Nature of injuries (Simple/Grievous/Dangerous to life) should be given after examination but can be reserved to be given after evaluation of additional investigations or at the time of testifying at a court of law.

Specify the clause of Section 116 BNS for declaring the injury to be grievous.

Ref: *Section 116 of the BNS*
only the following kinds of hurt are designated as "grievous."

a. Emasculation.
b. Permanent privation of the sight of either eye.
c. Permanent privation of the hearing of either ear.
d. Privation of any member or joint.
e. Destruction or permanent impairing of the powers of any member or joint.
f. Permanent disfiguration of the head or face.
g. Fracture or dislocation of a bone or tooth, and
h. *Any hurt which endangers life or which causes the sufferer to be during the space of 15 days in severe bodily pain, or unable to follow his ordinary pursuits.*

Mention any trace evidence/samples collected/recovered and preserved.

10 ml of blood is sealed, labeled, and handed over to the IO in a vial/bottle along with sample of seal to be forwarded to FSL Dehradun for chemical analysis.

Always depict the site of the injury and presence of stains and foreign material on the diagram. Use diagrams wherever necessary.
All the injuries should be recorded in a way as if you are giving a statement in a court of law.

Failure to collect and preserve samples whenever required is a punishable offense.
Ref. BNS 238 Causing disappearance of evidence of offence, or giving false information to screen offender.

Whoever, knowing or having reason to believe that an offence has been committed, causes any evidence of the commission of that offence to disappear, with the intention of screening the offender from legal punishment, or with that intention gives any information respecting the offence which he knows or believes to be false shall,—
(*a*) if the offence which he knows or believes to have been committed is punishable with Death, be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine;
(*b*) if the offence is punishable with imprisonment for life, or with imprisonment which may extend to ten years, be punished with imprisonment of either description for a term which may extend to three years, and shall also be liable to fine;
(*c*) if the offence is punishable with imprisonment for any term not extending to ten years, be punished with imprisonment of the description provided for the offence, for a term which may extend to one-fourth part of the longest term of the imprisonment provided for the offence, or with fine, or with both.
Illustration.
A, knowing that B has murdered Z, assists B to hide the body with the intention of screening B from punishment. A is liable to imprisonment of either description for seven years and also to fine.

- Put your legible signature and stamp (Name, Designation, Dept) after finishing MLR.
- Three copies of the MLR will be printed and signed individually.
- One copy is kept as hospital record, and the other will be given to the IO immediately after the examination (along with the samples wherever applicable)
- If there is any injury kept under observation, the same may be recorded as such, and the result thereof communicated to the IO at the earliest. The Treating Physician issuing the MLR will be held responsible if any complication arises for not handing over the report to the IO immediately after the examination has been conducted.
- MLR should not be written in the presence of IO, the patient's relatives, or any other interested party. If an MLR has already been issued elsewhere, it is not permissible to issue a second MLR unless specifically requested by the IO in writing or by the order of the Court.
- The patient will also be given a copy of the MLR (if the patient is not admitted and a photocopy attested by the examining doctor if admitted) on request or if the same is required for the purpose of further treatment at any other Health Institution.
- No other person will be given a copy of the MLR except in case he fulfills the condition.

#All private cases (not brought by the Police) may be charged a fee as may be prescribed by AIIMS administration from time to time. In case of failure to pay such fee, the MLR so prepared shall be sent to the Police.

Exempted from payment of fee: may be prescribed by AIIMS administration from time to time eg prisoners, and victims of alleged custodial violence etc

Preparing MLR from record:
No request for preparing MLR from the record should be accepted, henceforth, as no MLR should be prepared in those cases where there is no consent attached with the observation file. In all such cases, if the IO request for MLR, a copy of the injuries, as noted by the Treating Physician/ doctor on duty on the treatment file, may be provided as an attested true copy, alternatively the concerned doctor may ask the IO to bring the patient for medico-legal examination as on date, so that fresh consent can again be taken and medico-legal examination can be performed.

IO asks for MLR after the case has been discharged/expired: It is irregular to issue an MLR in such cases. The IO, however, can ask for any specific

information (including details of injuries) that may be supplied to them from the record of the case, and the Treating Physician supplying the information should write on top of such report that the same has been noted from the file of the case. Such reports should never be back-dated.

In the case of referred cases, if MLR has been prepared at another place and the document is available with the patient/relative- the already prepared MLC can be attached to the present patient file, and there is no need to prepare a fresh MLR (just sent police intimation for tracing purpose).
However, if the documentation is not available or improperly documented, a fresh MLR may be prepared with mentioning of outside prepared MLR (mention serial number).

Back-dating of MLC should not be done:
If the treating Physician feels the case is MLC at some late stage of treatment, he should prepare MLR on the same date and time, not on a back date.

Examining female patients:
A female patient, even if she is not a medicolegal case, should not be examined without the presence of an attendant/relative/guardian or a female hospital attendant. The Treating Physician, in his own interest, should refrain from acting otherwise.

Conditions to be fulfilled to get a copy of MLR
Supplying copy of MLR/PMR to individuals other than the patient and the IO.
An MLR or post-mortem report given by an expert is confidential and not a public document.

Copy of the PMR/MLR may, however, be given subject to fulfillment of the following three conditions:-

- The applicant shall submit a written application addressed to the MS clearly stating his/her relationship with the patient/deceased person.
- The applicant shall pay the fee prescribed by AIIMS Adm and enclose the receipt for the same along with the application.
- The applicant shall furnish NOC from the concerned Police Station (investigating the matter) clearly stating that the issuance of copies of MLR/PMR will not hinder the investigation.

Alternatively

- The applicant shall produce order of the Court directing the MS AIIMS Rishikesh to provide him/her copy of the PMR/MLR.

Requests for copy of PMR/MLR under the RTI Act are not maintainable. Ref *State V/s Gian Singh (1981CRL. LJ 538) of Delhi High Court*

Belongings of the medico-legal cases (like jewelry, cash, wrist watch, or any important document):

- The Nursing officer on duty may hand over the belongings of the case to the relatives of the patient accompanying him in the presence of the treating doctor, and this fact shall be recorded in the file.
- In case no relative is accompanying the patient, a list of important articles of the person shall be prepared by the Nursing officer on duty in duplicate, and articles may be handed over to the IO for custody.

- In brought dead cases, the belongings of the deceased shall be handed over to the relatives attending to the patient, if available (after verifying the nature of the relationship) or to the IO.
- In case of unknown person brought to the emergency, either in a dying or dead condition, the list of important items shall be prepared and articles shall be handed over to the IO.
- In all the above-mentioned scenario, proper receipt must be obtained.

Medicolegal cases not admitted
If a Medico-legal case is not admitted, entry should be made in the OPD MLC Register. MLR should be prepared by the Treating Physician on duty. A copy of MLR may be given to the patient upon request or if the same is required for the purpose of further treatment at any other healthcare institution.
X-rays of the medicolegal cases should remain attached to the file and preserved.

Referral of MLC cases

Prior to referring a patient to other centers, it is essential to ensure that the MLC (Medico-Legal Case) designation is appropriately established, along with thorough documentation of findings.

The referring slip must include the MLC number, and the attending doctor is responsible for notifying the Police accordingly.

Refereed case: MLC is already done at the referring institute
If an MLC recorded elsewhere (in another hospital) is referred, it should be treated as an MLC, but No New MLC number should be issued. Treatment should continue in the old MLC number.
A new MLR should not be prepared; however, the attending doctor is responsible for notifying the Police for tracing purposes.

When any MLC patient is referred from another hospital without proper MLC documents, a fresh MLC may be made with mention of previous MLC.

MLC case brought several days after the incident: it should be reported, and findings to be noted regarding the present condition of the patient.
All treatment papers, investigation reports, etc., are to be labeled as MLC & records should be maintained for future Medico-legal use (the same may be required by the Court for the case).

Discharge of Medico-legal case from hospital: Police should be informed, and information should also be sent to make an entry in the Medico-legal register.

Surgery/medical of destitute/unknown (MLC/Non MLC) patients
Consent for emergency surgery, when no attendant is available, can be given by the MS.
If, due to this, the surgery/medical intervention of the concerned patient may get delayed, and consequently, patient care is likely to suffer, the consultant in charge/on call of the treating department may take the appropriate decision/consent in the interest of the patient care.

The concerned departments send the documents of the patients to the MS Office for the same.

If the Treating Physician does not register a case as MLC but the next Treating Physician thinks that the case is an MLC: A case can be considered as MLC at any point in time, even if missed initially.

X-rays, blood reports, microbiological, pathological investigations, etc., in Medicolegal cases, should be labeled as MLC & kept along with other documents of the case.

Discharging a medico-legal case"
No medico-legal case shall be discharged without informing the Police.

End-of-Life Care and Advance Directives:
Procedures for discussion and documentation of patient preferences/wishes regarding end-of-life care and advance directives.

ICMR Consensus Guidelines on 'Do Not Attempt Resuscitation May be followed

The treating Physician (s) should initiate discussions with the patient/surrogate and explain in detail about (i) the patient's disease and its prognosis, and (ii) the benefits and harms of CPR under the given medical circumstances in case the patient develops cardiac or respiratory arrest.

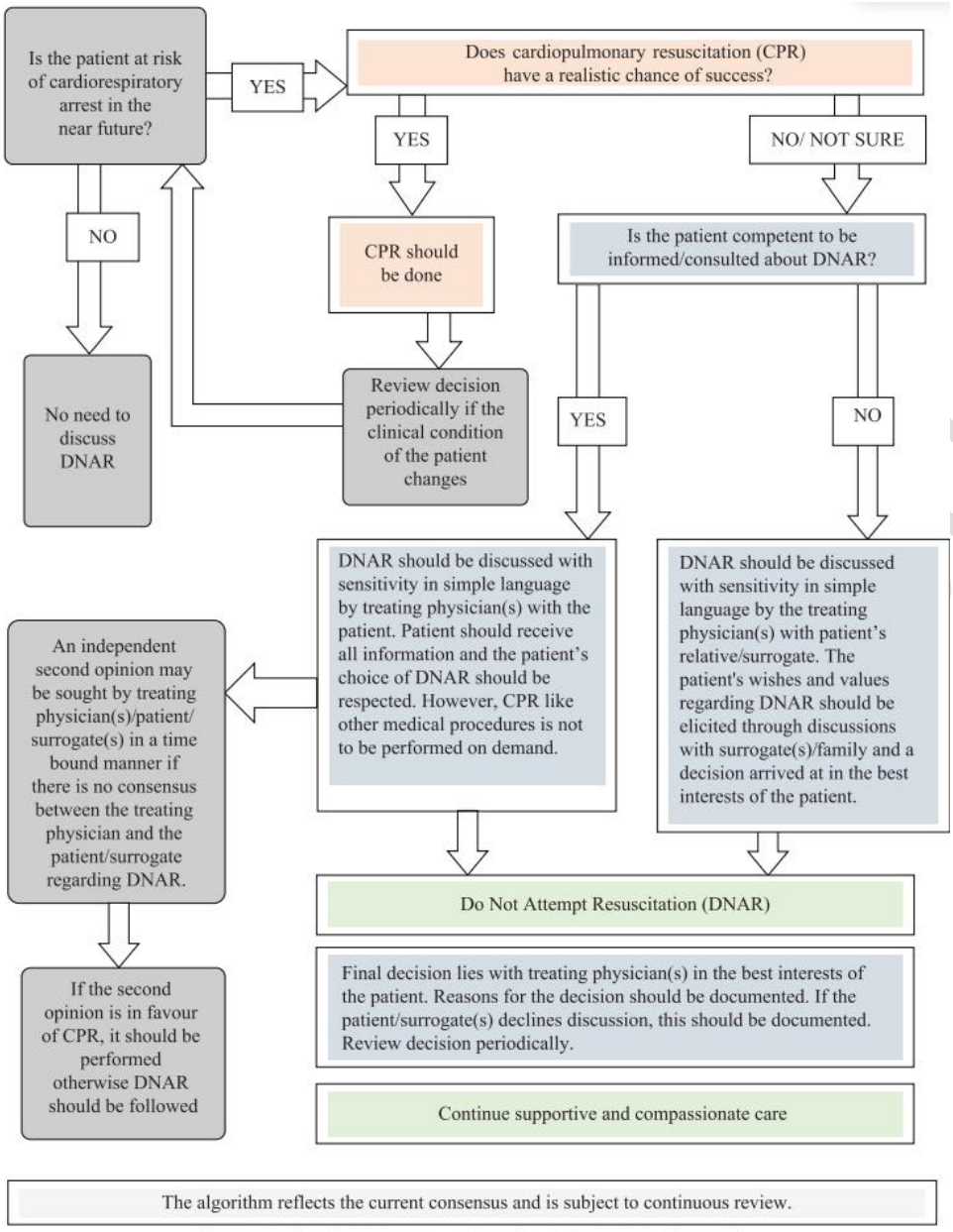

Figure. Algorithm for Do Not Attempt Resuscitation (DNAR) decision-making.

Ref. ICMR Consensus Guidelines on 'Do Not Attempt Resuscitation

Dying Declaration

- In case of impending Death (patient is likely to expire as a result of injuries, burns, or alleged criminal act) in MLC, the Treating Physician should immediately ask the police officer on duty in writing to call a magistrate. If there is no time to call a magistrate, the dying declaration should be recorded by the doctor himself in the presence of another doctor or staff member who will witness the statement and will append his signature at the bottom of the declaration.
- The Treating Physician may record the statement either in question/answer form or narrative.
- The primary duty of a doctor in dying declaration is to ascertain and document that the patient was conscious and in sound state of mind when the statement was recorded and remained so till the statement was completed (*Compos Mentis*). If possible, the signature or thumb impression of

the patient be obtained on the dying declaration after the same has been read over to him/her.

- Police officers or relatives of the patient should not be present at the time of recording of the dying declaration.
- In case the patient is not fit to make a statement, the reason should be noted and duly explained in the file. A careful watch should be kept, and IO should be informed as soon as the patient becomes fit to make the statement.

Death in Medico-Legal Case

- Immediately inform the police post attached, and a note to the effect be recorded on the file of the deceased.
- The body of the deceased should be securely packed to prevent any leakage of body fluids. It should be appropriately tagged with the individual's name, age, sex, Hospital Number, and MLC number for identification purposes.
- Immediately following the Death, a death summary and body transfer form should be prepared. These documents should accompany the body to the mortuary. The name of the ward attendant or any other employee/ police staff transporting the dead body shall be recorded in the file or in the OPD register.
- The body shall be transported to the mortuary; clear instructions should be given to the ward attendant not to hand over the body to the relatives.
- Complete chain of custody of the dead body shall be maintained at all times until the body is finely handed over to the IO (to handover it to relatives of the deceased.)

#Once the information is received by the Police and the police official has arrived at the hospital, he shall be responsible along with the hospital staff for the safety of the dead body. It shall be ensured that samples remain intact and shall not be tempered at any time.

MCCD and Cause of Death in MLC:

If the patient was treated at AIIMS Rishikesh, the treating Physician should pronounce the Cause of Death as deemed clinically appropriate in MCCD.

However, the body must be sent to the mortuary after filling in the appropriate format. A Medico-legal autopsy may be done to find the Cause of Death, or for other purpose in such cases depending upon the need of case and upon discretion of the IO.

Ref Registration of Births and Deaths (Amendment) Act, 2023

8. In section 10 of the principal Act, for sub-sections (2) and (3), the following sub-sections shall be substituted, namely:— "(2) Where Death occurs in any medical institution providing specialized treatment or general treatment, every such institution, irrespective of ownership, shall, free of charge, provide a certificate of the Cause of Death, including the history of illness, if any, signed by the medical practitioner who attended that person during his recent illness to the Registrar in such form as may be prescribed and provide a copy of such certificate to the nearest relative.

(3) In the event of Death of any person occurring in any place other than medical institution, and such person was, during his recent illness, attended to by a medical practitioner, such medical practitioner shall, after the Death of that person, free of charge, forthwith issue, a certificate of the Cause of Death, including the history of illness, if any, to the person required under this Act to give information concerning the Death in such form as may be prescribed, and the person, on receipt of the certificate, shall deliver the same to the Registrar at the time of giving information of the Death as required under this Act."

Specific Medico-Legal Cases
(Important Points to be remembered)

Suspecting foul play in cases admitted as ordinary non–medicolegal Patients:

- Cases which are admitted as an ordinary non medico-legal case but in which the Treating Physician suspects foul play should be immediately brought to the notice of the Police in writing so that they may take necessary action in the matter.
- In the event of Death of such a case, a written report should be sent to the Police so that a medicolegal post mortem could be arranged.
- The body of such a case should be sent to the mortuary and not be handed over to the relatives.

Criminal Abortion

- Cases of attempted abortions performed by unauthorized persons are to be considered as medico-legal cases and reported to the Police.
- Give proper treatment.
- Proper history and documentation.
- Always perform examination of clothes; clothes should be recorded and preserved.
- Take blood sample.
- If patient dies, send the body for Medico-legal autopsy.
- Preserve the remains of product of conception (POC) for Chemical Analysis and DNA Analysis if required.
- If she refuses to make a statement, the doctor should not pursue the matter. Inform HOD and MS through proper channel.

Ref *MTP Act of 1971, MTP rules*

Burns:

- Proper history and documentation
- Give primary treatment.
- Extent and degree of the burns to be noted.
- Make a proper sketch showing areas involved and state in percentage.
- Inflammable agents on the body/cloth are recorded and preserved.
- Dying declaration, if required, should be taken especially in young married females.
- If there is sufficient time for survival, arrange for a dying declaration by notifying the nearest magistrate. In the absence of a magistrate, the attending doctor can record the dying declaration.

Fire Arm Injuries

- Bullets, lead shots, etc, recovered from the wounds or body in firearm injury should be air dried then put in a bott1e(s), padded with cotton, documented, sealed, and handed over to the Police along with MLR, with a forwarding letter to Director FSL for opinion. Details of all such recovered material should be mentioned in the MLR.
- Always try to mention the entry and exit wounds.
- Always take an X-ray of the track or the whole body.
- Always perform examination of clothes, clothes should be recorded and preserved.
- Never pick the bullet using metal/toothed forceps; rather, use gloved fingers or rubber-tipped forceps.
- Never wash the bullet.

- If the parcel is not collected by the Police within a reasonable time frame, inform the MS through proper channel, about the delay.

Hanging/Strangulation

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

Brought dead cases

- In the first instance, vigorous attempts must be made to resuscitate the patient. After all attempts have failed to revive the patient and he is declared dead, his name, age, and address are to be noted. If possible, the names of the persons who brought the deceased may also be noted.
- All brought dead cases should be marked as MLC.
- Police intimation should be sent immediately.
- The body should be sent to the mortuary by completing the body shifting form without removing any clothing or other potential evidence.
- Do not waive off post-mortem examination of the deceased as per the request of a relative or next of kin. (It is the duty of the investigating authority to decide on the necessity of conducting the post-mortem examination or to waive off.)

Autopsy is done at the Advanced Autopsy Center, AIIMS Rishikesh, by the Department of Forensic Medicine And Toxicology.
The cold storage facility in the event of Death in a Medico-legal case is available in the mortuary. Any case for autopsy, if brought to the mortuary beyond working hours, can be kept in cold storage.

Unknown cases

All cases of individuals brought dead or dead on arrival to the hospital, regardless of whether the Cause of Death is known or unknown, should be categorized as Medico-Legal Cases (MLC).
The attending doctor must promptly notify the Police, ideally accompanied by a photograph of the deceased.
If the body remains unidentified and is not claimed by any individual, it should also be labeled as MLC.
The dead body should be transferred to the mortuary after completing the necessary body transfer paperwork.

Suicide cases

- If the patient is unconscious, the relevant medical history can be obtained from relatives or next of kin.
- Upon the patient's regaining consciousness, a comprehensive medical history can be obtained.
- Designated as MLC and inform the police.
- Samples should be preserved for evidential purposes, such as ligature material in cases of hanging, or for supportive evidence relevant to the case (lavage, clothes, urine, blood, etc.).

- The samples must be carefully packed, signed, sealed, and then transferred to the IO, along with a sample of the seal.
- In the event of Death of such a case, Do not release the body to the relative. Instead, inform police and transfer the body to the mortuary in usual manner as done in any other medico legal case.
- Do not waive off post-mortem examination of the deceased as per the request of a relative or next of kin. (It is the duty of the investigating authority to decide on the necessity of conducting the post-mortem examination or to waive off.)

Poisoning cases

- All cases involving poisoning must be designated as MLC, regardless of the manner of poisoning.
- Instances such as food poisoning resulting in multiple casualties must also be classified as MLC. Notification should be given to the appropriate police station/authorities.
- Give primary treatment. Take proper history of Substance consumed, amount consumed, when, where & number of people consumed.
- Document history, treatment, and articles sealed.
- Samples collected during the treatment of poisoning cases, such as blood, gastric lavage samples, poison containers, or empty blister packs from tablets, should be carefully packaged, sealed, and signed. The sealed parcel, along with a forwarding letter and a copy of MLR, is to be sent to the Chemical examiner FSL Dehradun (or other FSL as requested by the IO) through the concerned IO.
- The forwarding letter should give particulars of the case, details of the bottles, a sample impression of the seal put on the bottle, and the suspected poison.
- Never allow the entry of unauthorized person near the victim in a case of homicidal poisoning.
- In the event of Death of such a case, Do not release the body to the relative. Instead, inform police and transfer the body to the mortuary in usual manner as done in any other medico legal case.
- Do not waive off post-mortem examination of the deceased as per the request of a relative or next of kin. (It is the duty of the investigating authority to decide on the necessity of conducting the post-mortem examination or to waive off.)

Procedure for collecting, preserving, and sending the samples (Gastric lavage) in cases of alleged history of poisoning to FSL

- The Treating Physician will assess the said patient and will stablise him.
- If the Treating Physician feels that gastric lavage is needed for the purposes of treatment of the said patient, they will introduce a lavage tube/Ryle's tube into the patient.
- The Treating Physician will perform the 1st lavage (Medico-legal) with about 150-200ml of normal saline; around 100cc of lavage should be collected and sealed in an appropriate sterile glass/plastic container.

The bottle should be sealed with one seal, and the label on the bottle should contain:-
A. MLR No.
B. UHID no.
C. Date of Collecting Sample
D. Name of the patient and age
E. Signature and full name of Doctor with the stamp
The sealed sample will then be handed over to the Police along with a sample seal, a forwarding letter, and a copy of MLR in a sealed envelope with five seals.

This completes the sealing and preservation of the sample (Gastric lavage)

Accidental cases

- Accident cases, such as Road Traffic accidents and accidental falls, are classified as MLC cases.
- Priority is given to the patient's treatment during the critical golden period. Simultaneously, documentation of injuries in the report and preservation of evidence are essential. This includes taking photographs of injuries with proper scaling.
- Designate the case as MLC, Inform Police.
- The MLR should be provided to the concerned IO without undue delay.

Cases of Assault

- Upon receiving the case in the ward (IPD) or ICU from the emergency department, it is essential to verify if an MLC designation has been assigned or not.
- Ensure that the MLC number is accurately written on all relevant forms.
- Obtain high-risk consent from the relatives, particularly for patients who are critically ill or at a high risk of mortality during treatment.
- If there is sufficient time for survival, arrange for a dying declaration by notifying the nearest magistrate. In the absence of a magistrate, the attending doctor can record the dying declaration.
- If a patient arrives with a weapon or bullet still in place on their body, the recovered weapon of offense must be preserved. It should be carefully packed, signed, sealed, and then handed over to the investigating officer.

On table death in OT

- In cases where there are allegations of medical negligence, the surgical team must notify the hospital authorities immediately, and police notification should be carried out.
- It is imperative to dispatch the body to the mortuary promptly, accompanied by a comprehensive case sheet containing operation theatre notes and a detailed death summary.
- The body should be transferred without removing any medical instruments attached to it, such as intravenous cannula, endotracheal tube, Central Intravenous catheter, and Intercostal drainage tube.
- Instruments, blood transfusion bag sets, etc., should remain intact over the body during transportation, and both the anesthetist and surgeon should accompany the investigating team to the mortuary.

Discharge of MLC cases

- Upon discharge, it is the responsibility of the treating Physician to send police notification.
- A discharge summary is provided to the patient upon their release.
- The hospital case sheet should be clearly labeled as MLC and forwarded to the medical record department.
- If case sheets are needed for investigation by the authorities, a copy can be obtained with prior approval from the hospital authority.

Documentation of absconding cases

- The instance of a patient absconding must be promptly communicated to the Police, and it is not obligatory to label it as an MLC case.
- If an MLC case absconds despite prior police notification, a separate intimation must still be forwarded to the Police.
- The case sheet should include documentation of the patient's absconding,

including details such as the last person who saw them and the date and time.

LAMA (Left against medical advice): Cases where a patient decides to leave against medical advice.

- Treating Physician should thoroughly discus the risks associated with leaving.
- Treating Physician should get it in writing from the attendants/patient about their decision to leave against medical advice and obtain signatures attendants/patient on the case sheet before a patient leaves against medical advice.
- If attendants/patient refuse for signing, do not issue discharge summary.

Taking away a patient or body of a medicolegal case forcibly by the attendant

- The Treating Physician can not act as a security staff or police officer. He can not forcibly detain a medicolegal case or his body.
- In case the attendants want to take away a medicolegal case/body, the implication of their action should be explained to them politely. If they still insist, the Treating Physician should get it in writing from the attendants that they are taking away the patient/body against medical advice.
- If they refuse to write anything and take away the patient/body, the Treating Physician should record the same on the file of the patient.
- Police and security staff should be informed immediately.

Drunkenness

- Take proper history and document correctly in the form provided
- Consent should be taken, but under Sec 51 BNSS, the examination of an accused can be carried out by a doctor at the request of the Police, even without his consent.
- Examine properly and collect urine and blood samples in a proper way.
- Mention the starting and ending time of the examination.
- Avoid use of rubber stopper in collection of sample.
- Avoid using spirit for cleaning the skin, the syringe must be free from any trace of alcohol. Chlorhexidine can be used instead.

xxxxxxx----------xxxxxxxxxxxxx----------xxxxxxx----------xxxxxxxxxxxxx

Re-examination in case of Medicolegal cases

- Re-examination in case of Medicolegal cases shall not be conducted except on written request of the IO or by the orders of the Judicial Magistrate.
- Re-examination should be done by the Board constituted by the MS.

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Medico legal aspects of the following cases will be handled by the Multidisciplinary team/board of doctors constituted by MS

- Suspected or alleged Sexual Assault Survivor, sexual violence/domestic violence.
- Child Abuse
- Age Estimation
- Accused of Sexual Assault
- Potency test of accused

Multidisciplinary team: Nominated member from following departments Forensic Medicine, Hospital Adm, OBG, Pediatric, Pediatric surgery, Radiodiagnosis, Medicine and Psychiatry.

(Member will be included from the above specialities on case to case basis on discretion of MS.

Member from any other speciality may also be involved as and when required on case to case basis.)

Whenever request is received from a police officer regarding these cases it is the duty of the Treating Physician to inform the MS office regarding arrival of any such case.

Suspected or alleged Sexual Assault Survivor, sexual violence /domestic violence.

- A copy of separate SOPs will be circulated to all the Treating Physicians.
- Discourage the terms like Victim or Rape Cases.

Child Abuse

- All children should be approached with extreme sensitivity, and their vulnerability should be recognized and understood.
- Give proper treatment.
- Usually, a medical examination should be done within 24 hours or as soon as possible.
- Consent from parents/guardians should be obtained in writing.
- Consent from a child in the form of verbal, expressed, or written is to be taken.
- Record the child's weight, height, and sexual development;
- Take proper history and document it correctly.
- 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. If possible, interview the child alone (separately from the attendants) in a separate room.
- Psychiatric counseling is advised.
- Never put undue pressure on a child for medical examination if he/she denies it even after convincing. However, in conditions requiring medical attention, such as bleeding or a foreign body being suspected, sedation or general anesthesia should be considered.
- Avoid unnecessary, painful, and invasive procedures.

- Will be handled by the Multidisciplinary team under guidance of Faculty Forensic Medicine as per POCSO Act and guidelines.
- A copy of separate SOPs will also be circulated to all the Treating Physicians.
- Discourage the terms like Victim or Rape Cases.

Age Estimation

- Multidisciplinary team
- Nominated member from Forensic Medicine, Hosp Adm, Pediatric, Dental Surgeon, Radiologist, or General Medicine.
- In case of examination of a female, one member of the team shall be a female, if not include one from OBG.

Examination of Accused of Sexual Assault

Potency test of accused

Inform the Faculty Forensic Medicine regarding arrival of any such case/request is received from a police officer.

Examination of an arrested person/accused at the request of police officer @AIIMS Rishikesh

1. On written request of IO (not below the rank of a Sub-Inspector), the arrested person may be examined, and samples (blood, blood stains, semen, swabs in case of sexual offenses, sputum and sweat, hair samples, and fingernail clippings by use of modern and scientific techniques including DNA profiling and such other tests which may be necessary in a particular case) may be collected.
2. First try to get consent of the arrested person in the usual fashion.
3. In case of non-cooperation from an arrested person, he may be examined without consent, and a reasonable force may be used if necessary for that purpose.
4. Female accused should be examined only by female RMP.
5. Examine such person without any delay and prepare an MLR in prescribed proforma.
   - Name and address of accused and of the person by whom he was brought
   - Age of accused
   - Marks of injury, if any, and the approximate time when such injuries or marks may have been inflicted.
   - Description of material taken from the person of the accused for DNA profiling
   - Other material particulars in reasonable detail
6. MLR shall state precisely the reasons for each conclusion arrived at
7. The exact time of commencement and completion of the examination shall also be noted in the MLR
8. Forward the MLR to the IO, without any delay.
9. A copy of MLR shall be provided to the arrested person or person nominated by him.

Will be handled by the Multidisciplinary team in accordance with section *51, 52, 53* BNSS 2023, *LNJN guidelines Blue for examination of accused of SA, Delhi District Court judgment State vs . Jai Bhagwan Pandla. 2014.*

Summons

Summons from the courts should always be accepted.
TA/DA will be paid as per AIIMS Rishikesh Rules.
Carefully note case particulars, date of next hearing, received from which court etc while receiving the summons.
In case particulars of the case, i.e., name of the patient, date of admission, etc., are not mentioned on the summons and the Treating Physician is not able to trace the case file, etc. the summons may be returned to the Court requesting the Court to supply the relevant particulars.

A very polite language should be used if the summons are not accepted
e.g."The particulars of the case, i.e., name of the patient/ deceased and date of admission/Death, UHID/MLR/PMR No. have not been given. No useful purpose will be served by attending the Court on_____ kindly provide the necessary particulars so that the relevant records could be retrieved/brought at the time of the next hearing."

To avoid unpleasantness, the doctors must attend the Court when summoned.
In case one cannot attend the Court because of unavoidable circumstances, an official communication should be sent to the Court well in time.

The Treating Physicians are likely to receive bailable warrants in case they do not attend the Court. This requires furnishing security for the amount ordered by the Court.
In case a Treating Physician still does not attend the Court, the security amount may be forfeited, and a nonbailable warrant may be issued by the Court, which will be embarrassing to the Treating Physician concerned and to the institute.
In case a Treating Physician does not attend the Court and also fails to inform, the Court may prosecute him.

Dealing with Police
The Treating Physician is advised to render all possible help to the Police investigating a case.
The first duty of the Treating Physician is to save and treat the patient, everything else is secondary.
The Treating Physician is advised to be polite to the Police.
Any rudeness on the part of the Police should be brought to the notice of the MS.

No dues.
- The nursing officer on duty should see that all charges have been paid by the relatives of the patient/deceased. In case of difficulty, the Treating Physician on duty should be informed.

Record Keeping
Medical Record Department (MRD) manages patient health records, discharge summaries, and requests for medical reports.

It is advised that TP should prepare three copies of the Medico-legal report; one is kept as a hospital record (MRD), the other is given to IO after getting a proper receipt, and the third copy is to be given to the patient after taking proper receipt. (Presently MRD give the MLC report to IO and take the receiving. And in case a patient wants the report he gets a copy (xerox) after informing the MS.

Hospital records or files of MLC should be kept as confidential in the MRD till judgment by the Court of law pertaining to the case has been issued (for practical purposes, there is no time limit).

If a medico-legal report has already been issued, then a duplicate medico-legal report should not be issued unless specifically requested by the IO in writing or by the court order.

Remember
MRD is mere custodian of the medical records.
MRD do not make MLC/duplicate injury report or any changes in the file.
MRD does not keep MLC evidence (tissues/swabs/bullet/clothing/weapon etc)
Do not send any sample to MRD for record keeping. MRD don't keep anything except medical record.

Hospital record of the medicolegal cases
The patient's file is a confidential document and as such should not be divulged to any un-authorized person.
- Record of the medicolegal case should not be divulged to any unauthorized person.
- Even in non-medicolegal cases, the secrecy of the patient's illness has to be maintained except in such cases where public interest is involved.

Relatives wanting to see the file of a non medico legal case:

- Sent to Designate official by MS for getting necessary permission.

Police request MS for the original record of a case

- Original hospital records/files of the medicolegal case should not be handed over to the police authorities.
- Designate official by MS shall issue a photocopy instead and maintain a record for future reference.

The Courts ask for the original record

- In such cases, duplicate/photocopy shall be retained for record. The original file/Radiographs, etc, are then submitted to the Court under a sealed cover.

Examination of the record by LIC or other investigation agencies.

- Medicolegal/Post-mortem cases records are not open to any person including the LIC or other investigation agencies.
- In Non-Medicolegal cases, such agencies are asked to make an application to the MS, who may permit inspection of the record when considered necessary, keeping in view the secrecy of the illness of the patient.

Inspection of record by lawyers

- Under no circumstances, the record of the case will be allowed to be inspected by a lawyer.
- In case a lawyer gets a court order in this regard, the matter will be referred to the MS for guidance.

Confidentiality and Privacy:

Information under the Right to Information Act

Ref: RTI Act, section 8 (1), clause (e) provides for exemption of information which is available to a person in his "fiduciary relationship".
Doctor- patient relationship falls under this category.
Therefore, the PIO can claim exemption u/s 8(1) (e) of the RTI Act if information pertaining to a victim/patient is sought by a 3rd person.

Secondly, if an FIR has been registered in a case and investigation is in progress, the PIO can claim exemption under clause (h) on the ground that providing copy of PMR or MLR would impede the investigation and/or apprehension or prosecution of offenders.

Similarly, in cases where the disclosure of information may endanger the life and safety of any person (potential witnesses, victim etc), exemption can be claimed under Section 8(1) (g).
In case of doubt whether an FIR has been registered in a case, the PIO may officially write to the Police and ascertain the status. Time limit of 30 days for providing information under the RTI Act is sufficient for this purpose.

Medical Secrecy: The Declaration of Geneva as adopted by the World Medical Association (1948), every member of the Medical Profession has solemnly pledged that he will maintain the secrets of the patient confided in him even after the patient has died.

ANNEXURES
(Suggested Proforma to be adopted for preparing medico-legal report)

Department of ....., AIIMS Rishikesh
Wound Certificate/Injury Report

MLR No: Date:
Details of Doctors who examined the patient:

Sr No.	Doctor's Name	Designation	Registration No with State Council/MCI
1			
2			
3			

Case Particulars
UHID no
Sh./Smt/Miss/Unknown.....s/d/w of.....
Age..... Gender.....
Marital Status..... Occupation.....
Present Address.....

Requested by.....brought by.....
(Name and Belt number of Police Constable) / (Relation/friend)

Consent for examination:

I .....S/o D/o W/o.....R/o .....with voluntary and own free will, give my consent for medico-legal examination including relevant investigations.
The purpose, process, nature and consequences of which have been explained to me in ..... language which I can understand. I hereby declare that I have not/my ward has not been examined before for the said purpose.
I have understood that the findings/opinion of this examination can go in my favor or against me/my relatives in a court of law.

Signature/thumb impression
of person whose examination has been conducted
or guardian (in case victim is minor/mentally ill/unsound mind)

Name, Signature, and date with time of the consenting party:

Name, Signature, and date with time of the witness to the consent:

Identification marks (At least two):
1)
2)

Brief history of the case:

General examination:
Pulse:
Blood pressure:

Respiratory Rate:
Systemic Examination:

Smell of alcohol / any intoxicant in breath

Details of injuries:

#Describe all the injuries in detail from head to toe, left to right and front to back. Include type (abrasion, contusion, stab etc), dimension, shape, site (anatomical location), colour (for abrasion and contusion), margins/edges (incised, lacerated wounds) etc.	#Comment on age of injury and probable type of force/weapon used if possible.

Opinion: Injury serial number……are simple in nature and
Injury serial number……are grievous in nature.

Disposal: Admitted/ Ref. to other OPD/ Discharged after treatment/ Expired in casualty

Date:
Place:

Signature
Doctor's Name:
Designation:
Reg. No.

Received
(Signature of Officer)
Officer's Name:
Belt No.:
Police Station:
Date:

--------xxxxxxx--------xxxxxxx--------xxxxxx--------xxxxxxx--------xxxxxxx--------

Informed Refusal
UHID No. ..... Date:

I ……S/O D/O W/O……R/O…… with voluntary and own free will Refuse to give consent for medico-legal examination of myself/my relative.
I have heard and understood the purpose, process, result, and gains of this examination.
I hereby waive all my rights for the preparation of the medico-legal injury report based on the medico-legal examination.
I have understood that the findings/opinion of this examination can go in my favor or against me/my relatives in a court of law.

Signature/thumb impression
of person who refused the examination
or guardian (in case the victim is minor/mentally ill/unsound mind)

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Important Contacts
In case of any doubt, contact office Dept of Forensic Medicine & Toxicology, 4th floor, Medical College.