



TAMIL NADU MEDICO LEGAL MANUAL 2025

GUIDELINES & PROTOCOLS IN MEDICO-LEGAL CASES

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MEDICO - LEGAL CASES**

PREFACE (2025 edition):

‘Together we can achieve betterment and excellence’ is the ulterior objective of this Manual series.

We have included relevant BNS, BNSS, BSA sections in places of IPC, Cr PC & IEA sections in relevance to Medical Jurisprudence. Till that time, the last Medico Legal case under erstwhile Cr PC, IPC, IEA are done away with by the respected Judiciary, Medical Officers too, shall need to know the older as well as newer laws.

We, the editors, consider a collection of relevant orders & procedures are to be made accessible to all Medical Officers, as well as all other stakeholders for transparency, uniformity and thus betterment of justice for the dead & living.

This manual has found its way into references column of University curriculums, many expert lectures, classes, books etc. We reiterate our thanks to all the supporting Judicial Officers, Medical Officers, Police Officers, Advocates.

In this series, we have quoted the relevant orders & judgments as on date to the best of our knowledge.

We express our Special acknowledgment and consolation to countless sufferings humans endure in enriching our Forensic Knowledge.

(Ed.)

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PREFACE (2023 edition):

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

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

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

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

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

We intend to meet the expectations in this release too.

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

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

PREFACE (2020 edition):

Doctors in their professional career dedicate their energy for the cause of comforting and treating the human beings. The Supreme Court of India has held in Parmanand Katara vs Union of India & Ors case that treatment takes precedence over legal procedures in medico legal cases. There is no second opinion to it. Yet a meticulous examination, documentation and certification is required in all medico legal cases. This process of certification has to stand legal scrutiny in Courts of Law.

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

Doctors are expected to make Accident Registers, intimation to Police / Magistrates, and required for Wound Certification, Sexual Offence cases - Accused and Victim / Survivor examination cum certification, Post mortem examination certifications etc. On the other end, doctors are facing litigations against Workman's compensation cases, Insurance claims, Malpractice suits, civil and criminal Personal injury cases, Physician disciplinary hearings for lacunae in their medico legal certification.

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

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

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

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ACCIDENT REGISTER

ACCIDENT REGISTER:

1. Accident Register format (Medl I 25), Intimation of Police / Magistrate, Wound certification shall be applicable to all medical institutions / clinics / nursing homes.

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

3. M.L.C. (MEDICO LEGAL CASE)

All cases of accidents & injuries whether admitted or treated as OP;

Accidents likely to result in patients death;

Injuries in circumstances that someone has committed an offence;

Injuries in which dying declaration shall be arranged by Police (Tamilnadu Medical Code, Para - 310)

Any physical discomfort or distress resulting from accidental or unlawful act requiring immediate medical attention and legal solution is Medico Legal Case.

Examples:

- a. Unnatural death situations (attempted / evident Drowning, Hanging);
- b. Road-traffic accidents, train traffic accidents, occupational machinery injuries;
- c. Suspected or evident poisoning; envenomation - Snake, animal & insect bites;
including dog bites (where no adequate restraint measures for dogs by owner, or bite by stray dogs)
- d. Burn / Scalds / Electric injuries by any manner;
- e. Suspected or evident or attempted sexual offences / Vitriolage;
- f. Brought unconscious / brought dead cases / sudden deaths
(includes cases in which the Casualty Medical Officer / Emergency Medical Officer / Treating Medical Officer cannot come to a diagnosis or person dies within that time of admission)
- g. Suspected or evident assault, homicides or suicides (including attempted);
- h. Drunkenness examination cases;
- i. Cases of child abuse, criminal abortion;
- l. Fall from height, self-fall;

Once a case is labelled as M.L.C., caution shall be exercised while the same person is getting admitted again. Only for likelihood sequel of the first wounds, the case is still considered to be M.L.C.

New A.R. entry shall be made - History & Nature of wounds as in previous A.R. No of hospital and the presenting illness.

Otherwise, case shall be admitted and treated as non-MLC by mentioning the present illness is unlikely to be sequel of previous wounds endured.

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

5. At any point of time, two booklets for wounds case and two booklets for brought dead cases shall be maintained (If one booklet is warranted by Court, other booklet can be utilized for continuing patients' service). (Tamilnadu Medical Code - Para - 310).

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

When formats are Computerized and filled up, undersigning authority shall verify the contents. Rough paper used for taking notes, if any, shall be attached to the Triplicate copy. Any corrections / alterations made in records should be made by drawing a line through the original entry so as not to obliterate it and writing the required alteration above and initialling it, before Dispatch. Once Dispatched / received by Police, no corrections shall be made.

Corrections / alterations with respect to Name, Age, Sex etc. shall be requested by the Police to Head of the Institution, but such requests cannot be made on material facts recorded like nature of injury etc.

7. IN LIVING:

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

In such situations, a written request shall be made to Casualty Medical Officer/ Emergency Medical Officer.

Entry shall be made by the Casualty Medical Officer / Emergency Medical Officer at present date & time;

by clearly mentioning the reason for the late entry -

- i) Entry made on the expert consideration by Treating Doctor,
- ii) Entry made on the consideration by Resident Medical Officer.
- iii) History made by the patient on later date.

All booklets (A.R., Intimation) are to be maintained in Casualty / Emergency Department. Upon complete utilization, Total entries made, cancellations done if any shall be counted and entered on the registers and shall be sent to Medical Records Department (M.R.D.) for custody of records.

8. In case of referrals to more than one hospital, referral letter with attested photocopy of A.R. shall be sent.

In such cases, A.R. entry in the present hospital shall be -

- a. History & Nature of wounds as in previous A.R. No of hospital;
- b. History & New wounds in addition to previous A.R.

9. A valid A.R. entry shall have name of the hospital, A.R. number (same in Original, Duplicate and Triplicate) and date; Name of the patient, age and address, identification marks, accompanying person's name, history as alleged - date, time and place of occurrence, by known / unknown persons / uniformed person(s), sharp / blunt weapon, known / unknown vehicle, self, accidental.

Injuries shall have site, shape, dimensions, age of injury, foreign bodies etc.

Name of the doctor, registration name, designation and signature shall be legible.

All entries are to be clear and legible.

Medical Officer need not be concerned about with reporting and recording the name of the alleged assailant unless the information is volunteered by the victim himself.

(Tamilnadu Medical Code - Para - 313).

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

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

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

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

'No external wounds' shall be documented in A.R. entry, only after the prescribed investigations & perusal of the reports.

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

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

Items shall be stored in suitable containers with appropriate preservative at 0 to 4°C till Police arrives.

Clothes should not be torn or cut haphazardly, rather removed neatly as far as possible and shall be air dried.

When a Medical Officer (Govt. & Private) finds injured or deceased brought to hospital and smells alcohol, level of alcohol in blood & urine shall be assessed and result of Blood Alcohol Concentration and Urine Alcohol Concentration must be noted in relevant records (AR entry & IRAD - Integrated Road Accident Data Base application).

Department of Biochemistry in all Emergency Departments of Medical Colleges, Central labs of other hospitals shall test the same. Where the testing facility may be available in the institution, samples shall be collected and transported to nearest Government testing facilities for testing and reporting. Question of consent to draw blood for testing does not arise, since the duty is based on orders of High Court of Madras.,

(CMP 2494 of 2022, Madras High Court DOJ: 26.04.2023; communicated via - Govt. Letter NO. 69 / ACS / 2024 - 1, 15.06.2024, Health and Family Welfare Department (EAP I) Department; Ref. NO.59975 / H&D1(2) / 2024; 21.06.2024 - Directorate of Medical Education & Research, Chennai)

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

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

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

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

16. Police Officer not below the rank of Sub Inspector of Police in uniform can refer to the Accident Register (since it is a confidential record) with permission of Casualty Medical Officer / Emergency Medical Officer under whom A.R. entry book is maintained. (Tamilnadu Medical Code - Para - 310).

17. Original A.R. copy - to Police Officer (not below S.I.) or duly pass ported Constable;

it becomes duty of the Police to find jurisdiction of Crime scene and forward the Original to the concerned Magistrate.

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

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

20. Government have directed that wound certificates given by Ayurvedic Licentiates in Indian Medicine should not be accepted as valid. Their services should not, therefore, be requisitioned by Police;

Services of practitioners in the homeopathic system of medicine should not be requisitioned for medico-legal work or for the grant of wound or drunkenness certificates. (Police Standing Order (587 (5) (6))

21. For physical fitness to remand persons / examination of arrested persons:

When any person is arrested, he shall be examined by a medical officer in service of State Government, Central Government, and in non-availability, by any medical practitioner soon after the arrest is made.

Medical Officer can do one more examination of such person when he / she is of opinion that such examination is necessary.

Arrested female shall be examined by only by a Female Medical Officer.

Medical Officer (Casualty Medical Officer / Emergency Medical Officer) or Medical practitioner shall examine the person like any other person (elicit history, and make it MLC / Non MLC, decide for Observation period / Admission, relevant investigations and

other specialist's opinions if needed.

Medical Officer can then note all relevant clinical findings, any marks of violence with age of wounds if any, investigations & opinions and certify a person is clinically stable / requires observation / advised admission in his / her opinion in OP ticket itself.

When Police requires formats / certificate models other than OP ticket, a written request shall be made. (NHRC issued Prisoner Screening on Admission to Jail format can also be used by the Medical Officer).

Copy of Medical certificate shall be given to the concerned person or his nominated person. (Sec. 53 BNSS);

In case requiring admission, a letter stating the health condition shall be signed by R.M.O / Casualty Medical Officer / Emergency Medical Officer for its submission before the concerned Magistrate.

Discharge of those persons shall be intimated to Police in advance and he / she shall be handed over to the escort / in charge Police constable, along with treatment particulars.

If a person is fit to travel but needs admission, he can be sent with an undertaking from Police. Details regarding the same are to be entered by the medical officer in OP ticket, including the health status, admission advice, referral to nearest convict ward etc..

On return, in a period of time, a repeat complete medical examination of the individual by Medical Officer is mandatory.

22. For physical fitness to remand persons / examination of accused of offence:

When a person is arrested on a charge of committing an offence, a medical practitioner, at the written request from any police officer shall examine him, under good faith that such examination may afford evidence. Upon refusal of consent, a reasonable forceful examination that is necessary for examination can be done.

Female shall be examined by or under the supervision of a female registered medical practitioner;

Examination report shall be immediately issued to the investigating officer by the medical practitioner. Examination shall include blood, blood stains, semen, swabs, sputum, sweat, hair samples, finger & nail clippings, DNA profiling & other tests in medical practitioners' opinion. (Sec. 51 BNSS);

23. Medical officers shall ensure the following instructions issued to Police Officers related to hospital premises.

Do not enter any premise occupied by a female without permission;

Do not body search any female except by another female and with strict regard to decency;

Do not cause medical examination of female accused except by or under the supervision of a woman medical officer (Sec. 51(2) BNSS);

Do not order a female prisoner to walk more than a mile during escort; do not refuse a conveyance for shorter distance too if reasons of health or custom or other valid reasons warrant the provision of a conveyance (P.S.Os 348(10) and 350 (6) Vol. I);

Do not provide an exclusive male police escort to a female prisoner, a female warder /woman police, shall accompany a woman prisoner (P.S.O 348 (12) Vol. I);

Do not delay production of a female in custody before the Magistrate.

(Tamilnadu DGP circular Rc No.084863/Cr.I(1)/2002, Dt 13.04.2002; Police Standing Order - 565 (7)).

24. Prisoners on travel:

Prisoners on travel can be examined and issued with 'Certificates of fitness to travel or otherwise to travel' can be conveniently done by Medical Officer in charge of Sub jail itself; or during his visit itself; otherwise, from Medical Officer in charge of nearest hospital. (Tamilnadu Medical Code - Para 509)

25. When an individual claiming to be Third gender and got certified / identity card issued by the District Collector Office / District Magistrate is brought for remand fitness, no attempt shall be made to identify sex / change sex.

Remand in type of prison wards is in the purview of Magistrate / Prison Officials.

Otherwise,

In cases requiring, sex certification for the purpose of remand place selection viz- male / female prison / ward, remanding Magistrate shall pass an order to Head of Institution to conduct a medical test on him/her by a competent medical officer in order to ascertain his/her predominant sex orientation and obtain a medical report to that effect. Based on the said medical report, the Magistrate shall pass an order to detain him/her either in the Men Prison or Women Prison depending upon the predominant sex orientation, with a direction to the Prison authorities to provide necessary safeguards to ensure that no inconvenience is caused to the transgender by the other inmates and vice versa. Until determination by the District Medical Officer, the transgender shall be admitted to the Government Hospital in the prisoners' ward under security (Para 6 (12) - The Criminal Rules of Practice, 2019, High Court, Madras.)

Clinical examination involving whole body examination including genitals to rule out diseases, injuries etc. shall be done.

Visualization of internal sex organs viz - testes in male sex and ovary in female sex are reliable indicators of biological sex; external sex organs, hormonal assays can be done.

Psychological sex of the individual takes precedence over other factors. Opinion of a psychiatrist, urologist is also preferred before issuing final opinion through the Professor of Forensic Medicine / Police Surgeon.

(Examined person is having male / female resembling external sex organ(s), gender orientation is male / female / third gender).

INTIMATION OF ACCIDENTS AND INJURIES TO POLICE / MAGISTRATE:

26. Intimation of Accidents and injuries to Police / Magistrate (Medl. I 26), Reports of death from unnatural causes occurring in hospitals (Medl. I (2) 84 B) are in annexure.

Intimation shall be given to Police, in all AR entries;

Also, when Destitute / Unknown persons are admitted / dead in hospital; when Military officers have died or seriously / dangerously ill, immediate report or weekly progress report shall be made to Adjutant General's branch, General Headquarters. (Tamilnadu Medical Code, Para - 275).

when a mentally ill is absent without permission from Psychiatry ward, intimation to Police shall be made immediately (Mental Health Care Act Rules, 2018, Form J)

Additionally, Intimation shall be given by Head of the Institution to Director of Medical Education & Research / Director of Medical Services / Public Health in case of Casualty / Death of amongst members of Tamilnadu Medical Service. (Tamilnadu Medical Code, Para - 850).

27. Intimation shall be written in Triplicate -

Original - to the Outpost / Nearest Police Station (Intimation shall be given to an Officer not below the rank of Sub Inspector of Police and acknowledgment shall be obtained);

Duplicate - to the case sheet in admission cases / kept in A.R. book itself in O.P. cases / attached to body, if body is sent to mortuary from Casualty;

Triplicate - is department record, on completion of booklet, transfer it to M.R.D.

In case of hurt / grievous hurt by Police, additional intimation to Deputy Superintendent of Police / Assistant Superintendent of Police / Revenue Divisional Officer can be made to aid in their investigation under Police Standing Order 151.

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

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

30. Dying Declaration:

Ordinarily, Medical Officer who makes AR entry, has to mention whether Dying Declaration is required or not in a case. If she / he in her / his professional opinion believes such declaration is necessary, Intimation regarding the same shall be sent to Judicial Magistrate designated for that purpose through Police Outpost / Station. Roster for the same can be obtained from Chief Judicial Magistrate / Metropolitan Magistrate / intimation sent through Police.

In cases of emergency, any Magistrate who has not been nominated by Chief Judicial Magistrate / Metropolitan Magistrate may record a dying declaration on receipt of a request from the hospital or police or otherwise.

Request made on those situations shall preferably be made by mentioning the Name & Address of the hospital, copy of AR entry / treatment status, Name & Designation of the Authority requesting it (Emergency Medical Officer / Treating doctor). Intimation shall be sent through a special messenger or with the help of Police.

On emergency situations, doctor can record the declaration without delay in casualty or in ward;

Jurisdictional Judicial Magistrate > Executive Magistrate > Doctor > Police can record declaration in the order of preference;

If the declaration is recorded by Magistrate, Medical officer on duty shall accompany the Magistrate, and give him all necessary information of the Case.

Medical Officers, if requested by Police Officer not below Sub Inspector of Police, should accompany the officer while recording dying declaration.

Emergency Physician or Treating Doctor in ward has to certify COMPOS MENTIS - Mental fitness of the person at the start of declaration and at the end of declaration. (Tamilnadu Medical Code - Para - 310).

Doctor can record it in the absence of above, in the same words of the person as to nature of his / her death.

A.R. Entry statement recorded by the medical officer, on the same words by the deceased is equivalent to Dying declaration (in situations, death occurs before Magistrate can record the declaration).

31. Wounds coming under Simple hurt, need not be intimated to Police.

Medical Officer must exercise caution, in eliciting history, examination of wounds and its likely complication before deciding it to be simple hurt and not intimating the Police.

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

During examination or treatment, if the wound / hurt is found to be Grievous in nature; Intimation shall be done as explained above. (Tamilnadu Medical Code - Para - 313).

32. SENDING BODY TO MORTUARY:

In-patients

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

Intimation to Police regarding death shall be given without delay (Reports of death from unnatural causes occurring in hospitals (Medl. I (2) 74 (B) form);

Intimations shall be signed by the Medical Officer who declares death and forward it through Resident Medical Officer / Casualty Medical Officer / Emergency Medical Officer.

Original - to the Outpost / Nearest Police Station; Intimation shall be given to an

Officer not below the rank of Sub Inspector of Police & acknowledgment shall be obtained;

Duplicate - to the Mortuary in-book;

Triplicate - department / ward record, attach in case sheet, transfer it to M.R.D.

Body is kept in Mortuary / Cold storage and shall be handed over to the Police but not to relatives. (Tamilnadu Medical Code - Para - 310).

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

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

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

33. Jurisdiction:

Brought dead bodies shall be sent to Cold storage of nearest medical institution.

Except in places, where there is jurisdiction for Medical Institutions by Government order / Court direction, brought dead bodies of that particular jurisdiction only shall be sent for keeping in cold storage

(Police Station Jurisdiction entrusted to Professor of Forensic Medicine / Police Surgeon is in Annexure).

All Medico Legal cases brought by Police including Prohibition cases, road traffic accidents, cases of post mortem examination shall be sent as per the Jurisdiction. Office in-charge of that police station shall arrange for sending such cases to the concerned institution.

Brought dead, Age cases, Bone cases, Second Opinion & Expert opinion cases, Sexual Offence Accused examination cases, Remand fitness cases fall within the ambits of Medico Legal Cases.

Medical treatment and A.R. entry shall be made in any medical institution to which a person seeks treatment, unless he / she is brought by Police for the same.

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

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

Wounds need not be examined.

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

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

Medical Officer shall give acknowledgement of 'Body Received' to the Police (AR copy

or acknowledged in Request Letter / acknowledged in Memo itself). (Police Standing Order - 582 (6) (a))

When bodies from Police firing is brought for keeping in cold storage, Armed guards should be posted to watch the dead bodies till inquest is completed. (Police Standing Order - 703 (8) (b) (i))

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

Wounds need not be examined.

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

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

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

Copy - to the Mortuary in-book;

Copy - department record, transfer it to M.R.D.

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

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

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

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

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

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

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

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

Form - 2 or Symptoms list needs to be filled by Revenue Officials / Police towards Death Registration. (Director of Public health and preventive medicine & Chief registrar of births and death, Tamilnadu. R No: 52295 / SBHI-I/S1/2018;15.06.2018)

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

39. For unclaimed / unknown persons and bodies, in a medical institution, R.M.O. shall intimate the Police regarding no attenders / unknown / unclaimed status at the time of admission, during admission and at the time of death.

Police shall take photos and fingerprints;

After due enquiry for relatives of dead, and if autopsy is not requested by Police;

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

b) body can be diverted after 10 days, to Medical Colleges for academic dissection by students - where N.O.C. from Crime bureau / Investigating Officer and Cause of death forms duly signed by the Medical Officer who last attended him / her are needed. Department of Anatomy shall keep a 'File' for each such diverted cadaver having - RMO intimation to Police, Photograph of dead body, Form 4, NOC of Police, Cadaver Number tag.

Cadavers thus diverted and embalmed for academic purpose are generally subjected to dissection after a period of 03 to 06 months.

If relatives claim the body on a later date, whole cadaver if not dissected or available remnants of cadaver shall be handed over for ritual purpose to relatives through Police.

40. If autopsy is to be conducted on unclaimed / unknown bodies, requisition for post mortem examination from concerned police station or

In case of dead bodies brought to casualty by public, identity or area from which dead bodies are brought is unascertainable, outpost police station to hospital should give requisition for post mortem examination.

Body shall be subjected to autopsy within 24 hours and should not be kept for more than 10 days, wherever cold storage facilities are available, for not more than 03 days, where such facilities are not available.

RMO (Resident Medical Officer) / ARMO (Assistant Resident Medical Officer) of the hospital should take follow up action of unclaimed bodies.

(Govt. Letter. No. 31185 / Z1 / 2001 - 1; dated: 26.06.2001; Govt. Letter. No. 35286 / Z1 / 2001; dated: 10.07.2001; G.O. Ms. No. 1676 / Health and Family Welfare Department; 22/09/1986; G.O. Ms. No. 381 / Health and Family Welfare (Z1) Department; 18/01/2004; Letter No. 57423 / H & D / 4 / 2010; 07.01.2011 - Director of Medical Education, Chennai; Letter No. 39383 / H & D / II (1) / 2014; 02.06.2014 - Director of Medical Education, Chennai).

It is especially important that no time should be lost in the despatch of the dead body to the Medical Officer as every hour's delay means further decomposition and therefore additional difficulty in detecting the cause of death

(Police Standing Order 583 (1) (d) (ii))

Fingerprinting: Fingerprints of all unidentified dead bodies should be promptly taken by Police and sent to the State Bureau, Chennai, for comparison with the prints on record in the Bureau or elsewhere with a view to establish the identity of the dead bodies; It is a wise precaution to wear gloves when taking fingerprints from a dead

body, though the danger of poisoning from the corpse is very small.

Technique:

If the body is fresh and its fingers flexible, finger-prints can be taken direct through the usual inking and rolling process. Before taking the prints, it would be advantageous to dip the fingers of the dead body for a short time in hot water. Thereafter the fingers should be cleaned and all moisture removed. For this purpose, any good solvent like alcohol or benzene could be used. After cleaning, the fingers should be thoroughly dried for the reason that body heat is absent in a dead body.

The hands could be dipped in hot water for a short time to make them flexible.

Where rigor mortis has appeared, usual inking and rolling process will not succeed and ink has to be directly applied to the fingers with a rubber roller and the print taken finger by finger on small pieces of paper by holding each piece in the palm of the hand, pressing it against the finger. If the prints are blurred, there is no objection to take more than one impression of a finger till a clear print is taken. Each finger slip should thereafter be pasted in its appropriate place. A curved metal or wooden spoon could, if necessary, be used for taking the prints.

If the fingers are clenched, they will have to be forcibly straightened either by bending the hands forward or backward at the wrist or forcibly stretching the fingers. In extreme case, tendons should be cut by a surgeon in order to straighten the fingers. When the skin of the fingers is shrunk or wrinkled, on account of submersion in water, the surface of the fingers can be rounded out and smoothened by injecting glycerine, melted paraffin, hot water or air into the tissues.

If the prints obtained by the above methods are not found adequately clear and decipherable, the Medical Officer holding post-mortem should be asked to remove the skin from the fingers. The skin of each finger should then be placed in a labelled bottle or tube containing formaldehyde solution or in a solution of glycerine and alcohol for preservation and handing over to Police for transport to the Bureau. The label of each container should indicate the name of the finger. A separate bottle or tube should be used for each finger. (Police Standing Order- 803 (5) (x))

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

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

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

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

Railway Police shall be responsible for the burial or cremation in a proper manner and in accordance with the nationality and religion of the deceased. The cost being defrayed by the Superintendent of Police, Railways, from his contingent charges and elsewhere as follows: (G.O. 63, Public (Police) 31st Jan 1931)

Those dying within cantonment limits: Cantonment authority; Those dying within municipal limits: Municipality; Those dying in panchayat areas: Executive Magistrate concerned. (Police Standing Order - 453)

41. In situations of relatives of dead wanting to keep a dead body in Cold storage for a considerable period of time, it can be permitted with nominal fee decided by the Head of Institution.

Cause of death certificate copy (Form 4 / 4A), Permission Letter duly signed by Head of Institution / R.M.O have to be pasted in 'Mortuary in-book'. Body shall have a Body challan - details of the body (viz. Name, Age & Sex, Ward, Cause of death, MLC or not, Jewels status, Token number etc.) to be tagged along with token in exposed parts of body.

WOUND CERTIFICATE:

42. Wound certificate format is given in annexure (Medl. I (2) 24).

Requisition from a Police Officer, not below the rank of Sub Inspector, shall be made to the Medical Officer (through R.M.O) for issuing wound certificate.

When written request / application is sent by Police along with patient, extract / certificate shall be handed over at once to the Constable. (Tamilnadu Medical Code - Para - 310).

43. Certificates shall be filled with carbon in a legible handwriting; more preferably the formats can be computerized and filled prints taken out, signature and seal affixed on it.

44. While issuing Wound certificate, Casualty Medical Officer / Emergency Medical Officer can ask for opinion of the treating doctor in the same institution or from further referral institution for treatment details, discharge summary.

Time is of essence, certificate shall be given immediately otherwise.

45. Casualty Medical Officer / Emergency Medical Officer who examined the person first shall issue the Wound Certificate; it can also be issued by the treating doctor who discharges the injured patient;

if A.R. entry is made on the request of treating doctor / R.M.O., first medical officer who examined the wounds and advised for AR entry shall give the wound certificate.

46. In case of new set of wounds on subsequent A.R. entries, Wound Certificate shall be issued by the Medical Officer who finds and recommends AR entry for it.

47. In case of treatment discontinuation by a person, the Medical Officer can ask the Police for producing the person with other documents if any, to examine and give wound certification.

48. Wound certificate shall be prepared in triplicate;

Original - the Magistrate;

Duplicate / Copy - the Investigating Officer;

Triplicate / Copy - retained for Records.

49. Original and Duplicate / Copy can be placed in separate envelopes, wax impression sealed and sent through a constable with duly signed passport of duty from the case concerned Investigating Officer. His / her signature with designation and date is to be obtained for acknowledgment. It is the duty of Investigating Officer to forward the Original to the concerned Magistrate.

50. Person getting Discharge at request / Against Medical Advice is to be given discharge summary.

If requested by Court / Police, wound certificate shall be prepared with available records, if possible, if not, reason of inadequate details shall be communicated to the requesting authority.

Wound certificate can be issued for poisoning cases also, simple or grievous nature shall be considered by observing whether poison consumption endangered life, or it fits within the clauses of S. 116 of BNS. (older S. 320 I.P.C.)

51. When Medical Officer who made AR entry could not be traced after reasonable search, the Doctor who treated / discharged can be requested to issue Wound Certificate by the Resident Medical Officer / Chief Medical Officer.

52. In exceptional situation, at the request of Investigating Authority, Resident Medical Officer shall issue Wound Certificate, when the concerned Medical Officer could not be traced after reasonable search.

53. Wounded persons sent by the Police for treatment and certificate shall be attended to promptly. They shall be examined carefully and necessary treatment given immediately; neglect of treatment will entail in service disciplinary action. (Tamilnadu Medical Code, Para - 638)

DUTIES OF TREATING DOCTORS:

1. Destitute persons dying of disease / starvation need to be admitted at once, when brought by a good Samaritan / Police. Revenue Divisional Officer can issue order to admit such persons in a hospital. (Police Standing Order - 382)

2. Admission on Board recommendation:

When a child, who has been brought before the Child Welfare Committee or the Board, is found to be suffering from a disease requiring prolonged medical treatment or physical or mental complaint that will respond to treatment, the Committee or the Board, as the case may be, may send the child to any place recognised as a fit facility as prescribed for such period as it may think necessary for the required treatment. Admission is to be given; discharge is to be done only after communication to the concerned Officer. Treatment progress may be intimated from time to time.

3. Notifiable Diseases:

Every Medical practitioner shall notify persons ill from / died of notifiable diseases (AIDS, Cerebrospinal fever, Chickenpox, Cholera, Dengue fever, Diphtheria, Hepatitis, Influenza, Leprosy, Malaria, Measles, Pertussis, Plague, Polio, Rabies, Scarlet fever, Smallpox, Snake bite, Tetanus, Tuberculosis, Typhoid fever, Viral encephalitis etc.) to Health Inspector in municipal area, Health Officer in non-municipal area (S. 64 of Tamilnadu Public Health Act)

in institutions, communication could be sent through Head of Institution to District Health Office or entries made through IHIP website portals.

4. For clinical examination (other than genital examination), child above 12 years can give valid consent.

Medical Officer shall elicit the history of the case by themselves and write legibly in the case sheet.

5. Describe all the injuries on the person, clearly stating that whether the injuries are abrasions or contusions or lacerations or cut wounds or incised wounds or stab wounds or punctured wounds or cut lacerations or crush lacerations or burns or firearm wounds, etc.

6. Mention the dimensions of wounds as accurately as possible (Abrasion with two dimensions, Laceration / Cut / Crush with three dimensions; Margins of wounds are regular / irregular etc.).

7. Provisional diagnosis, investigation, prescription is to be clearly written, below which full signature with name in capital letters and medical council registration Number.

8. Operation notes or any other surgical procedures such as catheterization, tracheostomy, cystotomy, intercostal drainage or any diagnostic or therapeutic procedure, wherever applicable, shall be documented in detail.

9. 'Informed written consent' / "Informed Refusal" should be obtained from adult patient in presence of a witness; or from parents / guardian if the person is lesser than 18 years for interventional procedures. Preferably in their mother tongue and in written format.

10. Clue materials or evidence shall be forwarded to the Forensic Science lab as mentioned above.

11. Information regarding patients involved in Railway accidents:

When cases of Railway accidents are admitted into any Government, Panchayat Union or Municipal Medical Institutions, Medical Officers concerned should furnish information regarding dates of admission and discharge of such patients, their condition at the time of admission, progress while in the hospital condition at the time of discharge, and if the patient dies in the hospital, intimation regarding death. These particulars may be furnished to the Railway Medical Officers on requisition by utilising the information available in the case sheet and accident register so as to enable the Railway authorities to submit a report to the Government and to the Government Inspector of Railway regarding the nature of the accident and number of passengers who have sustained serious or slight injuries as required by Indian Railways Act. Certificates copies or extracts from hospital records or post mortem certificates in case of death and opinion should not be furnished to the Railway authorities. (Tamilnadu Medical Code Para - 115).

12. At the time of discharge, case sheet shall be serially numbered and sent to Medical Records Department with all required columns filled and certifications filled. Discharge summary shall be given to all patients including 'Discharge against Medical Advice' also.

13. Copy of treatment particulars to be given to the concerned / next of kin within 05 working days, if any such request is made by patient / authorized attendant or legal authority involved. (National Medical Commission - Registered Medical Practitioner (Professional Conduct) Regulations, 2023)

14. In cases of death in institutions, Form 4 with Form 2 shall be signed and sent to Birth and Death Office (Local level) (or through online portal by Government) by the doctor who attended the person in his / her last illness. Detachable portion in the form for relatives can be signed by the treating doctor /

R.M.O. or Medical Superintendent.

For non-institutional deaths, Form 4A with Form 2 is to be filled. Death Intimation to Police shall be given according to the procedure described under Intimation to Police / Magistrate in MLC cases.

15. Police to enter with permission into wards:

Every facility should be afforded to the Police, in execution of their duties by all hospital officials. But Police Officers on duty are not except in cases of emergency are permitted to enter the wards without the previous permission of the duty medical officer. (Tamilnadu Medical Code Para - 310)

16. Treating Policemen:

Policemen should be treated in Hospitals or Dispensaries including Rural Dispensaries or modern or/and Indian medicine nearest or more accessible to their Stations.

They need not be removed to a separate Police Hospital or District Headquarters Hospital but may be retained and treated in the nearest hospital easily accessible if the Medical Officer attending on them considers that the complaint is one which could be treated by him properly and cured by him.

If the Medical Officer however is of opinion that their transfer to a separate Police Hospital or District Headquarters Hospital is necessary considering the nature of illness he should ascertain before and except in emergent cases whether accommodation will be available for them in the Hospital to which they are proposed to be sent and then arrange for their transfer. (G.O. No. 1670, P.H. 8th May 1939. G.O. Ms. No. 2739, P.H. 21st Jun. 1940, and G.O. No. 1403, Health, 15th April 1953.)

Men attending hospital:

Head Constable and constables attending Hospital for treatment must invariably be given passport, except in the case of men who attended as outpatients, while continuing to do duty;

In-patients in Hospital should not leave the Hospital without the permission of a Medical Officer. A man absenting himself from Hospital is liable to punishment for absence without leave (Police Standing Order -727).

Cost of treatment of Policemen.

Policemen treated in Police Hospitals in Special Police wards attached to Government, Panchayat Union or Municipal Hospital will be treated as other Government servants in the matter of recovery of Hospital charges.

Where local bodies maintain Police wards, the charges incurred by them will be paid by the Government in the manner provided in paragraphs 4 and 6 of G. O. No. 68, Medical, dated 19th September 1916.

Charges for diet will be recovered from Gazetted Police officers when they are treated in Government Hospitals as per scale and credited to Government. (G.O. No. 622, Medical, 16th November 1920; G.O. Ms. No. 364, Public (Police), 4th August 1934, and G.O. No. 1991, P. H. 22nd August 1934.)

Special Police Officers injured on duty and admitted to Government Medical Institutions are entitled to free accommodation, diet and treatment. When they are admitted to

Panchayat Union, Municipal Institutions, the charges, if any, leviable from them under the rules of the institution will be borne by the Government.

When Policemen are treated as out-patients or as in-patients of a Hospital where no special arrangements are made for their treatment, they will be subjected to such rules as are applicable to other persons of the same status at the hospital in question; any charge leviable on them under the rules of the Hospital will be borne by Government. (Tamilnadu Medical Code Para - 316 & 317; Police Standing Order - 385)

Medical check-up to Police Officers:

The members of Tamil Nadu Police Subordinate Service and Tamil Nadu Police including Superintendents of Police other than officers of the Indian Police Service shall be subjected to medical check-up compulsorily once in two years.

The Superintendents of Police shall arrange for the examination of each member of the said services by a Government Medical Officer available at the Station or if no such officer is available, by a Medical Officer of a Primary Health Centre or a Panchayat Union Hospital.

The Superintendent of Police other than those belonging to I.P.S, shall also subject themselves to such medical examination compulsorily once in two years.

The examination should be free in all cases. (G.O. Ms, No.1621, Home (Pol. XIV), 14th July 1981; Police Standing Order - 385 (4))

16. Prison visit:

Surgeon / Physician deputed by Dean of local Government Medical College for Central prisons;

Civil Surgeons deputed by Dean of Government Medical College (Sivagangai & Coimbatore) for open air prisons;

Resident Medical Officer of Government Headquarters hospital for Sub Jails / District Jails shall act as Chief Medical Officer;

Assistant Surgeons appointed by Director of Medical & Rural Health Services are sub ordinates to Chief Medical Officers; S. 90, 103 of Tamilnadu Prison Rules)

Deputy Superintendent of the hospital shall visit the District Jails, Special Sub-Jails and Sub-Jails in their jurisdiction once in a year and submit the inspection report to the Director General of Prisons and Correctional Services through the Director of Medical and Rural Health Services. The Joint Director of Medical and Rural Health Services shall visit the District Jails, Special Sub-Jails and Sub-Jails in his jurisdiction once in a year and submit the inspection report to the Director General of Prisons and Correctional Services through the Director of Medical and Rural Health Services. (S. 102 of Tamilnadu Prison Rules)

Staff Nurses and Pharmacists shall be posted to prison duty by the Dean / District Medical Officers of the districts in which the prisons are situated and to the Central Prison-I, II and Special Prison for Women, Chennai at Puzhal, by the Dean, Government General Hospital, Chennai for a period of three years exclusive of any long leave availed of and then reverted to the Civil Medical Department. Period can be extended at the option of the individual and with the approval of

District Medical Officer, or the Dean, and the Superintendent of the Prison concerned, or reduced on the recommendation of the District Medical Officer or the Dean or of the Superintendent of the Prison concerned.

All leave, excepting casual leave, shall be granted by District Medical Officer or the Dean, Government General Hospital, Chennai, as the case may be, on the recommendation of the Chief Medical Officer of the prison. (S. 116, Tamilnadu Prison rules).

Treatment of prisoners on hunger strike:

It is the duty of jail authorities to do what they reasonably can to keep in their charge in health and save them from death. On account of hunger strike, a prisoner is likely to cause his own death, the Medical Officer in his discretion, in such stage, as he thinks, fit, direct that the prisoner be forcibly feed, in his opinion it is only means of keeping him alive. Forcible feeding should not be attempted with violence. Until the Medical Officer directs that the prisoner be forcibly fed, food approved by the Medical Officer shall be regularly placed at the side of the hunger striker for his consumption and shall be renewed periodically. In case where forcible feeding cannot be given or institutional treatment is necessary the prisoner may, at the discretion of the Medical officer, be sent to the District or Taluk Headquarters Hospital or nearest hospital where necessary facilities are available (Medical College). (Tamilnadu Medical Code Para - 109).

Above doesn't prevent a prisoner who expresses a desire to keep a religious fast, and in the opinion of the Chief Medical Officer is in a fit state of health, may be permitted to do so. As far as practicable, the convenience of such prisoners shall be met with regard to the disposal of the food and the hours of its distribution.

The festivals during which alone religious fast may be permitted are the following, namely: (a) In the case of Hindus - Mahasivarathri; Sri Krishna Jayanthi; Vaikuntayekadasi; Sri Rama Navami; Mahalaya Amavasya; Pongal day; (b) In the case of Christians - All Fridays during lent; Christmas Eve (24th December); Assumption Eve (14th August); (c) In the case of Mohammadans - Ramzan period (30 days); Moharram (10th may); Shaba Barat (15th day of Shabhan); Bakrid (9th day of Lilhaj); (S. 291 (5) (6) of Tamilnadu Prison Rules)

Duties of Chief Medical Officer shall be to verify the correctness of the records made by the Assistant Surgeons of the Prison; He shall, once in every six months, inspect the medicines kept in store and satisfy himself that the weights, measurements and quantities of medicine are entered correctly in the stock book. He shall take timely action to see that the medicines are used in prison before the date of expiry or got transferred to other prisons or hospitals, if they cannot be used before the date of expiry. He shall also inspect the instruments and equipments and see that they are being maintained properly and sufficient stock is kept in reserve; All indents by the Assistant Surgeons shall be scrutinized and countersigned by him; He shall examine all cases coming for release on medical grounds; Whenever the mortality of the prison during a month exceeds one per cent per annum, he shall record in the monthly return, an explanation of the cause of such excess mortality. In case of unusual mortality, he shall make a special report on the subject for transmission to the Government through the Director General of Prisons and Correctional Services; Special Needs of Aged prisoners: The Chief Medical Officer shall ensure that the medical

needs of aged prisoners in terms of ophthalmological care, dental care, physiotherapy, and clinical testing for diabetics are regularly attended to; Treatment of Drug Addicts. - The Chief Medical Officer shall organise de-addiction programmes for such prisoners who are known to be drug-addicts. He shall also organise training in Transcendental Meditation and Yoga for them; The Chief Medical Officer/Medical Officer In-charge, shall also be responsible for conducting medical examination of candidates selected for appointment to various posts in the prison. (S. 98 of Tamilnadu Prison rules)

Maintain journals & registers regarding - Examination on admission & weighments; Certification of appropriate class of labor (211, 212); Examination of articles of food (406, 407); Examination of prisoners with reference to labor (440); Medical administration (699 to 739); Sanitation (740 to 771); Minute book of orders given to sub ordinates. (S. 101 of Tamilnadu Prison rules)

Duties of an Assistant Surgeon, generally stated, shall be to attend to the health and cleanliness of the prisoners, the treatment of the sick, the sanitation of the prison, the fortnightly weighments, the supervision of the food and all other matters connected directly or indirectly with the health of the staff and inmates of the prison; Duties further defined. - It shall be the duty of an Assistant Surgeon (a) to be present at unlocking, attend to any prisoner who complains or appear to be ill and have him removed to hospital or place before the Chief Medical Officer for examination, as each case may require; (b) to attend daily on the sick in the hospital and outdoor patients and supervise the preparation and issue of medicines, food and extra diet to the sick and to the prisoner in infirm and convalescent gangs and to satisfy himself that the Chief Medical Officer orders are properly carried out; (c) to make a daily round of the prison and to daily visit all prisoners in cells and report to the Chief Medical Officer all complaints made to him that have any bearing on the health of the inmates; (d) to be responsible that all medicines are properly arranged, labeled and put away in a place of safety, to take proper care of the instruments and appliances and all equipments in his charge, to see that sick prisoners are clean and tidy; that the hospital clothing and bedding are marked in a distinctive manner; that all articles in use in hospital are safely stored and kept clean; to allow no property in his charge; to leave the prison premises and not to permit any convict attendant to handle instruments or distribute drugs whose misapplication may be attended with danger; (e) to ensure that the Pharmacist attends to the clerical work connected with the hospital such as the upkeep of registers, the preparation of returns, and the punctual submission of indents; (f) to satisfy himself that the food for the sick is properly prepared and distributed; (g) to be responsible that order, cleanliness and discipline are maintained in the hospital and its enclosure, that the staff nurses and others employed in the hospital perform their duties properly, that any excess or deficiency of attendants is brought to notice and to report any relaxation or violation of the rules; (h) to visit the kitchen daily, inspect the food supplies, raw and cooked, both in bulk and after distribution, see that the salt, oil and condiments are added and thoroughly, mixed in his presence, satisfy himself that the food is of good quality and that the quantity of each article is according to the sanctioned scale also to see that the kitchen and its surroundings are maintained in a sanitary condition; that the drains are flushed and free from refuse, that the water stored in the cisterns for cooking and washing utensils is changed frequently and that the utensils in use are clean and in good repair; (i) to supervise the milking of the cows for the supply of

milk to the hospital, to test the milk in the prescribed manner, to see that it is properly boiled before issue. (j) to keep a vigilant watch on prisoners suspected of malingering and to report the result of his observations; (k) to be present at the various parades and to separate for examination and treatment any prisoner who appears to be in need of attention or who is known or suspected of leaving part of his food uneaten; (l) to arrange that the evacuations of prisoners suffering from bowel disease are kept for the inspection of the Chief Medical Officer and that they are suitably protected and subsequently disinfected and disposed of; (m) to bring to the notice of the Chief Medical Officer any female whom he may suspect to be pregnant; (n) to see the bathing of prisoner suffering from skin affections and generally to do everything to ensure that the health of the prisoner is maintained, by reporting all irregularities and making any suggestions for improvement for the consideration of the Chief Medical Officer; (o) to examine all newly admitted prisoners and shall record in the admission registers and medical sheet the particulars as regards health, labour and the like; (p) to satisfy himself that the prison and private clothing of newly admitted prisoners are properly cleaned, and that the clothing is, if necessary, disinfected before removal to the store-rooms; (q) to vaccinate newly admitted prisoners, and if so directed, infants admitted with their mothers or born in prison; (r) to bring promptly to the notice of the Superintendent and Chief Medical Officer any case of suspected cholera or other contagious or infectious disease that may appear amongst the staff or inmates of the prison; (s) to examine the wells and other sources of water supply, to bring to notice any defects with regard to its quantity or quality, to examine all tanks and vessels daily in which water is stored or conveyed and to prepare samples for analysis when required to do so; (t) at least once a week to inspect the surroundings of the prison and especially the place and manner in which filth and the like are trenched or otherwise disposed of; and (u) to attend to the ventilation, with due regard to the season of the hospital, sleeping wards and workshops and to satisfy himself that prisoners are not unnecessarily exposed to draught or to rain.

The weighment of prisoners. - The Assistant Surgeon shall supervise the fortnightly weighment of prisoners, shall record each prisoner's weight in his weighment chart and shall parade as soon afterwards as possible for inspection by the Chief Medical Officer, all prisoners who are losing weight to any noticeable extent: Provided that in cases when the subordinate medical establishment is small as compared with the number of prisoners, or in cases where the medical work is heavy, an Officer of the executive staff of the prison may be deputed by the Superintendent of Prison to assist the Assistant Surgeon in carrying out the work of recording the weight of prisoners.

Allotment of labour on medical opinion. - When the Assistant Surgeon is of opinion that the health of any prisoner suffers from employment of any kind or class of labour, he shall record such opinion in the prisoner's sheet and such prisoner shall not be employed on that labour, but shall be placed on such other kind or class of labour as the Chief Medical Officer may consider suitable for him.

Duty on occurrence of death. - The Assistant Surgeon shall forthwith report to the Chief Medical Officer every death that occurs in the prison and shall assist at the postmortem examination and be responsible that the body before removal from the mortuary is suitably prepared for burial.

Medical aid to Officers and to assist Chief Medical Officer, generally. - The Assistant Surgeon shall, under the direction of the Chief Medical Officer, afford medical aid to all members of the prison establishment and others living on the prison premises. He shall render every assistance to the Chief Medical Officer by reporting to him all

matters affecting health such as (a) Overcrowding; (b) Unsuitable, worn out or dirty clothing; (c) Neglect of personal cleanliness; (d) Undue exposure to weather; (e) Unpunctuality of meals; (f) Neglect of air, dry or cleanse clothing and bedding; and (g) Unsuitable tasks. (S. 110 to 115 of Tamilnadu Prison Rules)

AGE ASSESSMENT

AGE ASSESSMENT:

1. Authority to do:

In Districts with Government Medical Colleges, Professor of Forensic Medicine / Police Surgeon shall oblige such requests.

In Districts without Government Medical Colleges, Senior Medical Officer of the Government hospital can refer the case to nearest Govt. Medical College. Or oblige the request, if a Forensic Medicine qualified Medical Officer is available in the hospital. For cases under Indian Factories Act, Age estimation shall be done by Certifying Surgeons (attached to Inspector of Factories / other Office) authorized by Government (G.O. (Ms). No. 27 Labour and Employment (M2) Department, dt: 27.03.2002)

Women and girls shall be examined by Woman Medical Officers (Tamilnadu Medical Code - Para 483).

2. Purpose of Age assessment:

Age can be assessment for the purposes related to Juvenile Justice Act (repealed - Tamilnadu Children Act, Tamilnadu Borstal school Act); Tamilnadu Suppression of Immoral Traffic Act; victims of Sexual Offences / POCSO cases.

3. Age assessment shall be entertained only when the requisition authority gives in writing that - Date of birth certificate from the school, or the matriculation or equivalent certificate from the concerned examination Board, are not available; birth certificate given by a corporation or a municipal authority or a Panchayat are not traceable & hence medical age determination test is to be conducted. (S. 94 Juvenile Justice Act, 2015)

4. Age assessment for legal cases can be performed at the written request from Court / Magistrate / Juvenile Justice Board / Child Welfare Committee.

5. When Police requires age certification of a person, written request / authority from Superintendent / Assistant Superintendent / Deputy Superintendent of Police is required for age certification. (Tamilnadu Medical Code - 480)

When a person is under judicial custody or custody authorised by Court / Magistrate - Mental health establishment, Homes as in POCSO / Immoral Trafficking Prevention Acts / JJ Act etc., such letter shall not be accepted from Police but from the concerned Court / Magistrate / Juvenile Justice Board / Child Welfare Committee;

A person on Judicial bail can be examined with police letter, provided the Court bail order copy is attached by the Police.

Chief Medical Officer on examining a person on admission - If a prisoner looks younger than his age, the matter shall be referred back to the Court concerned after the due medical examination on the determination of his/her age for further directions, as no juvenile shall be kept in prison in any case, they are sent to the juvenile institution as laid down in the Juvenile Justice (Care and Protection of Children) Act, 2015 (S. 211 of Tamilnadu Prison rules).

6. Any Police Officer can give in writing to examine an accused of sexual offence (not a Juvenile) to assess Age. Consent is to be asked for in adult accused examination, in otherwise situations, forceful examination can be done, if such examination would assist in further investigation. (S. 52 of BNSS)

7. An 'Age Case Register' shall be maintained in the Department of Forensic Medicine (in Medical Colleges); MRD (Other Medical institutions).

Proforma for age assessment - 04 pages (including Medl.I-3(h)) form shall be used.

6. Consent of the individual is mandatory in all victim examination.

When a juvenile in conflict with law, is accompanied by an officer from Child Welfare Committee / Juvenile Justice Board, nominated person can give consent and act in good faith for the juvenile.

7. While assessing medical age of an individual - Physical, Dental and Radiological examinations or any other latest medical test to determine age are to be done and if needed, respective opinions can be sought.

Professor of Forensic Medicine / Police Surgeon with the help from Professors of Dentistry and Radiology can issue such certificate. (Tamilnadu Medical Code - Para 481)

8. Requisition from Professor of Forensic Medicine / Police Surgeon to Professor of Radiology for imaging shall be made as per the form Medl. I-30(e).

9. Opinion of other related specialists mentioned above can be obtained in the case Proforma, Medl. I-3(h).

10. Printed Radiographic films or Digital CD are to be attached in the case file.

Images can be digitally transferred and stored in the Department of Forensic Medicine, in addition to Department of Radiology.

11. Radiographs of multiple joints on both sides to visualize epiphyses are preferable. (Radiation exposure should be limited as much as possible).

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

Computed Tomogram scan to view Cranial sutures and Sternum can be taken.

13. For assessment of age, the following scales can be utilized (Child Victim - MO Manual - by Department of Women and Child Development, Govt. of India) or the Medical expert can follow any recent change / updated text in this regard.

14. Professor of Forensic Medicine / Police Surgeon shall issue certificates within 48 to 72 hours of such request received (related to POCSO cases);
15 days (related to Juvenile Justice Act cases).

If Court has sent the case, Original - Court and Copy - Department file;

If Police has sent the case, Original - Magistrate specified by the Investigating officer,
Copy - Investigating Officer, Copy - Department file.

When victims of sexual offences are examined, copy of certificate shall be issued to the victim free of cost.

15. Age certification can also be requested by a competent / concerned authority or by self for -

Immigration related,

Employment related - admission to public services; retirement age dispute raised by concerned authority,

mandated by Sports authorities for age categorisation in athletes,

AUTOSPY / POST MORTEM EXAMINATION

AUTOPSY / POST MORTEM EXAMINATION:

1. Requisition for Autopsy:

In Government Medical Colleges,

Professor of Forensic Medicine / Police Surgeon shall receive requests for post mortem examination.

In her / his officially permitted leave of absence / Court duty / other duty; he / she shall nominate / handed over charges to Associate Professor; he / she shall then receive such requests in the Forensic Medicine Department of the College.

In Colleges, where Department is headed by an Associate Professor of Forensic Medicine, she / he shall receive requests for post mortem examination. In her / his officially permitted leave of absence / Court duty / other duty, he / she shall nominate / handed over charges to Associate Professor / Senior Assistant Professor; he / she shall then receive such requests in the Forensic Medicine Department of the College.

In Colleges, where Assistant Professor is handed over charges to receive requests (in view of vacant Professor / Associate Professor) she / he shall receive requests for post mortem examination. In her /his officially permitted leave of absence / Court duty / other duty, nominated / charges handed over to sub ordinate Assistant Professor / Tutor shall receive such requests in the Forensic Medicine Department of the College.

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

Cases shall be done by Medical Officers of all cadres in Department of Forensic Medicine.

3. Cases involving prior controversy or agitation about nature of death, exhumation cum post mortem examinations shall be performed by the Professor or Associate Professor or Assistant Professor in teaching Medical Institution,

Suspicious cases are to be done by medical officers with more autopsy experience.

(Tamilnadu Medical Code, Para - 603)

4. Post mortem cases shall be done by the whole time Medical officers; honorary medical officers can do it only in the absence of whole time Medical Officers. (Tamilnadu Medical Code, Para - 607)

If there are many female Medical Officers in a centre conducting post mortem examination, autopsies on female bodies shall be done by them. (Tamilnadu Medical Code, Para - 607)

5. Team of Medical Officer(s) can conduct autopsy with request from the concerned Magistrate of the case.

For Case overload in a given day, written representation shall be made to Head of Institution for additional faculty support; for Case overload over a period / routine, written representations shall be made to competent authority as per Government norms / NMC norms for adding faculty positions.

6. When members of the Forensic Medicine department are engaged in Court / Exhumation / lack of Medical Officers in the Forensic Medicine Department, College administration can make use of Medical Officers in clinical departments with lesser than 15 years of total service & Medical Officers in Pre and Para clinical departments not

qualified in the concerned specialty department, to conduct autopsy on rotation basis under Professor of Forensic Medicine / Police Surgeon. (G.O. (3D) No. 107 Health (A1) Dept. Dt. 23.12.2005)

7. Jurisdiction of Cases:

Jurisdiction for Professor of Forensic Medicine / Police Surgeon of each Government Medical College / Hospital in Chennai & Coimbatore shall be adhered to strictly. All Medico Legal cases brought by Police including Prohibition cases, road traffic accidents, cases of post mortem examination shall be sent as per the Jurisdiction. Office in-charge of that police station shall arrange for sending such cases to the concerned institution.

Brought dead, Age cases, Bone cases, Second Opinion & Expert opinion cases, Sexual Offence Accused examination cases, Remand fitness cases fall within the ambits of Medico Legal Cases.

(Tamilnadu Medical Code - Para 609, 633 - Jurisdiction list in Annexure)

8. In other medical hospitals authorised by Government to conduct autopsy, Chief Medical Officer / Resident Medical Officer of the hospital shall oblige the requests.

Cases shall be done by all medical officers in turn.

Post mortem examinations shall be conducted without fail. There is no jurisdiction for post mortem examination by a Medical Officer. Medical Officer should not refuse autopsy for personal interest.

Referral to Government Medical College of the District can be considered only in cases of "Exhumation", 'Custodial deaths', Death in Educational Institutions' or 'Investigating Authority files case to be 'Suspicious' and wants the case to be done by Forensic experts'.

In such cases, Investigating Officer takes the case to nearest Government Medical College where there is Professor of Forensic Medicine / Police Surgeon. (Tamilnadu Medical Code - Para 603)

Letter receiving authority shall make sure, all the Medical Officers conducting the autopsy shall get familiarised with rules and regulations relating to the conduct of post mortem and other medio legal examinations as soon as they are employed in the Department. He / She shall periodically test the knowledge of such officers in departmental rules and regulations. (Tamilnadu Medical Code - Para 617)

9. Corpses shall be sent to the nearest Government Medical institutions irrespective of the taluk, in which the hospital is situated, (Tamilnadu Medical Code - Para 611) preferences can be given for Medical Colleges, if the case / Investigating Officer demands so.

10. Government Medical Officers and Medical Officers appointed by Panchayat Union & Municipalities to hold charge of Panchayat and Municipal Medical institutions are authorised to examine corpses sent to them under S. 174 of Criminal Procedure Code / S. 194 of BNSS.

Medical Officers who are neither Government servants nor servants of local bodies cannot do post mortem examination (unless directed by the Government). (Tamilnadu Medical Code, Para - 606)

Medical Practitioners of Indian Medicine cannot do post mortem examination (Tamilnadu Medical Code, Para - 608)

Railway Medical Officers shall never undertake a medico-legal post mortem unless there is no civil hospital and a written order from the superintendent of police or the District Magistrate. (Indian Railway Medical Manual, Section H, Para - 579)

11. Timing for Autopsy requests:

Requisition for post mortem examination shall be received up to 04:00 P.M. only for all medical establishments across the State.

No requisition shall be received after 04:00 P.M.

Case(s) for which requisition was received before 04:00 P.M. can be carried out till 06:00 P.M.

Post mortem examination can be started in the morning according to the start of Forensic Medicine / College Office time in Medical Education & Research side & start of Hospital time in Medical & Rural Health Services side & other establishments.

(W.P.No.10694 of 2019, on 16.04.2019; High Court of Judicature at Madras, Chennai; WMP (MD) No.7570 of 2020, 30/07/2020; Madurai Bench of Madras High Court; G.O. (Ms) No: 102 of Health and Family Welfare (Z1), dated: 02.05.2013; W.P.No.3516/2000, 16.06.2010; High Court of Judicature at Madras, Chennai; Tamilnadu Govt. Ltr. No: 48470/Z/1/2009-1; 18.11.2009, Health & Family Welfare; G.O.Ms.No.629/ dt: 27.09.95, P 609 (II) of Tamilnadu Medical Code)

12. Courts have condemned as above to strictly adhere to the timings stipulated in Government Orders / Judgements & ordered for repost mortem examinations in those violations;

Explicit Government Order / District Collector's Explicit Order in Law & Order situations, received through proper administrative channel may be considered as exception for receiving requests for post-mortem examination beyond the Government stipulated hours.

13. In case of Court order, it shall be obliged with immediate effect, according to the directions in the Case / Order.

14. Letter for Autopsy:

Examination of body at scene / at mortuary of hospital by Police / Magistrate is for conducting inquest alone. Two or more respectable neighbor / persons who are aware of the incident are needed.

Presence of Doctor while holding inquest is not needed.

15. Inquest:

Judicial / Executive Magistrate can hold inquest and give Letter for post mortem examination in any case.

If a Judge or Judicial Officer is specially appointed by State Government for holding inquests in certain cases, they can give Request Letter for post mortem examination.

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

Dowry allegation deaths & Exhumation require Magistrate to hold inquest and give letter for Post mortem examination.

17. Police officer not below the rank of Sub Inspector in Police Station / not below Senior Head Constable in Out Post can hold inquest and give Request Letter for post mortem examination (in cases not requiring Magistrate inquest). (Police Standing Order - 583, 585)

Inquest may be conducted by local jurisdictional police and documents be transferred to the concerned Police Station for further investigation in accident cases; without waiting for arrival of officers from far off places where ceases were registered or the occurrence took place. (Director General of Police, Chennai - Circular Memorandum - Rc No 21421 / Crime (1) / 2009; dated: 13.07.2009)

If neither a Police Officer nor a Magistrate arrives on the scene within reasonable time after the discovery of the body, the Village Administrative Officer should except when the body is unidentified, conduct investigation (not inquest) send the body to the nearest hospital for post-mortem examination if there is any doubt regarding the cause of death or for any other reason, he considers it expedient to do so. (Police Standing Order 545 Section -5 (3b));

If the corpse is unidentified, the Village Administrative Officer should, if neither a Police Officer nor a Magistrate arrives soon after the discovery of the body, proceed to hold an investigation and draw up the report already referred to, before sending the body for a post-mortem examination.

He should also arrange for the burial of unclaimed bodies not required to be so sent. Any expense incurred in these cases can be recovered by the submission of a bill to the Magistrate. (Police Standing Order 545 Section -5 (5))

18. Attachments required:

Requisition for post mortem examination shall include Name & Official position of the Officer requesting it, Details of the deceased (Name, Age, Sex), Section of the case (BNSS, BNS), Magistrate to whom the certificate is to be sent, name of the Duty constable with Police number.

Attachments may include Form 86 / details of dead body, FIR copy (same station or different station as per Police Standing Order - 559), SOC sketch, SOC photo, A.R. copies, Blood alcohol level report from Casualty / Emergency Medicine Department, Death Intimation copy, treatment particulars (if treated on other Govt. / Private hospital), Case history, Inquest report (NHRC related cases), Death report.

Any documents or materials related to the event / offence / crime are to be sought for giving opinion with more quality.

All attachments shall be attested by the Inquesting authority.

Number and date of all pages submitted by Inquest authority shall be done and attached to the PM Booklet (Medl. I-28 - 16 pages) and same shall be mentioned in the certificate (Tamilnadu Medical Code, Para - 621)

19. 'Autopsy Register' / 'Post mortem Register' -

Register having serial entries of autopsies conducted, is department property and shall be maintained in the Department itself by the Professor / Police Surgeon.

Serial No / Autopsy number; Name, Age & Sex; Police Station with Crime number, In-charge constable name & number; Name of the Medical Officer conducting the autopsy; alleged Cause of death; type of ancillary investigations sent shall be entered.

Number of cases done daily is to be totalled and register entries and Professor of Forensic Medicine / Police Surgeon in College departments shall close the register entries at 04:00 PM daily.

Same shall be followed by Chief Medical Officer / Resident Medical Officer in other hospitals conducting autopsy. (Tamilnadu Medical Code - Para 623)

20. Place for conducting autopsy:

Mortuaries attached to Teaching institutions, Headquarters & Taluk hospitals are Major Mortuaries other hospitals & dispensaries are Minor ones. Separate building for autopsy cum storage of dead bodies is mandatory. Medical Department shall be responsible for administrative control over the mortuary. Collectors and District Magistrates have no control over them. (Tamilnadu Medical Code - Para 318)

Plan shall be according to the plan approved by Government from time to time.

Separate entry for Medical Personnel, separate one for shifting body shall be made.

Relatives waiting area should be outside the mortuary compound wall to ensure smooth work. All necessary instruments for conducting autopsy shall be properly maintained.

CCTVs shall be kept at entry & exit points, relatives waiting area, cold storage rooms, dissection hall or any other sensitive spots and shall be functional at all times.

(W.P.(MD) No. 78 of 2019 - Madurai Bench of Madras High Court, dated: 28.09.2020; G.O. (Ms) No. 113 Municipal Administration and Water Supply (MA1) Department; dated: 14.12.2012).

21. Adequate faculty rooms for Medical Officers & para medical workers, inquest room, cold storage, main dissection hall with minimum two tables (more based on statistics), instruments for dissection, weighing organs, separate hall / place for dissecting decomposed bodies, room for viscera packing, store room for chemicals and consumables are needed to maintain dignified dealing of dead bodies.

Personal Protective Equipment (PPEs) - Gloves up to elbow level, masks, cap, plastic apron, goggles, gum boots, packing materials (khada clothes, gauze bundles, cotton rolls, plastic sheets, glass bottles, sealing wax, metal seal) are to be regularly requested from the Institution Head and stocked.

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

23. Medical Officer(s) conducting autopsy shall satisfy themselves of the dignity, privacy & secrecy of dead body and its findings. Medical Officer(s) conducting autopsy, Scientific Assistant / Officer, Lab Technicians / Attendants, Mortuary Attendants for

assisting the case, body in charge constable of the case are only authorized to be present during the conduct of autopsy.

Medical Officer(s) conducting autopsy can get guidance from his / her department medical officer(s) with more experience.

24. Personnel allowed during Autopsy:

Medical Officer conducting Autopsy, Scientific Assistants / Officer (attached to concerned institution), Lab Attendants / Technician, Steno typist, Mortuary Attendants, Sweeper etc. attached to the Forensic Department are only permitted while autopsy is being completed.

Medical teaching of students / demonstration can be done during autopsy. It includes students pursuing MBBS, MD, DNB etc.; Paramedical students; Judicial Officers in training, Police Officers in training, ADP / APP in training.

All the above shall be done with the written prior permission obtained from Professor of Forensic Medicine / Police Surgeon.

Pharmacist can take the role of Technician / Typist in other Medical Hospitals conducting autopsy.

25. Investigating Officer shall be allowed during conduct of autopsy, but the presence should not be an impediment for conduct of autopsy.

26. To maintain confidentiality of the case, Medical Officer & para medical workers of other departments of same institution or other institutions; Police / lawyers / common public or any other person are not to be allowed inside the mortuary while autopsy is conducted.

Permitting needs explicit order from the Government / Court received through Head of Institution and No objection from Investigating Officer.

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

Procedure of recording video is given in detail under 'Autopsy in Custodial Cases'.

(W.P.(MD) No. 78 of 2019 - Madurai Bench of Madras High Court, dated: 28.09.2020).

Police shall arrange for the Police photographer to videograph the procedure of autopsy (Police Standing Order - 822 B)

Technical person recording the video of the autopsy process shall certify the video recorded by him / her (S. 64 of BSA)

28. Conduct of autopsy:

Autopsy shall be carried out by the Medical Officer with aid from Para Medical staff mentioned above. Dissection technique for each case type shall be decided by the Medical Officer at the start of examination (No unscientific way of dissection).

Reasonable time to complete whole body autopsy shall be kept in mind, no hurry or no undue delay shall be the norm. Examination needs to be expeditiously (Tamilnadu Medical code, Para - 615);

In any case, there is reason to suppose, examination was not conducted properly, or

which incorrect report or certificate has been issued, it needs to be brought to the notice of Head of the Department / Directorate (Tamilnadu Medical code, Para - 618).

29. Notes taken during autopsy shall be entered in the standard Government issued format booklet (Medl. I-28 - 16 pages). One booklet is to be used for one case only. Booklet is filled with handwritten notes of all relevant positive and negative findings. Notes taken down by the departmental staff, if any, should be duly signed by the Medical Officer and attached in the booklet. It is considered to be original document, liable to be produced in Judicial Court, if necessary, as evidence in proof of correctness of the entries made in the post mortem certificates, No additions shall be made to it later. Bounded booklet is department record. (Tamilnadu Medical code, Para - 623)

30. Conduct of autopsy in Custodial deaths / Police action / Jail deaths:

Whenever a sudden or violent death or a death from suicide has taken place in a prison, immediate notice shall be sent to the Superintendent and the Chief Medical Officer, and the body shall, if life be extinct, be left in the position in which it was found, pending inspection by these Officers;

Should it be uncertain that death has occurred, measures shall be at once taken to restore animation and for this purpose the body may be removed, immediately on its discovery, from the position in which, it was found;

In the case of prisoner found suspended by a rope or any other like material and if there is reason to suppose that life is not extinct, or the point is doubtful, the body shall be at once raised to relieve pressure, pending the cutting or untying of the rope, or any other like material and laid gently on the ground; all measures shall be taken to restore consciousness, without waiting for assistance, which however shall be called without delay (S. 663 of Tamilnadu Prison rules - Procedure when unnatural death)

Intimation of all deaths, including that of children residing with female prisoners, occurring from whatever cause in the prison shall be sent to

1. (i) the nearest Judicial Magistrate empowered under section 196 of the Bharatiya Nagarik Suraksha Sanhita, 2023 to hold inquiry:

(ii) the Officer in charge of the police station having jurisdiction, who is required to make a preliminary investigation.

(iii) the National and State Human Rights Commission within 24 hours of death.

(2) The body of the deceased prisoner or the deceased child of the female prisoner shall be kept for the inspection and orders of the Officer holding the inquests.

No Prison Officer shall be a member of panchayat formed to express an opinion as to the cause of death of any prisoner or deceased child of the female prisoner (S. 664 of Tamilnadu prison rules - Intimation to inquiring Magistrates and Police Officers)

The Judicial Magistrate conducting the enquiry under Section 196 (2) BNSS, shall ensure that the family of the deceased or its representatives are given access to see the body both front and back and also allowed to take video and photos.

No autopsy shall take place or commence without the next of kin having seen the body. Of course, if the family of the deceased refuses to see the body, even after so

being permitted by the concerned Judicial Magistrate conducting the enquiry, the Judicial magistrate can in writing permit the conducting of postmortem.

The autopsy shall be carried out by a team of at least two doctors who have a master's degree in Forensic Medicine and are attached to a Medical College and Hospital.

(TN Govt. Letter No: 3445 / Z1 / 2022-1, dated: 09.02.2022 - Health and Family Welfare Department)
Professor of Forensic Medicine / Police Surgeon shall ensure the conduct of autopsy within Government / NHRC norms.

(G.O. Ms. No. 91, Health and Family Welfare Department, 04.03.1998)

All possible efforts shall be made by Police / Investigating Agency to shift the body to nearest Medical College / Medical College in concerned District to achieve better autopsy and avoid any future controversies.

Whole body shall be to radiological examination (X-rays / CT scan) prior to autopsy, in order to find out, if there are any fractures.

31. Photographs shall be taken after incorporating post-mortem number, date of examination and a scale for dimensions in the frame of photographs itself.

While taking photographs the camera should be held at right - angle to the object being photographed.

A total of 20-25 coloured photographs covering the whole body should be taken. Some photographs of the body should be taken without removing the clothes. The photographs should include the following:

- a) Profile photo-face (front, right lateral and left lateral views), back of head.
- b) Front of body (up to torso-chest and abdomen) - and back.
- c) Upper extremity - front and back.
- d) Lower extremity - front and back.
- e) Focusing on each injury / lesion-zoomed in after properly numbering the injuries (In firearm injuries, while describing, the distance from heel as well as from mid-line must be taken in respect of each injury, which will help later in reconstruction of events).
- f) Internal examination findings (02 photos of soles and palms each, after making incision to show absence / evidence of any old / deep seated injury).

Executed prisoner:

After the execution of death penalty, post-mortem shall be performed to ascertain the exact cause of death. (Shatrughan Chauhan and Another vs U.O.I & Others, **2014 AIR SCW 793**)

The body of an executed prisoner may be made over to the relatives or friends of the deceased if claimed by them, unless there are special reasons to the contrary in any particular case;

If no relatives or friends of the executed prisoner claim the dead body, the body of the executed prisoner shall be disposed of in the municipal burial ground according to the religious requirements of the concerned executed prisoner. (S. 925 of Tamilnadu Prison rules)

32. In cases of deaths of Jail inmates out of natural causes, happening in hospital wards, video recording is to be done, The requirement of videography of post mortem examinations in respect of deaths in jail will be applicable only in the following cases:-

(i) Where the preliminary inquest by the Magistrate has raised suspicion of some foul play; (ii) Where any complaint alleging foul play has been made to the concerned authorities or there is any suspicion of foul play.

(G. O. Ms. No. 224 Health and Family Welfare (Z1) Department, 28.11.2022; NHRC, D. O. No. 3/2/99-PRP & P, dt: 21.12.2001)

33. In cases of Unnatural deaths in Educational Institutions, school children or College students, a team of three doctors shall conduct autopsy and the same shall be videographed. (W.M.P.No.27221 of 2022 in W.P.No.18455 of 2022 - Madras High Court - 19.10.2022)

34. Video recording process:

WP (MD) No.12608 of 2020 - Madurai Bench of Madras High Court, dated 02.12.2020; .

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

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

Norms to be followed for the Videography:

(a) Videograph is a visual document, not a news report or a chat show, and therefore the coverage shall be comprehensive and detailed.

(b) Memory chip (in case of digital recording), Video cassette is to be used as corroborative evidence. Therefore, visual gimmicks and bias should be avoided.

(c) Memory chip/ Video cassette is to be preserved as a source for future reference. Therefore, professionalism should be maintained while recording and an unedited version should be provided.

(d) During the videography of autopsy in custodial deaths, the date and time button should be pressed so that the date and time will automatically be superimposed.

(e) The context of the videography should be established by mixing appropriate combination of wide angle shot, panning and tilting.

(f) While highlighting details, continuity should be ensured by using zoom in and zoom out without cutting. It is suggested to limit the details viz., the contusions and incisions to eye-level shot and to use ped-up/down if necessary; however, high/low angles should not be used.

(g) Complicated lighting should be avoided. It is advisable to light the subject fully if the ambient light is not sufficient. When lighting is poor, use of manual mode to focus is suggested.

(h) It is necessary to use the normal lens in general and to avoid use of filters. However, before any recording the auto white balance button should be used.

(i) It is suggested to use the tripod during videography of autopsy.

(j) Each injury, whole and cut internal organs should be videographed for a minimum of ten seconds.

Custody of the memory chip / videocassette:

(a) Immediately after the videography of the autopsy is completed, the essential details relating to the case such as name of the deceased; general particulars of the

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

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

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

Phase II-

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

Phase III-External Injuries

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

Phase IV-Cavity Dissection

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

Phase V-Head Dissection

It is a good practice to begin the autopsy with the exposure and removal of the brain.

Scalp should be dissected up to the eyebrows on the front and below the mastoids on the back. Inner surface of the anterior and posterior flaps should be videographed separately, followed by the videography of the exposed cranial surface.

Removed vault of the skull should be videographed by stretching it in the sagittal plane and in the coronal plane. This procedure will expose all types of fracture, if any. Extra Dural space should be videographed in-situ followed by Sub Dural space. If there is Sub Dural hemorrhage, it should be removed and videographed again to confirm Sub Dural hemorrhage and for the presence of Sub Arachnoid hemorrhage. Brain is removed and placed on its vault to expose the basal surface. This exposed surface should be videographed.

Circle of Willis is dissected out and exposed in situ. This should be videographed again. Then it is turned to rest on its base and videographed again. Each stage of

the brain dissection should be exposed and videographed to its finale according to one's methodology of brain dissection.

Base of the skull, along with the meninges, should be videographed before and after wiping its surface. Basal meninges should be stripped out by holding with cloth and twisting it.

Stretch force is applied to the base of the skull in the sagittal and corona' planes and videographed in each plane to expose any type of fracture.

Phase VI-Trunk dissection

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

Removed sternum should be bent in both the planes to expose any fracture. This process should be videographed.

The hand manoeuvre done in the pelvic cavity should be done in pleural cavity to rule out any bleeding injury for right and left pleural cavity with consecutive videography of the procedure.

Pericardium with the heart in situ should be videographed. The heart is exposed in situ and videographed before and after wiping the pericardial sac.

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

The deep muscles are removed to expose the larynx, sub-mandibular glands and thyroid glands. Exposed surface should be videographed.

Evisceration Process: Evisceration is done from the tongue down to the rectum. The body cavities should be cleaned and later videographed. Anterior chest wall should be pressed backwards on each side separately. If there is yielding, it indicates fracture of the ribs and that area alone should be videographed.

Aorta should be opened before the visceral organs are separated. Intima of aorta should be videographed.

Posterior surface of pharynx and the esophagus should be videographed for the presence of blood or no blood.

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

Heart: Forensic Medicine expert shall follow any of the dissection technique for heart. Inflow-Outflow method is ideal. 1. Inflow-chambers should be exposed and videographed.

2. Outflow-pulmonary and aortic valves are exposed and videographed. 3. Coronary arteries should be dissected as far as possible.

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

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

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

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

Report:

Autopsy report shall be prepared expeditiously and handed over to the investigating officer in the case so that the filing of the final report is not delayed. Model format (Annexure) shall be filled up by typing; notes taken from dictation by the Medical Officers concerned shall be attached to it.

(G.O. Ms. No. 91, Health & Family Welfare Department, dated: 04.03.1998)

Original shall be handed over to the Investigating Magistrate / Judicial Officer appointed by the Government. Copy shall be retained in the department.

A copy of the autopsy report as well as video shall be simultaneously given to the legal heir or representatives of the family of the deceased. This alone will enable them to take recourse to legal remedies immediately.

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

Legal heir mentioned, is left to endorsement by Investigating Officer / one holding Legal heir certificate (Circular No. 11 / 2017, Rc. No. RA 5(3) / 180 / 2017, dated: 09.08.2017 - Commissioner of Revenue Administration, Disaster Management & Mitigation Department, Chennai).

Examination of Medical Officer by Enquiry Officer:

Medical officer, who conducted the post-mortem/medical examination, should be examined by the enquiry officer. They may be asked to explain the nature of wounds, injuries if any recorded in the post-mortem certificate and as to whether the wounds/injuries were the cause for the death of the victims. If the doctor suspects the wounds/injuries to have been caused by any weapon, the type of weapon that might have been used and the terminal nature of injuries caused by those weapons should be ascertained and recorded. If no wound or injury is found, the doctors may be asked to explain in detail the reasons that would have caused the death of the victim. Each of the doctors should be examined separately.

In some cases, the victim would have been alive at the Police station and would have died on the way to hospital or after admission in the hospital. In such cases,

the type of medical aid provided to the victim and the reasons that would have caused the death subsequently should be ascertained from the Medical Officer, who attended on him, and recorded. In any case, the cause of death should have been ascertained without any doubt.

The statements of the medical officer should be got signed by them and should be countersigned by the enquiry officer in their presence.

Examination of Forensic Report: Forensic Report, the chemical analysis report should be examined by the enquiry officer thoroughly, if necessary, with the aid of the Medical Officer who conducted the post-mortem.

Expert Medical opinion: If the Medical opinion differs or is inconclusive, the enquiry officer can refer the matter to the Head of department of the concerned discipline for an expert opinion and a conclusive decision should be arrived at on the terminal nature of wounds/injuries that caused the death. In all such cases, the utmost expedition should be shown in obtaining final reports. (Police Standing Order 151 B (h) (i) (j))

35. Post Mortem Examination in Deceased Donor Cases:

If the Investigating Officer of the case concerned, shall be intimated to come to the hospital to expedite the conduct of inquest through outpost or designated police station of the hospital.

On receipt of Death Intimation (along with Form 6 & Form 8) Investigation Officer shall conduct the inquest and determine whether post mortem examination is required. If the post mortem examination is not required, he shall inform the near relatives and accordingly organ donation can take place.

When post mortem examination is needed, he shall submit

- a) Requisition for conducting post mortem examination (Case history, Form 86, F.I.R., A.R., Intimation can be asked for);
- b) 'Organ functional Status Certificate' signed by any one of the doctors authorized by Medical Superintendent in the Form II);
- c) Copies of Form 6 (Consent for organ donation by lawful possessor of body), Form 8 (Brain stem death certificate), Form 9 (in donors < 18 years, signed by either of parents) of Transplantation of Human Organs Rules to the Medical Officer who will conduct the post mortem examination.

Form 8 (Declaration cum consent form (by near relative or lawful possessor of brainstem dead person) Form 9 (For unclaimed body in a hospital or prison to be filled by person in lawful possession of unclaimed body), Form 10 (Brainstem death certificate - to be filled by medical experts certifying brain death) - (Transplantation of Human Organs and Tissues Rules, 2014)

Medical Officer doing Post Mortem examination shall then authorize organ retrieval through Form III; once the retrieval is completed post mortem examination shall be done at same institution and body handed over to the Police / Investigating Officer. (G.O.Ms.No.259, Health and Family Welfare (Z1) Department, Dated 14.09.2010)

Medical Officer can be from Forensic Medicine Department of Government Medical Colleges or any qualified Forensic Medicine Expert(s) or any Government Medical Officer(s) or pathologists posted in Forensic Medicine department or any Government

Medical Officer (serving or retired) who has / have had experience in post mortem work.

Conduct of post mortem examination in the above Organ Transplantation situations will be done by qualified persons as contemplated in S. 194 of BNSS. (G.O. (Ms) No: 86, Health & Family Welfare (Z1) Department, dated: 26.02.2011)

Post mortem examination of such cases is to be done by designated post mortem doctor of that area in the same centre where organ retrieval has been done; in case a private hospital is not doing post mortem, they shall arrange transportation of body along with medical records after tissue / organ retrieval to the nearest designated post mortem centre.

Such post mortem examinations shall be given priority, even beyond office hours so as to hand over the body to relatives with least inconvenience.

(S. 6 of Transplantation of Human Organs and Tissues Rules, 2014)

Hence, Forensic Medical Officers of nearest Govt. Medical College / Govt. hospitals may be preferred.

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

After Medico Legal examination, the dead body brought by the Police shall be delivered to them and police will either hand over the body to the friends or relatives claiming the body or dispose of it when unclaimed. (Tamilnadu Medical Code, Para 629; Police Standing Order - 589)

When a prisoner dies in a civil hospital, (after inquest & post mortem procedure) the Superintendent of that hospital may in consultation with the Superintendent of the Prison hand over the body of the prisoner, who had died in the hospital to his relatives or friends, if claimed.

If, however the relatives or friends do not claim the dead body of the prisoner, the Superintendent of the hospital may treat the deceased prisoner as a destitute and dispose of the dead body through the municipal authorities.

The disposal of the dead bodies of prisoners dying in civil hospitals shall be subject to the condition that there shall be no public demonstration in regard to the removal of the bodies connected with any political movement and in the case of bodies of prisoners who are treated as destitute, their disposal through municipal authorities shall be subject also to the provisions of the Tamil Nadu Anatomy Act, 1951.

Unclaimed bodies of prisoners dying by natural causes and of those executed shall be sent to Government Medical Colleges for anatomical purposes. (S. 771 of Tamilnadu Prison rules - Disposal of the dead bodies of prisoner dying in civil Hospital or mental health establishment)

37. Body shall be packed neatly with khada clothes, plastic sheets etc. supplied from the Institutions.

To honour the rituals in practice, packing / new clothes given by relatives can be wrapped on the body.

Dignity of dead shall be maintained at all costs.

38. Embalming after autopsy:

If a request is made for embalming the body after autopsy, Professor / Police Surgeon shall direct the Police to the Anatomy department.

In case of other Medical institutions, Chief Medical Officer / in charge shall direct the Police to the Anatomy department of nearest Medical College.

Staffs of Anatomy Department (Professor, Assistant, Non-Teaching staff) can undertake the work of Embalming dead bodies on the request of private persons. (G.O. Ms. No. 353, Health dated 1.2.1951)

Government has waived the embalming charges for Free Hearse Services Programmes. No fee is to be collected for embalming by the Anatomy department for dead bodies transported under Free Hearse Services Programmes (155377).

Bodies to be transported beyond 300 kilometres are taken up through railways. As per railway protocol, Post mortem cases should be embalmed before transportation by rail. (G. O. (Ms). No. 16, Health and Family Welfare (EAP-1) Department, dt: 22.01.2014)

In situations of worsening law & order / undue delay, body may be embalmed after autopsy by Forensic Expert in the same mortuary hall but on a separate table.

Caution to be exercised with dealing of formalin & instruments for embalming shall be kept separate / away from instruments used for autopsy dissection.

Embalming of Private bodies:

Charges (Rs. 1200) for embalming Private bodies in the residence to be given as Travelling Allowance (Rs. 200) for the Professor and Staff who are actually involved in the embalming work. Cost of material to be paid to Government (Rs. 360), Professors (Rs. 160), Assistants (Rs. 160), Non-teaching staff (Rs. 320). (G.O. (Ms) No. 1764. Health Indian Medicine and Homeopathy and Health and Family Welfare Department. Dated: 23.09.1989)

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

Medical Officers visit to scene of Crime shall be done only on written request from Station House Officer & above and it shall be done with co-ordination of Station House Officer / Investigation Officer / Crime Scene Officer (Police Standing Order - 565 (3); 586; Tamilnadu Medical Code, Para - 632)

In the SOC or SOC Photograph or SOC sketch, Medical Officers are to look for the details provided by Police as below for framing better opinion so as to help the investigation.

Photograph where necessary from different angles of the scene before removal of bodies and the vehicle.

Search for:

- (a) Skid marks - Note their length, prepare a sketch giving details of various measurements.
- (b) Tyre impressions - For determining their make, condition, size and the direction of movement.
- (c) Dirt and debris from impact - For comparison with the dirt from the under-surface of the suspected vehicle.
- (d) Chipped flakes of paint and enamels - For comparison with samples from the suspected vehicle.
- (e) Fragments of glass - Pieces of glass from damaged headlights, mirrors, windows or window screen must be collected to determine the type of vehicle involved in the accident and also connecting a suspected vehicle found with broken wind screens or headlights, etc.
- (f) Broken equipment - Such as pieces of metals from broken bumpers-door-handle - radiator - emblem, which may have been detached.
- (g) Fabric - Small fragments of cloth or fibres of garments torn away should be collected.
- (h) Blood, hair tissues - These will indicate as to what else to look for in a suspected vehicle.

A sketch of the Scene should invariably be prepared showing -

- (a) point of impact
- (b) track marks of vehicles concerned in the accident.
- (c) position of the vehicles of the accident
- (d) width of the road and nature of road surface (whether metalled or tarred or otherwise)
- (e) visibility - whether the road at the accident spot is a straight road or with bends, presence of fog if any and such other details to be noted.
- (f) gradient of the road at the scene of accident.
- (g) skid marks and brake impressions.
- (h) position on the road of glass or other debris.
- (i) width and nature of the katcha position of the road and roadside land,
- (j) dimensions of vehicles involved.
- (k) if visibility is observed by hedges, fences, poles etc. and if so, measurements thereof.
- (l) any fixed objects (e.g. telegraph, telephone or electric poles) which might have a bearing on the accident or which might help to fix the exact position on the road of vehicles and injured.
- (m) road directions, traffic, signs and their location
- (n) compass points, if any,
- (o) position and direction of the dead body or injured.
- (p) position of blood stains,
- (q) lighting facility with the location of street lights. (Police Standing Order - 582 (5) d)

40. For Exhumation cases, requisition from Executive Magistrate for fixing date & time of the case shall be received and time fixed according to faculty availability of the Department by the Professor of Forensic Medicine / Police Surgeon (Associate Professor / Assistant Professor in his absence). Same should be communicated to the College administration.

Professor of Forensic Medicine / Police Surgeon, other Medical Officers and departmental staff required for conducting post mortem examination in exhumation cases, shall be taken to the site by the Officer in charge of Police Station limit, in which the body is buried.

If exhumation doesn't involve Government as a party, same shall be arranged by the party / person requesting for autopsy.

Medical Officer shall ensure that there is no public health risk on disinterment; safety precautions of workers; advice Police to get a representative from - grave / cemetery management.

Scene of crime need to be identified by a relative / accused / graveyard worker / Police constable as the case may be, and disinterment shall start under the Medical Officers' presence.

Site shall preferably be covered from viewing by people and others till the process is complete.

Once the body is exhumed, and its identity verified by a relative / accused / graveyard worker / Police constable; Magistrate can conduct inquest as per the law and hand over the requisition letter to Medical team to conduct the post mortem examination.

Autopsy / Necropsy / Post mortem examination shall be conducted as per the guidelines discussed and body shall be handed over to Magistrate through in charge Police constable. Magistrate in consultation with the relatives could decide on burial / cremation at the same site or at a different site.

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

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

When State Government, authorises exhumation of remains of the deceased for the purpose of reburial in another place, (Government of India for reburial outside of India) Cause of death certificate (showing no public health risk on disinterment); Letter of permission from the administration of cemetery shall be attached and request made to Professor / Police Surgeon through Executive Magistrate concerned. Medical Officer shall ensure proper disinfectant measures are undertaken on disinterment. All expenses are to be borne by the party applying for it. (Tamilnadu Medical Code, Para - 641)

41. Examination of skeletal remains:

Skeletal remains recovered and forwarded by an Investigating Officer shall be addressed to Professor of Forensic Medicine / Police Surgeon of the concerned district Medical College, in its absence the nearest Medical College.

Professor of Forensic Medicine / Police Surgeon shall oblige such cases.

Sex, Age, Stature, Wounds, Time since death etc. shall be reported back to the Investigating Officer.

Biology / Serology samples, Super imposition, DNA samples shall be sent as the case needs it.

42. Second Autopsy:

If a Second Autopsy is ordered by Court on a body that is kept in Cold storage or on a body to be exhumed and autopsied, a team of doctors shall be formed as per the Court's direction.

Professor of Forensic Medicine / Police Surgeon shall take responsibility to form a team in advice of Head of Institution.

If an Autopsy / Second Autopsy is ordered by Court on a body that is kept in Cold storage or on a body to be exhumed and autopsied, with a team of doctors nominated by Court;

Head of the Institution where the autopsy is to be performed shall take responsibility to do the same.

Second autopsies shall be preferably done by Medical Officers in the cadre of Professors / Police surgeon.

Certificates shall be prepared according to the type of inquest held and an 'Action Taken Report' / 'Post Mortem Examination Certificate' shall be sent to Court as per its direction. While sending the reports / certificates upon High Court order, communication shall be made to "Registrar, Honourable High Court, Madras / Madurai Bench"

All due allowances can be claimed by the concerned.

43. Autopsy in special circumstances:

During a worsening Law & Order situation, with due orders from Head of the Institution & District Collector,

Professor / Police Surgeon can be requested to perform autopsy in an institution within the District other than her / his working institution.

She / he shall claim the allowances due through proper channel.

During exceptional situations, with due orders from Directorate of Medical Education & Research & District Collectors of concerned districts, Professor / Police Surgeon can be requested to perform autopsy in an institution / place in other districts other than his / her working institution.

She / he shall claim the allowances due through proper channel.

44. Post Mortem Examination in HIV positive or biologically hazard cases etc.:

Autopsy shall be conducted with minimal persons possible.

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

All orifices are to be plugged, medical instruments or inventions like catheters, tube are to be sealed in situ. Gloves, sponges, clothes used during dissection are to be

kept in body bags as much as possible. Rest of the items are sent for Bio Medical Waste Management with 'Bio hazard' tags.

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

All the equipment in contact with body are to be soaked in 2% glutaraldehyde solution or 10% hypochlorite solution (bleaching powder).

Room is to be cleaned with 10% hypochlorite solution (bleaching powder).

All medical and other personnel shall be advised for Chest X rays once in 06 months, Tetanus Toxoid injection, every 06 months and Hepatitis B immunization.

(TN Govt. Letter No: 45649/Z1/2005-6; Health & Family Welfare Department, dated: 29.07.2008; Public Law & Order-A) Department (File No: 5115 / L& O - A/2000).

Certification of Autopsy:

45. Registers for Case Documents (C.F. 25), Unused Documents / Forms (C.F. 165) shall be maintained. Stock book of all forms and books in common form No. 345 (Tamilnadu Medical Code Para - 987).

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

47. In autopsies conducted by a team of doctors, same certificate bearing signature of all Medical Officers of the team shall be prepared and submitted to the concerned authority. Booklets, Forms, Certificates shall be signed by all members of the Doctors team, without which, examination and certification remains incomplete.

In case of difference in finding(s) or opinion, separate certificate by each doctor shall be made and sent separately.

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

'Case File Register' shall be maintained for the above and transferred to Records Room of the Department in Colleges.

Same shall be submitted to Chief Medical Officer / Resident Medical Officer in other Medical institutions conducting post mortem examination for sending it to Medical Records department.

Certificate shall have Name with Medical council Registration number & designation of the Medical Officer;

Officers who have held emergency or temporary commissions in the Military department in Army, Air or Naval services shall, on termination of the Commission or on release, discontinue the use of the honorary ranks, which they held while serving in the Military department. (Tamilnadu Medical Code - Para 21).

49. Certificates shall be issued as follows:

(W.P.(MD) No. 78 of 2019 - Madurai Bench of Madras High Court, dated: 28.09.2020)

Police Inquest cases.

Original - Magistrate (specified by Police in writing);

Police Copy - Investigating Police Officer;

HoD Copy - Head of the Department copy;

Office Copy - be retained in the booklet itself and kept in Forensic Medicine dept.

In case of Metropolitan cities, Deputy Commissioner of Police exercises Executive Magistrate powers, in which situations, Original can be sent to their Office (when specified by the Investigating Officer).

Magisterial Inquest cases

Original - Investigating Magistrate;

HoD Copy - Head of the Department copy;

Office Copy - to be retained in the booklet itself and kept in Forensic Medicine dept.

Police Officers can obtain copy of the certificate from the concerned Magistrate in such autopsy cases done at the request from Magistrates.

50. Original certificate intended for Executive Magistrate / Judicial Magistrate, as specified by the Investigating Police Officer in FIR; shall be sealed and sent directly by Medical Officer after making necessary entries in 'Certificate Dispatch register' / 'Department Dispatch Register'. (Tamilnadu Medical Code, Para 621)

51. Police Copy certificate intended for the Investigating Police Officer, shall be handed over to the Investigating Officer., immediately after the examination is over.

On written request from investigating Officer, certificate can be handed over to the body in-charge police constable. (Tamilnadu Medical Code, Para 621)

Acknowledgement & Dispatch details shall be maintained in the Government issued format booklet (Medl. I-28 - 16 pages).

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

53. 'Stamp register' (C. F. 226) for the above shall be maintained in the Department and proper stocking of stampings can be obtained from Head of Institution.

54. Further information for Investigating Officer:

Investigating Police Officer besides receiving the certificate is entitled to full information regarding complete facts and records of the case (including Post Mortem notes). Same can be obtained by written letter by the Investigating Police Officer to the Medical Officer concerned through Professor of Forensic Medicine / Police Surgeon in Medical Colleges; Chief Medical Officer / Resident Medical Officer in other institutions. (Police Standing Order - 592)

43. Any further clarifications needed by Investigating Officer can be given in writing in form of a questionnaire through Professor of Forensic Medicine / Police Surgeon in Forensic Medicine Departments; Chief Medical Officer / Resident Medical Officer in other institutions.

Medical Officer is obliged to answer it, Medical Officer can consult her / his seniors

and reply shall be given as early as possible.

Answer to the questions are to be based on facts and specific. (Police Standing Order - 592; Tamilnadu Medical Code, Para - 625, 626)

Medical officer can assist the Investigation Officer in (injured person or dead body) in an attempt should be made to find out -(a) Whether the injury was caused by a direct or glancing impact; (b) Whether the injuries were due to crushing effect of weight of the vehicle; (c) Whether the body was dragged along; (d) Whether the person was lying on the road when hit; (e) When the person fell down from a vehicle; (f) Whether the injury was by parts projecting under the vehicles, such as axle, etc; (g) The speed of the vehicle at the time of the impact; (h) Any physical disabilities of the injured or deceased, cataract, deafness, epileptic, fits etc.; (i) Preserve any foreign matter present in the wound; note carefully marks, such as tyre marks, grill marks, if on the person or his clothing; (j) Take samples of blood and urine of the deceased, if any; (k) Take sample of hair from the head of the deceased, if any; (l) Take out any foreign matter found on clothing and note loss of buttons and signs of tears, etc.; (m) Preserve clothing of the deceased or injured; (n) Clothing should be searched for flakes of glass, traces of paints, traces of metal, blood or any other stains, dirt and debris which should be carefully preserved. Such clothing should be dried naturally and not by using heat, before packing. (Police Standing Order - 582)

The question whether an injury could have been caused by particular firearm weapon in a particular manner and at a particular range should not be the subject matter of reference by the investigating Police to the local Medical Officer who conducts post-mortem. It should be referred by investigating Officer to the Superintendent of Police who will obtain the opinion of the Professor of Forensic Medicine of the concerned area. (Police Standing Order - 603 (15 f))

55. Certificates in other situations:

Professor of Forensic Medicine / Police Surgeon shall oblige request for issuing copy of certificate if the concerned Magistrate, in writing gives reasons for additional certificate like lost records, natural disasters etc.

When such request is made by Investigating Police Officer, it has to be endorsed by the concerned Deputy Superintendent / Assistant Commissioner of Police or Superintendent / Commissioner of Police.

(Chief Medical Officer / Resident Medical Officer in other institutions conducting post mortem examination shall oblige the same as above).

56. Certificates copies or extracts from hospital records or post mortem certificates in case of death and opinion should not be furnished to the Railway authorities.

(Tamilnadu Medical Code Para - 115).

Certificates, Opinions or evidence regarding any proceeding of Public interest, such as inquests, or judicial inquiries shall be invariably given when enquired by the Police, Military and other Government officials acting in their official capacity;

Professor of Forensic Medicine / Police Surgeon or the Chief Medical Officer will bring the matter of improper use of certificates if any to the District Magistrate or Head of the Department or Commanding Officer of the Division. (Tamilnadu Medical Code, Para - 610)

57. Relatives of the deceased or any third parties, requesting post mortem examination certificate are to be directed to the Magistrate (Para 243 - The Criminal Rules of Practice, 2019, High Court, Madras.)

or Certificates can also be obtained from Investigating Police Officer / Superintendents of Police / Commissioners of Police (Police Standing Order - 584).

Copies of post mortem certificate and inquest report to the Life Insurance Corporation of India -

(1) The Commissioner of Police, Chennai in Chennai City, and the Superintendents of Police in the mofussil may issue on requisition, copies of post-mortem certificate and inquest report to the Life Insurance Corporation of India on Payment of a fee of Rs. 10/- for each such copy so as to enable the Life Insurance Corporation to find out the exact cause of death of the insured and to settle the claim of the insured amount. (G. O. Ms. No. 300M, Home, dated 30th August 1962). The fees so levied and collected should be credited to Government under the relevant head of account.

(2) In case of motor vehicle accidents resulting in death or injury to persons in respect of which prosecutions are launched, an intimation or notice that a prosecution has been launched may be sent to the insurance companies concerned by the Police. No details of the case need be given. (G. O. Ms. No. 2446, Home, 26th may 1950).

(3) A report on the result of the prosecution may be sent by the Police to the insurance company on requisition. A fee of Rs. 10 shall be levied in respect of each such report and shall be paid in advance along with the requisition.

(4) Copies of inquest reports and Post-mortem certificates, required by the Department of the State and Central Governments for assessing the amount of compensation payable to the families of the deceased persons may be issued free of cost. (G.O. Ms, No. 1779, Home, 24th, June 1955.)

(5) Copies of Police Investigation reports pertaining to accidents cases not resulting in the death of insured persons may also be supplied free of cost to Government Departments whenever required by them, if the object for which they require these reports is the same as that of the Insurance Companies. (Govt. Memo No. 113057 Pol. V 57-4 Home, dated 5th December 1958)

(6) The Commissioner of Police in Chennai City or the Superintendent of Police in the District may issue copies of extracts of columns (2), (15), (17) of the inquest report and result of enquires in important cases like fires and house collapses to private parties and Insurance companies after satisfying himself about the bonafides of the applicants after collecting fees as indicated from time to time. (G.O.Ms. No. 1370, Home, dated 2nd May 1964)

(7) (a) The Commissioner of Police, Chennai in Chennai City and Superintendents of Police in Districts may under Section 109 of the Motor Vehicles Act, 1939, issue copies of the following records connected with an accident to the victims or complainants on payment of a fee of Rs. 1 (Rupee one only) so as to enable the victims or complainants to claim compensation before the Claims Tribunal:

(1) Complaint. (2) Sketch of the scene of accident. (3) Motor Vehicle Inspector's Report on the inspection of the vehicle involved in the accident. (4) Names and address of the witnesses. (5) Copy of post-mortem certificate.

(b) In addition to the fee prescribed in sub-clause (a) above, the following fees shall

also be collected in each case:

Scale of fees: Court fee Stamp: 0 50 per page; Copy stamp-fee: 0 50 per page; Search fee, if the document relates to past years, 02.00 per page.

(c) The fees levied and collected with reference to sub-clauses (a) and (b) above should be credited to Government under the relevant head of account. (G.O. Ms. No. 107, Home, dated 12th January 1965.)

In exceptional situations, if the doctor has to give copy of the certificate, he / she shall ask for N.O.C. from the Investigating Magistrate / Police Officer.

Professional Fees, if any, as directed by the Government can be realized through the College office / District Treasury with proper receipt.

58. Cause of death certificate;

Form - 4 in Institutional & 4A in non-institutional deaths, along with Form - 2 shall be written / filled online by the Medical attendant who certifies the death and sent to the Birth & Death Registrar (Local level) and the relatives (Relatives portion in the same form is to be detached and handed over);

In both the above situations, and in other situations demanding autopsy, provisional cause of death can be entered and 'pending autopsy' / 'pending investigation' option is to be ticked / outlined. (Tamilnadu Medical Code - Para, 274)

In a more apt way, Cause of death certificate (Form - 4 in Institutional & 4A in non-institutional deaths, along with Form - 2) may be written / filled online by the Medical Officer who conducts post mortem examination and the forms are sent to the Birth & Death Registrar (Local level) and the relatives (Relatives portion in the same form is to be detached and handed over).

Cause of death should be according to ICD-11 / latest update, for diseases. In cases of injuries, parts of body involved can be mentioned as per the ICD.

Fire, explosion, fall, assault, collision and submersion etc can be filled for the column - How did the injury occur? Ex: Accidental collision of rickshaw and truck. The victim was a rickshaw driver.

Medical Certificate for Cause of Death in cases with pending viscera reports etc. shall also be sent without delay, mentioning the awaited report.

After receiving reports & final opinion, duly filled form for second time shall be sent / filled online.

Railway Medical Officers: All deaths which are violent or unnatural, sudden and unexpected due to unknown causes, have to be reported to the police authorities. Once the police authorities are informed of the death, the entire responsibility for certification rests with them. In such cases, all that the Railway doctor called on to examine the deceased may say is that "life is extinct" without giving any formal cause of death certificate. If death takes place in case of assault, the Railway doctor should not issue a cause of death certificate, but should send the case to the civil medical authorities for post mortem examination. When the police report is received, then a cause of death certificate may be issued with the endorsement, "Issued after receipt of post mortem report" (Indian Railway Medical Manual, Section F, Para - 578)

59. Other certificates:

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

60. Ancillary investigations / Chemico - Legal examination:

Forensic Science Department:

The Forensic Sciences Department examines / analyses / compares the material objects / clue materials related to crime / civil cases referred by Courts / Police Officers / Medical Officers and conducts scientific examination required by Government cases referred by its Departments and by Civil Courts & other agencies. (Police Standing Order 497 (a) (i))

(MFSs attached to each Police Districts including Commissionerate under the administrative control of the Unit Police Officers and manned by Scientific Officer, render forensic scientific assistance in the field level to locate, collect, preserve scientific clues from crime scenes and assist investigating officers in using scientific techniques at field level for reconstruction of crimes - Police Standing Order 497 (a) 6-e)

Categories of authorities Forwarding Articles:

- A) Applications from the Police Department, Director of Vigilance & Anticorruption, and Prohibition & Excise Department of Government of Tamil Nadu either directly or through Courts or through Government Medical/Veterinary institutions (including authorized Private Medico legal autopsy centres), clinical toxicology cases from Government Medical/Veterinary institutions in Tamil Nadu.
- B) Applications from other Departments, local bodies, Universities etc. Under Government of Tamil Nadu; licensees of Commissioner of Prohibition and Excise of Tamil Nadu; cases from family courts/ other courts in Tamil Nadu, wherein Government of Tamil Nadu is not a party.
- C) Applications from Courts outside Tamil Nadu and from Departments of other State Governments including their local bodies, Universities etc. cases of other States referred by any authority in Tamil Nadu.
- D) Applications from Public Sector Undertakings, Boards, Commissions, Tribunals, Councils etc. of Tamil Nadu/Other States/UT/Central Government and from Departments of UT/Central Government.
- E) Applications from Banks including Nationalized Banks, Private Hospitals/ Colleges and others.

Category A is examined free of cost, for other categories, fees prescribed from time to time shall be adhered to. (Police Standing Order 381)

Principle behind forensic article examination:

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

(Tamilnadu Medical Code Para - 159).

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

Impossibility in interference - to maintain Chain of Custody and making interference or

tampering impossible by proper packing, sealing, affixing wax seal impression to the letters, sample, covers etc.

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

Authority to forward articles:

During the course of autopsy, if the cause of death mandates so or if the Investigating Officer (under Category A) requests so, ancillary investigations of viscera can be done.

Medical Officers conducting autopsy can forward samples towards FSL, only when there is chance for articles that undergo rapid decomposition in 24 hours. (Most biological tissues fall under this category).

Forms listed below need not be sent with a forwarding letter; forwarding endorsement number & date will do in such cases. (Tamilnadu Medical Code, Para - 908)

For otherwise situations, letter from Deputy Superintendent of Police / concerned Jurisdictional Magistrate order is required by FSL to receive the samples. (Superimposition, DNA typing samples etc.). In that situation, Medical Officers are to preserve, pack and forward the samples to FSL immediately, along with an Intimation letter to Deputy Superintendent of Police / concerned Jurisdictional Magistrate regarding the same. Viscera & articles are not be detained by Medical Officers beyond 24 hours. (Police Standing Order - 593, Part - I)

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

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

Communications shall be meant only for better co-ordination of all stakeholders to bring justice in a case and to improve quality of crime investigation in solving the case.

Packing of articles:

Stopper of containers of viscera can be sealed with molten paraffin; Stopper can be tied down with polythene paper.

Each article requiring separate examination should be packed separately and labelled. The labels should be numbered consecutively and should bear the signature of the forwarding officer, and the number and date of his letter of advice to the Tamil Nadu Forensic Science Department, Chennai / RFSL.

All the packets belonging to one case should then be enclosed in one box or outer covering unless disparity in the size of the various articles makes this inconvenient, but articles belonging to different cases should never be forwarded under the same cover. Articles sent for examination must never be used as wrappers. Labels should not be pasted over instruments suspected to contain any stains. All parcels should be carefully sealed by the despatching officer and packed in such a manner that they cannot be opened without destroying the seals. The seal used should be the same throughout, an official seal which is kept in safe custody, impressions of current coin or merely a series of straight curved or cross lines, or impressions of keys or weights. keys, weights, etc., must not be used.

Despatching Officers will be held personally responsible that these instructions are carefully followed. Whenever practicable, such parcels should be packed under the immediate supervision of the Medical Officer conducting autopsy / Professor & Police Surgeon.

A letter of advises should be separately forwarded to the Tamil Nadu Forensic Science Department, Chennai / RFSL.

This letter should contain:

- (a) An impression of the seal used in closing the packets and description thereof.
- (b) A list of the articles forwarded and a statement as to how the articles have been forwarded. The numbers given to the articles on the list must correspond with the numbers on the labels.
- (c) Information as to whether any of the weapons, cloths, etc, are to be returned after examination.

(Police Standing Order 592)

Return of Articles:

When articles are wanted back after examination, a note to this effect should be included in the letter of advice and unless they are entirely used up in the examination, they will be returned.

In the absence of such a note, the Tamil Nadu Forensic Science Department will assume that the return of the articles is not required and they will be destroyed.

(G. O. No. 2143, Public Health, dated 13th October 1932.)

61. Chemical analysis of Viscera:

Forwarded to Deputy Director (Toxicology), Forensic Science Laboratory, Chennai in Chennai jurisdiction and Deputy Director (Toxicology), Regional Forensic Science Laboratory on Police Districts Jurisdiction.

Regional Forensic Science Laboratories & its functioning Units are given in the Annexure.

Stomach with its contents, Small intestine with its contents, and 500 g of Liver, Half of each Kidney and sample of preservative are to be labelled with viscera label (Medl. I-30(a) in the annexure). Wax impression sealed.

(Most common preservative used for chemical analysis is saturated salt solution; Containers / bottles containing viscera with Preservative should not be more than three quarters filled so that the viscera may be well shaken with the preservative on the journey.

List of viscera to be sent in suspected poisoning cases are attached in the annexure)

Soil samples, hair, nail, bones samples can be collected in exhumation cases, as and when necessary.

While preserving hair samples, scalp end is to be held by rubber band to indicate the ends.

Civil Medical Form for forwarding viscera shall be duly filled. Columns pertaining to the case details, in charge constable carrying it, nature of sample & preservative, nature of poison suspected with relevant post mortem examination findings and sample of each label attached are to be filled legibly, if possible, in a printout form.

Each sample is to be kept in separate container, label with Medl. I-30(a) label shall be bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date, nature of sample and preservative used and sealed.

Civil Medical Form (Medl. I. 30), copy of Viscera label - Medl. I-30(a), case history & F.I.R. copy shall be kept in single envelope, then handed over to the in-charge constable.

All sealed Sample containers are placed in a box, box is to be sealed and then handed over to the in-charge constable. Investigating Officer shall obtain a Magisterial order for such analysis by Lab.

Medical Officer shall ensure sealing and packing and handing over of containers in her / his view.

Sealed Viscera box should be handed over to in charge Police constable immediately. Failure to receive the viscera preserved by in charge constable should be brought to the immediate knowledge of the Investigating Officer / Superintendent of Police / Commissioner of Police. This is to ensure chain of custody of evidence.

Receipt from Forensic Science Laboratory concerned should be attached to the post mortem notes booklet.

62. Railway run over deaths: In every case of a person run over on a railway, unless it is known for certain that death was caused by being run over, there should be thorough examination / careful to determine signs of poison. Particular care should be taken with unidentified bodies (Tamilnadu Medical Code - Para, 619).

63. Biology section: Forwarded to Deputy Director, Biology, Forensic Science Laboratory, Chennai / Regional Forensic Science Laboratory in Police Districts Jurisdiction.

Samples are sent to confirm whether stains on clothes, articles etc. Is

Blood stain - Entire cloth is preferred; Cut portion of cloth containing stain & control portion shall also be sent;

Seminal stain - Swabs from genital area / other parts of body shall be air dried and sent;

Slide smear shall be allowed to air dry;

Salivary stain / faecal stain - Cut portion of cloth / entire cloth shall be sent.

Articles, clothes etc. During autopsy with suspected blood, semen, salivary stain shall be shade dried, packed and sealed and handed over to the body in charge constable. Covering the suspected stains with cotton wool to prevent the stains from being damaged during transit can also be done.

(FSL on detecting a stain would transfer the article for further testing to Serology / DNA by themselves).

Swabbing Technique:

If the skin appears moist, the stain should be retrieved on dry swabs, which are then placed in sheaths without transport medium.

Double-swab technique is the recommended method to recover dried stains or possible cellular material from skin. When using this technique, sterile water is used to wet completely the cotton tip of the first swab. The tip of the swab is then rolled over

the area of skin using circular motions while rotating the swab on its long axis to ensure maximum contact between skin and swab. Then, a second dry swab is rolled over the same area to absorb the water left on the skin by the initial swab and collect any remaining cells. Minimal pressure should be applied to prevent exfoliation of the patient's own epithelial cells. The forensic practitioner should use as many swabs as necessary to remove any visible stain (repeating wet swab followed by dry swab). If no stain is visible, two swabs will suffice (the first wet; the second dry). The swabs are then placed in sheaths without transport medium.

For Diatoms - Stomach water or pleural cavity fluid in decomposed bodies (Test water), Sternum / Femur (Test sample) in separate containers shall be sent.

Each sample is to be kept in separate container, label with Medl. I-30(a) label shall be bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date, nature of sample, and body part from where it is collected and placed in a separate envelope and sealed.

Legibly filled Form - Medl. I-30(d), pertaining to the case details, in charge constable carrying it, nature of sample and number of sample envelopes with relevant post mortem examination findings. All request documents (Form - Medl I-30(d), case history & F.I.R. copy) shall be kept in single envelope.

Document envelope is to be sealed and handed over separately;
All sealed Sample containing envelopes are placed in a box, box is to be sealed and then handed over to the in-charge constable. Investigating Officer shall obtain a Magisterial order for such analysis by Lab.

S.O.C. water (Control) sample shall be dealt & sent by Investigating Officer / MSFL Unit to (R)FSL.

64. Serology section: Forwarded to Deputy Director, Serology, Forensic Science Laboratory, Chennai / Regional Forensic Science Laboratory (Zone wise RFSLs receiving samples for Serology is given in the annexure).

Blood sample from body / Control Blood - Few blood droplets from heart / blood from a peripheral vein shall be placed in a gauze piece (7.5 x 05 cm minimum) or chemical free filter paper and air dried; gauze / filter paper used shall have a portion free of blood for being used as control;

Air dried sample shall be kept in separate paper cover /container, label with Medl. I-30(a) label shall be bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date, nature of sample, and body part from where it is collected and placed in a separate envelope and sealed.

Legibly filled Form - Medl. I-30(d), pertaining to the case details, in charge constable carrying it, nature of sample and number of sample envelopes with relevant post mortem examination findings. All request documents (Form - Medl I-30(d), case history & F.I.R. copy) shall be kept in single envelope.

Document envelope is to be sealed and handed over separately;
All sealed Sample containing envelopes are placed in a box, box is to be sealed and then handed over to the in-charge constable. Investigating Officer shall obtain a Magisterial order for such analysis by Lab.

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

In Dead:

10 cm shaft of femur from dead body, clavicles and permanent molars preserved in common salt;

in absence of femur, any long bone in common salt.

In Dry bones - Bone is to be wrapped in paper; Molar teeth in a vial.

Partly burnt body - Dry bone is wrapped in paper; Bone with Adhering tissue: Preserved in common salt.

Blood in gauze cloth, air dried (not liquid blood); Tissues in saline can also be sent.

Hair with root packed in a vial to identify the body;

Air dried swabs of Buccal epithelial brushing on left & right buccal sides for deceased person's DNA can also be sent.

In a foetus / new born, right thigh preserved in common salt;

Products of conception is to be rinsed with normal saline (not completely soaked in saline) & collected in a wide-mouthed container with a lid.

Clothing /articles stained with blood or other body fluids (identifies victim or perpetrator);

Vaginal smear/swab - to be collected by medical officer (to identify the perpetrator);

Nail clippings with spencer well forceps (to identify the perpetrator);

Container shall be labelled or air-dried sample in separate paper cover shall be labelled with Medl. I-30(a) label - bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date nature of sample, body part from where it is collected and placed in a separate envelope / box.

Legibly filled Form - Medl. I-30(d) pertaining to the case details, in charge constable carrying it, nature of sample and number of sample envelopes with relevant post mortem examination findings. All request documents (Form - Medl I-30(d), case history & F.I.R. copy) shall be kept in single envelope.

Document envelope is to be sealed and handed over separately;

All sealed Sample containing envelopes are placed in a box, box is to be sealed and then handed over to the in-charge constable. Investigating Officer shall obtain a Magisterial order for such analysis by Lab.

66. Anthropology Section (Skull Superimposition): Samples shall be forwarded to Deputy Director, Anthropology, Forensic Science Laboratory, Chennai.

Useful in case of decomposed bodies or burns or when face is not recognizable,

Pack entire skull with mandible in common salt.

Medical Officer shall advise the Investigating Officer to send a life size photograph of the suspected person in question, while taking the sample to Lab.

Container shall be pasted with Medl. I-30(a), all Label shall be bearing the Name, Age, Sex of deceased, Crime number, P.M. no with date, nature of sample, body part from where it is collected and placed in a separate envelope and sealed.

Legibly filled Form - Medl. I-30(d), pertaining to the case details, in charge constable carrying it, nature of sample and number of sample envelopes with relevant post mortem examination findings. All request documents (Form - Medl I-30(d), case history & F.I.R. copy) shall be kept in single envelope.

Document envelope is to be sealed and handed over separately;

All sealed Sample containing envelopes are placed in a box, box is to be sealed and then handed over to the in-charge constable. Investigating Officer shall obtain a Magisterial order for such analysis by Lab.

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

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

Useful to estimate metallic substances concentration in entry & exit skin points in electrocution - Skin around Entry, Skin around Exit sites & Control skin samples in rectified spirit can be sent in select cases.

Packing, forwarding, documents required are same as above.

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

Useful to find gunshot residues on hands / other parts of body.

Instruct / communicate Police or Investigating Officer to secure both upper limbs of the body by covering it in plastic cover.

Instruct / communicate the Hospital staff to cover entire upper limbs with plastic sheets, as soon as the body arrives at hospital, if the above step is not followed / missed.

GSR test sampling:

Place Plain cotton ball in one container; Cotton ball dipped in Nitric Acid in one container; Cotton ball dipped in Nitric Acid swabbed over elbow in one container; Cotton ball dipped in Nitric Acid swabbed over dorsum of each fingers on both hands in one container. This is done to detect Secondary residues, if any.

(Five ml of nitric acid to be dissolved in 95 ml of water to make 5% nitric acid)

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

Results are more useful if the cotton ball swabs are taken within 03 hours of death, between 03 to 06 hours results are less useful.

Alternatively, Stick a plain cellophane tape over snuff box region & proximal phalanx of index finger, peel the tape from body and place another plain tape piece over the peeled piece. This is done to capture Primary residues if any, between the two films of cellophane tape.

Clothing need to be removed intact / cut on lateral aspect along the stitches, fold the clothes by keeping butter paper in between the folds and pack it;

Skin (entry wound) shall be cut circumferentially, place butter papers one above & one below it and keep the sample in a container.

Packing, forwarding, documents required are same as above.

On reception of Forensic Science Laboratory reports, acknowledgment slips shall be sent back through posts by the concerned Professor / Police Surgeon or Chief Medical Officer / Resident Medical Officer (the authority receiving requisition for autopsy). In case of Police constables carrying reports in extra ordinary situations, Laboratory letter shall be returned with due acknowledgment through the concerned Police constable.

69. Histo-Pathological examination: Samples shall be forwarded to Professor of Pathology.

Organ / Tissue bits shall be preserved in 10% formalin / 95 % ethanol preservative, covered by a layer of cotton on top;

Medical Officers in Government hospitals, can send samples of internal organs, hyoid bone collected during autopsy to the nearest Government Medical College Pathology department.

Form - Medl I-30(b) is to be filled in duplicate; of which duplicate copy is to be acknowledged and returned back by Professor of Pathology.

Relevant autopsy findings can be written in the form itself along case history and F.I.R. copy, Medical Officer can guide the Pathologist in writing, regarding the disease process he is suspecting about.

Pathological specimens collected can be used for preparing Medical College Museum.
(Tamilnadu Medical Code - Para 272)

70. Microbiological examination: Samples shall be forwarded to Professor of Microbiology.

In Suspected microbiological cause of death, red hot spatulated spleen bit or smear from tissues in peritoneum / pericardium or gut swab for cultures can be sent to Microbiology department of nearest Medical College.

Sample in culture medium for virus / 80 % glycerol in buffered saline can be sent to King's Institute, Guindy, Chennai for virological examination.

Biochemistry examination: Samples shall be forwarded to Professor of Biochemistry. Biochemistry department of nearest Medical College.

71. FINAL OPINION: After receiving report of each ancillary investigation used, provisional opinion certificate of Medical Officer shall be sent in the same manner as discussed above.

Viscera & other reports which arrive at later dates shall be entered into 'Viscera Report Register', 'Histo-Pathological Examination Register' and transferred to PM file by the Professor of Forensic Medicine / Police Surgeon.

At the end of all ancillary reports, Final opinion certificate shall be sent in the same manner as discussed above.

Post mortem examination - Provisional Opinion / Final opinion (Annexure for format):
Original - Magistrate (sent through post immediately);
Police copy - Investigating Police Officer (Intimate the readiness of certificate to the concerned I.O. through Out Post / Nearest Police Station);
HoD copy - Head of the Department copy;
Office copy - Department record.
Copy of FSL report can be sent to Magistrate along with Final opinion (Investigation Officer receives his report copy directly from FSL).

Difference of opinion between the Tamil Nadu Forensic Science Department, Chennai and the post-mortem findings of Medical Officers - In all cases where the opinion of Medical officers based on post-mortem findings differs from that of the Tamil Nadu Forensic Science Department, Chennai / RFSL, the Medical Officers concerned should get into touch with the Tamil Nadu Forensic Science Department, Chennai / RFSL and ascertain reasons for arriving at different findings. (Surgeon Generals P. No. 51-M, 16th February 1939.)

It becomes duty of the Enquiry Officer in cases of Post Mortem examinations done on death under Police Custody / torture to follow up Forensic Science Laboratory reports to prepare and send reports within 15 days. (Police Standing Order 151 A (2) (g))
Notification of District Health Authorities shall be made through Head of the Institution, in case of Notifiable diseases / Maternal deaths (S. 64 of Tamilnadu Public Health Act)

72. Upon request from Court, for committal / trial of cases, requested documents shall be taken from Department records and shall be forwarded to Court through the mentioned Constable by Court.

Such constable shall acknowledge in writing after receiving the same.

Attested copies shall be sent ordinarily;

but if Court specifically mentions for Original documents, originals shall be forwarded to Court through Constable concerned, photostat & attested copies of the document sent along with Court letter shall be attached to departmental record file.

Forwarding such documents / reports doesn't require a covering letter from Professor of Forensic Medicine / Police Surgeon.

When Court requires Original document for committal / trial, and if, Final Opinion is pending because of non-receipt of RFSL / FSL reports, such fact shall be communicated to Court in writing and attested copies of all requested documents shall be sent.

Once, Final Opinion is prepared, Original documents need to be sent to Court.

73. Medical Officer on transfer:

If a particular Medical Officer gets transferred to a new station and there is pendency of certificates, Head of Department of concerned old station shall request the Head of Institution of the new station to permit the medical officer concerned for its completion. TA / DA rules would be applicable for this bound duty.

For Medical Officers who got superannuation, the concerned Head of Department through the Head of Institution can communicate to the Medical Officer regarding her /

his pendency. Medical Officer is lawfully bound to complete the same. TA / DA shall be managed by the concerned Institution.

74. Weapons of Unusual Character / special interest

In the opinion of the Sessions Judge, material objects confiscated in a Case is of a most unusual character or of special interest (other than firearms & ammunition) in the light of the facts of the case, it shall be ascertained by reference to the Professor of Forensic Medicine / Police Surgeon of Medical College & Principal of the Police Training School concerned, whether it is required for the Medico Legal Museum of the College or for the Police Museum in the School.

The weapon shall be destroyed only if it is not so required.

If it is so required, it shall be sent either to the Professor / Police Surgeon or Principal, Police Training School. The former shall, however, have priority over the latter in respect of weapons for which there is a demand from both of them.

(Para 263 - The Criminal Rules of Practice, 2019, High Court, Madras.)

75. Supply of copies of judgments and orders to Professor of Forensic Medicine:

All Magistrates should forward to the Professor of forensic Medicine copies of their judgments or final orders in all cases in which their evidence have been taken.

(Tamilnadu Medical Code - Para 630)

76. Pathological Autopsy: Professor of Pathology shall take responsibility for Hospital / Pathological autopsy.

He / She shall ensure,

- a) Scientific grounds for Pathological Autopsy;
- b) Due Research / Scientific Committee approval for it;
- c) Consent for autopsy from the relatives of dead;
- d) Cost for consumables, personnel borne by the Department / Faculty requesting it.

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

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

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

77. Professor / Police Surgeon and Medical Officer in charge of stations (Departments or Units) should see that all circulars and other Government or departmental orders, issued from the Office of Directorate of Medical Education & Research, Directorate of Public Health & Preventive Medicine, Directorate of Medical Services, Directorate of Medical Services (ESI) as the case may be for the information of the department, are duly and regularly circulated amongst medical officers and subordinates serving under them, Medical Officers are however, allowed their own discretion in the manner of orders of a confidential or important nature (Tamilnadu Medical Code - Para 77).

78. Superintendent or Medical officer in charge of every Government institution is required to keep completed and up to date a book of the standing orders, Orders of Government and Health Directorates concerning the Institution.

79. In these books, orders should be arranged in sections and paragraphs numbered continuously throughout. Number and dates of the orders, sanctioning a new standing order should be quoted in the margin. (Tamilnadu Medical Code - Para 283).

80. Registers & Forms:

Professor / Police Surgeon in Medical Colleges, shall ensure safe keeping of the records in the Department of Forensic Medicine as below:

Regarding history, establishment, organization or reorganization of institution / department and all records containing matters of permanent interest are to be carefully preserved;

Registers & Indices of correspondence should always be retained - Permanent;

Orders book - Permanent; Visitor's book - Permanent;

Leave Registers - 25 years; Stock book - 25 years;

Post Mortem Register (Age Case register, DNA case register) - 12 years; Post mortem certificate booklet - 12 years;

Copy application register - 10 years;

Call book - 03 years; Dispatch by post register - 03 years; Indent for stores & forms - 03 years; Leave account - 03 years; Records issue (Document lending) register - 03 years; Stamp registers - 03 years;

Register of letters received, Register of letters dispatched - 02 years; Stock book for forms & booklet (Used & Unused) - 02 years;

Records showing key handing over & taking over - 01 year

(Tamilnadu Medical Code, Para - 991)

Certificate Issued register, Viscera reports / HPE reports register, Seal register, Autopsy kit / Microscopes register, Case Allotment register, Library book register, Book lending register - Time period not mentioned, hence keeping it as permanent would be prudent.

Chief Medical Officer (Head of the Institution) shall entrust the records as above to Medical Records Section in other institutions.

81. Closing the Department:

Professor / Police Surgeon shall entrust on rotation, a Medical Officer & required para medical staff to supervise & submit the keys & wax impression metal seal (affixed while closing the department) to Institution Administration / Keys sergeant (KIPMM 59). On next morning, the same team shall oversee the intact seal and open the department. Department shall be locked with seal daily, only to be opened on next day / after explicit Government order to do so.

Chief Medical Officer / Resident Medical Officer shall ensure the same where MLC / PM documents are kept.

DNA TESTING CASES

DNA TESTING CASES:

1. In Government Medical Colleges, Professor of Forensic Medicine / Police Surgeon shall receive requests for sample collection towards DNA testing; in his / her absence, Associate Professor; in his / her absence, Assistant Professor in the department shall receive such requests in the Forensic Medicine Department of the College.

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

2. In Government Medical hospitals, Chief Medical Officer / Resident Medical Officer of the hospital shall oblige the requests and comply on rotational basis with directions towards the conduct of case.

3. Letter from Court:

Court shall direct in writing to the Forensic Science Laboratory for issuance of FTA (Flinder's Technology Associates of Australia) card, stating the name and location of Government Hospital, designation of Medical Officer, who is to draw samples from the accused / victim / third party and

(Investigating Officer shall co-ordinate with the Professor of Forensic Medicine / Police Surgeon in Government Medical College or Chief Medical Officer in Government Hospitals and fill in the Medical Officer designation, as the case may be and forward it to Court for the above purpose).

4. Court can then forward FTA cards and Letters bearing Photographs, Identification marks of all persons from whom exemplars are required to be drawn to Professor of Forensic Medicine / Police Surgeon or Chief Medical Officer for drawal of samples through Police.

5. Letter from Police or Investigating Agency:

When an Investigating Agency / Police, obtains FTA cards from the Forensic Science Laboratory;

after consulting with the Professor of Forensic Medicine / Police Surgeon or Chief Medical Officer for drawal of samples;

Request letter containing Photographs, Identification marks of all persons from whom exemplar is to be drawn, separate unfilled Form I with photograph of each person from whom the Medical Officer is required to draw exemplar shall be submitted to Professor of Forensic Medicine / Police Surgeon or Chief Medical Officer. Reception and entries in the Medical Institution shall be made as above.

(Model of Form I is in annexure)

6. In addition, Investigating Agency shall videograph the process of drawal of exemplar by the Medical Officer, and keep the videograph in an electronic form such as pen drive, compact disc etc. in their case diary and also furnish a copy of it to the Court concerned.

No videograph shall be taken of drawal of semen, vaginal swabs, pubic hair and other exemplars from the private parts of a person.

The Medical Officer shall confirm the identity of the person with the photograph affixed

in Form I, and after drawing the exemplar, shall fix the same, obtain the signature and thumb impression of the person and seal in Form I.

(High Court, Madras - R. O. C. No. 39824 / 2020 / F1 / P. Disc. No. 92 / 2020; 28.12.2020; Tamilnadu, DGP - Circular memorandum No. Crime I / 181716 / 2011, dated: 09.08.2011)

7. Request letters in otherwise situations:

In situations of Disputed Paternity / Maternity, under Domestic Violence Cases etc, (not under Police Cases with a Crime number); concerned authority taking up the cases shall nominate a Designated Officer. Such Officer shall obtain DNA / FTA cards from the FSL Chennai.

After consulting with the Professor of Forensic Medicine / Police Surgeon or Chief Medical Officer for drawal of samples;

Request letter containing Photographs, Identification marks of all persons from whom exemplar is to be drawn, separate unfilled Form I with photograph of each person from whom the Medical Officer is required to draw exemplar shall be submitted to Professor of Forensic Medicine / Police Surgeon or Chief Medical Officer.

Expenses to be borne by the concerned party for travel to & fro, video recording of sample drawal etc. (Police Standing Order - 381 (B))

8. Register:

A 'DNA Exemplar register' shall be maintained at institutions; cases shall be entered with Name, Age, Sex, Signature & thumb impression of the accused / victim / third party, Police Station with Crime Number, Name & designation of the Official accompanying the accused / victim / third party, Name & designation of the Medical officer, Date & time of exemplar drawn, details of exemplar drawn.

9. FTA cards:

Space with lines in the folding covers of FTA Card is for filling details of the case and identification of the person.

10. Medical Officer, under aseptic precautions, shall make drops of blood (pricking, not by syringing) of the concerned person into the designated areas of FTA card.

11. Card shall be air dried, not shown into direct light;

Card shall be put inside self-sealing envelope provided and signed by the Medical Officer with seal.

12. Sealed Envelopes:

Envelope (s) shall be placed in forwarding Cover bearing details of the case (provided by FSL), pasted and affix wax impression seal on the space designated as 'G.H.' alone.

Cover containing the samples shall be handed over to the in-charge Constable

entrusted by Court and he / she shall be instructed to get wax impression seal on the space designated as 'Court' and forward it to FSL through the Court.

Acknowledgement shall be obtained from the constable / Investigating officer.

13. When the process is done upon the request of Police / Investigating Agency alone,

The Medical Officer shall hand over the exemplars in a sealed cover with her / his rubber stamp affixed on the cover, to the Investigating Agency to be submitted to Court as above.

Sealed cover shall be accompanied by Form I duly filled and certified by the Medical Officer.

Investigating Agency shall then forward it to Forensic Science Laboratory through the Court as above.

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

DRUNKENNESS CERTIFICATION

DRUNKENNESS CERTIFICATION:

1. Certification regarding drunkenness status of a person can be obtained from the Casualty / Emergency Department of a Government Medical Institution (Prohibition cum Accident cases for drunkenness status examination has jurisdiction for each Medical College in Chennai - same as brought dead, Age cases, Bone cases, Second Opinion cases, Sexual Offence Accused examination cases etc.) by any Police Officer with written request.

2. Scheme of examination for ascertaining drunkenness in an individual is to be done in the Proforma given in annexure (Medl I 66 C) to withstand legal scrutiny and be acceptable in Courts of Law. (Tamilnadu medical Code, Para - 634)

Proforma scheme of examination is to be done, form along with Police letter / memo, FSL receipt (if investigations sent) and Duplicate certificate are to be tied into a single file or attached to the register maintained and numbered serially.

3. Consent is to be asked for examination, on refusal, examination of accused of offence can be done with reasonable force upon requisition from those concerned police officer, when a female has to be examined under this section, examination shall be done by or under the supervision of a female medical practitioner shall do the examination. (S. 51 BNSS).

4. For cases referred for examination directly by other Department Authorities (Railways, Road Transports, Uniformed services Departments etc.) Original to investigating Officer, Duplicate to Referred Authority, Triplicate to the examined person and Quadruplicate to Emergency Department Office file can be done.

5. Cost of reproduction of Duplicate and Triplicate certificates are to be paid to hospital office by the authorities requesting certification.

6. Ancillary investigations:

Smell of alcohol cannot be relied completely, symptoms produced during Stage of Excitement are subjective; hence blood, urine, stomach wash for FSL examination shall be done. (Tamilnadu Medical Code, Para - 634)

10 ml of blood from ante - cubital vein after cleaning the area and allowing it to air dry; Midstream Urine sample are sent.

100 mg of Sodium Fluoride + 20 mg of Potassium oxalate are added as preservative in a glass container; with label - Medl. I-30(a), sealing wax impression and sent through in charge Police constable.

Ideally, collection of two samples of Blood & Urine in 30 minutes interval is scientifically more useful for interpretation of quantitative analysis & intoxication levels. Blood can also be preserved by adding crystals of Sodium Chloride, Urine can also be preserved by adding crystals of Sodium Chloride, till it is saturated. (Tamilnadu Medical Code, Para - 635)

7. Examination findings, Copy of Viscera label - Medl. I-30(a), History & F.I.R. copy, if any, are to be enclosed in an envelope, sealed and addressed to - Deputy Director (Toxicology - D), Forensic Science Laboratory, Chennai in Chennai jurisdiction and Deputy Director (Toxicology - D), Regional Forensic Science Laboratory on Police Districts Jurisdiction. Investigating Officer shall obtain a Magisterial order for such analysis. Certificate shall be given issued without any delay.

Biochemistry Department of nearest Medical College can also be utilised for the same.

8. On reception of reports, Final Opinion is to be given by the Medical Officer who did the Drunkenness examination in the same manner as above (Readiness of Certificate can be communicated through OP / nearest station).

9. Drunkenness examination & Certification under Tamilnadu Prohibition Act may be done by Rural Medical practitioners. District Superintendent of Police is authorised to sanction their fees for the certificates. (Tamilnadu Medical Code - Para 636 & 427)

But the above examination & certification is prohibited for homeopathic practitioners (Tamilnadu medical Code, Para - 637)

10. Drunkenness examination & Certification of a person or railway employee shall be done by Railway doctor, it shall be marked as Medico Legal Case, examined carefully, blood sample obtained and tested at any Govt. or private lab at the earliest. (Tamilnadu Medical Code, Para - 639; Indian Railway Medical Manual, Section - G, Para 565 - 567).

EXPERT OPINION

EXPERT OPINION certificates:

1. Investigating Officer of a case can request to the Professor of Forensic Medicine / Police Surgeon of Govt. Medical College of the District / Nearest Govt. Medical College (if there is no Medical College) for Expert opinion for cases conducted in the same Medical College department or nearby medical institutions. (Tamilnadu Medical Code, Para 624, 625)

2. If necessary, through the Director of Medical Education & Research to a panel of more autopsy experienced Professors in Govt. Medical Colleges than the first opinion expert. (Tamilnadu Medical Code, Para 652)

3. It can be sought for Autopsy cases, Age cases, Sexual offence cases, Wound certificates, Drunkenness certificates or any other medico legal certificates.

SEXUALOFFENCE CASE - SURVIVOR FEMALE EXAMNATION

SEXUAL OFFENCE CASE - SURVIVOR FEMALE EXAMINATION:

Sexual Offence suspected upon Medical Examination:

A doctor, when dealing with an adult / child, for medical consultation, finds from history or examination findings observed, suspects on medical opinion suggesting sexual assault / abuse, treatment and psychological support is to be started at once.

M.L.C. is to be marked and Police intimation is to be given mandatorily.

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

In Primary Health Centres, if any POCSO cases come, First aid and vitals shall be checked, stabilise the victim and then immediately send the victim / survivor to the nearby Government Hospital through 108 Ambulance services.

Examination:

Proforma for examination and model certification (applicable to all Government & Private Medical Institutions) are in annexure (GO (Ms) No: 201, Health and Family Welfare Department; dated:11.07.2014; GO (Ms) No: 174, Health and Family Welfare Department; dated:18.06.2015)

Gender, class, caste, religion, ethnicity or other factors are not to be considered for examination & treatment.

Report shall contain - Name, Age, brought by, address, materials collected, marks of injury, mental condition, start & completion time of examination, other details if any.

When a victim (child) is brought to the hospital at an advance stage of pregnancy or after the girl had delivered a child, it will suffice to take note of the stage of pregnancy of the victim girl after properly identifying her and in case where the girl delivered a child, to take note of the same and identify the girl and the child with necessary particulars. Examination for the purpose of filling the Proforma above is not necessary,

Examination shall be for the counselling and treatment of any injuries on body;

Suggest for MTP, with due consent from parent / guardian, Intimation to Police for MTP under Humanitarian ground (rape) shall be made

((Forms in Annexure - Director of Family Welfare, Chennai - SOP - Ref. No. 10053 / FW / D7 / D& E / 2023; 8-1-25; HCP No. 2182 of 2022, High Court of Madras, Madras).

Register:

'Sexual Offence Survivor Register' containing serial numbering of cases examined, examining doctor, other details etc. shall be maintained.

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

Hospital shall give free treatment of child victims (penetrative sexual assault & sexual assault, under 18 years), rape survivors, vitriolage victims (G.O. (D) No. 641 Health and Family Welfare (E1) Department, dated: 20.06.2013);

In cases of victim of custodial rape, intimation shall be done to Revenue Divisional Officer in addition to Deputy Superintendent / Assistant Superintendent of Police to aid in their investigation under Police Standing Order 151.

Examination is to be done by:

In Adult:

Examination of a survivor of rape / attempted rape presenting herself shall be done by a Registered Medical Practitioner in Government run / Local body run institution; in absence of the above mentioned, any registered medical practitioner - treatment takes precedence.

Female adult victim can be examined with consent by doctor of any gender;

In Child:

< 18 years female victim shall be examined by female doctor(s) only; (S. 27 (2) of POCSO Act.)

Medical Examination and forensic sample collection shall proceed irrespective of FIR filed / complaint filed.

Medical Officer / Practitioner shall make it a M.L.C. case & Police intimation is mandatory; If the victim is not willing for Police intimation - Police intimation shall have the line mentioned - 'Denial / Refusal for Police Intimation' and Intimation shall be done by the Medical Practitioner / Officer (Forms in Annexure - Director of Family Welfare, Chennai - SOP - Ref. No. 10053 / FW / D7 / D& E / 2023; 8-1-25).

Examination under Police / Magistrate / Court:

Child:

Under POCSO, only in Penetrative Sexual Assault or Aggravated Penetrative Sexual Assault Forensic examination and evidenced collection is needed.

Injuries on the body as in non-penetrative sexual assault or other sections of POCSO needs medical attention / opinion regarding nature of injury alone.

Doctor who examines the victim child shall take a decision as to the nature and extent of medical examination that has to be conducted with the child for the purpose of preparing a report. (HCP No. 2182 of 2022, High Court of Madras, Madras).

In victims, <12 years, parent / guardian can consent;

For genital examination, invasive investigations, consent of individual > 18 years, consent of parents in < 18 years is mandatory.

Informed Consent / Informed refusal needs to be sought separately for

1. Examination; 2. Sample collection; 3. Treatment; 4. Police Intimation.

In life threatening situation, treatment shall be initiated without consent to save life of the individual, Head of the Institution shall be intimated to nominate one woman to be present & accompany the survivor. (S. 30 of BNS)

Adult:

Where, during the stage when an offence of committing rape or attempt to commit rape is under investigation, it is proposed to get the person of the woman with whom rape is alleged or attempted to have been committed or attempted, examined by a medical expert, such examination shall be conducted by a registered medical practitioner employed in a hospital run by the Government or a local authority and in the absence of such a practitioner, by any other registered medical practitioner, with the consent of such woman or of a person competent to give such consent on her behalf and such woman shall be sent to such registered medical practitioner within twenty-four hours from the time of receiving the information relating to the commission of such offence.

Police are to send the person with Police Memo / Letter, for Forensic Examination of

sexual offences survivors Forensic examination shall be started after written expressed consent (if needed with interpreter / social worker);

Victim cannot be forced to undergo Forensic examination.

In cases of sexual offence victim examination - transgender / intersex / third sex person shall be identified as third gender.

If they desire and decide to be identified as male or female, same shall be entered (irrespective of genital / hormonal sex) and pronouns of that particular sex be used in further communication to him / her and in the certifications

In cases of rape under Police custody, the victim should be sent to a nearby Hospital / Medical officer for Medical check-up within 06 hours of occurrence of crime and medical opinion should be obtained on the same day by the Enquiry Officer. (Police Standing Order 151 A (2) (h))

Whenever a complaint of rape in custody against the Police is made, the Sub Divisional Magistrate should immediately subject the victim to medical examination as early as possible within 6 hours of the incident and arrange to send the dresses worn by the victim at the time of the incident for chemical analysis and report based on the medical and forensic evidence and testimony of the ravished Woman and by other evidences, the enquiry officer can draw inference whether the alleged rape was committed or not (Police Standing Order 151, (C) DETAILED GUIDELINES FOR CONDUCTING PSO 151 (OLD PSO145) ENQUIRY, Part IV, C (e)).

In cases of Medical Colleges, a 'One Stop Crisis Centre' unit (/ separate room) shall function with faculties from Obstetrics & Gynaecology, Paediatrics, Casualty Medical Officer / EMO, Psychiatrist in a place preferable for patient's care and the above departments. Survivors (child / adult) shall not be examined at General ward / Casualty / Labour ward where other patients will be waiting.

Unit is under the headship of HOD of Forensic Medicine. Medico legal examination files are to be retained in Forensic Medicine Department.

(TN Govt. Health & Family Welfare Department Letter.: 23935/ z1/ 2020-1; 14.10.2020; Director of Medical Education, Letter No: 43406/h d (II)/1/2018; 27.11.2020)

Round the clock available specialists shall attend to the survivor immediately and other ancillary specialists to attend the survivor on call / or on their immediate next working time. Facts & findings of other specialists if needed can be sought for and certification done by the Forensic Medicine Department.

Age estimation is not required, if there is enough documentary proof. (Refer under Age Estimation).

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

10. All swabs and smears in the protocol shall be collected.

11. If 1% Toluidine blue is sprayed and excess is wiped out, Micro injuries will stand out in blue evidence are collected;

Per speculum examination is not a must in case of children/young girls when there is no history of penetration and no visible injuries.

Examination and treatment as needed may have to be performed under general anaesthesia in case of minors and when injuries inflicted are severe. If there is vaginal discharge, note its texture, colour, odour.

12. Per vaginum examination commonly referred to by lay persons as two-finger test, must not be conducted / completely barred by Apex Court. Neither shall it be done, nor shall it be mentioned in AR register or elsewhere.

Any person who conducts the two-finger test or per vaginal examination while examining a person alleged to have been subjected to Sexual assault is in contravention of Apex Courts directions and shall be guilty of misconduct.

Instrument Colposcopy can be done to detect injury to hymen or to detect injuries or medical treatment. It shall not be done as a matter of routine. (HCP No. 2182 of 2022, High Court of Madras, Madras)

13. Status of hymen is irrelevant because the hymen and an intact hymen does not rule out sexual violence and a torn hymen does not prove previous intercourse.

Only those that are relevant to the episode of assault (findings such as fresh tears, bleeding, oedema etc.) are to be documented with respect to hymen.

14. Copy of entire Proforma / preliminary certificate is to be given to the victim free of cost at the end of examination. (GO (Ms) No: 641, Health and Family Welfare Department; dated: 20.06.2013)

15. Preliminary Certificate of Sexual Offence case examination (presenting themselves / Court direction) shall be prepared in Duplicate by the Medical Officer immediately after the examination;

Original certificate should be sealed, forwarded to the Magistrate / Court concerned through the in-charge constable sent by Court on the same day; Duplicate - Department copy.

16. If requisition is made by the Police Officer alone to examine the victim, Certificate shall be made in Triplicate, Original - Magistrate, Duplicate - Investigating Officer, Triplicate - Department copy. Certificate shall be issued with 07 days of examination.

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

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

18. Opinion shall be formed using the tables below and certificate shall be made ready as above.

(Readiness of Final Opinion shall be communicated to the constable nominated by Court / Investigating Officer of the Case concerned I.O. through Out-Post / Nearest Police Station).

Examined under Court direction - Certificate shall be prepared in Duplicate by the Medical Officer;

Original certificate should be sealed, forwarded to the Magistrate / Court concerned, Duplicate - Department copy.

Examined under Police memo / Police Intimation done by Medical Officer - Certificate shall be made in Triplicate, Original - Magistrate, Duplicate - Investigating Officer, Triplicate - Department copy.

Copy to victim - shall be intimated to them through Institution concerned.

20. Each Case file shall contain Request letter, History, FIR, duly filled Examination Proforma, Preliminary certificate copy, FSL report, Final Opinion certificate copy. It is be maintained at the Department.

PENILE PENETRATION:

Genital injuries	Physical injuries	FSL report	Final opinion
Present	Present	Positive for semen	Signs suggestive of forceful vaginal / anal intercourse
Present	Absent	Positive for semen	Signs suggestive of forceful vaginal / anal intercourse
Absent	Present	Positive for semen	Signs suggestive of forceful vaginal / anal intercourse
Absent	Absent	Positive for semen	Signs suggestive of vaginal / anal intercourse
Absent	Absent	Positive for drug / alcohol / semen	Signs suggestive of forceful vaginal / anal intercourse under drug / alcohol influence
Absent	Absent	Negative	No signs of force / penetration; however nature of complaint cannot be completely ruled out by medical means.

NON - PENILE PENETRATION:

Genital injuries	Physical injuries	FSL report	Final opinion
Present	Present	Negative for semen / alcohol / drug / lubricant	No signs suggestive of vaginal / anal intercourse but there is evidence of physical and genital assault
Present	Absent	Negative for semen / alcohol / drug / lubricant	No signs suggestive of vaginal / anal intercourse but there is evidence of genital assault
Absent	Present	Negative for semen / alcohol / drug / lubricant	No signs suggestive of vaginal / anal intercourse but there is evidence of physical assault

Absent	Absent	Negative for semen / alcohol / drug / lubricant	No signs suggestive of forceful vaginal / anal intercourse
Absent	Absent	Positive for presence of lubricant only	Possibility of vaginal / anal penetration by lubricated object

NON - PENETRATIVE ASSAULT:

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

21. Forwarding Samples to FSL:

Samples are to be packed, labelled, sealed (Sample forwarding - FSL Section);
Samples shall be forwarded with FSL Sample forwarding form - Medl. I-30(d)

When a minor is brought / adult survivor is examined, information regarding MTP shall be communicated. When MTP is scheduled, Police shall be intimated the date of MTP, so that FTA cards (for victim's DNA profile) can be obtained by Police from FSL, Chennai.

Sample preservation:

Up to 10 weeks - rinse in saline, pack in rock salt;

10 to 24 weeks - entire foetus in rock salt;

> 24 weeks - right femur / whole lower limb in rock salt.

(Placenta Umbilical cord need not to be sent).

Fill a thermocol box partially filled with ice + salt mixture. Place the Containers having sample in the centre of the mixture, add some more of the ice + salt mixture.

Ensure the container is completely surrounded by the ice + salt mixture / dry ice.

Temperature shall be maintained at 2 to 8° C.

Samples shall be handed over the Police, either the case has been filed and has FIR / Police report. Specimen shall be forwarded within 24 hours of collection. It shall be intimated through Police outpost or nearby Police Station.

Sample discarding;

When the whole product of conception / part of foetus is received and DNA extracted, the DNA profiling is done; extracted DNA is deep frozen, the profile is digitized and saved by FSL. If facility is available in the FSL, samples can be destroyed in the FSL itself. If no such facility is available, it can be handed over to the bio medical waste vendors who can thereafter destroy the same as per procedure.

Samples shall not be returned back to Courts / Medical Institutions. (HCP No. 2182 of 2022, High Court of Madras, Madras)

MISCELLANEOUS SITUATIONS:

1. For Proforma to examine female accused, female victim Proforma and labels can be used with required corrections;

For Proforma to examine male victim, male accused Proforma and labels can be used with required corrections;

2. Male victim can be examined by doctor of any gender.

3. Female accused can be force examined only when examining doctor is also a female.

SEXUAL OFFENCE CASE - ACCUSED MALE EXAMINATION

SEXUAL OFFENCE CASE - ACCUSED MALE EXAMINATION:

1. Medical Examination of an accused of rape or attempt to commit rape can be done on the request of Police Officer by a Registered Medical Practitioner in a Government run / Local body run institution (Casualty Medical Officer / Emergency Medical Officer); in absence of the above mentioned, any registered medical practitioner within 16-kilometre radius can do such examination - preservation of evidence is of prime importance. (S. 52 BNSS)

If time of travel and such travel does not jeopardize the evidence collection, or for opinion on bodily wounds (as to age of wounds, manner of such examinations can be sent to the Professor of Forensic Medicine / Police Surgeon of the nearest Medical College / Medical College of the District.

2. Examination of a person in Judicial custody / Jail - Requisition from Court shall be addressed to the Professor of Forensic Medicine / Police Surgeon of the nearest Government Medical College / Government Medical College of the District.

Reception of requests and delegation of cases shall be done as mentioned in other cases. Chief Medical Officer of a Government Hospital can also entertain such requests; if a Forensic Medicine qualified Medical Officer is available in the hospital.

3. Male Potency test need not be undertaken in a routine manner in all cases involving sexual offences.

(1) If the accused person raises impotency as a defence, the burden of proof will be upon the accused person to prove that he is impotent. Only in such instances there is requirement for conducting the potency test.

(2) The doctor must in rare cases adopt invasive methods to find if the man had consumed any pill or other medication and committed penetrative sexual violence where otherwise he is impotent.

(3) Even in cases, as the semen may be traced in the victim or in her undergarments etc, it is enough if the blood sample of the offender is taken and the DNA is matched. It is not necessary to draw the semen from the accused person.

(H.C.P.No.2182 of 2022, Madras High Court, Madras)

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

Written informed consent is sought from the accused person;

Reasonable force may be examined while examination, if consent is not given, and there is reasonable ground to believe such examination would reveal evidences regarding crime. However, only a female medical officer / medical practitioner shall examine a female accused.

Examination shall include - Name & address, brought by, age, marks of injury, evidence preserved, start & end time of examination, other particulars if any.

Examination shall be done without delay, and the report shall be issued to investigating officer without any delay so as to forward it to the Magistrate.

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

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

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

8. When the requisition is made by the Police Officer to examine the accused, Certificate shall be made in Triplicate. Original - Magistrate, Duplicate - Investigating Police Officer, Triplicate - Department copy.

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

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

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

9. Opinion shall be formed using the tables below and certificate to Magistrates / Court shall be sealed and sent immediately. Copy of FSL report can be sent along.

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

11. Opinion may be:

a. When the subject is potent and his penile washings show vaginal epithelium, Opinion may be - Possibility of performance of sexual intercourse i.e., of vaginal/anal/urethral/oral penetration by the male sex organ of the alleged accused..... under reference cannot be excluded.

b. When the subject is potent and the penile washings do not show any vaginal epithelium,

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

c. If the subject is impotent, as found out on clinical examination and investigations, Opinion may be - Alleged accused in the case under reference is incapable of performing sexual intercourse in the ordinary way due to (Temporary / Permanent cause).

TOXICITY CERTIFICATE CASES

TOXICITY CERTIFICATE CASES:

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

MISCELLANEOUS

MEDICAL BOARDS & NEGLIGENCE cases:

1. Each Government Medical College shall form a Negligence Enquiry board under the chair of Professor of Forensic Medicine / Police Surgeon.

If any complaint received or clarification opinion is sought by Police, the board shall be reconstituted by including Professors on concerned specialty.

2. M.L.C related Medical boards on Court's direction constituted by Head of Institutions are to include Professor of Forensic Medicine / Police Surgeon. In case of District hospitals the same can be done with due request to nearest Medical College to achieve more medico-legally sound solution.

3. Medical boards on disability / physical fitness carrying out their periodic duty are not covered under this manual, unless the case fits the above circumstances.

Medical negligence cases:

Guidelines of the Supreme Court of India on handling of cases of medical negligence (Jacob Mathew v. State of Punjab and another - 2005 SCCL.COM 456. Criminal Appeal No. 144-145 of 2004 decided by the Supreme Court on August 5, 2005):

1. A simple lack of care, an error of judgment or an accident, even fatal, will not constitute culpable medical negligence. If the doctor had followed a practice acceptable to the medical profession at the relevant time, he or she cannot be held liable for negligence merely because a better alternative course or method of treatment was also available, or simply because a more skilled doctor would not have chosen to follow or resort to that practice.

2. Professionals may certainly be held liable for negligence if they were not possessed of the requisite skill which they claimed, or if they did not exercise, with reasonable competence, the skill which they did possess.

3. The word gross has not been used in Section 106 of BNS. However, as far as professionals are concerned, it is to be read into it so as to insist on proof of gross negligence for a finding of guilty.

4. The maxim Res ipsa loquitur (Let the event speak for itself; no other evidence need be insisted) is only a rule of evidence. It might operate in the domain of civil law; but that by itself cannot be pressed into service for determining the liability for negligence within the domain of criminal law. It has only a limited application in trial on a charge of criminal negligence.

5. Statutory Rules or executive instructions incorporating definite guidelines governing the prosecution of doctors need to be framed and issued by the State and Central governments in consultation with the Medical Council of India (MCI). Until this is done, private complaints must be accompanied by the credible opinion of another competent doctor supporting the charge of rashness or negligence. In the case of police prosecutions, such an opinion should preferably from a doctor in government service.

6. Doctors accused of rashness or negligence may not be arrested simply because charges have been leveled against them; this may be done only if it is necessary for furthering the investigation, or for collecting evidence, or if the investigating officer fears that the accused will abscond

Police shall conduct a preliminary inquiry, depending on the facts and circumstances of each case. It shall be done before registering complaint / FIR. (Police Standing Order - 551 - 6 (vi) (c))

No private complaint to be entertained without prima facie opinion; Investigating Officer to obtain Medical opinion from Government doctor;
Not to arrest doctors as routine, unless it is largely justified that not arresting would impede further investigation / evidence collection / unavailability of doctor & arrest is to be executed only after consultation with senior Police officials.
Cases under S. 304 A IPC (106 BNS) filed after obtaining opinion from nearest Government Medical College specialist shall be taken by Deputy Superintendent of Police / Assistant Commissioner of Police & above.

(GO (Ms) No 133, Health & Family Welfare Department, dated: 09.07.2002; G.O.(Ms) No.220 Health and Family Welfare (z1) Department, dated, 04.07.2008; Office of the Director General of Police / Head of Police Force, Tamil Nadu - C. No. 4923431/ Crime 4(3) /2023, dated: 21.06.2023; Office of the Director General of Police, Tamil Nadu Memo - Rc. No. 209008 / Con. IV (1) / 2006, 07.10.2006)

Medical Boards for disability certification:

Locomotor disability:

- a. Medical Superintendent or Chief Medical Officer or Civil Surgeon,
- b. Specialist in Physical Medicine and Rehabilitation (PMR), or a Specialist in Orthopaedics if specialist in PMR is not available,
- c. One specialist doctor as nominated by the Medical Superintendent or the Chief Medical Officer as per the condition of the person with disability.

Visual Impairment:

- a. Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority as notified the State Government;
- b. Ophthalmologist;
- c. Ophthalmologist / Optometrist* / Ophthalmic Assistant* (*4 years degree from recognized university);

Hearing impairment and Speech & Language disability

- a. Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority;
- b. ENT Specialist;
- c. Audiologist / Speech Language Pathologist / Audiometric Assistant (Should be BASLP or equivalent which is RCI recognised);
- d. In addition, in cases of Speech disability due to "Dysarthria" and "Apraxia of Speech" and Language Disability due to "Aphasia", Neurologist / Paediatric Neurologist shall be included;
- e. In case of Speech Disability in the "Maxillofacial anomalies", Plastic Surgeon / Oral-Maxillofacial Surgeon/Paediatric Surgeon shall be included in the Medical Board.

Specific Learning Disability, Intellectual disability and Autism Spectrum Disorder;

- a. Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority as notified by the State Government;
- b. Paediatrician or Paediatric Neurologist (where available) or Developmental Paediatrician (where available) or physician (if age >18 years) or MD Internal Medicine / Family Medicine for Autism Spectrum disorder;
- c. Psychiatrist or Child and Adolescent Psychiatrist (wherever available);
- d. Clinical or Rehabilitation Psychologist.

Mental illness;

- a. Medical Superintendent, or Chief Medical Officer, or Civil Surgeon or any other equivalent authority as notified by the State Government;
- b. Psychiatrist;
- c. Psychiatrist / Physician or RCI registered Clinical Psychologist / Rehab Psychologist / Psychiatric social worker (wherever required Psychological Assessment report from RCI registered Psychologist obtained in last three months).

Chronic Neurological Conditions:

The Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other equivalent authority as notified by the State Government shall be the head of the certification authority with the following two other members:

- a. Paediatrician / Paediatric Neurologist for patients aged ≤ 18 yrs;
- b. Physician (Medicine specialist) / Neurologist for patients aged >18 yrs; Specialist in Physical Medicine and Rehabilitation (PMR) or in case of non-availability of PMR Specialist, a Specialist in Orthopaedics, for certifying locomotor disability component;
- c. Psychiatrist for mental illness due to chronic neurological conditions;
- d. Trained psychologist (RCI certified clinical or rehabilitation)

A and B are mandatory and C and D will be coopted as the case may demand

Blood disorder;

(a) Chairperson - Chief District Medical Officer or the Chief Medical Officer or Medical Superintendent of the hospital;

(b) Members -

- i. Treating doctor Haematologist (adult / paediatric) or General Medicine or Paediatrician or General physician or as the case may be and the availability of experts;
- ii. PMR expert or Orthopaedic surgeon, if required;
- iii. Other Specialists: In case of sequelae relating to visual abnormality, hearing problem, cerebral dysfunction, etc. In case of limitation of availability of any expert, which ever additional experts are available can be included;
- iv. End organ damage (if doubt or difficulty in assessment) then only if needed additional specialist may be included as per the discretion of chairperson. But undue delay or inconvenience to patient is to be avoided.

Multiple disabilities;

Standing medical board shall comprise of the following: -

(a) The Medical Superintendent or Chief Medical Officer or Civil Surgeon or Plastic Surgeon or any other equivalent authority as notified by the State Government - Chairperson

(b) Specialists required for assessing the individual disabilities as per the requirement of respective guidelines for Locomotor disability, Visual impairment, Hearing impairment, Disability associated with blood related disorders, Developmental disorders, Mental illness and Chronic Neurological Disorders

In view of shortage of the specialist doctors resulting in huge pendency in disability assessment, the chairperson (Who compulsorily has to be a Government Doctor e.g. Chief Medical Officer or Civil Surgeon or as specified) of the disability assessment board may, if required, include private medical practitioner(s) (duly qualified in the respective medical domain) as a board member.

(Department of Empowerment of Persons with Disabilities - Rights of Persons with Disabilities Act, 2016 - Rules - Guidelines for assessing the extent of specified disabilities - S.O. 1338 (E), Dated: 12th March 2024)

Investigation into cases concerning other departments --

The result of police investigation into cases connected with other Government departments should be communicated at once by the Investigating Officer to the local head of the department. (Police Standing Order - 579).

MEDICAL TERMINATION of PREGNANCY cases:

Qualification:

Medical Practitioner with degree or diploma in Obstetrics & Gynaecology;
in a place recognised / approved by District level authority (Joint Director of Health Services); or
Experience in the practice of gynaecology and obstetrics for a period of not less than three years (Prior to 1971);
Medical practitioner who has completed six months of house surgery in gynaecology and obstetrics; or,
experience at any hospital for a period of not less than one year in the practice of obstetrics and gynaecology; or
has assisted a registered medical practitioner in the performance of twenty-five cases of medical termination of pregnancy of which at least five was done independently (terminations beyond twenty to twenty four weeks, this clause of experience or training prescribed shall not apply).

Admission Register:

Admission Register shall be maintained as per Form III of the MTP rules, containing Serial number, Date of Admission, Name of patient, Wife / Daughter of, Age, Religion, Address, Duration of pregnancy, Reason for termination, Date of termination of pregnancy, Date of discharge of patient, Result & Remarks;
Name of Registered Medical Practitioner (s) by whom opinion is formed, Name of Registered Medical Practitioner by whom pregnancy is terminated.

Number shall be allotted serially for each calendar year (01 / 2025, 02 / 2025.; 01 / 2026, 02 / 2026 etc.) All case records (Case sheets, Operation theatre register, summary, any other document / register) shall mention only the assigned Serial number.

It is a secret document, information contained as to name and other particulars shall not be disclosed to any person, except for departmental inquiry by Chief Secretary to Government, claiming damages / suit before District Judge, investigation into offence by jurisdictional Judicial Magistrate. When Intimation to Police regarding MTP for POCSO cases (Form in Annexure), identity details need not be mentioned. Upon Police arrival to the Hospital, details can be revealed orally to aid the investigation. (HCP No. 2182 of 2022, High Court of Madras, Madras)

Medical Practitioner can issue medical certificate for leave to the concerned employed woman. But her employer is not permitted to disclose the information to any other person.

Consent for M.T.P. is to be obtained from the girl (>18 years), or parents / guardian (< 18 years & insane). However, examination can be done with consent of girl above 12 years. Consent forms (Form C) for consent by self, consent by guardian is in the annexure.

Gestation limit:

Gestation age doesn't exceed 20 weeks - (by One Medical Practitioner)
Continuance of pregnancy would involve risk to life of pregnant woman or grave injury to mental or mental health;

There is substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality;

Failure of contraceptive method to prevent pregnancy / limit children by woman or partner; continuation of pregnancy may be presumed to cause grave injury to mental health of pregnant woman;

Pregnancy is alleged by the pregnant woman to be caused by rape, the anguish caused by pregnancy shall be presumed to constitute grave injury to mental health of pregnant woman;

Gestation age doesn't exceed 24 weeks - (Opinion from two Medical Practitioners)

Continuance of pregnancy would involve risk to life of pregnant woman or grave injury to mental or mental health - Survivors of sexual assault or rape or incest; Minors;

Change of marital status during the ongoing pregnancy (widowhood and divorce);

Women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016; Mentally ill women including mental retardation; The foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped; and Women with pregnancy in humanitarian settings or disaster or emergency situations as may be declared by the Government;

There is substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality;

Pregnancy is alleged by the pregnant woman to be caused by rape, the anguish caused by pregnancy shall be presumed to constitute grave injury to mental health of pregnant woman.

Medical board comprising of Dean / Medical Superintendent / Resident Medical Officer of the Tertiary Hospital; Head of the Department / Associate Professor, Obstetrics and Gynaecology Department of the Tertiary Hospital; Head of the Department / Associate Professor, Paediatrics / Neonatology Department of the Tertiary Hospital; Head of the Department / Associate Professor, Radiology / Sonology Department of the Tertiary Hospital; Head of the Department / Associate Professor, Cardiology / Paediatric Cardiology Department of the Tertiary Hospital; Head of the Department / Associate Professor, Neurology / Paediatric Neurology Department of the Tertiary Hospital; Psychiatrist Counsellor / Psychologist of the Tertiary Hospital; Medical Superintendent / Resident Medical Officer of the Tertiary Hospital; Associate Professor / Professor, Foetal Medicine / Genetics of the Tertiary Hospital (if available) in 32 Medical Colleges (District wise list in Annexure).

Medical Board to examine the woman and her reports so as to provide its opinion with regard to termination of pregnancy or rejection of request for termination within three days from the date of receipt of such request and to ensure safe termination procedure along with appropriate counselling;

Board is to decide continuation of pregnancy / to medically terminate it beyond 24 weeks of gestation in case of foetal abnormality. (G.O.Ms. No.223, Health and Family Welfare (R2), 11th July 2023, Aani 26, Sobakiruthu, Thiruvalluvar Aandu-2054).

Whenever, pregnancy exceeds 24 weeks of gestation, Medical Board shall examine & frame opinion without any delay and can get the opinion of District Legal Services Authority as to the legality of doing MTP in the concerned case and do MTP;

Aggrieved Victim / female can get copy of Medical Board's opinion and file before High Court for directions.

MTP can be done to save life of pregnant woman at any stage of pregnancy.

Above are the only permissible situations for M.T.P., failing which the act amounts to criminal abortion.

Opinion of Medical practitioner(s) shall be entered in Form I (Regulation 3) and kept in a sealed cover bearing the serial number assigned.

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

Consent forms, Medical Practitioners opinion, case records shall be placed in an envelope for each case, mentioning only the assigned serial number and shall be kept in safe custody. Head of the Department shall intimate through Head of the Institution regarding weekly statement of cases to State Level Designated Authority.

CHILD ABUSE cases:

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

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

PRE CONCEPTION PRE NATAL DIAGNOSTIC TESTS Act:

Pre conception / pre-natal diagnostic testing instruments / machines, Genetic testing clinic, laboratory, centres shall register & obtain approval from the concerned District authority (Joint Director of Health Services). (G.O. Ms. No. 308 Health and Family Welfare (R1) Department, dated: 24.12.2013)

No person including the person conducting pre-natal diagnostic procedures shall communicate to the pregnant woman concerned or her relatives or any other person the sex of the foetus by words, signs or in any other manner or conduct such test to determine sex of foetus.

No prenatal diagnostic tests shall be done except for detection of chromosomal abnormalities; genetic metabolic diseases; haemoglobinopathies; sex-linked genetic diseases; congenital anomalies; any other abnormalities or diseases as may be specified by the Government; shall be done except when age of the pregnant woman is above thirty-five years; pregnant woman has undergone of two or more spontaneous abortions or foetal loss; pregnant woman had been exposed to potentially teratogenic agents such as drugs, radiation, infection or chemicals; pregnant woman or her spouse has a family history of mental retardation (with intellectual disability) or physical

deformities such as, spasticity or any other genetic disease; (v) any other condition specified by the Government.

PSYCHIATRY OPINION cases:

1. Professor of Psychiatry in a Medical College shall receive letters from Court, to give opinion regarding Mental Capability / Mental Illness of a person with reference to Criminal / Civil cases.

2. Psychiatrist at District level hospitals also can oblige such requests from Court.

3. I.Q. calculation shall preferably be done by a Psychologist, attached to the same institution or nearest Government Institution. Period of observation needed shall be communicated to the Court.

4. At the end of observation period of ten days, 'Mental Capable' certificate shall be given;

Or, 'Mental Illness' - advice for follow up to nearest Medical College can be given. In cases of 'Mental Illness' - person to be kept in safe custody, recommendation to be communicated to the Board / Court for extension of admission time / admission to any other higher Mental Health Establishment as the case may be.

5. The Police should furnish the medical officer to whom a mentally ill is sent for observation, with all available details as to his previous history and the alleged causes of his mental illness.

Police Officer can bring in a person with mental illness who is found wandering in his limits to nearest Mental Health establishment and make arrangements to assess him / her within 24 hours. (MHA, 2017)

When required by a Magistrate, the Police shall obtain and furnish the information necessary for the compilation of a mentally ill person's medical history sheet from Hospital authorities. (Para 88 - The Criminal Rules of Practice, 2019, High Court, Madras.)

6. In case of a person with mental illness who is homeless or found wandering in the community, a First Information Report of a missing person shall be lodged at the concerned police station and the station house officer shall have a duty to trace the family of such person and inform the family about the whereabouts of the person. Thereafter, Medical Officer, in consultation with Police & Social Welfare department can arrange for Welfare homes / Caring homes and shift them accordingly. (S. 100 - MHA, 2017)

7. Every Police Officer may recapture any mentally ill, who escapes from an Institute of Mental Health provided that in the case of a lunatic not being a mentally ill criminal, the power to recapture shall be exercisable only for a period of one month from the date of escape. In cases where the accused who has been a mental patient is referred to the Court for trial after treatment, the Court shall supply a copy of the final order or judgment free of cost to the hospital concerned. (Para 88 - The Criminal Rules of Practice, 2019, High Court, Madras.)

8. When required by the Head / Superintendent of the Institute of Mental Health, the Police shall take such steps as are necessary to bring to this Institute, a mentally ill patient temporarily discharged there from, who is not produced before the Head / Superintendent of the Institute whenever he is required to be produced or on the date

of the termination of the period of the temporary discharge. (Police Standing Order - 384 (6,7,8)).

9. Admissions to Mental Health establishments can be requested as Independent patient admission - admitted by Mental Health Professional or Medical Officer or Psychiatrist;
supported admission by a Nominated representative up to 30 days - admitted upon independent examination of two psychiatrists or one psychiatrist & one mental health professional or one psychiatrist & one medical practitioner,
when a minor - intimate within 72 hours, when he turns major - assess within 24 hours for being independent admission or supported one,
woman is admitted - a woman attendant is mandatory for woman in patients, all admissions - intimate the board within 07 days,
Mental health care professional shall review capacity of consent of the mentally ill once in every 07 days);
supported admission by a nominated representative beyond 30 days (extend up to 90, 120 first instance, 180 days every time) - admitted on independent examination of two psychiatrists, review for capacity to consent of the mentally ill once fortnight;
intimate within 07 days to the Board;
Recommendation from Court / Magistrate / Police / Board,
referral from other State run Mental health establishment / custodial homes (beggar homes, orphanages etc),
under Prisoners Act, Armed forces act.

10. Treatment shall be decided on Advance Directives, if any registered at Board by a mental ill person during lucid interval. When Advance Directive registered is not given as a copy or in life saving emergency or persons under custody, treating doctor shall adhere to his / her treatment protocol.

11. For certification requiring Intellectual disability, Specific Learning disability, Autism spectrum disorder, Speech & Language disability Mental illness;
Board - Medical Superintendent, Psychiatrist, Psychologist, Development neurologist, Paediatrician can issue certificates. Form VII (Certificate of Disability) shall be used.
Within One month - reply with certificate / reject;

For Persons with Mental illness along with Intellectual disability, Multiple Disability Form can also be used.

SUMMONS:

1. Issuance:

Summons issued to witness (Form - 33 of Criminal Procedure Code) shall ordinarily be signed by the Head Ministerial Officer of the Court. The words “//By order of the Court//” shall invariably be prefixed to the signature of the Head Ministerial Officer in such cases.

2. Details in Summons:

Medical Officer shall at once check for the date, time and place in which the case to which it relates, / will be heard. Prefix Thiru. / Tmt. / Selvi. / Thirunangai. / Thirunambi as the case may be, with name of the person (Medical Officer) summonsed. (Para - 29 (5) The Criminal Rules of Practice, 2019, High Court, Madras.)

The particulars of the person examined by the Doctor, the date on which he appeared at the hospital and the number of the Wound Certificate, Accident Register or Post-mortem Certificate, as the case may be, shall be mentioned, whenever possible, in the summons to medical witnesses (Para - 29 (9) The Criminal Rules of Practice, 2019, High Court, Madras.)

3. Summons reception:

Summons server shall make endorsement / entry in ‘Summons Register’ maintained at Office of Dean / Chief Medical Officer (Head of the Institution) as the case may be and serve it to the Medical Officer concerned directly. All Summons shall be received in Duplicate (Two copies), one shall be duly acknowledged by the Medical Officer, including honorary medical officers (Tamilnadu Medical Code, Para - 859) (Name, designation, time & date with seal) and returned through the summons server. Where witnesses in Railway Police cases reside outside the limits of the Railway Police Station, arrangements should be made to have the summons served through the concerned Police Station in whose limits the witnesses reside.

Summons reception should be immediately communicated to Head of Department for alternate arrangements in the Department. Letter regarding the same shall be communicated to the administration. (Police Standing Order - 454 (c))

4. Summons can be issued to Head of Department / Institution, for it to be duly handed over to the concerned Medical Officer, if he / she is on leave / suspension / absent from their working station

The Court may issue summons to official witnesses through Heads of Departments in cases where their present address is not definitely known. The Court may, in such cases, issue a duplicate copy of the summons also direct to the witness either through post or through electronic communication or through the police in the address shown in the final report or complaint.

5. In the same way, Summons can be given to one family member or pasted on house wall of a witness, if he / she is not readily available.

6. When witness summons is issued to a Medical Witness and other expert, a convenient date is to be fixed to avoid unnecessary postponement of their examination. If

more than one Medical Officer of the same hospital is cited as a witness in a case, only one may, as far as possible, be summoned at a time. If possible, it may be previously ascertained from the Medical Officer, what time would best fit in with his professional duties.

A medical witness could be summoned only when the presence of accused is certain and when there is no likelihood of the case being adjourned for any other reason.

Presiding Officer of the Court should see, that the time fixed for the examination of Medical Officers is adhered to and that the absence of the Medical Officer from his duties is as brief as possible. (Para - 29 (7) The Criminal Rules of Practice, 2019, High Court, Madras; Tamilnadu Medical Code, Para - 860)

If summons is issued for same date to many Medical Officers of the same Department, Medical Officer who receives summons later can communicate the matter to the Presiding Officer of Court and request for another date and time of appearance. This is to ensure patient care and continued functioning of the department routine.

Evidence through video conferencing:

Application:

Any party to the proceeding or witness, except in suo-motu direction by Court, may move a petition / application for examination of a witness through video conferencing. In all cases, except suo-motu direction, the petition/application must be supported by an affidavit, as prescribed in the Schedule, and must contain, among others, averments on following aspects; (a) Reasons for inability of the witness to appear before the Court. (b) That the cost of video conferencing shall be borne by the party applying for video conferencing;

On receipt of the application and upon hearing both sides, the Judge, for reasons to be recorded in writing, that the attendance of the witness in person will cause inordinate delay and expenses, and that, it is expedient in the interest of justice to allow recording of evidence through video conferencing, may allow the prayer, specifying the cost to be borne by the party, if any.

When summons are issued to a witness, proposed to be examined through video conferencing, the summons must mention in specific the date, time and venue of the video conferencing centre directing the witness to attend in person at the centre along with identification affidavit. The existing rules regarding service of summons and the consequences for non-attendance, as provided in the Code, shall apply with respect to service of summons.

Procedure:

The identity of the person to be examined shall be confirmed by the court with the assistance of the co-ordinator at Remote Point, at the time of recording of the evidence;

Before a party to proceedings/witness is examined through video conferencing, he/she has to file a proof of identity, as mentioned in the Schedule, or if he/she is not in possession of an identity proof, as mentioned in the Schedule, he/she shall file an affidavit or an undertaking duly verified before Authorities mentioned in Section 139 of Civil Procedure Code (CPC) / Section 297 of Criminal Procedure Code (Cr. PC) / 333

of BNSS that the person, who is shown as the party to proceedings / witness, is the same person, who is going to depose on the screen. A copy of identity proof is to be made available to the other side.

In civil cases, party requesting for recording statement of the person to be examined through video conferencing, shall confirm to the court, location of the person, his willingness to be examined through video conferencing, time, place and facility of such video conferencing.

In criminal cases, where the person to be examined is a prosecution witness or court witness, the prosecution and where person to be examined is a defense witness, the defense counsel will confirm to the court his location, willingness to be examined by video conferencing, time, place and facility of such video conferencing.

Video conference shall ordinarily take place during the court hours. However, the Court may pass suitable directions with regard to timings of the video conferencing as the circumstances may dictate.

Signing the document:

The record of proceedings including transcription of statement shall be prepared at the Court Point under the supervision of the court and accordingly authenticated. The soft copy of the transcript, digitally signed by the co-ordinator at the Court Point shall be sent by e-mail through NIC or any other Service Provider (owned by State/Central) to the Remote Point, where printout of the same will be taken and signed by the deponent. A scanned copy of the statement digitally signed by the co-ordinator at the Remote Point would be sent by e-mail through NIC or any other Indian service provider to the Court Point. The hard copy would also be sent subsequently, preferably within three days of recording, by the co-ordinator at the Remote Point to the Court Point by courier / post. (Madras High Court Video Conferencing Rules, 2018 - R.o.c. No. 7062A / 2018 / Comp4 / VC)

7. Summons while transfer:

Medical Officer on transfer order, can intimate the Directorate through the Head of Institution, regarding the summons date and date of relieving can be regulated after the summons date Court duty. (Tamilnadu Medical Code, Para - 861)

8. When a Summons is communicated to Head of Department / Institute, for a Medical Officer who got transferred / relieved; details of communication address / present working station of the Medical Officer shall be communicated to concerned Court in the summons itself / through a separate communication. Summon may be issued to the Medical Officer concerned through the concerned Directorate. (Tamilnadu Medical Code, Para 859)

9. Documents mandated by Court:

In case of document producing (Ducis Tecum) summons, the concerned Head of Institution / Department Head can nominate the Head of Office under whose custody (one technician / records clerk) the document is maintained to submit it in the Court of Law. Order of authorisation shall be given to the concerned. (Tamilnadu Medical Code, Para - 863).

Exceptions are given to documents from unpublished official records related to affairs of State; communications made through Official correspondence, objection to use as evidence, which is to be decided by Court concerned (S. 123, 124, 162 of Indian Evidence

Act / S. 129 130, 165 of BSA - Tamilnadu Medical Code, Para - 863)

Unless the Court requires original document, which is given in writing with reason, Department Head shall send a true copy duly certified prescribed in the manner by Section 76 of the Evidence Act, 1872 / Section 75 of BSA (duly signed, marked as true copy and sealed, sent). (Para - 30 (2) The Criminal Rules of Practice, 2019, High Court, Madras.)

If Court summons for the production of public records or other documents, in Original, if it thinks it necessary to meet the ends of justice to do so after recording the reasons;

Original document shall be copied for department records and Original shall be sent.

10. Medical Officer shall take the documents related to the case after entering in the 'Document lending register' (contains no. Of pages in the document, date of lending, date of summons, date of return) in the Department / M.R.D. Register and it shall be periodically verified by the Head of Department / in charge.

11. On the day of summons, all relevant documents of the case shall be taken along to attend the Court / Summoning Officer (Investigating Officer can summons a witness).

Doctor can visit the Public Prosecutor in his / her chamber to discuss about the case.

12. High Court of Judicature at Madras has issued circulars that wearing over coats while disposing witness is not necessary for Medical Experts; (Registrar, High Court of Madras - R.O.C. No. 1511 / 95 - F1; dated: 07.09.1995).

13. But it is prudent for the Doctor to wear overcoat for easy identification in a busy Court room.

14. Doctor shall confine himself / herself to the case concerned, no undue talking to others / lawyers.

He / She may sit (beside the Presiding Officer) in the Court Hall.

Presiding Officer may require an expert witness to sit or stand while recording her / his testimony

(Para - 46 The Criminal Rules of Practice, 2019, High Court, Madras.)

15. If Court warrants Original document, when a Medical Officer is in Court, certified copy and due acknowledgement would be given by Court for record keeping.

Or Court thinks, it is necessary to retain the original, shall direct a photocopy to be made by the Copyist Department of the Court and after certifying the photocopy to be a true copy of the original, return the original to the person who has produced, under due acknowledgment in Judicial Form No.57 - time (Para - 30 (5) The Criminal Rules of Practice, 2019, High Court, Madras.)

12. Medical Officer receiving Summons for cases done in her / his old station, can avail Court Duty for Document Collection, Witness giving, Document return and travel.

Court shall grant 'Attendance Certificate' to witness, the certificate shall mention that he / she appeared for giving evidence in his official capacity (in Judicial Form No.59), date on which the witness appeared, duration of the period for which he / she was detained, so as to enable her / him to draw travelling allowance and the batta under the relevant rules. The acknowledgments for giving such certificates shall be obtained in Administrative Form No.27 (Criminal Register No.27)

(Para - 276 (2) of The Criminal Rules of Practice, 2019, High Court, Madras)

13. Medical Officer attending Court from the same station can avail Court duty on that day - on duty; in situations where witnessing in a case is being continued for the next day or so, Attendance Certificate shall be submitted for all days.

Medical Officer attending Court to out station can avail Court duty for Document collection, Witness giving and travel time as per norms; in situations where witnessing in a case is being continued for the next day or so, Attendance Certificate shall be submitted for concerned days.

(Para 96 (3) of Tamilnadu Travelling Allowance Rules)

Sanction of the Government is not necessary to a journey of an officer who is summonsed to a place outside the State by a Court of law to give evidence in his official capacity.

(Para 60, Rulings (2) of Tamilnadu Travelling Allowance Rules).

On return to duty, communication to the Administration with Attendance Certificate from Court / Summonsing Officer and application for eligible allowances shall be done by the Medical officer as per norms.

Necessary entries shall be done in 'Document Lending Register', regarding return of documents, pages submitted to Court etc. And verified by the Head of Department / Documents in-charge Officer.

14. Refusal of Expert Testimony:

Govt. Medical Officer shall refuse to give expert opinion unless summonsed by Court, if he / she is not professionally engaged in that case (in all criminal cases, in civil cases where Government is other party).

If in the above situation, he / she is summonsed, immediate communication shall be made by the Medical Officer to the Directorate of Medical Education & Research, District Magistrate of the District in which the Court is situated and to the Commissioner of Police in Metropolitan cities. (Tamilnadu Medical Code, Para 653)

15. If the Medical Officer gives Expert Opinion in any criminal case or civil case in which Govt. is a party, where he / she has not been summoned at the instance of State, Medical Officer shall communicate to the Directorate of Medical Education & Research about all fees, remunerations he / she received. (Tamilnadu Medical Code, Para 653)

16. T.A / D.A on Government/Private Cases:

a. TA/DA will be paid as per Govt. Rules by the Court / party.

In criminal cases, doctor is given a certificate of Court attendance which enables her / him to draw her / his Travelling and Daily Allowance through her / his institution. In case where the doctor is not granted TA/DA by the institution, then the same may be brought to the notice of Court and granted by the Court.

(within the radius of 08 kilometers distance from place of work, travelling expense incurred to be borne by the Court - P 276 (3) of The Criminal Rules of Practice, 2019, High Court, Madras.;

more than eighth kilometres distance are to be claimed as per Tamilnadu Travelling Allowances Rules).

b. In civil cases, a fee called 'Conduct Money' shall be paid or assured to be paid when the summons is delivered. Summons of a Court should always be obeyed as first priority. Doctor shall honor the summons irrespective of the fees and bring it to the notice of the Presiding Officer of the Court in case of default fees.

17. On recall witness summons, the same is communicated to the administration and Court, and ask for the recalling party to bear the expenses. When a witness is recalled, the Court shall furnish her / him, her / his deposition recorded earlier for her / him to refresh her / his memory, before her / his examination-in-chief/cross examination.

18. If a Medical Officer is summonsed at the instance of a private party / person (not at the instance of State / Court), it falls under his / her private practice. Medical Officer shall receive fee and remuneration from the party / person. Amount shall be communicated to the Government, and the Government can decide on recovering such amount reasonable for absence of officer's time from duty. (Tamilnadu Medical Code, Para 654)

19. In such situations, Medical Officer is entitled to avail her / his eligible casual leave but shall not claim 'on duty'. (Tamilnadu Medical Code, Para 653)

20. Honorary Medical Officers, when attending the Court to give evidence in their official capacity, shall be paid allowances at the rates admissible to the Government servants of similar grades under the relevant rules applicable to them. Medical Officers and sub ordinates, whose services are lent by the Government to the local bodies, attends the Court to give evidence in their official capacity and not either in their private capacity or in prosecution instituted by the local body, they shall be paid eligible allowances from the State funds at the same rates as would be admissible to Government servants of similar grades under the Rules applicable to them.

21. Copy of Judgments:

Professor of Forensic Medicine / Police Surgeon can obtain judgments from the Court websites regarding the cases, the Department Medical Officers are professionally engaged with. Or he / she can request the same from the Courts concerned.

21. Where, in a judgment or order, a Court impugns the character or conduct of a public servant, the Court shall forward a copy of the judgment or order to the Head of the Department or the immediate superior of the public servant concerned.

In a case where a public servant / Government Official is charged with a criminal offence, a copy of the judgment or order shall be furnished by the Court to the Head of the Department concerned, free of charge.

(Para 84, 85 - The Criminal Rules of Practice, 2019, High Court, Madras.)

SUMMONS - Civil Procedure Code:

1. Every summons shall be signed by the Judge or such officer as he appoints, and shall be sealed with the seal of the Court (Code of Civil Procedure, Order V, Service of Summons, r. 1 (3)).

Service shall in all cases be made a sufficient time before the time specified in the summons for the attendance of the person summoned, to allow him a reasonable time for preparation and for travelling to the place at which his attendance is required (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 9).

2. Delivery of summons by Court:

Every summons for the attendance of a person to give evidence or to produce document shall specify the time and place at which he is required to attend, and also whether his attendance is required for the purpose of giving evidence or to produce a document or for both purposes.

or any particular document, which the person summoned is called on to produce shall be described in the summons with reasonable accuracy. (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 5).

Within the jurisdiction of the Court, summons shall be delivered or sent either to the proper officer (Officer may be an officer of a Court), to be served by him or one of his subordinates or to such courier services as are approved by the Court;

Post by registered post acknowledgment due, or by speed post or by such courier services as are approved by the High Court;

any other means of document transmission (fax, electronic mail service) (Code of Civil Procedure, Order V, Service of Summons, r. 9).

Where the serving officer delivers or tenders a copy of the summons to the defendant personally, or to an agent or other person on his behalf, he shall require the signature of the person to whom the copy is so delivered or tendered to an acknowledgment of service endorsed on the original summons (Code of Civil Procedure, Order V, Issue and Service of Summons, r. 16).

When an acknowledgment or any other receipt purporting to be signed by the defendant or his agent is received by the Court or postal article containing the summons is received back by the Court with an endorsement purporting to have been made by a postal employee or by any person authorised by the courier service to the effect that the defendant or his agent had refused to take delivery of the postal article containing the summons or had refused to accept the summons by any other means specified; when tendered or transmitted to him, the Court issuing the summons shall declare that the summons had been duly served. (Code of Civil Procedure, Order V, Issue and Service of Summons, r. 9).

Court may, on the application of any party for the issue of a summons for the attendance of any person, permit such party to effect service of such summons on such person and shall, in such a case, deliver the summons to such party for service.

The service of such summons shall be effected by or on behalf of such party by delivering or tendering to the witness personally a copy thereof signed by the Judge

or such officer of the Court as he may appoint in this behalf and sealed with the seal of the Court (Serving Officer).

If such summons, when tendered, is refused or if the person served refuses to sign and acknowledgement of service or for any reason such summons cannot be served personally, the Court shall, on the application of the party, re-issue such summons to be served by the Court in the same manner as a summons to a defendant.

Where a summons is served by a party under this rule, the party shall not be required to pay the fees otherwise chargeable for the service of summons. (Code of Civil Procedure, Order V, Service of Summons, r. 7A).

3. Delivery of summons within Jurisdiction of another Court:

Summons may be sent by the Court by which it is issued, either by one of its officers, or by post or by such courier service (approved by the High Court), by fax message or by Electronic Mail service or by any other means (approved by the High Court) to any Court (not being the High Court) having jurisdiction in the place where the person resides / Court of Small Causes in Madras (Code of Civil Procedure, Order V, Service of Summons, r. 21, 22).

Court to which a summons is sent, shall, upon receipt thereof, proceed as if it had been issued by such Court and shall then return the summons to the Court of issue, together with the record (if any) of its proceedings with regard thereto. (Code of Civil Procedure, Order V, Service of Summons, r. 23).

Court may substitute for summons, a Letter signed by Judge such officer as he may appoint in this behalf containing all particulars required to be stated in a summons, it shall be treated in all aspects as a summons. (Code of Civil Procedure, Order V, Service of Summons, r. 30).

4. Summons to produce document: Any person may be summoned to produce a document, without being summoned to give evidence; and any person summoned merely to produce a document shall be deemed to have complied with the summons if he causes such document to be produced instead of attending personally to produce the same. (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 6)

Any person present in Court may be required by the Court to give evidence or to produce any document then and there in his possession or power. (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 7).

5. Expenses of witness: Party applying for summons shall, before the summons is granted, pay into Court such money for travelling and other expense and one day's attendance.

In determining the amount payable, the Court may, in the case of any person summoned to give evidence as an expert, allow reasonable remuneration for the time occupied both in giving evidence and in performing any work of an expert character necessary for the case. (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 2 (1) (2)).

Sum so paid into Court shall be tendered to the person summoned, at the time of serving the summons, if it can be served personally. (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 3).

Where the summons is served directly by the party on witness, expenses shall be paid to the witness by the party. (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 2 (4)).

Court may discharge the person summoned without requiring him to give evidence; order such sum to be levied by attachment & sale of property or both, where it appears to Court the sum paid is not sufficient. (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 4 (1)).

In the same way, Court may discharge the person summoned without requiring him to give evidence; order such sum to be levied by attachment & sale of property or both, where it appears to Court the sum paid is not sufficient, for expenses of witness detained more than one day. (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 4 (2)).

6. No one shall be ordered to attend in person to give evidence unless he resides
(a) within the local limits of the Court's ordinary jurisdiction, or
(b) without such limits but at a place less than (one hundred) or (where there is railway or steamer communication or other established public conveyance for five-sixths of the distance between the place where he resides and the place where the Court is situated) less than (five hundred kilometres) distance from the court-house;
Provided that where transport by air is available between the two places mentioned in this rule and the witness is paid the fare by air, he may be ordered to attend in person. (Code of Civil Procedure, Order XVI, Summoning and Attendance of Witnesses, r. 19)

7. When Summons is issued with directions from the Judge stating that expert witness sum shall be paid at the Court;
Medical Officer shall honour the summon and depose accordingly.
Expenses as above would be paid by the party directly.
Medical Officer can bring to the notice of the Judge regarding insufficient sum, if any.

COURT EVIDENCE:

The following points shall be observed while giving testimony:

- a) Assume a comfortable but dignified position in the witness box.
- b) Do not use complicated medical terms, use simple language e.g. say bleeding instead of hemorrhage etc.
- c) On the witness box, your duty is to answer the questions and not to lecture to the Court, or argue with opposition counsel. If a 'Yes' or 'No' is demanded and if an honest 'Yes' or 'No' cannot be stated, turn to the judge and give explanation when the answer is not likely to be understood in proper manner. The witness must tell the truth, the whole truth, and nothing but the truth.
In answering questions, try always to be brief. If you can honestly and safely reply with a simple 'yes', that is fine. If you are unclear what is being asked, ask for the question to be repeated. If you do not know the answer then say, 'I do not know.' This is not an admission of ignorance, but of honesty.
- d) Do not appear partial to the side which calls you as a witness. Stick to the facts and do not let your-self be led away into the realm of speculation. Maintain your composure.
- e) Do not admit that a certain author or a certain book is an authority on any subject, unless you are sure that you agree with every statement which the author makes. Whenever you read a passage from a reference book you should always insist to read the lines yourself and that too along with few lines preceding, the quoted lines and also the lines thereafter so that the proper meanings of the paragraph are understood.
- f) Do not bluff or make rash statements which cannot be supported. Often times the correct answer is 'I do not know' , Do not hesitate in giving this answer. Medicine is a vast subject, and if a witness does not know answer to a particular question, he should say so at once, he should not go beyond the limits of his knowledge and experience. It is tempting, always, to try to assist the court wherever you can, but you are strongly advised to stick within your areas of knowledge.
- g) Doctor should be prompt and punctual in his attendance and not leave the Court without permission of the Presiding Officer.
- h) If a medical witness is accurately reporting the facts & findings, truthful, unbiased, composed, and is fair in all his opinions, her / his integrity and professional reputation will remain untarnished.

MEDICO LEGAL RECORDS:

1. In Medical Colleges, case records from Casualty / Emergency Department and Wards shall be sent to Medical Records Department.

Case Records of Forensic Medicine Department are kept in Record Room of Forensic Medicine Department itself.

2. In other Medical Institutions, all case records shall be sent to Medical Records Department at the earliest.

3. 'Record Register' shall be maintained that documents entry of records into the records room / record department.

4. 'Records lending & return register' shall also be maintained.

5. Records of a particular case can be lent by the Medical Officer concerned for completing pending certification (want of old treatment records etc.) or Final opinion (after Lab reports) / for attending Courts.

6. Students can be permitted for research works to view medico legal records without jeopardizing Investigation process. Data from the records can be used for research and publication with due acceptance from Institution Ethics Committee, Institution Science Committee etc.

7. Inspection by Elected representatives and others are entitled to visit the hospitals and records such as stock books, attendance book of the employees with the knowledge of Medical Officer in charge; entitlement doesn't apply to records of professional character - Accident register, Wound register, Post Mortem certificate register, Case sheets, In and Out nominal register.

8. All records / files related to medico legal cases / post-mortem cases are not open to any person including L.I.C, lawyers. All third parties can get the documents through Court / Investigating Officer of the case.

9. Copy of Post Mortem report can be issued under RTI Act (Decision No. CIC/SG/A/2010/000775/10977 Appeal No. CIC/SG/A/2010/000775).

However, Public Information Officer (PIO) can claim exemption u/s 8(1) (e) & (j) of the RTI Act if information pertaining to a victim / patient is sought by a third person / personal information is sought.

10. For records in M.R.D., warranted by Court - with letter addressed to R.M.O. / in charge of Medical Records, documents requested shall be sent after making a copy of all documents and retained in the Department.
11. A.R. book / other records, if requested by Court, photocopy of office record shall be duly certified by Hospital Superintendent and sent to Court. If in special situations, Court warrants actual record, same shall be sent to Court.
Court shall return it as early as practicable after making copy in its record.
12. Copies of old A.R.s / certificate can be given to Investigating authorities, upon written request to RMO / in-charge of Medical records.
13. For records in Forensic Medicine, warranted by Court - with letter addressed to Professor of Forensic Medicine / Police Surgeon, he / she shall send the documents requested after making a copy of all documents and the copy is to be retained in the Department.
14. If a certificate / document is requested for second time, a letter duly forwarded by the Superintendent of Police / Deputy Superintendent of Police or Commissioner / Deputy Commissioner / Assistant Commissioner of Police is needed.
15. Documents arising out of routine functioning or nature of work in a department shall be sent to Court without delay, once the document is requested for.
16. Documents of confidential nature between the patient and doctor, documents from higher authorities not arising out of routine functioning or nature of work in a department can be claimed exemption and the same is communicated to Court.
On further insistence, records have to be submitted to Court.
17. All records sent are to be duly numbered and tagged; a covering letter stating the details, number of pages, and designation of forwarding authority is to be attached.
18. Certificates, Formats sent for first time do not require a Covering letter, only the copies made as per directions of Court / request from I.O. requires a covering letter.
19. Improper use of certificate by the receiving authority / others, if comes to the notice of the medical institutions, the same shall be communicated to the Directorate of Medical Education & Research / Public Health / DMRHS - ESI as the case may be through proper channel. Copy of the communication can be brought to the notice of District level officer of the concerned department through which the certificate was improperly used. Communications shall be in spirit of co-ordination & well usage but not of punitive nature.

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

21. For corrections with respect to Name, Age, S/o D/o etc. In hospital records, declaration from Notary Public / VAO is mandatory.

When the corrections are sought in Post mortem certificates, Drunkenness certificates etc. Which were done on the details given by Police, a request letter for change / correction from Investigating Officer is mandatory.

22. Retention time for DMER, DMS, DMS (ESI) & DPH:

Medico legal inpatient Records and Death cases - 06 years;

Master case sheets in specialty Hospitals if maintained according to their requirement - 20 years;

Scientific and Research Oriented inpatient records based on which case study and paper presentation made and other records which the Dean / Director / Superintendent of the Hospital desires to retain permanently - 20 years;

In patient records of IMH, Chennai and Government institute of Rehabilitation Medicine, K. K. Nagar - 12 years;

Pediatric Medico Legal inpatient records, death case records and Pediatric Scientific and Research oriented inpatient records in the ICH and Hospital for Children Chennai - 12 years.

Non Medico Legal inpatient records - 03 years (When the institution is not under CEA)

(Govt. Letter. No. 58841 / E1 / 2005-5, dated:2.2.2009, Health and Family Welfare Department)

Death register - 12 years; Accident Register - 12 years; Wound certificate booklet in counter foil - 12 years; Register showing intimation of accidents to Police - 01 year (Tamilnadu Medical Code, Para - 991)

Medical Termination of Pregnancy Act - Unless directed by Chief Secretary to the Government, District Judge, Judicial Magistrate, Admission Register shall be destroyed after five years from the last entry; other records after three years of termination.

Pre Conception Pre Natal Diagnostic Tests Act - All records, charts, forms, reports, consent letters and all other documents required to be maintained under this Act and the rules shall be preserved for a period of two years.

Clinical Establishment Act - (HEALTH AND FAMILY WELFARE DEPARTMENT, TAMIL NADU CLINICAL ESTABLISHMENTS (REGULATIONS) RULES, 2018. - G.O. Ms. No. 206, Health and Family Welfare (Z2), 1st June 2018, Vaikasi 18, Vilambi, Thiruvalluvar Aandu - 2049)

Medical case record shall be maintained for a period of not less than ten years in the form of a register in the clinical establishment in respect of each patient, which shall include the following particulars, namely:

(i) a detailed daily statement of the patient's health and condition;

(ii) details of any investigations made, surgical operations carried out and treatment given and

(iii) records of all medical prescriptions, X-Ray reports, laboratory reports or any other report with full name, qualifications of the doctor.

(iv) in the case of a maternity home or a maternity case, the said person shall keep a case record of each child born to a patient. Full and detail record of pregnancy must be maintained for at least a period of ten years

Medico Legal Cases - Every Hospital which treats medico legal cases in accordance with Government Order, all such records and registers pertaining to such cases shall be preserved as per the Government orders from time to time and police shall be intimated regarding their admission, discharge, death etc..

A separate record shall be maintained in the form of a register, of all surgical operations, performed in the clinical establishment, which include, among others, the name of the medical practitioner who performed the operation and the name of the anaesthetist in attendance. All patients either discharged or referred to other Hospitals shall be given a discharge advice card / slip

Mental Health Care Act Rules, 2018

Every Mental Health Care Establishment shall maintain the following records permanently

Basic Medical Record of all out patients;

Basic Medical Record of all inpatients;

Basic Psychological Assessment Report;

Basic Therapy Session Note

When application is made by a mentally ill person / from his nominated representative (Form A), copy of Basic Medical Records shall be given within 15 days in Form B of the MHCA Rules, 2018).

Medical Officer may withhold specific information in the medical records, if disclosure would result in serious harm to the mentally ill or harm to others; however, the concerned application may be appealed & decided by Mental Health Review Board.

ANNEXURES

Accident Register

Police Jurisdiction in Chennai & Coimbatore

Intimation to Police / Magistrate

Age of Wounds and S. 116 of BNS.

Wound certificate

Age case - Proforma

Age case - Radiology request form

Age case X ray findings form

Age assessment scales & Certifying Surgeon limit

Post mortem examination notes booklet

FSL / RFSL jurisdiction & Serology sample jurisdiction

Viscera in poisoning cases

Viscera forwarding form - Toxicology

Viscera forwarding label

FSL - Sample forwarding form

Viscera forwarding - Histopathology form

Post mortem notes book in Custodial deaths

Autopsy in Organ Transplant cases- Organ Retrieval Authorisation form

Post Mortem Examination certificate - Format

Medical Certificate for Cause of Death

DNA Cases format (Form - I)

Drunkenness Examination Proforma

Drunkenness Examination certificate - Format

Sexual Offence Accused Examination - Proforma

Sexual Offence Victim Examination - Proforma

Sexual Offence Accused Examination certificate - Format

Sexual Offence Victim Examination certificate - Format

Toxicity Certificate - Format

Fitness for remand / Screening on admission to jail form

ORIGINAL
S.No:

(Medl.I-25)

GOVERNMENT HOSPITAL,
.....

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

Hospital No..... Date and time

Name..... Age

Sex Occupation.....

Residence.....

Identification marks:

Brought by whom.....

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

History: (How, when, where & by whom) (mention, Helmet worn or not, in case of two wheeler accidents):

.....

.....

.....

General examination:.....

Injuries& Treatment:.....

.....

.....

.....

.....

Station : Signature of the Emergency / Casualty Medical Officer:

Date : Name in Block letters, Registration number:

DUPLICATE
S.No:

(Medl.I-25)

GOVERNMENT HOSPITAL,

.....

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

Hospital No..... Date and time

Name..... Age

Sex Occupation.....

Residence.....

.....

Identification marks:

.....

Brought by whom.....

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

History: (How, when, where & by whom) (mention, Helmet worn or not, in case of two wheeler accidents):

.....

.....

.....

General examination:.....

Injuries& Treatment:.....

.....

.....

.....

.....

Station : Signature of the Emergency / Casualty Medical Officer:

Date : Name in Block letters, Registration number:

TRIPLICATE
S.No:

(Medl.I-25)

GOVERNMENT HOSPITAL,

.....

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

Hospital No..... Date and time

Name..... Age

Sex Occupation.....

Residence.....

.....

Identification marks:

.....

Brought by whom.....

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

History: (How, when, where & by whom) (mention, Helmet worn or not, in case of two wheeler accidents):

.....

.....

.....

General examination:.....

Injuries& Treatment:.....

.....

.....

.....

.....

Station : Signature of the Emergency / Casualty Medical Officer:

Date : Name in Block letters, Registration number:

Police Jurisdictions:

G.O. (Ms). No. 322, Health & Family Welfare Department (Z1), dated: 29.10.2015;

G.O. (Ms). No. 390, Health & Family Welfare Department(Z1), dated: 15.12.2023.

Chennai:**Madras Medical College (1)**

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

Stanley Medical College (2) Kilpauk Medical College (3)

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

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

Govt. Medical College, Omandurar Govt. Estate (4)

D2 Annasalai
 D4 Zam Bazaar
 D6 Anna Square
 E3 Teynampet
 F4 Thousand Lights
 R6 Kumaran Nagar
 D1 Triplicane
 (D7 Government Estate Police Station merged with D1 Police Station)
 D8 Kasturibhai Gandhi Hospital

Government Royapettah Hospital (5)

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

Government Med College, ESI, KK Nagar (6)

R7 K. K. Nagar
 R3 Ashok Nagar
 R2, Kodambakkam
 R4 S. P. Angadi
 R1 Mambalam
 R 10 MGR Nagar
 R 8 Vadapalani

Coimbatore:**Coimbatore Medical College & Hospital:**

West Zone	Mettupalayam Sub division
B1 - Big Bazaar Street B2 - RS Puram B3 - Variety Hall Rd B4 - Ukkadam	1. Mettupalayam PS 2. Sirumugai PS 3. Karamadai PS 4. Annur PS 5. Pillur PS
Central Zone	Periyanaickenpalayam Subdivision
C1 - Katoor C2 - Race course C3 - Saibaba Colony C4 - Rathinapuri	1. PN Palayam PS 2. Thadagam PS 3. Thudiyalur PS
	Perur Subdivision
	1. Perur PS 2. KG Chavadi PS 3. Maddukkarai PS 4. Thondamuthur PS 5. Alandurai PS 6. Karunyanagar PS 7. Kinathukadavu PS 8. Vadavelli PS

Government Medical College & ESI Hospital:

East Zone	Pollachi Sub division
E1 - Singanallur PS E2 - Peelamedu PS E3 - Saravanampatti	1. Pollachi East PS 2. Pollachi West PS 3. Pollachi Taluk PS 4. Mahalingapuram PS 5. Vadakkipalayam PS 6. Negamam PS 7. Gommangalam PS
South Zone	Valparai Subdivision
D1 - Ramanthapuram D2 - Selvapuram PS D3 - Podanur PS D4 - Kuniamuthur PS	1. Valparai PS 2. Anaimalai PS 3. Aliyur PS 4. Kottur PS 5. Kadamparai PS 6. Mudis PS 7. Shiekalmudi PS
	KM Patty Subdivision
	1. Karumathampatty PS 2. Kovilapalayam PS 3. Chettipalayam PS 4. Sultanpet PS 5. Sulur PS

ORIGINAL
S.No:

(Medl.I-26)

GOVERNMENT HOSPITAL,

.....

INTIMATION OF ACCIDENTS & INJURIES TO POLICE / MAGISTRATE
(Entry shall be made in Triplicate)

Hospital No..... Date and time

1. Name of the person : Age & Gender:
2. Address :
3. Brought by :
4. Place at which injury or accident occurred :
5. Alleged cause :
6. Treatment : A.R. No:
OP No: IP (Ward):
D.O.A:
7. Whether dying declaration necessary :
8. Present status : Ward No (if admitted) - Time of death –
9. Telephone information received by :
(if given)
10. Time of dispatch of intimation to the
Police and Magistrate :

Station : Signature of the Emergency / Casualty Medical Officer:
Date : Name in Block letters, Registration number:

DUPLICATE

S.No:

(Medl.I-26)

GOVERNMENT HOSPITAL,

.....

INTIMATION OF ACCIDENTS & INJURIES TO POLICE / MAGISTRATE

(Entry shall be made in Triplicate)

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4. Place at which injury or accident occurred :
5. Alleged cause :
6. Treatment : A.R. No:
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Police and Magistrate :

Station : Signature of the Emergency / Casualty Medical Officer:

Date : Name in Block letters, Registration number:

TRIPLICATE

S.No:

(Medl.I-26)

GOVERNMENT HOSPITAL,

.....

INTIMATION OF ACCIDENTS & INJURIES TO POLICE / MAGISTRATE

(Entry shall be made in Triplicate)

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3. Brought by :
4. Place at which injury or accident occurred :
5. Alleged cause :
6. Treatment : A.R. No:
OP No: IP (Ward):
D.O.A:
7. Whether dying declaration necessary :
8. Present status : Ward No (if admitted) - Time of death –
9. Telephone information received by :
(if given)
10. Time of dispatch of intimation to the
Police and Magistrate :

Station : Signature of the Emergency / Casualty Medical Officer:

Date : Name in Block letters, Registration number:

Form-J

**INTIMATION TO POLICE
ABOUT UNAUTHORIZED ABSENCE FROM MENTAL HEALTH ESTABLISHMENT
[Rule 9, Mental Health Care Act, rules]
URGENT/FOR IMMEDIATE ACTION**

To
The Station in-charge
_____ Police Station

Madam / Sir,
Subject: - Intimation about unauthorized absence (without leave or discharge)
of a
prisoner with mental illness.

This is to inform you that Mr. /Mrs. _____ aged _____
years, son / daughter of Mr. /Mrs. _____
with identification marks 1.
2.

was admitted at our establishment, as a prisoner with mental illness under Section 103 of
Mental Health Care Act, 2017 (10 of 2017), on _____ (date).

He/she has been missing from his/her ward since _____ (date).

An internal enquiry report in this regard is enclosed.

Kindly register a missing case, take him in to your protection when found and hand him over
to us.

Thanking you,

Signature

Date & Seal

Enclosures: copy of the Aadhar Card, Recent Photograph and Internal Report

AGE OF INJURIES

ABRASION:

Fresh - Bright red;

12 - 24 hours - Reddish scab;

2 to 3 days - Reddish brown scab;

4 to 7 days - Brownish black scab;

➤ 7 days - Scab dries, shrinks & falls off from periphery.

CONTUSION:

Fresh - Red;

Few hours to 3 days - Blue;

4th day - Blue black to brown (Hemosiderin);

5 to 6 days - Green (Haematoidin);

7 to 12 days - Yellow (Bilirubin);

> 12 weeks - Normal.

INCISED WOUND:

Fresh - Hematoma formation;

12 hours - Swollen edges;

24 hours - Scab of dried clot covering the entire area.

Section 116 of BNS is as follows:

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

Emasculation;

Permanent privation of the sight of either eye;

Permanent privation of the hearing of either ear;

Privation of any member or joint;

Destruction or permanent impairing of the powers of any member or joint;

Permanent disfiguration of the head or face;

Fracture or dislocation of a bone or tooth;

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

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

ORIGINAL
S.No:

(Medl.I-24)

GOVERNMENT HOSPITAL,

.....

WOUND CERTIFICATE (Issued in Triplicate)

Certificate concerning wounds found in a male / female / third sex
agedyears, an inhabitant of
who was sent with letter/memo no / IP no / OP no:dated.....
from.....
and was accompanied by.....
for report as to the nature of wounds.

Identification marks: 1)
 2)

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

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

Station :

Signature of the Medical Officer:

Date :

Name in block letters, Registration number & Designation:

Sent to :

Copy to :

DUPLICATE**S.No:**

(Medl.I-24)

GOVERNMENT HOSPITAL,

.....

WOUND CERTIFICATE (Issued in Triplicate)

Certificate concerning wounds found in a male / female / third sex
agedyears, an inhabitant of
who was sent with letter/memo no / IP no / OP no:dated.....
from.....
and was accompanied by.....
for report as to the nature of wounds.

Identification marks: 1)
 2)

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

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

Station :

Signature of the Medical Officer:

Date :

Name in block letters, Registration number & Designation:

Sent to :

Copy to :

TRIPLICATE**S.No:**

(Medl.I-24)

GOVERNMENT HOSPITAL,

.....

WOUND CERTIFICATE (Issued in Triplicate)

Certificate concerning wounds found in a male / female / third sex
agedyears, an inhabitant of
who was sent with letter/memo no / IP no / OP no:dated.....
from.....
and was accompanied by.....
for report as to the nature of wounds.

Identification marks: 1)
 2)

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

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

Station :

Signature of the Medical Officer:

Date :

Name in block letters, Registration number & Designation:

Sent to :

Copy to :

AGE CASE No:.....

dt:.....

..... MEDICAL COLLEGE,

.....

DEPARTMENT OF FORENSIC MEDICINE.
AGE ASSESMENT CERTIFICATION PROFORMA.

(1/4)

Requisition from:

Dated:

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

:

PHYSICALEXAMINATION

(2/4)

1. Height :
2. Weight :
3. Breadth :
4. Chest girth at the level of nipples :
5. Abdominal girth at the level of Navel :
6. General build & appearance :
7. History :
8. Voice :
9. Teeth :
10. Hair - Scalp : Beard : Moustache :
Axilla : Pubic :
11. General appearance and demeanour :
State of clothing
Deposition
Speech
Gait
12. General examination :

13. Dentition:

(3/4)

OPINION:

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

ORIGINAL :
DUPLICATE :

DEPARTMENT OF FORENSIC MEDICINE,
..... MEDICAL COLLEGE,
.....

Age Case No:

Date:

From

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

To

The Radiologist,
..... Medical College,

Madam / Sir,

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

Name:

Alleged age:

Identification marks:

X rays:

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

DEPARTMENT OF FORENSIC MEDICINE,
 MEDICAL COLLEGE

AGE CASE REPORT

Age Case No: Date:
 Name: Sex: Sent by:
 Identification Marks:

Radiology:

Anatomical part	Condition of epiphysis	Approximate Age
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Head of Humerous		
Greater tuberosity		
Lesser tuberosity		
Tip of 132ntussusc process		
Acromion process		
Sternal end of clavicle		
Capitulum		
Trochlea		
Lateral epicondyle		
Medial epicondyle		
Head of radius		
Upper end of ulna / Olecranon		
Lower end of radius		
Lower end of ulna		
Base of I Metacarpal		
Heads of other metacarpals		
Phalanges		
Capitate		
Hamate		
Triquetral		
Trapezoid, Scaphoid		
Trapezium		
Pisiform		
Iliac crest		
Tri radiate cartilage (acetabular cup)		
Ischio pubic ramus		
Ischial tuberosity		
Head of Femur		
Greater trochanter		
Lesser trochanter		
Lower end of femur		
Upper end of tibia		
Upper end of fibula		
Patella		
Lower end of tibia		
Lower end of fibula		
Calcaneum		

Other X rays, if applicable:

X ray skull

X ray sternum

Dentistry:

Dental formula:

X ray appearance.

AGE ASSESSMENT:

Physical development Stages in Women:

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

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

Development Stages in Men:

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

Secondary sexual characters -

Pre-pubertal (10-12 years), Pubertal (12-14 years) and Post-pubertal (14-16 years).

Breast development - Tanner stage of breast in female

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

Age ranges in population:

Breast Budding 11 ± 1.2 years, within 2 years fully developed;

Appearance of pubic hair 11.8 ± 1.25 years;

Growth Spurt 12.5 ± 1.5 years;

Menarche 13.5 ± 1.5 years;

Pubic hair development:

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

Dental Age:

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

Third molars:

Germination centre of the third molar appears between 7 and 9 years, and in majority of the cases the

eruption is not seen before 16 years of age in females.

Eruption and development of teeth in females takes place one year earlier than males.

Crown and Root Development of the Third Molars - Complete Crown Formation 15 years; Crown with 1/3rd Root Formation 16 Years; Crown with 2/3rd Root Formation 17 Years; Crown with Complete Root Formation 18 years; Apical Closure of Root 19 years.

Skeletal age:

Pelvis (X-ray AP view)

	Age of appearance	Fusion
Iliac crest	14 years	21 to 22 years
Tri radiate cartilage (acetabular cup)	Nil	13 to 15 years
Ischio pubic ramus	Nil	06 years
Ischial tuberosity	16 years	21 to 22 years
Head of Femur	½ to 01 year	17 to 18 years
Greater trochanter	03 years	17 to 18 years
Lesser trochanter	12 to 14 years	17 to 18 years

Shoulder joint (X-ray AP view - age group 17-18 years)

	Age of appearance	Fusion
Head of Humerous	01 year	Centres unite at 06 years & forms conjoined epiphysis, which fuses with humeral shaft at 18 to 19 years
Greater tuberosity	03 years	
Lesser tuberosity	05 years	
Tip of 136ntussusc process	11 years	16 years
Acromion process	15 years	18 years
Sternal end of clavicle	19 years	21 years

Elbow Joint (X-ray AP & Lateral view - age group 14-16 years)

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

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

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

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

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

Later years :

X ray of lateral view of sternum to view fusion of 137ntuss elements and X rays of Skull to view suture closure patterns are to be used.

Sternum:

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

The first and second parts of sternum unite at 25 years.

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

Suture closure:

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

Lambdoid suture - Upper ½ by 50 to 60 years, Lower ½ by 60 to 70 years;

Coronal suture - Upper half by 40 to 50 years, Lower half by 30 to 40 years.

Factories Act, 1948; Tamilnadu Factories Rules, 1950 (G.O. (Ms). No. 27 Labour and Employment
(M2) Department, dt: 27.03.2002)

Certifying Surgeon	Local Limit
Assistant Surgeon in the Office of the Deputy Chief Inspector of Factories (Testing and Safety), Chennai.	Entire Chennai Corporation, divisions, and Tiruvallur district and Kancheepuram district.
Assistant Surgeon in the Office of the Deputy Chief Inspector of Factories (Testing and Safety), Vellore.	Entire Vellore district and Tiruvannamalai district.
Assistant Surgeon in the Office of the Deputy Chief Inspector of Factories (Testing and Safety), Cuddalore.	Entire Villupuram district and Cuddalore district.
Assistant Surgeon in the Office of the Deputy Chief Inspector of Factories (Testing and Safety), Salem	Entire Salem, Namakkal, Dharmapuri and Erode districts.
Assistant Surgeon in the Office of the Deputy Chief Inspector of Factories (Testing and Safety), Coimbatore.	Entire Coimbatore and Nilgiris districts.
Assistant Surgeon in the Office of the Deputy Chief Inspector of Factories (Testing and Safety), Trichy.	Entire Trichy, Thanjavur, Tiruvarur, Pudukkottai, Perambalur, Ariyalur, Karur and Nagapattinam districts.
Assistant Surgeon in the Office of the Deputy Chief Inspector of Factories, Sivakasi	Entire Madurai, Dindigul, Theni, Virudhunagar, Ramanathapuram and Sivagangai districts.
Assistant Surgeon in the Office of the Deputy Chief Inspector of Factories Tirunelveli	Entire Tirunelveli, Thoothukudi and Kanyakumari districts.
Chief Medical Officer-in-Charge of Bharath Heavy Electricals Ltd., Tiruchirapalli.	In respect of the factories under the management of Bharath Heavy Electricals Limited, Tiruchirapalli.
Divisional Medical Officer-in- Charge of Southern Railway Hospitals	In respect of Southern Railway Workshops including Integral Coach Factory, Chennai.
The Medical Officers of the Heavy Vehicles Factory Hospital, Avadi.	In respect of Heavy Vehicles Factory, Avadi, Chennai-54.
The Medical Officers of the Cordite Factory, Aravankadu, The Nilgiris.	In respect of Cordite Factory, Aravankadu, The Nilgiris district.

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

1. This form is intended for use only in medico legal cases. The Medical Officer conducting the autopsy may dictate rough notes as the examination proceeds, which may be entered in copying pencil in this loose form by his assistant. The Medical Officer should sign the loose form after satisfying himself that the entries are correctly made and should make the Post Mortem Examination certificate ready in the Format Medl. I. 29. The loose form (Medical-I-28) should be considered as the original document liable to be produced in Judicial Courts as evidence on proof of the correctness of the entries made in the post mortem certificates. No additions should be made to it later.

2. Medical Officer conducting Post Mortem Examinations should go through Paragraphs 399 to 410 and Paragraphs 591 and 592 of the Madras Civil Code (Code 1).

3. The printed matter indicates the Principle, morbid appearances and is a guide and refresher to memory. It is not to be considered complete and detailed. The measurements and weights are from European sources and are perhaps higher than the average for our country. In recording appearances both positive and negative findings would be of value.

4. Attention is invited to the Surgeon – General's Circular No: 39 of the 7th July 1914, regarding the responsibility of Senior Medical Officers in Station towards autopsies.

Station & Crime No:

Section:

In charge of body:

Post Mortem Examination

ON THE BODY OF a male / female named

Age :

Conducted by :

at :

on :

ORIGINAL to :

DUPLICATE to :

TRIPLICATE to :

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

Named

Aged about Year Months Days

Residence

Caste: Occupation:

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

Identification marks:

(1)

(2)

(3)

(4) Tattoo marks and pattern

(5) Caste marks:

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

sent by with letter no.

dated in charge of Constable No.

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

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

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

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

Vomiting State the nature of vomitus

Purging

Loss of sensation

Dilatation / contraction of pupils

Unconsciousness

Excitement

Flushing of faeces

The following articles were also sent with the corpse:

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Notes of Post Mortem Examination

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

Its condition then was

Examination was conducted by (on dated)

And it was began at place

Name: Age: Sex:

Height: Breadth: Weight:

Identification marks (as seen by the Medical Officer)

(1)

(2)

(3)

(4)

(5)

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

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

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

Body identified by PC no: Name:

EXTERNAL EXAMINATION

GENERAL SURVEY OF THE BODY:

01. Condition of clothes :
Dry, wet, stained etc
02. Surroundings of the body :
03. Attitude of the body :
Lies on back, arms close to sides, flexed at elbows, forearm in pronation, supination, palm resting on trunk, lower limbs extended, flexed, closed / apart
04. Temperature of the body (with a thermometer) :
05. State of nutrition :
Body is corpulent, stout, well nourished, emaciated, not muscular, adipose depletion
06. Symmetry of body :
Proportion of head to body; unequal development of limbs; atrophy of muscles (name them); deformities or losses. Maldevelopments; distortion (ex. Rickets, osteomalacia)
07. Colour of skin :
Pale, purple or Lividity of face, neck and trunk, colour of mucosa (oral, conjunctival, preputial, vaginal and anal). Discolouration (pigmentation and decolouration: mention sites, distribution and colour) albinism, leukoderma, leprosy, pityriasis, chlorosis, jaundice, Addison's patches
08. (a) Colour of iris:
- (b) Colour of hair, length of hair, shaved or not
- Head
Moustache Beard
Armpits
Pubis
09. Presence of visible diseases :
Blisters, vesicles, eruptions or rash, scales, erysipelas, thickening tumours, ulcers (oral, labial, cutaneous, anal), scars, naevi, disease of hair. Mention site and nature.
10. (a) Body is covered with blood, vernix caseosa, scarf skin :
11. (b) Scars and tattoo marks injuries :
Describe them (vide sketch)
- Injuries (Scratches, Ecchymosis, bruises, contusion, fracture, dismemberment) – Location, direction, length, breadth, depth, margins, tailing (examine with lens, draw outline of injuries if possible) bleeding or covered with clots or scab: probable age of injury, foreign bodies in wounds, cuts on clothing correspond with body wounds. Foreign bodies in natural passages (mention nature, size, weight etc) Marks of rope around neck, injuries caused by sharp or blunt, heavy or light weapons, self-inflicted or produced by fits (mention whether epileptic, eclamptic or uremic) and those induced by drugs. When injury to tongue by biting or to face by falling etc. Burns or scalds.

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

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

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

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

HEAD FACE AND FORM OF BODY

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

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

Adult: (a) Sub occipito bregmatic	: 28.5 cm	(29)
(b) Occipito frontal	: 30.93 cm	(31)
(c) Supra occipito mental	: 32.40 cm	(32)
(d) Cervico bregmatic	: 28.4 cm	(29)

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

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

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

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

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

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

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

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

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

26. Ear :
Discharge of pus, blood, fluid, foreign body, pierced lobes, recently torn
27. Neck glands :
Enlarged, caseous; Situation
28. Thorax :
Shape (well formed); long and narrow (barrel shaped), pigeon breasted, funnel breasted, ricketic rosary, difference between the sides, fracture or diseases of ribs, cartilages. Tumours in thorax.
29. Trunk: New born diameters (Jellet).
- | | | |
|-----------------------|-----------|------|
| Shoulders bisacromial | : 9.9 cm | (10) |
| Sterno dorsal | : 8.85 cm | (9) |
| Bi trochanteric | : 8.85 cm | (9) |
| Bis iliac | : 8.43 cm | (8) |
| Sacro iliac | : 4.95 cm | (5) |
30. Mammary glands :
Development, hypertrophy, atrophy, tumours, cysts, primary areola, secondary areola(colour), stria alba
31. Axillary glands :
Enlarged, length
32. Abdomen :
Striae albicantes, linea nigra, caput medusa, distension (uniform or unequal) walls, thick, thin, retracted walls (hernia; umbilicus healed; umbilical cord: demarcated, tied and adherent, fallen)
33. Groin :
Glands enlarged; buboes, ulcers, undescended testis, tumours, scars.
34. Generative organs :
Penis indrawn, shortened, development; urethral discharge, venereal sore, Circumcised or not; scars
35. Scrotum :
(dimensions of genitalia) Elephantoid, hydrocele, testes enlarged.
Labia: Hymen: presence or absence or torn fresh or old carunculae;
Vagina: Discharge of blood, mucus, pus; ulcers; Fistula.
Marks of violence; loose hairs (preserve stained hair and foreign bodies);

EXTREMITIES

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

CENTERS OF OSSIFICATION (Casper & Tidy)

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

INTERNAL EXAMINATION

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

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

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

40. Peritoneal cavity :
Fluid in ml, nature of fluid, turbid, blood stained, purulent, lymph, flakes of fibrin. Peritoneum: adherent; Tubercles; Smears from 147ntussus in peritoneum
biology(Note: Organs to be merely examined this stage).

OPENING OF THORAX

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

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

43. Pericardium :
Staining, inflamed, distended, fluid, amount (ml), character of inner surface (dark, rough, wounded, milk spots, 147ntussus-smear, spot of haemorrhage on visceral or parietal surface adhesions)

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

45. Valves and endocardium :
Rigid, contracted, thickened, adherent, valves perforated, torn, vegetation, puckered, atheromatous, 147ntussus tendinae, opaque, thickened, shortened, broken.

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

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

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

49. Lungs (Normal lung 240 – 660 g, Average 540 to 480 g) :
Colour, distended (marked by ribs & don't collapse); dry, crepitant, soft oedematous, congested, friable. Inelastic, emphysematous, collapsed (atelectasis); lobules (swollen and shrunken), dark red, grey, firm, fragile, soft, dry 147ntussus, frothy serum.
Pigmented adhesions, haemorrhage, infarction, pleurisy, patches if any, shape – scars or tubercles on surface.
Section – dry granular, moist, on pressure extrudes blood (amount), watery fluid, mucus, pus, secretion, blood, tenacious.
Air tubes reddened, thickened, dilated, narrow; grey yellow tubercle or chalky mass.
Cavities, pigment, fibroid change, red or grey hepatisation, purulent material, diffuse or circumscribed abscess gangrene, tumours, wound rupture, oedema, haemorrhage, cut piece sink or float in water.

50. Larynx, Glottis, Trachea, bronchi :
 Contain water, mud, vegetation (nature);
 mucosa: injected, swollen, stained, discoloured, oedematous, covered with froth, corrugated, leathery new growth, foreign body, loose or impacted, natural colour of mucosa.
51. Hyoid bone (broken – describe fracture etc.) :
52. Thoracic duct (inflamed, obstructed, rupture etc.) :
53. Thyroid & parathyroid (Enlarged, firm, fibrous etc.) :
54. Stomach :
 Size, dilated, shrunken, distended with food or gas.
 Outer surface: Vascular, fresh lymph, adherent, wound, rupture.
 Contents: odour, colour, consistency, foreign particles, food particles (nature and stage of digestion).
 Inner surface – colour, injected, dilated and tortuous vessels, walls oedematous & firm, hard; extravasation, effusion, embedded foreign particles, atrophied ulcer (character of edge base, perforation) tumours etc.
 Mucosa – anaemic, injected, inflamed, thick, soft, hard, eroded, corrugated, leathery.
55. Oesophagus – Length (25cms Grey) :
 Mucosa: Partly detached, easily stripped, soft, brittle, sodden, white, brown, yellowish, charred structure, ulcer, new growth, impacted mass, wound rupture, diverticula.
56. Pancreas (Average weight – 60 to 180 g) :
 Weight, colour, consistency, inflammation, abscess, tumour, fat necrosis.
57. Liver (Weight – 1200 to 1800 g) :
 Relations, adhesions, rupture, weight, enlarged, diminished, atrophied
 Capsule – thin, loose, wrinkled, adherent.
 Edges – Thick, thin, rounded, firm.
 Surface – smooth, shining, dull, nodulated, bands or red depressions.
 Colour – red, yellow, mottled, nutmeg, pigmented, brown pale chocolate, slaty.
 Consistency – soft, firm, flabby, tough, fleshy, greasy, friable, waxy, translucent.
58. Gall Bladder :
 Full, empty, stones, inflamed, mucosa, thickened wall, contracted; adherent, lymphatic glands under liver enlarged, malignant etc.
 Section – colour, hyperaemic, nutmeg, granular, distended ducts, embolism, hydatid, abscess, cuts with creaking noise on knife.
 (Prussian blue reaction, amyloid reaction can be sent)
59. Spleen (Size 13 x 9 x 4 cms, weight: 90 to 210 gm) :
 Weight, colour, size, shape, large, small, notch (portion).
 Capsule – wrinkled, thick, adherent, perisplenitis (Iced spleen), rupture, wound.
 Consistency – firm, soft, wax, friable, abscess, infarcts, tubercle.
 Section – Trabeculae and vessels not easily seen, markedly visible, increased. Colour of cut surface – dry, moist, concave, convex.
 Outline of Malpighian bodies visible, enlarged.
 Consistency of section of pulp: easily, scraped with difficulty.
 Accessory spleen.
60. Mesentery – cm long (Grey: 202 cms long) :
 Relations, fat, adhesions, injections, hypostasis, hernia, glands.
 Swollen, caseous ulcerating tubercle, effusion of lymph, oedema.
61. Kidneys (Weight 90 -180 gms in Female; 120-165 gms in Male) :
 Size: 10 x 6 x 3 cm
 Weight: Right Left
 Larger, smaller, heavier, colour – red, pale mottled, translucent, purple pale, yellowish. Consistency – firm, flabby, position of ureter, abnormalities.
 Section – soft, firm, anaemic, hyperaemic, colour difference between cortex & medulla increased or diminished; narrow or dilated pelvis, peripelvis pyramids, calyces, infarction, embolism in vessels.
 Capsule strips easily, partially adherent, very adherent, thick, and thin.

Surface of kidney – congested, pale, stellate veins markedly visible, cysts on surface, smooth, rough, granular, lobulated.

62. Supra renal capsules :

Size: 10 x 6 x 3 cm

Length

Breadth

Thickness

Weight

Accessory suprarenal

Abscess, cyst, rupture, wound, enlarged; irregular; firm, adherent;

Section: yellow, grey white cheesy, calcified.

The Intestines

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

Duodenum 2.5 cms

Jejunum 244 cms

Ileum 366 cms

Caecum 06 cms

Colon 56 cms – 152 cms

Ascending colon 13 cms

Transverse colon 51 cms

Descending colon 25 cms

Sigmoid colon 41 cms

Rectum 11 cms - 12 cms

64. Small intestine :

Outer surface injected, hypostasis, lymph, fibrin, adhesion, tubercle, tumour

Contents – colour, quantity, consistency, food particles, foreign particles, parasites, bacteriological examination, if needed.

Mucosa – injected, pale, atrophied, swollen pulpy, gangrenous, ulcerated (direction of ulcers), lymph follicles.

Peyer's patches, lymphatics, sloughing (size and shape of slough and ulcers), character margins of ulcers, impacted masses.

Twisting 149ntussusceptions, contracted, strangulation, hernia, growth, diverticula.

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

Position, length, thickness, inflammation abscess, atrophy.

Mucosa: inflamed, ulcerated, atrophied, tumour.

Contents: Faeces, colour, consistency, parasites, pus, foreign bodies, stones.

66. Large Intestine :

Ileo caecal valve, 149ntussusceptions etc.

Caecum – position, mobility, thickened, inflamed, tubercle, tumour, stenosis, dilatation, adhesions, pericoecal abscesses, mucosa: atrophied, inflamed;

tumour. Colon: sagging, dilation, flexures – normal in position, linking saccululation, stenosis, injected, adhesion, fistulae;

Contents, colour, consistence, foreign particles, food particles, parasites;

mucosa: injected, inflamed, ulcers, slough, colour, extent, location (Describe)

67. Bladder :

Contents (g), Urine – reaction; sugar, albumin, calculus, new growth,

mucosa: inflamed, ulcers; muscle hypertrophied;

prostate: enlarged tumour; seminal vesicle – tubercle etc.

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

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

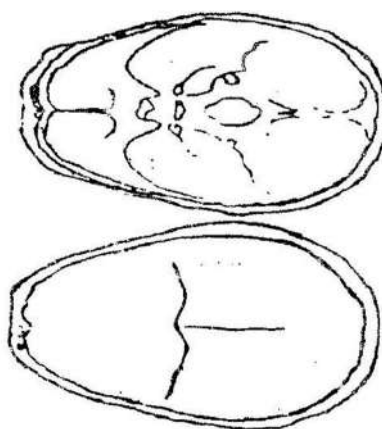
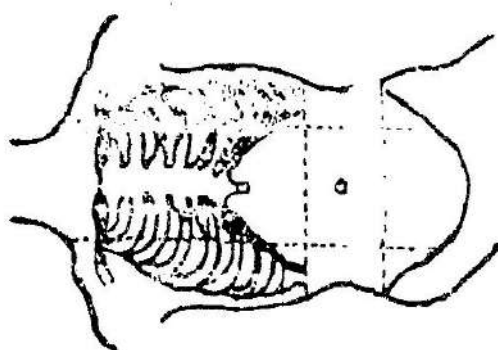
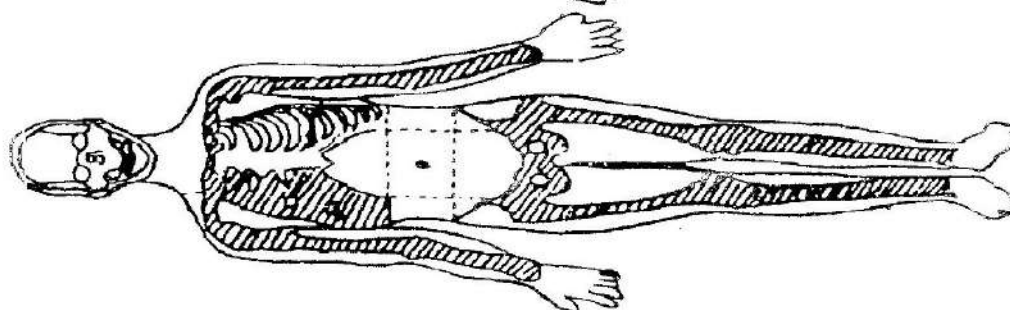
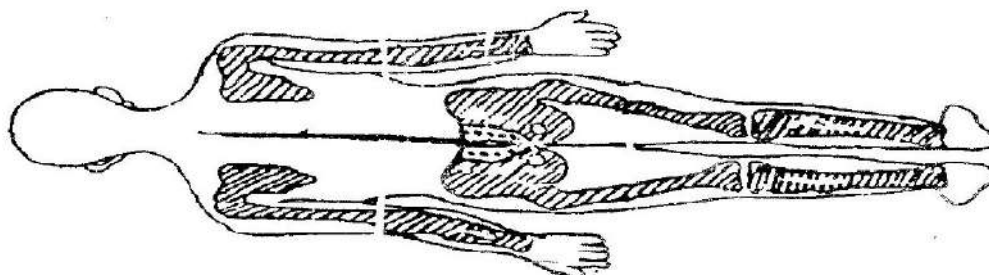
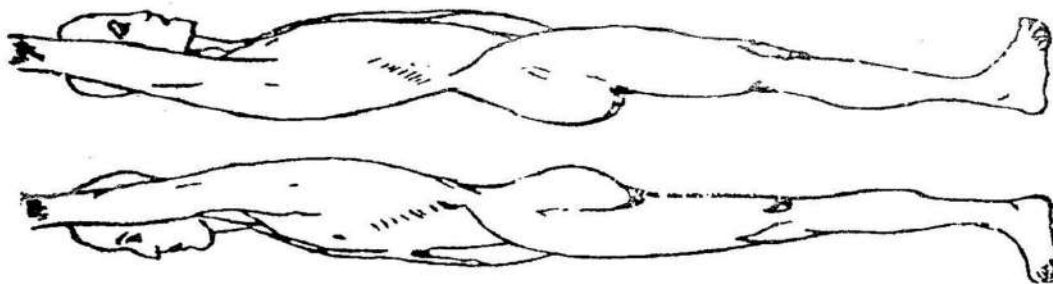
69. Ovaries (Right and Left) :

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

70. Pelvis :

Fracture disarticulation, deformity.

71. OPENING OF THE HEAD :
- Soft parts: present, injury or inflammation.
Scalp – extravasation of blood beneath, caput succedaneum, caul present.
72. Bones :
- Thick, thin, caries, depression, injury.
N.B: Strip dura, examine for basal fracture, injury include separation of sutures, indentations, fracture.
73. The Membranes :
- Sinuses full, empty, thrombosed, clotted; duramater, adherent, anaemic, vascular; hypostasis, congested, inflamed; extravasation of blood external or internal to dura or pia (amount, situation and extent); adhesions (describe and sketch);
Arachnoid: dry, sticky, tubercular;
Cerebro spinal fluid volume, clearness, turbidity, blood staining; adhesions;
Air, haemorrhage etc. Lymph or pus present.
74. Brain (Average M – 1440 gms; F – 1320 gms) :
- Convulsions, flattened; ventricles: full, empty, ventricular fluid (clear, turbid, blood stained); Choroid plexus inflamed.
Substance: soft (reddish, yellow), firm, inflamed, abscess, softening, tumour (site), haemorrhage (site), injury (site).
Brain vessels – Thickened atheroma (site), embolism (site), thrombosis (site), rupture (site).
75. Air cavities of skull – note findings :
76. Spinal Column :
- Soft part: present, injury;
Bones – injury, disease.
Duramater – adherent, anaemic, vascular, hypostasis, tumour.
Arachnoid – dry, sticky, tubercular
Piamater – injected
77. Atlas / Axis(Fracture subluxation) :
78. Spinal cord:Length (M 43; F 41 cm); Weight (45 gms)
Soft, firm, vascular; injected, atrophied, semi translucent, narrow in parts (where); nerve roots



Tissues preserved for microscopic section.

Materials sent for Bacteriological investigation.

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

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

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

Summary of opinion:

The deceased would appear to have died of

Dated day of 20

Signature with designation.

Results of Bacteriological, Chemical examinations, Microscopic examinations etc

Final opinion (in case it is reserved)

Signature with designation.

Post-mortem certificate handed over to

on

at (time)

Inquest when held

Date

Time

Summary of evidence at inquest:

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

Magistrate inquiry (Chief points of evidence to be noted)

Sessions – (Chief points of examination and cross examination)

Judgement

Others:

Forensic Science Laboratories:

FSL	Units	Districts Attached
Chennai Forensic Science Forensic House, 30-A, Kamarajar Salai, Mylapore, Chennai - 600004. 044-28447771-5	Toxicology, Biology, Serology DNA, Anthropology, Ballistics, Explosives, Excise, Narcotics, Prohibition, Physics, Chemistry, Documents, Photography, Computer forensics	Chennai Chengalpet Kancheepuram Thiruvallur
Coimbatore Regional Forensic Science Lab., 219, Race Course Road, Coimbatore - 641 018. 0422-2220695	Toxicology, Biology, Serology Excise, Narcotics, Prohibition, Computer forensics	Coimbatore City / Dt. Erode Nilgiris Tiruppur City / Dt.
Dharmapuri Old PDJ Court Building Opposite to Revenue Divisional Office, Dharmapuri-636701. 04342-263018	Toxicology, Biology Narcotics, Prohibition	Dharmapuri Krishnagiri
Madurai Regional Forensic Science Lab., Madurai Medical College Campus, Collector 's Office Road, Madurai - 625020. 0452-2531966	Toxicology, Biology, Serology, DNA, Documents, Narcotics, Prohibition	Dindigul Madurai City / Dt. Theni
Ramanathapuram Regional Forensic Science Lab., Near Coast Guard Office, Master Plan Complex, Sethupathy Nagar, Ramanathapuram-623503. 04567-230646	Toxicology, Biology, Prohibition	Ramanathapuram Sivagangai Virudhunagar
Salem Regional Forensic Science Lab., 7 Avvai Nagar, First Street, Jagiramma palayam, Salem-636302. 0427-2900457	Toxicology, Biology Narcotics, Prohibition	Namakkal Salem City / Dt.
Thanjavur Regional Forensic Science Lab., Vallam Main Road,Pilliyarpatti,Thanjavur-613403. 04362-264776	Toxicology, Biology Narcotics, Prohibition	Mayiladuthurai Nagapattinam Thanjavur Thiruvarur
Trichy Regional Forensic Science Lab., 165/90 Thiru.Vi.Ka. Nagar (Behind GH), Puttur, Trichy - 620 017. 0431-2423977	Toxicology, Biology, Serology Narcotics, Prohibition	Ariyalur Karur Perambalur Pudukkottai Trichy City / Dt.
Tirunelveli Regional Forensic Science Lab., Court Building (Back Side), Tirunelveli-672011. 0462-2572675	Toxicology, Biology Narcotics, Prohibition	Kanyakumari Tenkasi Thoothukudi Tirunelveli City / Dt.
Vellore Regional Forensic Science Lab., Phase-3, Sathuvachary [Adjacent to TNHB Government Servant Rental Quarters], Vellore - 632 009. 0416-2253255	Toxicology, Biology Narcotics, Prohibition	Thiruvannamalai Tirupattur Ranipet Vellore
Villupuram Regional Forensic Science Lab., Master Plan Complex, Behind Collectorate, Villupuram-605602. 04146-224680	Toxicology, Biology Narcotics, Prohibition	Cuddalore Kallakurichi Villupuram

Serology Sample receiving RFSs (Zone wise):

(Lr. No. FSD / LQMS / 12 / 2024; 18.01.2024 - FSD, Chennai)

FSL	Zone	Districts Attached
Chennai Forensic Science Forensic House, 30-A, Kamarajar Salai, Mylapore, Chennai - 600004. 044-28447771-5 fsddirector@gmail.com	NORTH	Chennai, Chengalpet, Cuddalore Kallakurichi, Kancheepuram, Thiruvallur, Thiruvannamalai, Tirupattur Ranipet, Vellore, Villupuram
Coimbatore Regional Forensic Science Lab., 219, Race Course Road, Coimbatore - 641 018. 0422-2220695 adrfslcbe@gmail.com	WEST	Coimbatore City / Dt. Dharmapuri, Erode Krishnagiri, Namakkal, Nilgiris Salem City / Dt, Tiruppur City / Dt.
Madurai Regional Forensic Science Lab., Madurai Medical College Campus, Collector 's Office Road, Madurai - 625020. 0452-2531966 adrfslmdu@yahoo.co.in	SOUTH	Dindigul, Kanyakumari, Madurai City / Dt., Ramanathpuram, Sivagangai, Tenkasi, Theni, Thoothukudi, Tirunelveli City / Dt. Virudhunagar
Trichy Regional Forensic Science Lab., 165/90 Thiru.Vi.Ka. Nagar (Behind GH), Puttur, Trichy - 620 017. 0431-2423977 rfsltrichy@gmail.com	EAST	Ariyalur, Karur, Mayiladuthurai Nagapattinam, Perambalur, Pudukottai, Trichy City / Dt., Thanjavur, Thiruvavur

VISCERA IN POISONING CASES:

Saturated Sodium Chloride solution is most commonly used preservative for chemical analysis;

except in Heavy metals, Aconite, Vegetable poisons, Corrosive acids.

Rectified Spirit (90%) is the ideal preservative of choice in all conditions, except Carbolic Acid, Carbon tetrachloride, Paraldehyde, Alcohol, Acetic Acid, Phosphorus, Kerosene.

Preservative used should only come from Medical Stores, through Head of the Institution.

It is advisable to rinse the inside of the glass vessels to be used for the viscera with preservative and then bottle and seal the sample. Avoid the possibility of contamination of dishes, gloves, etc., which might be carried over to the next case.

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

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

Collection methods:

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

P.M. No.

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

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

From

To

The Director / Deputy Director
Forensic Science Laboratory,

.....
Dated

.....
Description of viscera forwarded for examination

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

.....
Mode of packing

Copy of label attached to each article

SEALED CARD BOARD BOX

YES

Weight of parcel

Impression of seal

.....
Mode of dispatch
Through P.C.

Date of dispatch

Date of receipt in
chemical examiner's office

Name:

Station:

.....
INFORMATION FURNISHED BY POLICE OR PRECIS OF CASE

Name:

Age:..... Sex:

Thana or Village

History of case - Duplicate attached

.....
Date and hour of dispatch of body:

Date & hour of autopsy:

Name of Medical Officer by whom examination was actually done:

Date of receipt:

.....
Appearance of the body:

Muscularity

Stout / Emaciated

.....
Special marks:

Scars / Tattooing

Amount of hair, etc.

.....
Signs of decomposition

.....
Wounds & bruises:

Position, Character and Size

.....
State of natural orifices:

Eye

Ears

Nostrils

Mouth

Vagina

Anus
Urethra

State of limbs:

Rigor mortis

Position

Contents in hands, if clenched

Other: Relaxed or Contracted limbs

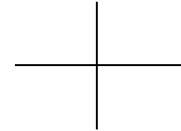
Eyelids

Pupils

Contents of mouth

Position of tongue

State of teeth



Thorax:

Ribs

Cartilage

Pleura

Pericardium

Heart:

Shape and appearance

Cavities

Clots - Ante or Post Mortem

Muscular structure

Vessels:

Clots; Aneurysm; Atheroma

Lungs:

Appearance Colour

Consistency

Adhesions

Larynx, trachea and bronchi for foreign bodies of diseases

Hyoid bone

Abdomen:

Peritoneum Peritoneal cavity & its contents

Liver & gall bladder - form, size, any disease or injury

Pancreas & Spleen: disease or injury

Kidney:

Stomach:

Size and general appearance

Coat appearance & Mucosa

General appearance & Contents

Intestines:

General appearance

Mucosa & Coat; Contents

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

Head:

 Scalp
 Bones (disease or injury)
 Membranes & Brain substance & ventricles
 Base of skull: fractures, caries, extravasations, etc.

SPINAL CANAL

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

Fractures & dislocations

...More detailed description of injuries or disease

OPINION AS TO CAUSE OF DEATH:

Station & Date:

(Signature with designation)

FSL SAMPLE FORWARDING FORM

From

Police Surgeon and Professor of Forensic Medicine,
Medical College,

To

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

Sir / Madam,

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

P.M. No : Date :

Name : Alleged Age : Sex :

Station & Crime number :

Nature of samples : Nos :

Test required :

Sample seal impression :

Yours faithfully,

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

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

HISTOPATHOLOGY SAMPLE FORWARDING FORM

From

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

To

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

Sir / Madam,

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

P.M. No :

Date :

Name :

Alleged Age : Sex:

Station & Crime number :

Nature of samples :

Nos:

Autopsy findings:

Yours faithfully,

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

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

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

Name of Institution -----

Post Mortem Report No ----- Date-----

Conducted by Dr-----

Date & Time of receipt of body & Inquest papers for Autopsy -----
(Requisition time)

Date and Time of Commencement of Autopsy -----

Time of Completion of Autopsy -----

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

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

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

Case Particulars

1. (a) Name of deceased as entered in the Jail or Police record

(b) S/O, D/O, W/O

(c) Address

2. Age (Approx.): ----- Years; Sex: Male / Female / Others

3. Body brought by (Name and rank of Police Officials)

(i) -----

(ii) -----

of Police Station -----

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

(i) -----

(ii) -----

HOSPITAL DEAD BODIES - (Particulars as per hospital records)

Date and time of Admission in Hospital -----

Date and time of Death in Hospital -----

Central Registration No. Of Hospital -----

SCHEDULE OF OBSERVATIONS:

A. General

(1) Height ----- Cms

(2) Weight -----Kgs

(3) Physique - (a) Lean / Medium / Obese

(b) Well-built / Average built / Poor-built / Emaciated

(4) Identification features (if body is unidentified)

(i) -----

(ii) -----

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

(5) Description of clothes worn - important features.

(6) Post-mortem changes:

(a) As seen during inquest:

- Whether rigor mortis present -----

- Temperature (Rectal) -----

- Others -----

(b) As seen at Autopsy-

(7)

(a) External general appearance

(b) State of eyes

(c) Natural orifices

B. External Injuries:

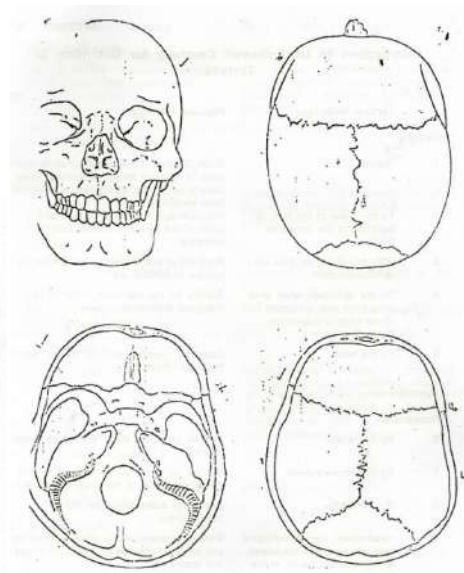
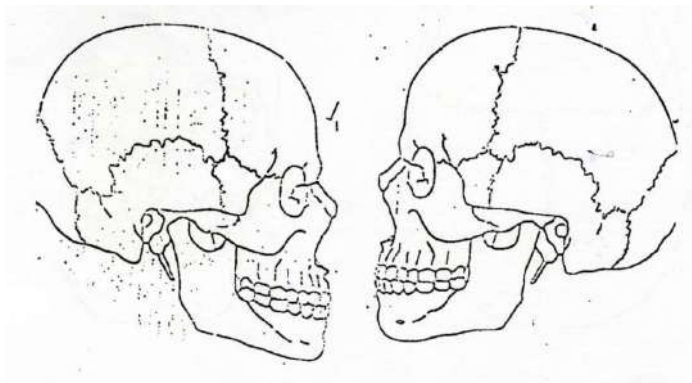
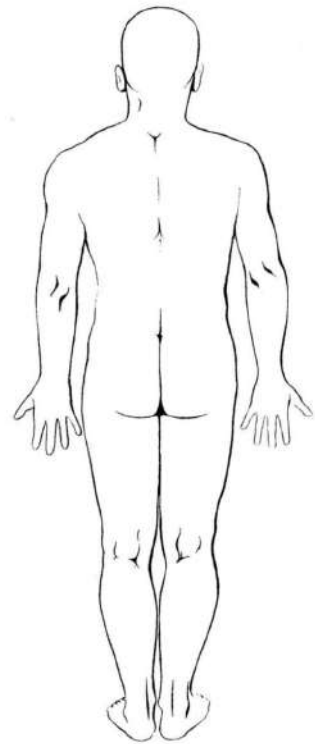
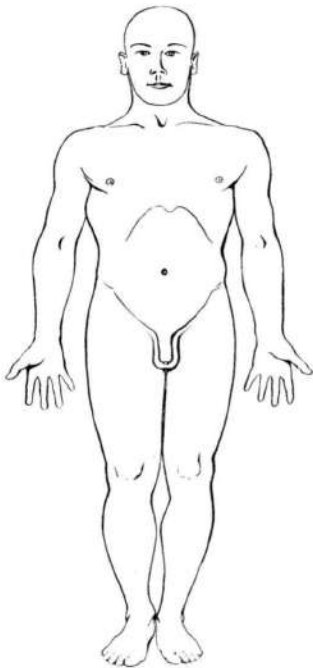
Instructions:-

(i) Injuries be given serial number and mark similarly on the body diagrams attached.

(ii) In stab injuries, mention state angles, margins direction inside body

(iii) In fire arm injuries, mention about effects of fire also

(Mention Type, Shape, Length X Breadth & Depth of each injury and its relation to important body landmark. Indicate which injuries are fresh and which are old and their duration).



Internal Examination

1. HEAD

(a) Scalp Findings

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

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

(d) Brain findings & Weight (Weight ----- gms)

(e) Orbital, nasal & aural cavities -findings

2. NECK

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

3. CHEST

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

4. ABDOMEN

- Condition of abdominal wall
- Peritoneum and Peritoneal cavity
- Stomach (wall condition, contents & smell) (Weight ----- gms)
- Small intestines including appendix

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

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

OPINION

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

(ii) Cause and manner of death -

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

Immediate cause -

(b) Due to-

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

(d) Manner of causation of injuries.

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

(iii) Any other

SPECIMENS COLLECTED & HANDED OVER (PLEASE TICK)

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

(b) Clothes

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

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

(e) Sample of preservative in cases of poisoning.

(f) Sample of seal

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

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

Dead body, clothing and other articles (mention there)

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

No ----- of PS -----

whose signatures are herewith -----

PM report in original (number of pages)

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

Signature -----

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

Designation -----

APPENDIX - 'A'

INSTRUCTIONS TO BE FOLLOWED CAREFULLY FOR DETENTION OF TORTURE

Sl. No.	Torture Technique	Physical Findings
<u>Beating</u>		
1	General	Scars, Bruises, Lacerations, Multiple fractures at different stages of healing, especially in unusual locations, which have not been medically treated
2	To the soles of the feet, or fractures of the bones of the feet	Haemorrhage in the soft tissues of the soles of the feet in ankles Aseptic necrosis.
3	With the palms on both ears simultaneously	Ruptured or Scarred tympanic membranes, injuries to external ear
4	On the abdomen, while lying on a table with the upper half of the body unsupported ("operating table")	Bruises on the abdomen. Back injuries. Ruptured abdominal viscera
5	On the head Haematomas.	Cerebral cortical atrophy. Scars, skull fractures. Bruises.
<u>Suspension</u>		
6	By the wrists	Bruises scars about the wrists. Joint injuries.
7	By the arms or neck	Bruises or Scars at the site of binding. Prominent Lividity in the lower extremities.
8	By the ankles	Bruises or scars about the ankles. Joint injuries.
9	Head down, from a horizontal pole placed under the knees with the wrists bound to the 'Jack'	Bruises or scars on the anterior aspect of forearms and backs of the knees. Marks on the wrists and ankles .
<u>Near Suffocation</u>		
10.	Forced immersion of head in often contaminated "wet submarine".	Faecal material or other debris in the mouth pharynx, trachea, oesophagus, Lungs, Intro-thoracic petechiae.
11	Tying of a plastic bag over the head ("dry submarine")	Intro - thoracic petechiae
<u>Sexual abuse</u>		
12	Sexual abuse	Sexually Transmitted Diseases. Pregnancy. Injuries to breasts external genitalia, vagina, anus

or rectum.

Forced posture

- | | | |
|----|--|--|
| 13 | Prolonged standing | Dependent oedema, Petechiae in low extremities |
| 14 | Forced straddling of a bar ("Saw horse") | Perineal or Scrotal haematomas |

Electric shock

- | | | |
|----|--|---|
| 15 | Cattle prod | Burns, appearance depends on the age of the injury.
Immediately: spots, vesicles, and /or black exudates.
Within a few weeks: circular, reddish macular scars.
After several months: small, white, reddish or brown spots resembling telangiectasia. |
| 16 | Wires connected to a source of electricity | |
| 17 | Heated metal skewer inserted into the anus | Peri-anal or rectal burns |

Miscellaneous

- | | | |
|----|--|--|
| 18 | Dehydration | Vitreous humour electrolyte abnormalities. |
| 19 | Animal bites (spiders, insects, rats, mice, dogs). | Bite marks |

CERTIFICATE of production of ELECTRONIC EVIDENCE
PART A (To be filled by the Party)

I, _____ (Name), Son/daughter/spouse of _____
residing/employed at _____ do hereby solemnly affirm and sincerely
state and submit as follows: –

I have produced electronic record/output of the digital record taken from the following
device/digital record source (tick mark): –

Computer / Storage Media DVR Mobile Flash Drive

CD/DVD Server Cloud Other

Other: _____

Make & Model: _____ Color: _____

Serial Number: _____

IMEI/UIN/UID/MAC/Cloud ID _____ (as applicable)

and any other relevant information, if any, about the device/digital record____(specify).

The digital device or the digital record source was under the lawful control for regularly
creating, storing or processing information for the purposes of carrying out regular
activities and during this period, the computer or the communication device was working
properly and the relevant information was regularly fed into the computer during the
ordinary course of business. If the computer/digital device at any point of time was not
working properly or out of operation, then it has not affected the electronic/digital
record or its accuracy. The digital device or the source of the digital record is:

Owned Maintained Managed Operated by me (select as applicable).

I state that the HASH value/s of the electronic/digital record/s is _____,
obtained through the following algorithm:

SHA1 :

SHA256 :

MD5 :

Other _____ (Legally acceptable standard)

(Hash report to be enclosed with the certificate)

Date (DD/MM/YYYY): _____

Time (IST): _____hours (In 24 hours format)

Place: _____

Autopsy in Organ Transplant cases:

Form - III

Organ Retrieval Authorization Form

I / We, Dr. -----

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

Thiru / Tmt -----

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

Organ(s) authorized for retrieval:

(1)

(2)

(3)

(4)

(5)

(Signature of the doctor, who will conduct post mortem examination)

Name :

Medical council no :

Designation :

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

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

Identification & Caste Marks:

1. 2.

Appearance found at post mortem examination:

Following ante mortem wounds were seen on the body:

OPINION as to the cause of death:

The deceased would appear to have died of

Signature

Name in block letters & Designation

Station& Date :
Original :
Duplicate :
Triplicate :

(Office seal)

**GOVERNMENT COLLEGE / HOSPITAL,
POST MORTEM EXAMINATION CERTIFICATE.**

(P. M. No:).

PROVISIONAL / FINAL OPINION

Regarding body of a male / female, aged years with reference to
..... Police Station, Crime No:, U/s:

I / We, the undersigned, hereby send you the Final opinion / Provisional Opinion as to
the case mentioned above.

FSL Report / Histopathology Report /:

Ref. No:; received on

Details of the report:

PROVISIONAL / FINAL OPINION:

The deceased would appear to have died of

Signature with Name & Designation

Station & Date :

Original :

Duplicate :

Triplicate :

(Office seal)

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

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

Name of the Hospital

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

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

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

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

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

Directions for filling the form:

NAME OF DECEASED: To be given in full. Do not use initials. If deceased is an infant, not yet named at the time of death, write 'Son of (S/o) or Daughter of (D/o)' followed by names of mother and father.

AGE: If the deceased is above one year of age, give age in completed years. If the deceased is below 1 year of age, give age in months and if below one month, give age in completed number of days, and if below one day, in hours.

CAUSE OF DEATH: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) & (c). If a single morbid condition completely explains the cause of death, then this will be written on line (a) of part I, and nothing more is needed to be written in the rest of Part I or Part II. For example, smallpox, lobar pneumonia, cardiac beriberi are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will be present during death, and the doctor must then complete the certificate in the proper manner so that he enters in Part I (a) the Immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear in the certificate at all, since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) has to be completed. The underlying cause to be tabulated is always written last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death, but which contributed in some way to the fatal outcome. Sometimes, the doctor finds it difficult to decide, especially for infant deaths, which of the several independent conditions was the primary cause of death. But only one cause can be tabulated, so the doctor must decide regarding that. If the other diseases are not the effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions in a single line. Please write the names of the diseases (in full) in the certificate as legibly as possible to avoid the risk of their being misread.

ONSET: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., from birth to several years.

ACCIDENTAL OR VIOLENT DEATHS: Both the external cause and the nature of the injury are needed and should be stated. The doctor or the hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture neck of femur; (c) Fall from ladder at home.

MATERNAL DEATHS: Be sure to answer the questions on pregnancy and delivery. This information is needed regarding all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

OLD AGE OR SENILITY: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example (a) Chronic bronchitis, II old age.

COMPLETENESS OF INFORMATION: A complete case history is not wanted, but if the information is available, enough details should be given to enable the underlying cause to be properly clarified.

EXAMPLE: Anaemia - mention the type of anaemia, if known. Neoplasm - Indicate whether benign or malignant and site, with site of primary neoplasm, whenever possible. Heart disease - Describe the condition specifically; if congestive heart failure, cor pulmonale, etc. and give the antecedent conditions. Tetanus - Describe the antecedent injury, if known. Operation - State the condition for which the operation was performed. Dysentery - Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery - Describe the complication specifically. Tuberculosis - Mention the organs affected.

SYMPTOMATIC STATEMENT: Convulsions, diarrhoea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of different conditions. Sometimes nothing more is known, but whenever possible, mention the disease which caused the symptom.

MANNER OF DEATH: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending Investigation'.

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

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

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

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

.....

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

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

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

.....

Directions for filling the form:

NAME OF DECEASED: To be given in full. Do not use initials. If deceased is an infant, not yet named at the time of death, write 'Son of (S/o) or Daughter of (D/o)' followed by names of mother and father.

AGE: If the deceased is above one year of age, give age in completed years. If the deceased is below 1 year of age, give age in months and if below one month, give age in completed number of days, and if below one day, in hours.

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Often, however, a number of morbid conditions will be present during death, and the doctor must then complete the certificate in the proper manner so that he enters in Part I (a) the Immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear in the certificate at all, since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) has to be completed. The underlying cause to be tabulated is always written last in Part I.

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Do not write two or more conditions in a single line. Please write the names of the diseases (in full) in the certificate as legibly as possible to avoid the risk of their being misread.

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OLD AGE OR SENILITY: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example (a) Chronic bronchitis, II old age.

COMPLETENESS OF INFORMATION: A complete case history is not wanted, but if the information is available, enough details should be given to enable the underlying cause to be properly clarified.

EXAMPLE: Anemia - mention the type of anemia, if known. Neoplasm - Indicate whether benign or malignant and site, with site of primary neoplasm, whenever possible. Heart disease - Describe the condition specifically; if congestive heart failure, cor pulmonale, etc. and give the antecedent conditions. Tetanus - Describe the antecedent injury, if known. Operation - State the condition for which the operation was performed. Dysentery - Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery - Describe the complication specifically. Tuberculosis - Mention the organs affected.

SYMPTOMATIC STATEMENT: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of different conditions. Sometimes nothing more is known, but whenever possible, mention the disease which caused the symptom.

MANNER OF DEATH: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending Investigation'.

DNA Sampling (Form - I)

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

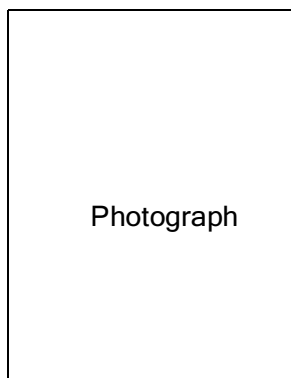
This is to certify that at the request of(Name of the Investigative Agency / Police station) in Crime Number (Blood, Saliva, Nail, Hair, Tooth, Semen, Pubic Hair, Vaginal swabs, skin scrapping etc).....

exemplar was taken from (Name of the person from whom the exemplar is drawn, son of, daughter of, wife of whose photograph is affixed below

on (date) at (time).

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

Videograph taken: Yes / No.



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

Signature of the Medical
Officer
(Medical Officers seal)

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

To

..... (Name of the Court)

GOVERNMENT HOSPITAL,

.....

PROFORMA FOR EXAMINATION OF A CASE OF DRUNKENNESS

Requisition from:

Dated:

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

PHYSICALEXAMINATION

1. Height :
2. Weight :

3. Breadth :
4. Chest girth at the level of nipples :
5. Abdominal girth at the level of Navel :
6. General build & appearance :
7. History :
8. Voice :
9. Teeth :
10. Hair - Scalp : Beard : Moustache :
Axilla : Pubic :
11. General appearance and demeanour :
State of clothing
Deposition
Speech
Gait
12. Memory :
13. Mouth :
Smell of alcohol
Dribbling of saliva
Lip
Tongue
14. Systems :
15. Eyes :
Visual acuity
Lateral gaze nystagmus
Conjunctiva
State of Pupil
Light reflex
15. Reflexes :
16. Co ordination :

Date : Casualty Medical Officer / EMO,
(Name with Signature)

Station : Government Hospital,

GOVERNMENT HOSPITAL,

CERTIFICATE OF DRUNKENNESS

(DRUNKENNESS No.....)

Signs of intake of alcohol found on a male / female / third sex
 aged years, an inhabitant of
 who was sent with letter /memo no. dated
 from
 and accompanied by
 for report as to the result of examination of person for certain appearances due to
 alleged drunkenness

Identification and caste marks -

- 1)
- 2)

The person was first seen by the undersigned at on
 and the examination was commenced at on and the following were
 found.

Findings:

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

Blood & Urine were not collected because

OPINION: I am of the opinion that the above person has

Consumed alcohol and is under its influence as proved by

Consumed alcohol but not under its influence.

Not consumed alcohol.

(Medical Officer to rule out whichever is not applicable)

Date : Casualty Medical Officer,
 (Name with Signature)

Station :

Original :

Duplicate : (Office seal)

GOVERNMENT HOSPITAL,
.....

PROFORMA FOR EXAMINATION OF ACCUSED OF SEXUAL VIOLENCE

1. Case Particulars:

Requisition from

vide letter. No

dated

for examination of

brought and identified by

2. Particulars of the alleged accused:

i. Name

S/o

ii. Address

iii. Age as stated

iv. Occupation

v. Religion:

vi. Consent given in writing

3. Examined in presence of

Place of examination

Date and Time of examination

CLEAR LTI

CLEAR RTI

PHOTO

--	--

--

4. Marks of Identification:

(1)

(2)

Brief History:

i. As given by Police

ii. As given by alleged accused:

a. If he admits or denies the incidence (Account of incidence as per his statement)

b. Did he know the victim before:

c. If any injury is present on the body of the accused, then to see, if it could be due to struggle and resistance by the victim

d. If his clothing' s show any evidence of lipstick, stains of blood, foreign hair, mud, grass, vaginal stains, if so, his explanation about the same:

e. If his clothing show evidence of recent tear, loss of button, any loose foreign pubic hair, his explanation about it:

f. Any history of S.T.D before

g. Did he take bath, wash etc. after the alleged incidence

h. Has he changed clothes after the incidence:

5. Physical examination

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

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

Bite marks :

Abrasions:

Contusions:

Any other:

iii. General Configuration: Height Weight Body Built

Blood Pressure Pulse Mental status

iv. Axillary hair v. Beard & Moustache

vi. Pubic hair (including tanner staging)

(If matted preserve clipping for Forensic examination)

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

Total no

Permanent Temporary

Spacing behind 2nd permanent molar Artificial, if any

viii. Genital Examination:

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

Pubic region

Thigh and adjoining parts

Matted hair

Seminal stain

Blood

Loose foreign hair

Injuries

b. Penis:

Development (Tanner Stage)

Any defect / Deformity

Length and Girth of penis in flaccid condition

Length and Girth of penis in erect condition

Glans penis and frenulum

Whether foreskin can be freely rolled up or is circumcised

Any injury on the frenulum

Any injury elsewhere on the organ

Evidence of any disease e.g. STD

Presence of smegma under the foreskin

Hair under prepuce

Any Other Remark

c. Scrotum and testes

Development (Tanner Stage)

Enlargement

Both testes descended or not

Any disease

Any injury

Cremasteric Reflex

Any Other Remark

d. Details regarding any Disease/Injury:

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

Vas deference

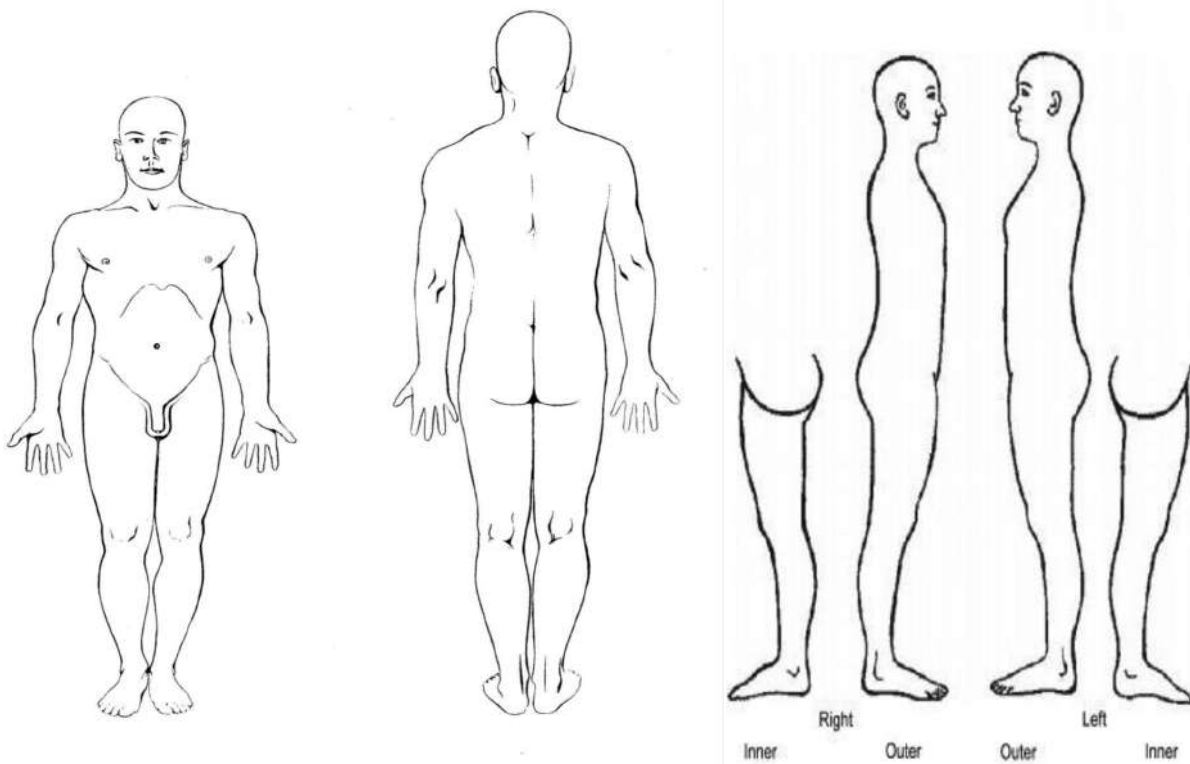
Epididymis

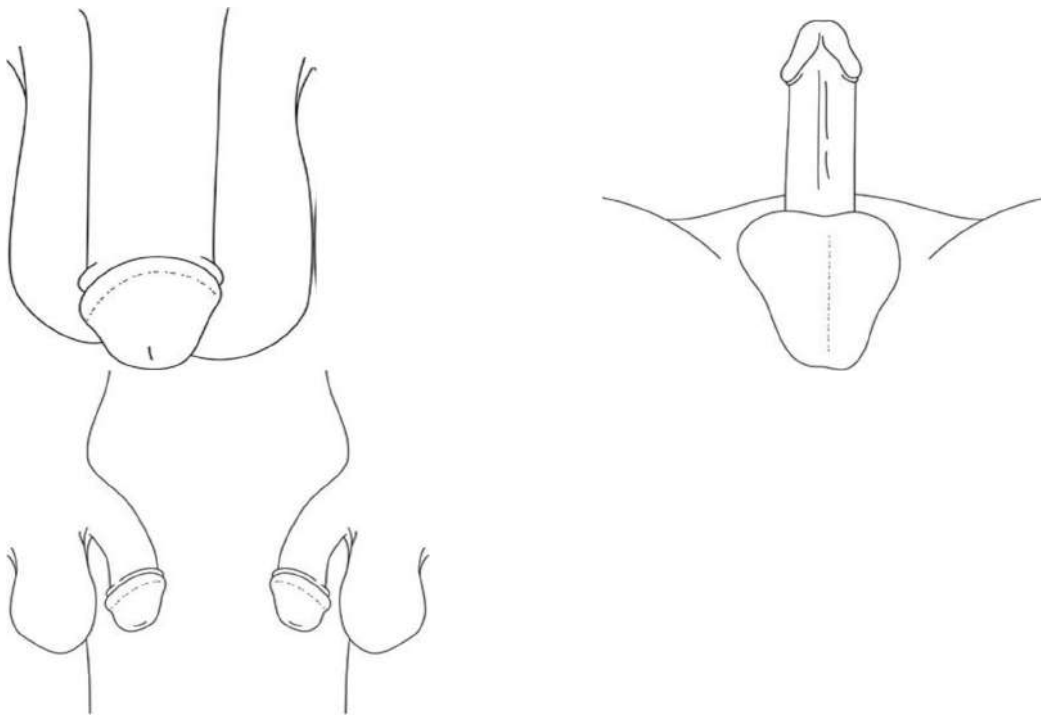
Prostate

On the genital

Anywhere on the body

Any Other Remark





LEGEND: TYPES OF FINDINGS in the diagram.

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

Collection of Samples for Forensic Analysis:

a. Clothing, where available - (Each garment to be wrapped separately and packed in paper bags after air drying - in envelope labelled **step 1A and 1B**)

b. Collection of Hair Sample (In envelope labelled **step 2A, 2B and 2C**)

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

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

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

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

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

e. Collection of urethral swabs and scrotal swabs and smears (In envelope labelled **Step5** for detection of seminal content, gonococci etc. DNA testing, STD etc.)

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

f. Collection of penile swabs and smears and penile washings for vaginal epithelia (In envelope labelled **Step6**)

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

g. Collection of nail cuttings and scrapings (In envelope labelled **Step7**)

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

h. Collection of swabs from buccal mucosa (In envelope labelled **Step8**)

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

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

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

7. X rays for age estimation (if requested in the letter)
8. Tests advised for potency / impotency (wherever required)
 1. Blood for - GTT, Serum electrolytes, Serum Creatinine, Liver function tests, Full blood count, Serum prolactin level, Thyroid function test, Serum testosterone, Sex Hormone binding globulin.
 2. Special investigations (if required) - Nocturnal Penile tumescence, Cavernosography, Pharmacologically Induced Penile Erection test, Doppler studies, Pudendal Arteriography, Pharmacocavernosometry.

OPINION:

Station	Signature
Date	Name
Time	Reg. No
Designation	Office seal
Original :	
Duplicate :	
Triplicate :	

GOVERNMENT HOSPITAL,
.....

PROFORMA FOR EXAMINATION OF SEXUAL OFFENCE SURVIVOR

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

(Interpreters of special educators will be needed where the survivor has special needs such as hearing/speech disability, language barriers, intellectual or psycho-social disability.)

12. Informed Consent/refusal

I D/o or S/o

hereby give my consent for:

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

I also understand that as per law the hospital is required to inform Police and this has been explained to me. I want the information to be revealed to the Police

Yes/No

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

If special educator/interpreter/support person has helped, then his/her name and signature
Name & signature of survivor or parent/Guardian/person in whom the child reposes trust in
case of child (<12yrs)

With Date, Time & Place

Name & signature/thumb impression of Witness

With Date, Time and Place

13. Marks of identification (Any scar/mole)

(1)

(2)

14. Relevant Medical/Surgical history:

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

15A. History of Sexual Violence:

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

Sex of assailant(s)

Approx. Age of assailant (s)

If known to the survivor - relationship with the Survivor

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

15B. Type of physical violence used if any (Tick mark the relevant and describe wherever required):

Hit with (Hand/ Fist/ Blunt Object/ Sharp Object)
Burned with Biting
Kicking Pinching
Pulling Hair Violent shaking
Banging head Dragging
Any others

15C.

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

15D.

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

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

15F. Details regarding sexual violence:

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

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

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

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

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

Time since incident

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

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

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

16. General Physical Examination:

Is this the first examination

Pulse BP Temp

Resp. Rate Pupils

Any observation in terms of general physical wellbeing of the survivor

17. Systemic examination:

Central Nervous System :

Cardio Vascular System :

Respiratory System :

Chest :

Abdomen :

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

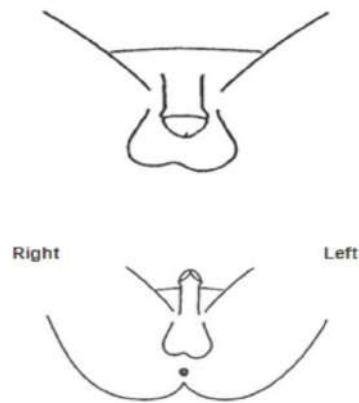
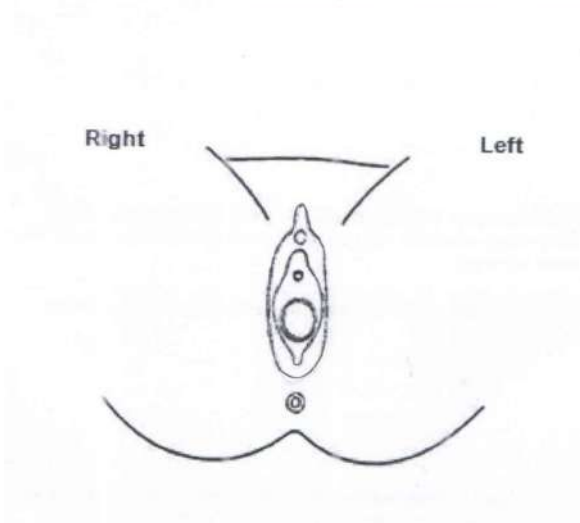
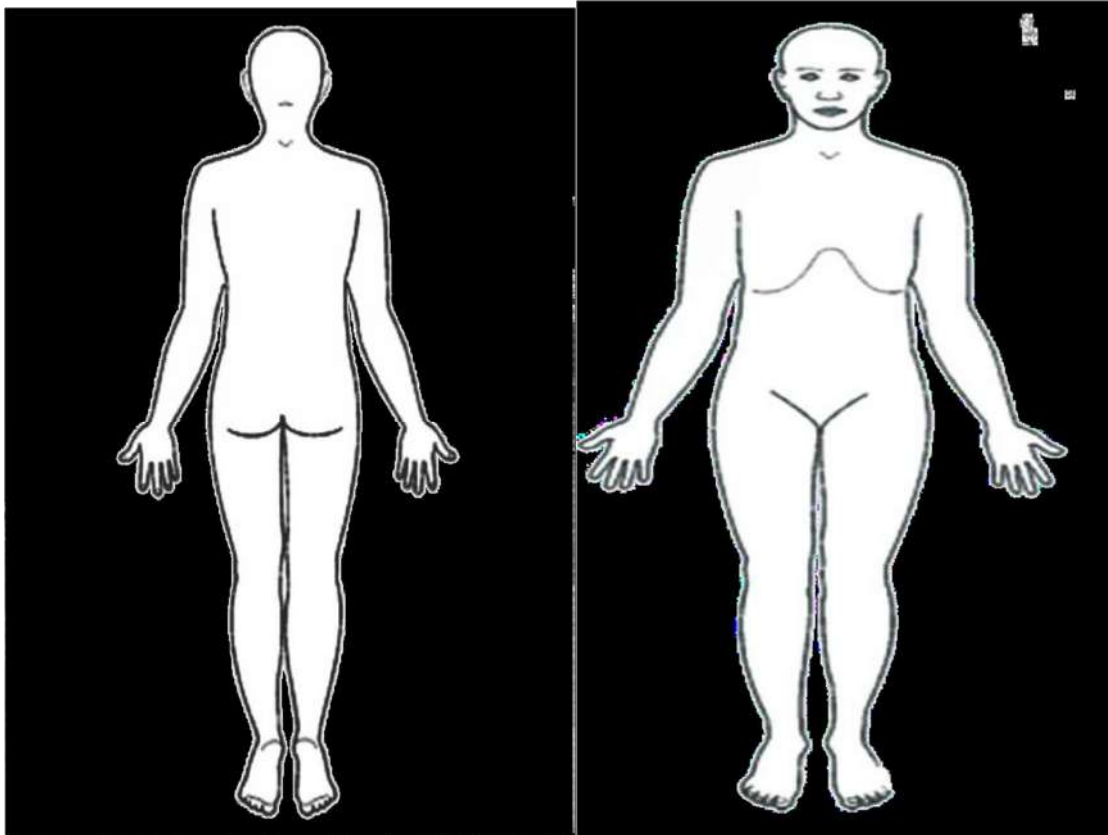
The pattern of injuries sustained during an incident of sexual violence may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare).

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

Scalp examination for areas of tenderness (hair pulled out / dragged by hair) / Extraneous matter	
Facial bone injury, orbital blackening, tenderness	
Petechial haemorrhage in eyes and other places	
Lips and buccal mucosa / gums	

Behind the ears, ear drum	
Neck, shoulders and breast	
Upper limb	
Inner aspect of upper arms	
Inner aspect of thighs	
Lower limb and buttocks	

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



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

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

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

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

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

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

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

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

24. Cervical, Vaginal and Urethral swabs (In envelope labelled step 7A, 7B, 7C and 7D)

Per-vaginum, per-speculum examination should not be done unless required for detection of injuries or for medical treatment.

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

pv findings, if performed

ps findings, if performed

Reason if pv / ps examination not performed

25. Cervical Swab - Culture for infection (In envelope labelled step 8)**26. Washings from vagina (In envelope labelled step 9)**

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

27. Anus and Rectum (In envelope labelled step 10A and 10B)

Bleeding / tear / discharge / oedema / tenderness (Encircle the relevant)

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

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

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

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

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

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

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

31. Other relevant tests ordered (indicate the relevant option)

a) Ultrasound for pregnancy/internal injury - Yes/No; b) X-ray for Injury - Yes/No

*Samples to be preserved as directed till handed over to Police along with duly attested sample seal.

32. Treatment prescribed:

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

33. Date and time of completion of examination:

Report contains number of sheets and number of envelopes.

OPINION:

Station	Signature
Date	Name
Time	Reg. No
Designation	Office seal

FINAL OPINION (After receiving lab reports):

Station

Date

Time

Designation

Signature

Name

Reg. No

Office seal

CERTIFICATE OF SEXUAL ASSAULT - ACCUSED PERSON EXAMINATION

(S.O. Case No:)

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

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

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

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

One Tr. of alleged age

accompanied by

With identification marks:

Consent:

Following were found during examination:

OPINION:

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

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

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

Signature with Name & Designation

Station& Date :

Original :

Duplicate :

(Office seal)

O/o THE POLICE SURGEON & DEPARTMENT OF FORENSIC MEDICINE.

GOVERNMENT COLLEGE,

TOXICITY CERTIFICATE No: ; dt.

Certificate regarding toxicity of substances seized with respect to

P.S, Cr.

No: u/s

vide Forensic Science Lab Report

Requisition for opinion as to toxicity of the substances was received from the Inspector of

Police,

P.S, at

AM / PM on

Opinion of the undersigned is as follows:

Substance is a compound.

Effects of it on human body are:

Signature with Name & Designation

Station :

Date :

Office seal :

PROFORMA FOR HEALTH SCREENING OF PRISONERS ON ADMISSION TO PRISON

Case No.
Name Age Sex Thumb impression
Father's / Husband's Name Occupation
Date & Time of admission in the prison
Identification marks
.....

Previous History of illness:

Are you suffering from any disease? Yes / No
If so, the name of the disease:
Are you now taking medicines for the same?
Are you suffering from cough that has lasted for 3 weeks or more Yes / No
History of drug abuse, if any:
Any information the prisoner may volunteer:

Physical examination:

Height cms. Weight kg Last menstruation period

- | | | | |
|--------------|----------|----------------------------|----------|
| 1. Paller: | Yes / No | 2. Lymph Node enlargement: | Yes / No |
| 3. Clubbing: | Yes / No | 4. Cyanosis: | Yes / No |
| 5. Icterus: | Yes / No | 6. Injury, if any | |

Blood test for Hepatitis / STD including HIV, (with the informed consent of the prisoner whenever required by law)

Any other

Systemic Examination:

1. Nervous System
2. Cardio Vascular System
3. Respiratory System
4. Eye, ENT
5. Gastro Intestinal system abdomen
6. Teeth & Gum
7. Urinal System

The medical examination and investigations were conducted with the consent of the prisoner after explaining to him/her that it was necessary for diagnosis and treatment of the disease from which he/she may be suffering.

Date of commencement of medical investigation

Date of completion of medical investigation

Signature with Designation of Medical Officer /
CHIEF MEDICAL OFFICER

INSTRUCTIONS FOR THE RECORDING OF MARKS, SCARS AND OTHER MEANS OF IDENTIFYING INDIVIDUALS

(See 211 of Tamilnadu Prison Rules)

1. In order to give a description of any person sufficient to distinguish him, and make it evident to any other person that he is the individual described, it is usually necessary to note several points. The more uncommon any peculiarity is to mankind in general, the more characteristic it becomes of the individual. and therefore, the more valuable as a means line of identification. If a man for instance is said to have his face pitted with the small pox marks, it is clear that he must be one of a limited number of people, as the majority are not so marked, but this is not enough to identify him, so long as many persons disfigured by smallpox are to be seen. If it is added that he is blind in one eye, the number of people who combine the two peculiarities would be small, and if it were said that he were blind in the left eye, it would be rendered still smaller, while if he was further described as having a scar the size of a rupee on the back of his right hand or had lost the last joint of his left-thumb and was 178 cm. high, it is clear that the individual would be so well defined that any person found to combine all these peculiarities would without much doubt be the individual described. Therefore, the larger the number of peculiarities noted, the more accurate the description, and the more uncommon they are to men in general, the smaller the chance of making mistakes in identification.

2. The cut, shape or material of clothing the colour of the hair or skin and similar attributes, though helpful in certain cases, are ordinarily not of much value, as they are too general and can be stimulated, and it is better to depend on attributes that less common and cannot be copied.

3. It is not necessary to measure every mark and scar on the person. It will suffice if three or more of the most prominent and permanent are recorded. Provided that their positions are accurately given. Care must be taken that the marks selected are permanent, at least so far as it is possible to judge.

4. The following brief instructions as to the manner of recording marks of identification are laid down for general guidance, namely:

- (1) Marks and scars- These to be of value must be permanent. Their size, shape, locality and probable cause (if known) should be stated, together with their direction and distance in inches from a fixed point.
- (2) The fixed points usually taken are -- (a) For the head and face--the corners of the eyes or mouth, the ears or nostrils which ever may be most convenient for purposes of measurement. (b) For the neck---the seventh or prominent vertebra at the back or Adam's apple at the front. (c) For the arms---the point of the elbow. (d) For the hands---the tip of the middle finger. (e) For the front of the body---the navel and middle line. (f) For the back ---the seventh vertebra and middle line. (g) For the legs---the middle of the bend of the knee;
- (3) In measuring marks on the front as well as on the back of the body, an imaginary line is drawn down the centre of body. Scars will be denoted as being either to the right or left of this line, above or below the navel (and below the seventh vertebra on the back);
- (4) To measure the distance of a scar on the trunk of the body from the given point, it will first be necessary to ascertain its distance from a horizontal direction to the right or left of the imaginary line. The next step will be to measure the distance from the point where these imaginary vertical and horizontal lines intersect to the navel. If the scar anywhere on the imaginary line, it will only be necessary to give the distance above or below the navel to localize it;
- (5) It should invariably be stated whether the mark is on the right or left limb and, If so, whether it is on its interior, exterior, anterior or posterior surface. Examples: -- (a) Burn circular in shape, 31 mm in diameter, 127 mm from navel and 76 mm to left median line. (b) Longitudinal scar on back 76 mm long, 13 mm broad in the middle, pointed at both ends direction up and out 178 mm from seventh vertebra and 64 mm to right of median line. (c) Burn irregular in shape exterior right thigh, 127 mm from bend of knee at its nearest point. During the examination, a person should be made to stand up right, with hands down and palms turned forwards. The entries about the marks can be considerably abbreviated without becoming unintelligible and should not be unnecessarily lengthy;
- (6) Deformities of any kind should always be recorded. The following are the principal, -- (a) Head--Hair, lip, loss of or injury to an eye, squint, misshapen ears, nose or skull, loss of teeth. (b) Body--Loss of or supernumerary fingers or toes, webbed fingers, or toes, webbed fingers, loss of a limb or part of a limb, immovable joints, wasted muscles;
- (7) In addition to marks, scars and deformities, any peculiarity which may specially distinguish the individual under examination may prove, useful, such as unusual height, a stammer in speech, peculiar gait or attitude and the like;
- (8) To give a complete list of all the points that may possibly prove of value as means of identification would be impracticable. The examiner must use his common sense, and note such points as are likely to be most useful.

Form A
INFORMATION TO POLICE ASSENT / DISSENT
(MEDICAL TERMINATION OF PREGNANCY IN A SURVIVOR)

Name of the Institution

Date:

I, have been informed about the provisions regarding the identification of minor girl, explained in POCSO Act related to MTP act 2021 and hereby provide my assent / dissent for disclosing information regarding my treatment at this institution to the concerned Public Authorities.

Date:

Place:

Minor girl / Parent / Guardian Signature

Form B
COMMUNICATION MADE TO POLICE REGARDING
MEDICAL TERMINATION OF PREGNANCY
WITHOUT PROVIDING ANY IDENTIFICATION OF THE GIRL (VICTIM)

TO WHOMSOEVER CONCERNED

This is to inform that a girl aged years, brought my her mother / father / Child Welfare Committee Member onAM / PM Was examined and found to be pregnant with gestation ofweeks.

Necessary counselling is given and admitted for MTP on at MCH / Government Hospital of District.

Signature of Medical Officer

Date:

Place:

Received by:

(Name, Designation / Police Number & Station, Date & Time).

**CONSENT FORM - Medical Termination of Pregnancy
Form C (MTP Rules, Rule 8)**

I daughter / wife of
aged about years of age, from
..... (state the permanent address) at
present residing at do hereby give my consent of the termination of my
pregnancy at (State the
name of a place where the pregnancy is to be terminated).

Signature

Place:

Date:

**CONSENT FORM - Medical Termination of Pregnancy
Form C (Rule 8)**

(To be filled by guardian where the woman is lunatic or minor)

I daughter / wife of
aged about years of age, from
..... (state the permanent address) at
present residing at do hereby give my consent of the termination of the
pregnancy of my ward
who is a minor / lunatic at (State
the name of a place where the pregnancy is to be terminated).

Signature

Place:

Date:

FORM I
(MTP Rules, Regulation 3)

I
.....
Name and qualification of the Registered Medical Practitioner in block letters)
.....
.....

(Full address of the Registered Medical Practitioner) hereby certify that

I
.....
Name and qualification of the Registered Medical Practitioner in block letters)
.....
.....

(Full address of the Registered Medical Practitioner) hereby certify that

*I / We / am / are of opinion, formed in good faith, that it is necessary to terminate the pregnancy of
(Full name of pregnant woman in block letters) resident of
.....
for the reason given below**,

*I / We hereby give intimation that *I / we terminated the pregnancy of the woman referred to above who bears the serial No in the Admission Register of the Hospital / approved place.

Place Signature of Registered Medical Practitioner.

Date Signature of Registered Medical Practitioner.

* Strike out whichever is not applicable the one which is appropriate.

** Of the reasons specified items (i) to (v) write.

(i) In order to save the life of the pregnant woman.

(ii) In order to prevent grave injury to the physical or mental health of pregnant woman.

(iii) In view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped

(iv) As the pregnancy is alleged by pregnant woman to have been caused by rape.

(v) As the pregnancy has occurred as a result of failure of any contraceptive device or method used by the woman or her partner for the purpose of limiting the number of children / avoiding pregnancy.

NOTE.- Account may be taken of the pregnant women's actual or reasonably foreseeable environment in determining whether the continuance of a pregnancy would involved a grave injury to her physical or mental health.

Place Signature of Registered Medical Practitioner.

Date Signature of Registered Medical Practitioner.

Medical Board for MTP Cases - District wise:

(G.O.Ms. No.223, Health and Family Welfare (R2), 11th July 2023, Aani 26, Sobakiruthu, Thiruvalluvar Aandu-2054.)

Government Medical College Hospital	District
Chennai Rajiv Gandhi Hospital	Chennai
Madurai Rajaji Hospital	Madurai
Government Coimbatore Medical College and Hospital, Coimbatore	Coimbatore
Government Dharmapuri Medical College and Hospital, Dharmapuri	Dharmapuri
Government Chengalpattu Medical College and Hospital, Chngalpattu	Chengalpattu
Government Kanyakumari Medical College and Hospital, Kanyakumari	Kanyakumari
Government Karur Medical College and Hospital, Karur	Karur
Government Pudukottai Medical College and Hospital, Pudukottai	Pudukottai
Government Mohan Kumaramangalam Medical College and Hospital, Salem	Salem
Government Sivaganagai Medical College and Hospital, Sivagangai	Sivagangai
Government Thanjavur Medical College and Hospital, Thanjavur	Thanjavur
Government Theni Medical College and Hospital, Theni	Theni
KAPV Vishwanathan Government Medical College and Hospital, Tiruchirapalli	Tiruchirapalli
Government Tiruvannamalai Medical College and Hospital, Tiruvannamalai	Tiruvannamalai
Government Thiruvarur Medical College and Hospital, Thiruvarur	Thiruvarur
Government Thirunelveli Medical College and Hospital, Thirunelveli	Thirunelveli Tenkasi
Government Thoothukudi Medical College and Hospital, Thoothukudi	Thoothukudi
Government Vellore Medical College and Hospital, Vellore	Vellore, Tiruppathur and Rani
Government Villupuram Medical College and Hospital, Villupuram	Villupuram
Government Namakkal Medical College and Hospital, Namakkal	Namakkal
Government Tiruppur Medical College and Hospital, Tiruppur	Tiruppur
Government Tiruvallur Medical College and Hospital, Tiruvallur	Tiruvallur
Government Ramanathapuram Medical College and Hospital, Ramanathapuram	Ramanathapuram
Government Nagapattinam Medical College and Hospital, Nagapattinam	Nagapattinam and Mayiladuthurai
Government Dindigul Medical College and Hospital, Dindigul	Dindigul
Government Kallakurichi Medical College and Hospital, Kallakurichi	Kallakurichi
Government Virudhunagar Medical College and Hospital, Virudhunagar	Virudhunagar
Government Krishnagiri Medical College and Hospital, Krishnagiri	Krishnagiri
Government The Nilgiris Medical College and Hospital, The Nilgiris	The Nilgiris
Government Ariyalur Medical College and Hospital, Ariyalur	Ariyalur & Perambalur
Government Erode Medical College and Hospital, Perundurai	Erode
Government Cuddalore Medical College and Hospital, Chidambaram	Cuddalore

**FORM F - FORM FOR MAINTENANCE OF RECORD
IN CASE OF PRENATAL DIAGNOSTIC TEST / PROCEDURE
BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE**
(Proviso to Section 4(3), rule 9(4) and rule 10(1A) of PCPNDT Act)

Section A: To be filled in for all Diagnostic Procedures/Tests

1. Name and complete address of Genetic Clinic/Ultrasound Clinic/Imaging centre:

2. Registration No. (Under PC& PNDT Act, 1994)

3. Patient's name _____ Age _____

4. Total Number of living children:

(a) Number of living Sons with age of each living son (in years or months):

(b) Number of living Daughters with age of each living daughter (in years or months):

5. Husband's /Wife's/ Father's / Mother's Name :

6. Full postal address of the patient with Contact Number, if any

7. (a) Referred by (Full name and address of Doctor(s)/ Genetic Counselling Centre):

(Referral slips to be preserved carefully with Form F)

(b) Self-Referral by Gynaecologist / Radiologist / Registered Medical Practitioner conducting the diagnostic procedures:

(Referral note with indications and case papers of the patient to be preserved with Form F) **(Self-referral does not mean a client coming to a clinic and requesting for the test or the relative/s requesting for the test of a pregnant woman)**

8. Last menstrual period or weeks of pregnancy :

Section B: To be filled in for performing non-invasive diagnostic Procedures/ Tests only

9. Name of the doctor performing the procedure/s : _____

10. Indication/s for diagnosis procedure _____
(specify with reference to the request made in the referral slip or in a self-referral note)

(Ultrasonography prenatal diagnosis during pregnancy should only be performed when indicated. The following is the representative list of indications for ultrasound during pregnancy. (Put a "Tick" against the appropriate indication/s for ultrasound)

- i) To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.
- ii) Estimation of gestational age (dating).
- iii) Detection of number of fetuses and their chorionicity.
- iv) Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP failure.
- v) Vaginal bleeding/leaking.
- vi) Follow-up of cases of abortion.
- vii) Assessment of cervical canal and diameter of internal os.
- viii) Discrepancy between uterine size and period of amenorrhea.
- ix) Any suspected adenexal or uterine pathology/abnormality.
- x) Detection of chromosomal abnormalities, foetal structural defects and other abnormalities and their follow-up.
- xi) To evaluate fetal presentation and position.
- xii) Assessment of liquor amnii.
- xiii) Preterm labor / preterm premature rupture of membranes.
- xiv) Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retro placental hemorrhage, abnormal adherence etc.).
- xv) Evaluation of umbilical cord - presentation, insertion, nuchal encirclement, number of vessels and presence of true knot.
- xvi) Evaluation of previous Caesarean Section scars.
- xvii) Evaluation of fetal growth parameters, fetal weight and fetal well being.
- xviii) Color flow mapping and duplex Doppler studies.
- xix) Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up.
- xx) Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, fetal blood sampling, fetal skin biopsy, amnio-infusion, intrauterine infusion, placement of shunts etc.
- xxi) Observation of intra-partum events.
- xxii) Medical/surgical conditions complicating pregnancy.
- xxiii) Research/scientific studies in recognized institutions.

11. Procedures carried out (Non-Invasive) (Put a "Tick" on the appropriate procedure)

i. Ultrasound

(Important Note: Ultrasound is not indicated/advised/performed to determine the sex of fetus except for diagnosis of sex-linked diseases such as Duchene Muscular Dystrophy, Hemophilia A & B etc.)

ii. Any other (specify) _____

12. Date on which declaration of pregnant woman/ person was obtained:

13. Date on which procedures carried out:

14. Result of the non-invasive procedure carried out (report in brief of the test including ultrasound carried out):

15. The result of pre-natal diagnostic procedures was conveyed to _____ on _____

16. Any indication for MTP as per the abnormality detected in the diagnostic procedures/ tests

Date: _____ Name, Signature and Registration Number with Seal of the
Gynaecologist/Radiologist/Registered Medical Practitioner
Place: _____ performing Diagnostic Procedure/s

SECTION C: To be filled for performing invasive Procedures/ Tests only

17. Name of the doctor/s performing the procedure/s:

18. History of genetic/medical disease in the family (specify):

Basis of diagnosis ("Tick" on appropriate basis of diagnosis):

- | | |
|-----------------|---|
| (a) Clinical | (b) Bio-chemical |
| (c) Cytogenetic | (d) other (e.g. radiological, ultrasonography etc.-specify) |

19. Indication/s for the diagnosis procedure ("Tick" on appropriate indication/s):

A. Previous child/children with:

- | | |
|----------------------------|----------------------------|
| (i) Chromosomal disorders | (ii) Metabolic disorders |
| (iii) Congenital anomaly | (iv) Mental Disability |
| (v) Haemoglobinopathy | (vi) Sex linked disorders |
| (vii) Single gene disorder | (viii) Any other (specify) |

B. Advanced maternal age (35 years)

C. Mother/father/sibling has genetic disease (specify)

D. Other (specify)

20. Date on which consent of pregnant woman / person was obtained in Form G prescribed in PC&PNDT Act, 1994

21. Invasive procedures carried out ("Tick" on appropriate indication/s)

- | | |
|------------------------|--------------------------------|
| i. Amniocentesis | ii. Chorionic Villi aspiration |
| iii. Fetal biopsy | iv. Cordocentesis |
| v. Any other (specify) | |

22. Any complication/s of invasive procedure (specify)

23. Additional tests recommended (Please mention if applicable)

- | | |
|-------------------------|--|
| (i) Chromosomal studies | (ii) Biochemical studies |
| (iii) Molecular studies | (iv) Pre-implantation gender diagnosis |
| (v) Any other (specify) | |

24. Result of the Procedures/ Tests carried out (report in brief of the invasive tests/ procedures carried out)

25. Date on which procedures carried out:

26. The result of pre-natal diagnostic procedures was conveyed to _____ on _____

27. Any indication for MTP as per the abnormality detected in the diagnostic procedures/ tests

Date: _____ Name, Signature and Registration Number with Seal of the
Gynaecologist/Radiologist/Registered Medical Practitioner
Place: _____ performing Diagnostic Procedure/s

SECTION D:

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST/ PROCEDURE

I, Mrs./Mr. _____ declare that by undergoing
the _____ Prenatal Diagnostic Test/ Procedure,
I do not want to know the sex of my foetus.

Date: _____ Signature/Thumb impression of the person undergoing
the Prenatal Diagnostic Test/ Procedure

In Case of thumb Impression:

Identified by (Name) _____ Age: _____ Sex: _____
Relation (if any): _____ Address & Contact: _____

Signature of a person attesting thumb impression:

Date:

DECLARATION OF DOCTOR/PERSON CONDUCTING PRE NATAL DIAGNOSTIC PROCEDURE/TEST

I, _____ (name of the person conducting
ultrasonography / image scanning) declare that while conducting ultrasonography/image
scanning on Ms./ Mr _____ (name of the pregnant woman or the
person undergoing pre-natal diagnostic procedure/ test),
I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Signature:

Date: _____ Name in Capitals, Registration Number with
Seal of the Gynaecologist / Radiologist / Registered
Medical Practitioner Conducting Diagnostic procedure

FORM G (See Rule 10)
FORM OF CONSENT (For invasive techniques)

I, _____ wife/daughter of _____ Age _____ years residing at _____
hereby state that I

have been explained fully the probable side effects and after effects of the pre-natal diagnostic procedures.

I wish to undergo the preimplantation / pre-natal diagnostic technique / test / procedures in my own interest to find out the possibility of any abnormality (i.e. disease / deformity / disorder) in the child I am carrying.

I undertake not to terminate the pregnancy if the pre-natal procedure / technique / test conducted show the absence of disease / deformity / disorder.

I understand that the sex of the foetus will not be disclosed to me.

I understand that breach of this undertaking will make me liable to penalty as prescribed in the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994) and rules framed thereunder.

Date _____

Place _____

Signature of the pregnant woman.

I have explained the contents of the above to the patient and her companion

(Name _____

Address _____

Relationship _____

) in a language she / they understand.

Name, Signature and / Registration
number of Gynaecologist / Medical
Geneticist / Radiologist / Paediatrician /
Director of the Clinic / Centre /
Laboratory

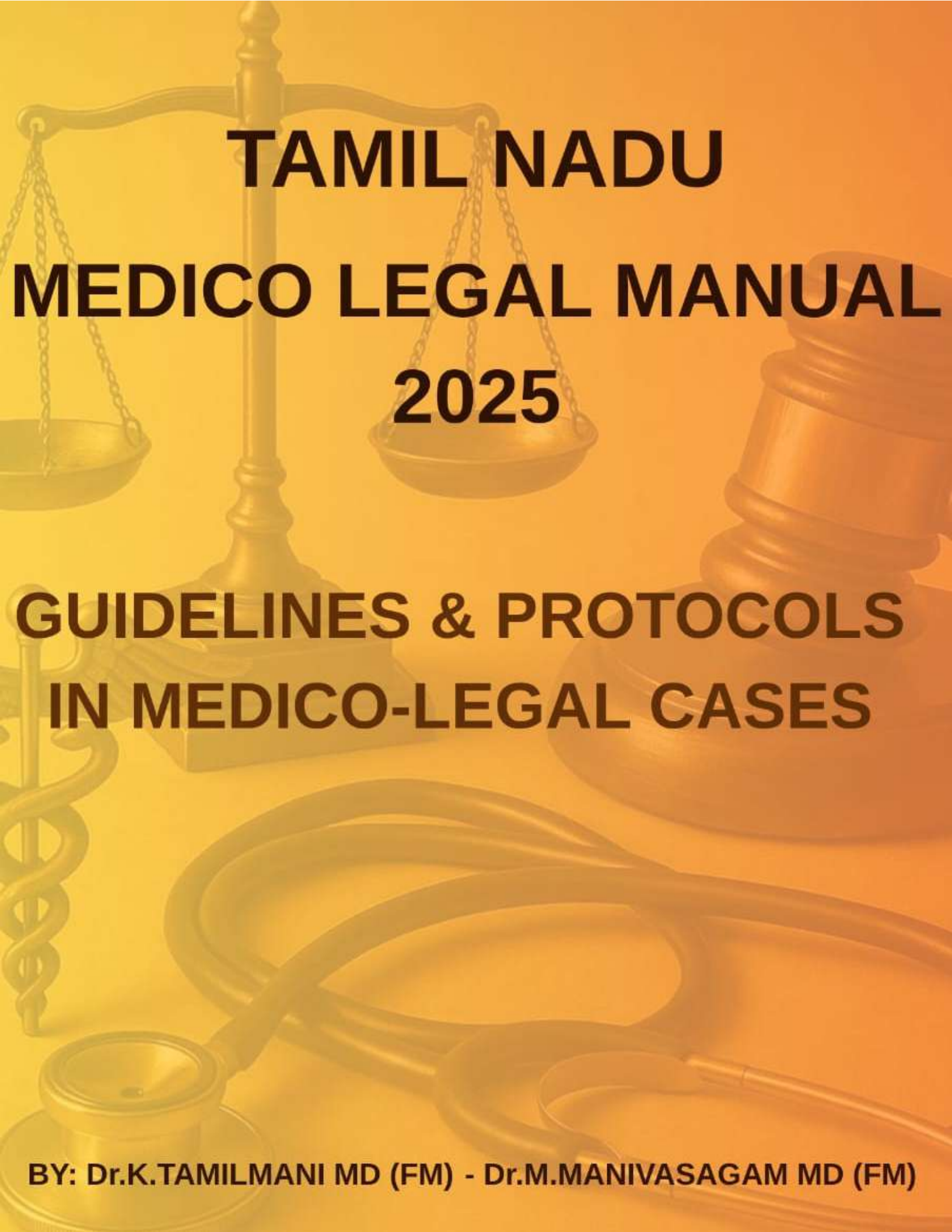
Date _____

Name, Address and Registration number
of Genetic Clinic / Institute

SEAL

FURTHER READING:

1. Tamilnadu Medical Code, Volume 1 and 2.
2. Tamilnadu Police Standing Orders & Rules (PSOs).
3. Govt. of India, Hospital Manual - 2002.
4. National Human Rights Commission Guidelines in Custodial Deaths.
5. Haryana Medico Legal Manual - 2012.
6. Kerala Medico Legal Code - 2011.
7. Maharashtra Medico Legal Manual - 2018.
8. Right to Information Act, 2005.
9. Medico Legal Examination & Postmortem Reporting System (MedLeaPR).
10. Handbook on Forensic Science & Criminal Justice System, Chandigarh Judicial Academy 2017.
11. WHO Guidelines for Medico-Legal Care for Victims of Sexual Violence.
12. Guidelines & Protocols, Medico-Legal Care For Survivors / Victims of Sexual Violence, MoHFW, Govt of India.
13. Department of Health Research (DHR) Guidelines, Forensic Medical Care For Victims Of Sexual Assault.
14. Clinical Forensic Medicine. A Physician's Guide. Edited by Margaret M. Stark. New Jersey, USA. 2005. Chapter 4.1. Forensic Evidence 4.1.1. Method of Sampling, p 72.
15. Tamilnadu Prison Rules.



TAMIL NADU MEDICO LEGAL MANUAL 2025

GUIDELINES & PROTOCOLS IN MEDICO-LEGAL CASES

BY: Dr.K.TAMILMANI MD (FM) - Dr.M.MANIVASAGAM MD (FM)