राजस्थान सरकार
निदेशालय चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान जयपुर।

क्रमांक :– चि.प्र./एमएलसी/मेडलीपर/2026/ 138 **दिनांक :–** 22.05.26

परिपत्र

माननीय राजस्थान उच्च न्यायालय जोधपुर में दायर एस0बी0 क्रिमीनल मिस0 बेल एप्लीकेशन संख्या 173/2025 मुकेश कुमार बनाम राज्य प्रकरण में पारित आदेश दिनांक 17.11.2025 की पालना में एवं नवीन आपराधिक विधियां यथा भारतीय न्याय संहिता 2023, भारतीय साक्ष्य अधिनियम 2023 एवं भारतीय नागरिक सुरक्षा संहिता 2023 की प्रभावी क्रियान्वयन हेतु MedLEaPR Portal पर मेडिको लीगल कार्य ऑनलाईन किया जा रहा हैं।

अतः सभी चिकित्सा अधिकारियों को निर्देशित किया जाता है कि मेडिकल मैनुअल के अनुसार MedLEaPR Portal पर ऑनलाईन मेडिको लीगल रिपोर्ट (एमएलसी) एवं पोस्टमार्टम रिपोर्ट जारी करना सुनिश्चित करे।

संलग्न :– मेडिकल मैनुअल।

(गायत्री राठौड़)
प्रमुख शासन सचिव,
चिकित्सा एवं स्वास्थ्य विभाग,
राजस्थान जयपुर

क्रमांक :– चि.प्र./एमएलसी/मेडलीपर/2026/ 138 **दिनांक :–** 22.05.26

प्रतिलिपी निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है :–

1. निजी सचिव, अतिरिक्त मुख्य सचिव, गृह विभाग, राजस्थान जयपुर।
2. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग तथा चिकित्सा शिक्षा विभाग राजस्थान जयपुर।
3. महानिदेशक, पुलिस राजस्थान–जयपुर।
4. निदेशक, अभियोजक (प्रौसिक्यूशन) राजस्थान जयपुर।
5. आयुक्त, चिकित्सा शिक्षा विभाग, राजस्थान जयपुर।
6. निदेशक (जन स्वास्थ्य) चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान जयपुर।
7. निदेशक, एफएसएल, राजस्थान–जयपुर।
8. राज्य सूचना अधिकारी (एनआईसी) राजस्थान को निर्देशित है कि मेडिकल मैनुअल में निर्धारित प्रपत्र एवं अन्य प्रावधान अनुसार राज्य सूचना अधिकारी (एनआईसी) राजस्थान, राज्य सूचना अधिकारी (हरियाणा) से समन्वय स्थापित कर मेडलीपर पोर्टल में परिवर्तन करवाना सुनिश्चित करेंगे।
9. राज्य सूचना अधिकारी (एनआईसी) हरियाणा।
10. समस्त प्रधानाचार्य एवं नियन्त्रक, मेडिकल कॉलेज राजस्थान।
11. समस्त चिकित्सा अधीक्षक, मेडिकल कॉलेज, संलग्न चिकित्सालय, राजस्थान।
12. समस्त संयुक्त निदेशक, जोन, चिकित्सा एवं स्वास्थ्य सेवायें, राजस्थान।
13. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
14. समस्त प्रमुख चिकित्सा अधिकारी राजस्थान।
15. समस्त विभागाध्यक्ष या प्रभारी मेडिकल ज्यूरिस्ट।
16. समस्त चिकित्सा अधिकारी प्रभारी, सामुदायिक स्वास्थ्य केन्द्र/प्राथमिक स्वास्थ्य केन्द्र– राजस्थान।
17. प्रभारी सर्वर रूम को भेजकर लेख है कि विभागीय वैबसाईट पर अपलोड करना सुनिश्चित करें।
18. कार्यालय प्रति।

निदेशक (जन स्वा.)
चिकित्सा एवं स्वास्थ्य सेवायें

RAJASTHAN MEDICO-LEGAL MANUAL - 2025

Guidelines & Protocols for dealing Medico-legal & Medical Certification Cases

February 9, 2026

Prepared by-
Department of Health & Medical Education, Government of Rajasthan in consultation with the Office of Director General of Police, Rajasthan

RAJASTHAN MEDICO-LEGAL MANUAL 2025

Prepared by-

Draft Committee for Medico-Legal Manual of Rajasthan vide Government Order nos.- चि.प्र./मेडलीपर/मिटिंग मिनटस/2025/681(16F) दिनांक 03.03.2025 & सीआईडी/सीबी/2025 दिनांक 27.03.2025

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In compliance to Government Order no.- **F.7(2)Rajmes/Acad./Misc/2018-03102 dated 2.7.2025,** for compilation of Medico Legal Report Formats-	
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PREFACE

As medical evidence is an integral part of crime investigation in cases of offences against human beings, the medical documentation and certifications done by doctors in medico-legal cases are critical to the implementation of Justice, as they have to stand legal scrutiny. It is therefore, imperative that the procedures of medico-legal examination and documentation should be done in accordance to dynamic uniform guidelines and protocols in compliance of the prescribed law of land, latest decisions in various matters and the directions issued by the National & State Governments from time to time.

All doctors have to face medico-legal issues pertaining to medical practice and also have to deal with treatment as well as documentation of medico-legal cases. To apply uniformity to all medico-legal work & medical certifications done across the state of Rajasthan and to ensure standard online medico-legal reporting through software based format, need was felt to develop Standard Protocols & Guidelines for Medico-Legal work & Medical Certifications.

With this objective, the Government of Rajasthan constituted a Drafting Committee of Forensic Medicine Experts by orders of the Department of Medical & Health Services, Rajasthan also comprising representative for Rajasthan Police. After a series of meetings, in compliance to Government Directions, the Drafting Committee has prepared General Guidelines for Medico-Legal work & Standard Protocols for Medico-Legal Examination and Reporting of Cases of Injuries, Poisoning etc.; Post-Mortem Examination & handling of dead bodies; Medico-legal Examination of Survivor & Accused of sexual offences; Age Certifications; Fitness for employment certification; Disability certification related to Motor vehicle accident and Workmen's compensations & other various medical documentation including Police Intimation & collection of evidence in the form of **"Rajasthan Medico-Legal Manual- 2025"**.

The manual aims at compiling all the existing laws & orders related to medico-legal practice to achieve standard protocols & guidelines for healthcare professionals towards Medico-Legal practice in Rajasthan; however, it is a **dynamic document** which can be revised from time to time to incorporate latest decisions & resolutions and to sub-serve the upcoming needs of Medico-Legal practice. All Medico-legal work in the State of Rajasthan, in all Hospitals shall be done in compliance of this manual.

CONTENTS

TOPIC 1: INTRODUCTION

This manual of medico-legal examination and certification prescribes the procedures to be followed in the conduct of each and every medico-legal examination, various formats to be used for the purpose of medico-legal examination and certification and the guidelines for their maintenance, documentation, issue and the supply of documents and allied materials and facilities necessary for the process. The protocols & guidelines prescribed in the manual are to be followed for making the process of medico-legal examination and certification uniform throughout the state and is applicable to all Registered Medical Practitioners, in Government, Co-operative and Private sectors, situated within the confines of Rajasthan. As per clause (b) of part 3 of **Section 51 of The Bharatiya Nagrik Suraksha Sanhita (BNSS, 2023)**, a "**Registered Medical Practitioner**" means 'A Medical Practitioner who possess any medical qualification recognised under the National Medical Commission Act, 2019 and whose name has been entered in the National Medical Register or State Medical Register under the Act'.

The manual provides important guidelines and instructions for Medical/Para-medical and other staff on duty in the Emergency, Out-Patient Departments (OPD), and, In-Patient Departments (IPD) i.e. admitted patients wards, intensive care units etc.; and for dealing with medico-legal cases in various health institutions in the State of Rajasthan in view of existing Government and legal regulations along with ongoing medico-legal practices. The guidelines prescribed in this manual will be the foundation for the general conduct of any medico-legal examination in the State of Rajasthan. Considering the fact that every medico-legal examination is unique in one or other way, qualified medico-legal experts will have the right to add to or modify the prescribed procedures and the formats for medico-legal certification, according to nature and peculiarity of every case in relevant and justified manner and as per Government directions.

It is the duty of every branch of medical 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. All Medical Practitioners & Institutions are expected to follow the standard protocol and guidelines for Healthcare Professionals as per this manual while dealing with medico legal situations across Rajasthan.

TOPIC 2: GENERAL GUIDELINES FOR MEDICO-LEGAL WORK

MEDICO-LEGALCASE {MLC}

I. **Definition of Medico-Legal Case:** Any physical discomfort or distress resulting from accidental, self-harm or unlawful act of other, requiring immediate medical attention & legal solution. In other words, an MLC is a case of injury or illness wherever attending doctor after taking history and clinical examination of the patient thinks that some legal investigation is required by law enforcing agencies so as to fix the responsibility regarding the case in accordance with the law of land.

II. **Duty of Registered Medical Practitioner (RMP) in MLC:**

1. **To save the life of a patient** and to give primary treatment is the **foremost duty & responsibility**; not to be affected by legal/ medico-legal formalities. [Hon'ble Supreme Court of India, Pt. Parmanand Katara vs Union of India & Ors., 28 August 1989; Writ Petition (Criminal) No. 270 of 1988]
2. Registered Medical Practitioner (RMP) i.e. Emergency or Casualty Medical Officer (E/CMO)/ Assistant Emergency or Casualty Medical Officer (Asst. E/CMO) at Emergency/ Medical Officer on duty should decide whether the case is to be **registered as MLC or not**. Same to be done in Out-Patient Department (OPD) by the duty doctor.
3. Preservation/ Collection of evidences, if any during Medical/ Emergency care.
4. **Consent** of injured/ family is **NOT required** for registration of a case as **MLC & for further police intimation**.

III. **List of MLCs:**

1. Injuries due to Transport Accidents or other external causes of trauma including accidental injuries like falls, industrial/ workplace accidents etc., self-inflicted harms & Assault (Harm done by others).
2. Confirmed or suspected cases of Poisoning, even if accidental or self-inflicted.
3. Cases of Thermal, Electrical, Lightening, Radiation, Chemical injuries viz. Vitriolage (acid attack).
4. Deaths resulting from any of the above said injuries/ poisonings.

5. Sexual Offences including consensual sexual contact of minors of any gender, including cases of pregnant minors, even if lawfully married.
6. Suspected or evident Criminal Abortion or abortion/ delivery by unauthorized personnel.
7. All patients brought to hospital in suspicious circumstances/improper history.
8. Unconscious patients where cause of unconsciousness is not clear.
9. Child Abuse & Domestic Violence.
10. Cases of Starvation/ Neglect/ Torture/ Abandonment.
11. Cases of Animal attacks like Dog bites, Bull attacks, and other wild, stray or pet animal attacks along with cases of Snake bites either venomous or nonvenomous, Scorpion, Wasps, Insects or Bee stings or of contact with Poisonous plants.
12. Case of Drunkenness/ Intoxication/ Substance abuse.
13. Cases requiring age estimation in relation to any offenses/ as required by the legal authorities **except** for age determination or categorization for participating in sports activities, when requested by sports authorities/ associations; purpose of employment when requested by respective employer Departments, etc.
14. Persons under Police Custody or Judicial Custody brought for medico-legal examination or treatment or Cases [Under Trial Person (UTP)/ convicted person]; sent or admitted through the court order or otherwise from prison to concerned hospital for treatment of existing disease or for medico-legal examination.
15. Cases with Injuries and custodial deaths in Police custody or deaths in Police action/ Encounter deaths or injuries or deaths of convicted/ Under trial prisoners in detention homes/ prison/ Jails due to any reason, injury, poisoning or illness.
16. Cases (Victims/Accused) brought by police for medico-legal examination and evidence collection in relation to crimes like assault or sexual offenses.
17. Cases of asphyxia like hanging, manual or ligature strangulation, smothering, choking by a foreign body, drowning, suffocation (carbon monoxide poisoning)
18. Suspected or evident cases of suicides or homicides (even attempted cases).
19. Cases of Fatalities resulting from any of the above mentioned reasons.
20. Death of a female due to unnatural cause or suspected death/ suicide of a married woman within a period of seven years from the date of her marriage

(underlying reason with a dowry-related issue in history or others/ subjected to cruelty or harassment for, or in connection with, any demand for dowry).

21. Patients dying suddenly on operation table or after parenteral administration of a drug/ medication & fatal or non-fatal complications of medical or surgical care.
22. Brought dead cases where cause of death cannot be predicted/ concluded.
23. Natural or man-made disaster/ Mass Casualty.
24. Unidentified patients/ destitute/ unaccompanied minors admitted to Hospital.
25. Any other cases falling under the MLC cases related to legal implications or sent by Honourable court orders for needful eg. Hunger Strike, Legal/war operations or cases of undetermined intent resulting in death or debility etc.
26. Cases of examination of persons of unsound mind, on police or court orders.

Note: The cases falling under the **above** categories should be **labelled or marked** as **Medico-Legal Case (MLC)** by the medical officer/ treating doctor on duty who is attending/ dealing with the case in casualty/ admission/ OPD/ IPD; even if brought several days later. Once a case is labelled as M.L.C., caution to be exercised while the same person is getting admitted again, for follow-up of effects of the same incident/episode. For any likelihood, sequelae/ complications of the first wounds, the case is still considered to be M.L.C on subsequent admissions for follow up.

IV. **Labelling the case as MLC:** The Medical Officer must ensure that the Label of M.L.C. (in Capital & Bold Fonts) must be put on the File/ Case sheet of the Patient. This can be done as **"M.L.C"** or **"Medico-Legal Case"** in **RED STAMP INK**. The stamp should be kept with the Nursing Staff on duty in the emergency, who shall mark the stamp. This can be done in addition to the Computer generated label of admission details pasted on the file to make these files noticeable. Many a times the same hospital has multiple emergency/admission points like casualty, paediatrics, gynaecology, etc.; then it will be the duty of the concerned doctors to coordinate the labelling of MLC. A non MLC case can be converted to MLC at any stage depending upon specific allegations. If a Medico-legal case is not admitted, entry shall still be made in the MLC Register of the Emergency/ Casualty/ OPD for record keeping.

V. **Police Intimation:** Whenever such suspected case is brought to the emergency/ OPD, after labelling the case as MLC, the duty doctor is required to intimate the Police mandatorily without any **delay either telephonically, or online or in writing** as per the prevalent practice of the concerned Hospital/ Institution (Information to Police Control Room- IPCR/ Police Intimation to the concerned Police Station or Local Police Station). Such intimation must be done within 24 hours as per **(3) of 6.20 of Rajasthan Police Rules, 1965**. Written intimation, if sent, must be signed by duty doctor who shall ensure that the subordinate staff arranges for Information to be sent to the police by the quickest possible means. At Hospitals with separate units/ Departments of Forensic Medicine, such intimation can be done through the Department of Forensic Medicine for centralization/ medico-legal record keeping of police intimation details including that for recording of dying declaration. Acknowledgement from the police officer receiving the information will be kept in the treatment file of the patient and in other OPD/ Emergency cases, it shall be pasted in the OPD/ Emergency register. In cases, where Information is done telephonically/ online mode i.e. through E-mail or through online portals, the Doctor/ staff doing the police intimation, shall put a note of same on the case sheet/ file/BHT/OPD slip/Treatment Papers/Admission Register/ Emergency register. Police intimation should be done in the prescribed format (suggested to ensure uniformity of important information from all centers; **Police Intimation Form (FORM- I),** which should be filled by treating Doctor/ Forensic Medicine expert for record keeping of information provided at their end)-

Format for entry for IPCR (Police intimation Form) –

1. Name & Designation with place of posting of the person giving intimation
2. Name & Belt No./ Designation with place of posting of Police person receiving the intimation (in writing/ telephonically/online)
3. Personal Details of Patient viz. Name, Father's or Husband's Name, Age, Sex, Address with Police Station & Mobile No./ Contact details
4. Name & address with Mobile No. of the attendant/ Person who brought patient
5. Details of the incident in brief with Place of Occurrence/ Incident place & its Police Station viz. Date & Time of Incident; Alleged History of Incident Viz. Road accident, Fall, Assault, Burn etc. as narrated by injured or available attenders/ person who brought the victim to Hospital & Current Status of patient.

6. Details of admission/ medical consultation viz. Date & Time of admission with Ward/ area of admission in Hospital.

POLICE INTIMATION FORM (FORM I)

1. Name & Designation with place of posting of the person giving intimation:……
2. Name & Designation of Police person receiving intimation/to whom sent: ……

   Belt No.:…… PS:…… Place:…..……..
3. Details of the patient/ injured/ deceased-

   Name of Patient:…….....

   Father's/ Husband's Name:……

   Age:..…… Sex: …….. (Male/ Female/ Transgender/ Neuter/ InterSex)
4. Address with Police Station: ……..... .....

   Mobile No./ Contact details: ……..
5. Name & address with Mobile No. of the attendant/ Person who brought the patient:…… ……..
6. Details of the incident in brief:……..

   Place of Occurrence/ Incident place & its Police Station:……

   Date & Time of Incident:……....

   History of Incident:……..…..

   Narrated by: Injured/ Informant Name & Father's/ Husband's Name with relation, if any……

   Current Status of patient:…….. ……
7. Details of admission/ medical consultation/ referral:……

   Date & Time of admission:……..Ward:……..

   Name of Hospital:……..…

   Hospital Address:……..…

   Contact Details: ……

   Signature of Doctor with Date & Time with designation seal-

   ……

- **The Medical officer/ Hospital staff shall make a note of the Police information/intimation details with date & time of police intimation on the case sheets/ file of the patient with signatures.**
- Intimation may also preferably specify whether **dying declaration is necessary or not**; and, Magistrate shall be intimated directly too in addition, if possible or through the police urgently, by the Medical Officer/ Hospital Staff, if time is of utmost importance.
- Separate intimation is to be done subsequently on death of any admitted MLC patient/ Absconding/ LAMA/ DAMA/ DOR of such cases. No patient should be given LAMA/DAMA/DOR without completion of all medico-legal formalities.
- **Intimation is to be given to Police, when Destitute / Unknown persons are getting admitted and also after their death in hospital.**

NOTE: Such Police intimation is mandatory for all Government & Private Hospitals while treating Medico-legal cases in Casualty/ Emergency, OPD & IPD & shall be done by primary Hospital only, even for referred cases vide Government Order No. चि प्र./मेडिको लीगल केसेज़/2017/17 दि. 17.01.2017 (**Annexure-1**).

VI. **Dying Declaration:** In case of impending death in MLC, the Medical Officer/ treating doctor should immediately ask the police officer on duty at nearest police station/ outpost in writing/online/ telephonically as in IPCR to call a magistrate for recording dying declaration which is a “statement made by a person as to the cause of his death, or as to any of the circumstances of the transaction which resulted in his death, in cases in which the cause of that person's death comes into question. In cases where subsequently, the injured person goes in a condition of impending death, such intimation through IPCR for record of dying declaration should be done immediately, in case the admitted patient is FIT FOR STATEMENT. Such statements are relevant whether the person who made them was or was not, at the time when they were made, under expectation of death, and whatever may be the nature of the proceeding in which the cause of his death comes into question” as per **Section 26 of Bharatiya Sakshya Adhiniyam (BSA), 2023**. If there is no time to call a magistrate, the dying declaration should be recorded by the treating doctor

him/herself in the presence of another doctor or staff member/ unrelated witness, who will witness the statement and will append his/her signatures at the bottom of the declaration; keeping in view the legal provisions in this regard.

- **The primary duty of a doctor in dying declaration is to ascertain and document Compos Mentis (alert mental state) of the patient at the beginning and till the end of the statement; which shall be stated in writing** as **per (2) of 6.22 of Rajasthan Police Rules, 1965.**
- If possible the signature or thumb impression of the patient be obtained on the dying declaration after the same has been read over to him/her. Police officers or relatives of the patient should not be present at the time of recording of the dying declaration. No other person should be allowed to interfere during the recording of dying declaration. However, the dying declaration should be recorded in the presence of two unrelated witnesses. The Doctor recording it shall sign at its bottom and on each page.
- It should be recorded in own words of the patient without alteration of terms or phrases, as narrated by him/her. Leading questions should not be put. If any point is not clear, question may be asked for clarity; but, the actual question asked for it & the actual answer received should also be recorded. It should be read over to the patient and signature or thumb impression is taken. If the dying person is unable to speak, but is able to make signs in answer to questions put, this can be recorded, as it is, and, it is considered as a verbal statement. The doctor & witness will also sign the statement.
- If possible, the dying person can write the statement and put signatures along with the signatures of the doctor & witness.
- If patient becomes unconscious while recording the statement, the already obtained information is noted and signed by the recorder and the witnesses, putting a note for same.
- The doctor must certify compos mentis prior to starting the recording and must also certify at the end, that the patient maintained the soundness of mind throughout the recording with a remark, if not so of ending in between.

In case of a patient who is not fit to make a statement, the reason should be noted and duly explained in the file. A careful watch is kept and police be informed as soon as the patient becomes fit to make the statement.

SUGGESTED FORMAT FOR RECORDING DYING DECLARATION

I, Dr…… Son/Daughter of ……,
working as ……,
residing at ……,
shall record the dying declaration of ……
Son/Daughter of …… male/female aged ……. years,
residing at ……
at……. AM/PM, on (date)……, at (place) ……
in the word-by-word order as narrated by the declarant, in the presence of witnesses-
1. …… Son/Daughter of ……
residing at……
2……Son/Daughter of ……
residing at ……
Before recording this dying declaration, I have examined the declarant and found that his/her condition is critical and he/she may die any time hereafter, despite the life-saving treatment being given to him/her. I have also thoroughly examined his/her level of consciousness, orientation of time, place, person, memory and other mental faculties and I hereby certify that the declarant is in possession of a sound mind to deliver his dying declaration.
The words of the declarant as narrated by him are as follows-
……
……
……
……
……
In order to clarify the points as revealed by the answers to the questions recorded in continuation to this, I asked the following questions to which the declarant gave the answers, which are recorded in that sequence
Question……
Answer……
I, Dr. ……..certify that the above declaration was recorded by me and I also certify that the declarant ……,,,,,,,,,,,,,,,….. maintained his/her sound state of mind throughout the narration of his/her declaration.
The recording ended at …….... AM/PM on ……

Signature:
Name & address of the Medical Practitioner:
Seal:

Read over to me and found to be correct (declarant) Signature:
(Should be translated into declarant's mother tongue)
Name & address of the declarant:

Recorded and signed in my presence (witnesses).
Signature, Name, address & Mobile No. of First witness:

Signature, Name, address & Mobile No. of Second witness:

Similar fitness statement for compos mentis (Fit for statement) may need to be issued by treating doctors, if requested by Police Officers/ Investigation Agency prior to recording statements of admitted persons. Such '**FIT TO GIVE STATEMENT**' notes should be marked on the copy of the requisition submitted for same, after examining the patient. However, signature of treating doctor is not needed on the given/recorded statement after recording of such statements by police personnel in admitted patients. Doctor will not attest or sign such recorded statements as witness. (**Parcha Bayaan- NOT** to be signed by Doctor)

Note: Police Officers/ investigation Officers/ Any Other Officers must strictly follow the visit/ aseptic protocol of Ward/ ICU while recording the statements.

VII. **Authorization for Medico-Legal Work:** According to **Rule No. 6.35 of Rajasthan Police Rules, 1965**, only Qualified Medical Doctors/ Medical Officers authorized by the state Government can conduct Medico-legal work, like post-mortem examination. At present, only Government doctors are authorized to do medico-legal work in Rajasthan. In Government sector, all Medical Colleges under the Medical Education Department and RAJMES and all General Hospitals (GH), District Hospitals (DH), Sub-District Hospitals (SDH), Community Health Centers (CHC) and Primary Health centers (PHC) under the Medical & Health Services Department, where RMPs are posted; are authorized institutions, for undertaking medico-legal work, under Government of Rajasthan as elaborated in State Govt. order no. प. 16 (28) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 **(Annexure-2)**. Private Hospitals/ Institutions may be authorized for medico-legal work after obtaining due permission from the State Government as per the existing rules & regulations & medico-legal work may be conducted as per directions issued by State Government in that concern. Those private hospitals, already in a memorandum of understanding (MoU) with State Government must conform to all guidelines for medico-legal cases including police intimation and due intimation of all medico-legal admissions to the concerned Government Hospital/ Concerned Government Doctor in writing/ online at the earliest, so that prompt medico-legal services can be ensured. As per National Medical Commission (NMC) norms, every Medical College shall obtain appropriate permission from the state/ UT government for the

conduct of autopsy/ post mortem or an appropriate MOU to facilitate the training of undergraduate students.

VIII. **Jurisdiction for Medico-legal Services-** Medico-legal work should be undertaken after authorization in compliance with Jurisdiction area of Police stations of the region. For this purpose, the Heads of Institution/Department/ PMO/ District Medical Officer/ CMHO shall ensure that an order for allotment of eligible hospitals to various Police Stations of the District must be sought from the Superintendent of Police of the district/region, keeping in consideration the distance of the hospitals from the Police Stations along with the population coverage and availability of manpower of the concerned Hospitals; so that, the out-patient medico-legal services can be equally distributed amongst various hospitals in the area. This jurisdiction must be followed while dealing with OPD cases brought by Police for medico-legal examinations. Such limitations of jurisdiction shall not be applicable on Emergency & In-patient medico-legal services. Such distribution can also be applied to various medical & fitness certifications including disability certification services to ensure uniform distribution of work, depending on availability of manpower. However, cases requiring subject specialist expertise may be dealt with, as per need and availability.

IX. **Facilities for Medico-legal Work:** The Head of Institutions/ Hospitals authorized to undertake medico-legal work, should ensure adequate medical personnel for undertaking medico-legal services as per work load of the center; including doctors for Mortuary work in both Morning and Evening shifts, such that there is availability of adequate doctors to pursue all medico-legal work promptly.

- They must also ensure all necessary facilities to undertake such work including infrastructural requirements along with the uninterrupted supply of all necessary medico-legal formats (as per the documents attached with this manual)/ other necessary equipment or material to Medical Officers/ Forensic Medicine Experts/ Medical Jurist for use in the institutions under their control, and stock for same must be maintained.
- They must also ensure availability of adequate supporting staff including Female Nursing staff/ Female Hospital attendants, facilities and equipment

for the collection and preservation of material objects relevant in each type of cases, materials necessary for the forwarding of such evidences; investigations needed, if any; etc.

- The controlling officer of the Institution/Department should ensure the service of the staff, including doctors, for undertaking the medico-legal work in the institutions authorized to undertake it. They must ensure adequate availability of Doctors for medico-legal work.
- At the Medical Colleges, the availability of Doctors should be in accordance of norms prescribed by the National Medical Commission (NMC), and in consideration of the number of admissions and workload, and whether medico-legal work is permitted by the State Government. But, in institutions, with multiple attached hospitals to the Medical Colleges, availability of adequate number of doctors must be ensured at all the attached Hospitals where medico-legal work is done. **Wherever, post-mortem work is done, at least 3 Doctors viz. Medical Officers/ Forensic Medicine Experts (preferably) must be posted additionally at all such attached centers (including all attached Hospitals with Mortuary services) to ensure availability of doctors in Morning & Evening shifts as well as round the clock availability of Doctors on call basis, in case of need for prompt and efficient medico-legal services.**
- The doctors for conducting medico-legal work may be arranged in compliance to State Govt. orders no. प. 16 (28) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 (**Annexure-2**).
- As all medico-legal examinations of survivors of sexual assault and those involving the examination of the 'person' of a woman must be done by Female doctors as per various Government orders; so, the availability of Female Doctors for requisite examinations related to sexual offences of female survivors at the hospital/ nearby centers should also be ensured by the respective Hospital In-charges and orders for same must be issued from time to time in compliance to State Govt. order no. प. 11 (156) चि.शि.नि./रा.रा.म.आ./2015/4397 दि. 27.06.2016 (**Annexure-3**).
- Orders for rosters of doctors and staff deployed for conducting medico-legal work with proper rotation must be ensured with provisions of

reserve/replacements due to unavailability; and revisions from time to time to ensure prompt services by designated officials to avoid any delay in medico-legal workup of the patients. **This should be followed as per the directions given in State Government order no.** प. 15 (25) चिस्वा/2/95–पार्ट दि. 27.11.2006 (**Annexure-4**). If Senior or Junior Specialist (Forensic Medicine) are available, they shall conduct medico-legal work; if not, any Doctor with MD/ Diploma in Forensic Medicine shall do the Medico-legal work; if not available, then senior-most available Doctor shall do it, and, if unavailable, next in seniority shall pursue the work which can be done by Medical officer, if none other is available. **However, in case only one Forensic Medicine Expert is posted at a center viz. CHC or District Hospital with an above average burden of medico-legal work, same single doctor cannot be made to provide round the clock medico-legal services on all 365 days. Rotation orders for posting of other available doctors/ Medical Officers must be ensured by the administration for completion of medico-legal work received in evening & Night shifts including post-mortem work and other Urgent medico-legal works and also on days of Leave/ Court evidences of the posted Forensic Medicine Expert.** If only other discipline experts are available, in a hospital they shall pursue the work in rotation. If other Discipline Experts and Medical Officers are posted, again a rotation for Medio-legal work may be managed amongst all such doctors through administrative orders.

- Female doctors not to conduct medico-legal work except medico-legal examinations of Survivors of sexual assault or Special Medical boards requiring presence of female doctor as per norms. Female Gynaecologists to be engaged in medico-legal examinations of Survivors of sexual assault or Special Medical boards requiring presence of Obstetrics & Gynaecology Experts. Male Gynaecologists should not be involved in medico-legal examinations of Survivors of sexual assault but can be included in Special Medical boards for Post-Mortem Examination & Expert Opinion in other matters requiring the subject expert. In case of availability/ scarcity of Permanent Government Doctors, those posted at Government Hospitals,

on Ad-hoc basis and on Contractual basis shall perform medico-legal work as ordered in प. 16 (28) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 (**Annexure-2)**.

- The respective In-charges of all hospitals/ Principal Medical Officer (PMO) must send the monthly information of all medico-legal work by the 10th of every month to the concerned Chief Medical Health Officer (CMHO), who shall cumulate all such reports and forward them to the Joint Director (Zone) who shall further forward all such received reports to the Additional Director (Medical Administration) in the format provided in and in compliance to State Govt Order No. प. 15 (25) चिस्वा/2/95–पार्ट दि. 27.11.2006 (**Annexure-4**) and चि. प्र./जन लेखा/2018/116–25 दि. 23.01.2018 (**Annexure-5**).

FORMAT FOR MONTHLY REPORT FOR INFORMATION OF MLCs

(As per Govt. order - Annexure 4 & Annexure 5)

Name of Institution-…… Month-…….. Year-……..

S. No.	Case no. & Section of BNS	Date of receipt of Police Requisition	Date of dispatch of MLC Report	Details of delay, if any	Name & Designation of Doctor issuing MLC	Comments of PMO/CMHO, if any
1	2	3	4	5	6	7

- In Institutions/ hospitals undertaking post-mortem examination, the Head of the Institution/ Hospital should ensure the establishment of facilities for the preservation of dead bodies, autopsy examinations with requisite facilities and proper light arrangements, appropriate protection devices for doctors and staff conducting autopsy in par with specifications of Universal Precautions, adequate water supply, drainage and other waste management facilities, facilities required for the storage, preservation and forwarding of the viscera and other material objects. As per NMC norms, at every Medical College, there shall be an Autopsy room (approx. 400 sq.mt. area) with facilities for cold storage, for cadavers, ante-rooms, washing facilities, with an accommodation capacity of 10-15 students, waiting hall

and office. The location of mortuary and autopsy block should be either in the hospital or adjacent to the hospital in a separate structure and may be shared by the Departments of Pathology and Forensic Medicine. The provision of supportive staff for assisting Post-mortem must also be ensured by the Head of Institution/ Hospital by recruitment/ posting of skilled/ semi-skilled Hospital workers especially mortuary attendants/ assistants/ post-mortem technician. Supportive staff must also be provided for handling of dead bodies for post-mortem examination and for safe keeping of dead bodies in the mortuary premises along with staff for maintaining cleanliness services in post-mortem rooms/ Autopsy premises/ Hospital Mortuaries as per rules.

- **Recommended Staffing pattern for Mortuary work** {in accordance with letter regarding Staffing pattern, Infrastructure & Equipment for the Mortuaries, Guidelines for storage of dead bodies, Standard Operating Procedures for handling and storage of dead bodies & Guidelines for monitoring from Ministry of Health & Family Welfare, Directorate General of Health Services, New Delhi vide F. No. Z-28015/36/2014-MH-I dated 27.03.2014, sent to Principal Secretary (Health) of all states implemented in the State of Rajasthan by endorsing vide State Govt. Order No. चि.प्र./एमएलसी/2014/71 दि. 09.05.2014 (**Annexure-6**)} – should be followed with some additional add-ons as per need of Post-Mortem Rooms.

Recommended Staffing Pattern of a Mortuary

The staffing pattern of a mortuary depends on the size of the Hospital and the complexity of its operations. However, for initial 100 autopsies per year following uniform staff is recommended:

i. Specialist / Forensic Medicine Expert (M.D./Diploma in Forensic Medicine) – 02 or may be increased to 03 (depending on workload of mortuary/ no. of post-mortems/ day or month, as one specialist is likely to be busy in other important work or in court)
ii. Medical Officer/ Junior Doctors- 01 to 03 (as per workload, if needed)

iii. Post mortem Assistant / Mortuary attendant – 01 or upto 03 (as per workload)
iv. Post Mortem Technician – 01
v. Data entry operator – 01 to 03 (depending on workload ensuring availability in both morning and evening shifts)
vi. Clerk/ Steno– 01 (for official work)
vii. Mortuary Cleaners – 02 (one in each shift)
viii. Mortuary Guards/ Chowkidars - 04 (1 each in all shifts including night shift with replacement available)
ix. Peon- 02 (one each in morning and evening shift)

For every additional 100 autopsies thereof, per year, following additional staff is required- (as per Need)

i. Specialists/ Medical Officer – 1 each
ii. Post Mortem Assistant - 1
iii. Post Mortem Technician – 01 (for teaching institutions)
iv. Technical Assistant
    a) If autopsies more than 300 per year – 01
    b) If autopsies more than 500 per year - 02
v. Photographer – 01 (For photographic work at big centers, if needed)

It is further recommended that in teaching institution, 2 senior staff members will not be counted as they will be busy in their administrative, teaching and research guidance work.

- The Head of Institutions/ Hospitals must also ensure all requisite facilities for the typewriting of the Medico-legal reports/post-mortem report/ preparation of computer generated medico-legal reports/ post-mortem reports (Adequate number of Computer with printers, scanners and uninterrupted high speed internet services including power backup system & air conditioning system). Computer Operator/ IT Assistant (of confidence) in adequate numbers depending on workload must be provided at all hospitals undertaking medico-legal work for typewriting/ computer generation of medico-legal reports as per Government Directions as ordered in State Govt. order No. प.2( ) निचिस्वा/विधि/2023/317 दि. 31.10.2023

(**Annexure-7**) and State Govt. order No. प.2( )निचिस्वा/विधि/2023/360 दि. 11.12.2023 (**Annexure-8**).

- Adequate sitting & working space for the medical & paramedical personnel must be ensured within the Department & mortuary premises along with adequate sanitation facilities & supply of safe drinking water. Waiting area for attendants & working space for police personnel should also be adequately provided along with fulfilment of water & sanitation requirements for all additional persons/ officials visiting the Mortuary premises.
- Referral system/ provision for **opinions by subject expert and specific opinions** must also be ensured by Hospital In-charges to avoid unnecessary delay in examination of referred medico-legal matters in compliance to State Govt. order no. प. 16 (28) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 (**Annexure-2**). In-charges of hospitals should also ensure that available experts should give opinion in writing in reference to medico-legal cases when needed as ordered in प. 16 (28) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 **(Annexure-2)**.
- All doctors, except Medical Officers who are Medical Jurist and Dental doctors should be posted in Emergency/Night shifts in more than 100 bedded Government Hospitals where there is arrangement for providing round the clock emergency medical care to patients in compliance to State Govt. Order No. प. (7)(39) चिस्वा/2/2002–पार्ट दि. 13.01.2003 (**Annexure-9**).

X. **Medico-legal Registers:** All Hospitals must maintain medico-legal registers for recording detailed Information pertaining to all Medico-legal cases attended at the Department/ Hospital/ Institution. All relevant details regarding MLC cases received for treatment must be separately noted in the medico-legal Registers, irrespective of preparation or non-preparation of MLR of the cases. **Separate registers** must be maintained for **alive** patients (AE/ME/OPD/IPD Registers) dealt with in emergency/ IPD/ Clinical Forensic Medicine Units **&** for **Death** cases shifted to the Mortuary premises/ Cold Storage Facility/ Morgue (Death/ Dead Body Register). If the same hospital has multiple emergency/ admission points like casualty, paediatrics, gynaecology, etc.; such Medico-legal Registers should be adequately maintained separately by all Departments/ Wards/ Units. These are

registers for maintaining details of Medico-legal cases for record of the Hospital and their maintenance is the responsibility of the Hospital/ Ward In-charges. Such medico-legal registers for maintaining the record of medico-legal cases dealt with at the Hospital shall also be maintained by all Private or Non-Government Hospitals/ Institutions dealing with medico-legal cases in Emergencies/ Out & In-Patient Departments. There shall be separate registers for maintaining the various medico-legal formats/ reports as prescribed by the Central or State Government.

XI. **Confidentiality/ Professional secrecy:** Medico-legal records/ certificates may contain highly personal and confidential data regarding the physical findings on the body of a person, like description of private parts of a female, condition of vagina and hymen, details of male genitalia etc. Revelation of such findings to anyone **other than** the Investigating agency/ Police Officer in the particular case, or the Hon'ble Court considering the case, or the person examined, or the person authorized by the person examined, will be violation of right to privacy of the person. Such information cannot be divulged. Copy of the Medico-legal report is the right of the person who was medico-legally examined and can be issued if requested by him/ her in person after depositing requisite fee as per Hospital (RMRS)/ Government rules or free of cost, if so prescribed, for eg. to the survivors of sexual assault. **No other person or third party** should be given a copy of the MLR. Attested Copy of Post-mortem reports can be issued to the legal heirs for the purpose of use in Claims/ Insurances **ONLY;** However, **such requests should only be accepted from those who bear the legal heirship of the deceased**, and issue should be done after verification of same. No Objection Certificate from the Investigating Police Officer must be insisted for the issue of the medico-legal report to any third party other than the person who was medico-legally examined, or persons other than those who are lawfully entitled to receive it, or to persons not having legal heirship of the deceased in case of post-mortem reports.

IMPORTANT NOTE: FOR THE PURPOSE OF COMPENSATION/ INSURANCE/ CLAIM CASES, CONCERNED AUTHORITIES MUST ENSURE CONSIDERING ONLY THE ORIGINALLY ATTESTED COPIES OF MEDICO-LEGAL REPORTS ISSUED BY THE CONCERNED INSTITUTION/ HOSPITAL WHERE THE

MEDICO-LEGAL REPORT HAS BEEN PREPARED/ ISSUED, PREFERABLY ATTESTED BY SAME DOCTOR WHO ISSUED THE MLR OR MAY GET THE SUBMITTED COPIES VERIFIED FROM THE ISSUING AUTHORITY/ HOSPITAL/ DOCTOR IN CASE, IF ANY DISCREPANCY IS SUSPECTED.

XII. **Medico-Legal Report (MLR):** Forensic Medicine Experts/Medical Jurist/Medical Officers should prepare the MLR in all Medico-legal cases brought in the emergency/ admitted to the In-patient Department (IPD); and for those brought by the police for medico-legal examination with written requisition or any other cases received/admitted in the hospital in which foul play is suspected. **The MLR should be prepared by the Medical Officer/Doctor who first examines the patient, even if referring the patient to higher center for treatment** in compliance to directions vide Government Order No. चि प्र./मेडिको लीगल केसेज़/2017/17 दि. 17.01.2017 (**Annexure-1**). A note of same (MLR Prepared) must be marked on the referral sheets/ cards, to notify the same to next higher center. In cases where, due to unavoidable reasons, MLR could not be prepared prior to referral, again a note for same (MLR Not prepared due to …….) must be put on the referral sheets/ cards stating valid reason for same along with signatures, date & time and name of attending treating/ referring doctor. In Institutions/ Hospitals with Department of Forensic Medicine/ Clinical Forensic Medicine Units, medico-legal work shall be conducted by the Forensic Medicine Experts posted in the Department; however, subject to availability & feasibility of Forensic Medicine experts, other doctors must be appointed by the Head of the Institution/ Hospital for smooth & prompt execution of medico-legal work. In Institution/ Hospitals where Forensic Medicine Department/ Clinical Forensic Medicine Unit/ Medical Jurist Department/ MLC Department is not functional round the clock, then Emergency Duty Doctor/ Casualty Medical officer shall prepare MLR in cases requiring **urgent medico-legal services** like drunkenness or drug abuse examination, examination of custodial persons, examination of survivor/ accused of recent cases (within 7 days) of sexual offences, or any other case requiring emergency medico-legal services to prevent loss of evidence with time.

Only one Forensic Medicine Expert posted at one center cannot be expected to perform all medico-legal work round the clock on all 365 days a year, and

additional available doctors, must be posted on rotational basis to share the burden depending on work load and other requirements.

- Further, the Medical Officer on duty shall himself/herself write/ type/ supervise with help of data entry operator, if available/ prepare the medico-legal report (MLR) in the prescribed formats as per state protocols, in duplicate while conducting medico-legal examination.
- He/ She will also make a complete record of all injuries with their details on the case sheets/ file and also note the date and time of admission/ referral of the case therein, if he/she is also the treating doctor of the case.
- All treating doctors must ensure proper and adequate documentation of all injuries and other relevant clinical findings in case sheets of all medico-legal cases along with proper documentation of Informed consents and Informed refusals of diagnostic & therapeutic interventions as well as refusals for taking treatment by patients themselves, if conscious and alert, or by first degree relatives or available reliable relatives/ attendants. Such proper and adequate documentation is a must in all medical and treatment records.
- Each MLR should be prepared in its prescribed Format (as attached and suggested with this document), should be sequentially numbered in each calendar year and may include security features to prevent counterfeiting.
- **After preparing the M.L.R., police information/ intimation shall be done.** Whenever a medico-legal examination is conducted on the written requisition from the Police officer/ Executive or Judicial Magistrate/ Quasi-Judicial agencies, police intimation of such cases is not necessary.
- All the written requests for medico-legal examinations should be kept safely, in record with the M.L.R. on which, the No. & date of dispatch should be marked as per the directions of State Govt. vide order no. चि. प्र. जनलेखा/2018/116–25 दि. 23.01.2018 (**Annexure-5**).
- **MLR must be prepared in unbiased manner without any prejudice or pressure/ influence** and final/ subsequent opinion/s should be given only after receipt of all desired investigations like X-rays & other diagnostic reports in accordance with State Govt. circular no. चि. प्र./एम.एल. सी/2016/052 दि. 09.08.2016 (**Annexure-10**).

- **MLR must be recorded in a neat and legible manner and shall use capital letters when writing the name, address etc.**
- **Preferably use simple terms instead of complicated medical terms as far as possible.**
- **DO NOT** use abbreviations (like Ab. for abrasion, LW/IW for lacerated or Incised wound) while writing the certificate.
- **DO NOT** use symbols like # for fracture etc.
- The medico-legal report (MLR) should be prepared in duplicate and original copy must be immediately handed over/ e-signed and forwarded to the concerned investigating authority/ agency/ officer after preparing the MLR or at the earliest or as per existing guidelines; Injury report, sexual assault examination report and age estimation examination reports in 6 hours; and, post-mortem report in 12 hours, as per Govt Order No. प. 15 (25) चिस्वा/2/95–पार्ट दि. 27.11.2006 (**Annexure-4**) or at the most within 24 hours as per State Govt. order no. चि.प्र./**MLC/PM/Disability/2017/081** दि. 29.06.2017 (**Annexure-11**).
- A separate register should be maintained for dispatching the MLC report which should be dispatched at the earliest/ within the stipulated time line prescribed by the State Government as per directions of State Government with the mention of Dispatch no. & date of dispatch on all MLRs in compliance to State Govt. order no. चि. प्र. /**MLC/PM/Disability/2017/081** दि. 29.06.2017 (**Annexure-11**).
- Medico-legal report (MLR) should not be written in the influence of police or other officers, patient's relatives or any other interested party in compliance of the directions given in State Govt. circular no. चि. प्र./एम.एल.सी/2016/052 दि. 09.08.2016 (**Annexure-10**).
- If a medico-legal report has already been issued elsewhere, **it is not permissible to issue a second MLR or re-medico-legal examination report** unless specifically requested by the police in writing, in compliance to directions of Hon'ble Court or on direct orders of the Hon'ble Courts.
- In some cases, the police ask for medico-legal report after the case has been discharged/expired. It is irregular to issue a medico-legal report on medico-legal form in such cases, if not prepared already prior to death/

discharge. However, attested copies of treatment papers may be issued to the police on request in such cases and related queries may be answered on submission of a written requisition. Discharged person may be taken by police to the concerned hospital of Jurisdiction area of the police station, or within sixteen kilometre radius from the concerned police station for medico-legal examination for further needful.

- **A medico-legal report/document should NEVER be issued in back date.**
- All Medico-Legal Reports/ Certificates should be **duly signed on each and all pages in original/ digitally/electronically**, as rules permit; by the Medical Officer/ Medical Jurist/ Forensic Medicine Expert, who conducts the examination and certification. The name of the doctor should be legibly recorded under the signature. Qualifications, Registration Number and Designation of the Medical Officer with the place of posting should also be recorded. In all medico-legal certificates, office seal must be present. In case of Medic-legal reports prepared by Medical Board, the MLR/PMR should be duly signed in original/ digitally/electronically on each and all the pages by all the Medical Board Members.
- Lack of space on the medico-legal format should not be the limiting factor in recording the findings in any medico-legal certificate. The doctor should write the findings in the maximum elaborate manner, using additional sheets as required. When additional sheets are used, at the bottom end of the original format and all subsequent additional sheets except the last one, it should be written that '**continued in next page'** with Page numbers marked serially on top or bottom of each in a manner that total number of pages is also evident, for example- Page 1 of 3, where '3' is the total number of sheets. Each such additional sheet should bear page number in a serial manner. Each additional sheet should contain the serial number of the medico-legal examination, date, name, age and address of the person examined at the top and should be signed at the bottom. The signature & name of doctor, name of Institution and office seal should also be present at the bottom of each page. If no additional sheets are added, write nil in the column, if provided in the wound certificate.

- As far as possible, **no recording should be done on the back page of the certificate/MLR.**
- As per directions of Honourable Rajasthan High Court, Jodhpur, dated 15 December, 2021, every medico-legal certificate, Post-mortem Report shall contain a printed format of the human body on reverse/with it and the injuries, if any shall be indicated on such sketch. This has been included in Part- 4 of the Rajasthan Gazette notification dated 04.03.2022 (**Annexure-12**). which must be followed as per the directions given in this gazette as Order 31 A INVESTIGATION at-

  "**1. Body sketch to accompany Medico-Legal certificate, Post Mortem Report and Inquest Report:**

  Every Medico-Legal Certificate, Post-Mortem Report shall contain a printed format of the human body on its reverse and injuries, if any, shall be indicated on such sketch.

  Explanation: The printed format of the human body shall contain both a frontal and rear view of the human body, as provided in Appendix-M."

  This has also been implemented through state Govt. order no. चि. प्र./एम. एल.सी/2022/74 दि. 16.09.2022 (**Annexure-13**) issued in compliance to Suto Moto Writ (Criminal) No. 1/2017 in RE to issue certain guidelines regarding inadequacies and deficiencies in criminal trials versus state of Andhra Pradesh dated 20.04.2021 & standing Order 5/2022 of the office of the Director General of Police, Rajasthan, Jaipur, in relation to office order of Govt. Joint Secretary, Medical & Health (Group-2) Department, Jaipur vide letter no. प.5(19)चिस्वा/2/2020 जयपुर दि. 09.09.2022 (**Annexure-13**); as directions to all Medical Jurists/ Medical Officers across the state of Rajasthan.

XIII. **Numbering/ Nomenclature of MLRs-** All medico-legal examinations should be serially numbered. Numbering is essential for the purpose of future tracing of a particular MLR/ certificate and also for identification of the material objects, analysed chemically or otherwise, at centers other than that of their collection. The present method in use of serially numbering the wound certificates, drunkenness certificates and post-mortem examinations separately in each institution may be

continued. However, it is **suggested** that the serial wise numbering of all medico-legal examinations, identified so, may be uniformly applied throughout the state of Rajasthan. The system of numbering should include- **Abbreviation of District/ Abbreviation of name of Hospital with location, if needed/ Abbreviation for type of MLR or type of medico-legal examination/ Abbreviation of location of examination within the hospital, if desired like OPD or IPD/ Consecutive Serial Number / Year**, should be followed along with date & time of examination.

- Uniform abbreviations for the District of work may be intimated by concerned higher governing authorities (Suggestion is to implement the abbreviations for all Districts across Rajasthan used in Employee ID for eg. JP for Jaipur).

Suggested Abbreviations for name of District are as follows:
(Source: Employee ID of various Districts Across Rajasthan- please use abbreviation mentioned in employee ID specifying the District)

DISTRICT	ABBREV	DISTRICT	ABBREV	DISTRICT	ABBREV
Ajmer	AJ	Alwar	AL	Balotra	BL
Banswara	BN	Baran	BR	Barmer	BM
Beawar	BE	Bharatpur	BP	Bhilwara	BW
Bikaner	BI	Bundi	BU	Chittorgarh	CT
Churu	CR	Dausa	DA	Didwana-Kuchaman	DI-KU
Deeg	DE/DG	Dholpur	DH	Dungarpur	DU
Hanumangarh	HA	Jaipur	JP	Jaisalmer	JS/JSM
Jalore	JL	Jhalawar	JW	Jhunjhunu	JJ
Jodhpur	JO	Karauli	KA	Khairtal-Tijara	KH-TI
Kota	KO	Kotputli-Behror	KT-BE	Nagaur	NA
Pali	PA	Phalodi	FL	Pratapgarh	PG
Rajsamand	RA	Salumbar	SL/SM	Sawai Madhopur	SM
Sikar	SK	Sirohi	SR	Sri Ganganagar	GA
Tonk	TO	Udaipur	UD		

- Similarly, uniform abbreviations for names of Institutions, hospitals & their units may be worked out for use in consultation with concerned higher

governing authorities for the same; and, if available abbreviations for name of the Hospital on iHMS portal should be used.

- Further, if need is felt, abbreviation may be added for cases dealt with in Out-patient Department (OPD) & In-Patient Department (IPD) (optional).
- The year in working must be added to the assigned nomenclature followed by the serial number of the MLR at the end, all separated by slash (sign"**/**" OR "-").
- MB may be incorporated for MLRs prepared by Medical Board, preferably.
- Serial numbers for particular type/sub type of MLR should start being numbered from 01 onwards consecutively from 1st January of each year till 31st December of that year.
- Such nomenclature will give uniformity to the system across the state & will also make the tracing of MLR easier in communications across the state.
- The Abbreviations to be used for type of MLR should be as follows:

TYPE OF MLR	**ABBREVIATION TO BE USED**
Injury **R**eport	IR
Post-**M**ortem **R**eport	PMR
Poisoning	POIS
Drug **intox**ication/ Substance Abuse	INTOX
Alcohol Examination	ALC
Accused of **S**exual **O**ffences	ASO
Survivor of **S**exual **O**ffences	SSO
Potency examination	POT
Examination for certification of **Preg**nancy	PREG
To certify Recent/ Remote **deliv**ery/ Criminal **Abor**tion	DELIV/ ABOR
Custodial Examination	CUST
Examination for collection of Material **Evi**dence	EVI
Age Determination Examination	AGE
Sex Determination Examination	SEX

Hunger Strike Examination	HUNGER STIKE
All/ Any Other unspecified **Exam**ination/ **Misc**ellaneous	EXAM/ MISC

- Whenever these medico-legal examinations are undertaken, they should be entered in the Medico-legal Register as already described above.
- All Wards/Units/Departments/Centers pursuing medico-legal work should maintain a separate Medico-legal Register in their office.

XIV. **Medico-legal Examination:** Every medical officer undertaking medico-legal examination should make a **complete and thorough examination** as is required in each type of such examination. He/ She should record all findings elaborately. No column in the prescribed format should be left blank. He/ She should strike off/ mark/ specify whichever is Not Applicable, in the concerned prescribed format. Medico-legal examination and certification undertaken by Government Hospitals/ Institutions shall only be conducted in the premises of the Hospital/ Institution and not in places like residential quarters of doctors or in any other place except on a valid order.

- Any doctor working in such Institutions/ Hospitals authorized for undertaking medico-legal work as per Government orders and on duty in the particular Institution/ Hospital shall **NOT refuse** to undertake medico-legal work.
- Except in cases requiring urgent attention, routine medico-legal work should be done/ brought by police maximally in the prescribed Hospital hours for the same, as per **(5) of 6.20 of Rajasthan Police Rules, 1965.**
- Post mortem examination shall be conducted as per directions prescribed in **Rule no. 6.35 & 6.36 of Rajasthan Police Rules, 1965** and should be done in in adequate daylight as per Govt. rules as mentioned in State Govt. order no. प. 16 (28) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 **(Annexure-2)**.
- However, this rule does not entitle the medical officer concerned to refuse to examine a case out of hours because in his opinion it is not an urgent one.

If need arises, Referral of MLC's can be done **for treatment** to higher centres, after primary/ First aid treatment and medico-legal Examination & certification done by the doctor who first attends the patient in compliance to चि प्र./मेडिको लीगल केसेज़/2017/17 दि. 17.01.2017 (**Annexure-1**); mentioning the details of police intimation & treatment given in the reference letter.

First aid to any injured person, with the objective of saving life is the primary responsibility of any qualified medical practitioner. This should not be denied to any person in any institution, whether Government or Private, opened on work at that time with a registered medical practitioner on duty, for any reason. The doctor on duty at that institution should provide adequate first aid fulfilling its objective.

If the doctor cannot provide curative management to the patient on justifiable grounds, such as lack of facility etc., **the doctor should record the wound/ medico-legal certificate/ report and also should intimate the police; then he/ she should refer the injured person to the nearest higher center/ institution with treatment facility; documenting, the injuries properly (type of wound) in addition to giving treatment/ doing referral; also mentioning present condition at time of referral and the important details of the treatment given by him/ her, in the reference letter**.

If the doctor feels that the injured person requires such expert treatment as available in tertiary centers like Medical Colleges, he/ she can directly refer the patient to such institutions. He/ She should specifically note the fact that wounds were not described in detail, in the Wound Certificate/ MLR (Primary MLR should be prepared while mentioning that detailed examination will be done later, if needed). This will avoid further problems, if the injured person directly goes to some other institutions with a tertiary status. This approach should also be adopted in the case of survivors of recent sexual assault, in an injured or unconscious state, brought for treatment.

NOTE: Referral is only permissible for treatment & should not be done for medico-legal examination. Referral for medico-legal/ Post-mortem examination must be restricted only to cases where Forensic Medicine Expert is essential like **Custodial deaths (not to be done below the level of District Hospital), Exhumation, Examination of Skeletal remains (to**

be done at a centre with availability of Anatomy expert) only after due permission from In-charge of the Hospitals who shall permit and further process the referral after requisite permission/ intimation to District Magistrate/ Superintendent of Police.

XV. **Examination & Opinion by Subject Experts:** The medico-legal cases with need of opinions of Subject experts like Ophthalmologists, Otorhinolaryngologists (ENT), Physical Medicine & Rehabilitation (PMR) experts, Orthopaedic Experts, Neurologist, Dentists, Gynaecologists, Surgeons, etc. (**EXPERT OPINION**) for further needful or for final opinion may be referred to the subject experts at same center or to next higher referral center or to tertiary care centers or Medical Colleges, from where needful opinion may be furnished by Subject experts, in writing, after careful examination of patient with relevant investigations needed, if any. The **referral should be justified and relevant**, only for the sake of framing final or further opinion as per provisions of law, and unnecessary referrals must be avoided. **In cases with availability of treatment record at higher centers, such referrals may not be needed, if the treatment file already has the requisite relevant details.** The concerned subject experts must not avoid such referral opinion, if justifiable; and should provide the desired expert opinion in writing as per the directions in State Government Order No. प. 15 (25) चिस्वा/2/95–पार्ट दि. 27.11.2006 (**Annexure-4**). However, subsequent final opinions regarding nature of injuries shall be furnished by the doctor who has conducted medico-legal examination and not by the subject experts. This shall be done by sending a request for prescribed format for the Expert opinion.

XVI. **Examination of female patients:** A female patient, of medico-legal as well as non-medico-legal case, should **ONLY** be examined **in the presence of female attendant/relative/guardian,** and in cases without the availability of female attendant/ relative, the female patient should be examined **in presence of a female Nursing Staff/ woman hospital attendant** nominated by the Head of the Hospital/ Institution; who should sign for this presence during the examination**.** The Medical Officer/ Doctor can request the Hospital In-charge/ Head of Department/ Nursing In-charge to facilitate the availability of such female in these matters. No

examination by a male medical officer of a living woman's person shall be made without a written order from a magistrate, addressed to the Medical Officer, directing him to take such examination, where the word 'person' applies only to those parts of the body, to expose which would violate a woman's modesty; in compliance to **Rule no. 6.23 of Rajasthan Police Rules, 1965**. The Medical Officer, in his own interest should refrain from acting otherwise. This shall not essentially apply in cases where the examination is being conducted by a Female Registered Medical Practitioner as per State Government Order No. प. 6 (45) गृह–13/98 दि. 17.05.2003 (**Annexure-14**).

- Medical examination of a survivor/ victim of sexual offence must be conducted by Female Registered Practitioner as per the provisions of **Section 184 of Bhartiya Nagarik Suraksha Sanhita (BNSS, 2023).**
- As per provisions of **Section 397 of BNSS, 2023;** All Hospitals, public or private, whether run by Central or State Government or local bodies or any other person, shall immediately provide first-aid or medical treatment, free of cost to the victims of any offence covered under **Section 64, 65, 66, 67, 68, 70, 71** or the **sub section (1) of section 124 of BNS, 2023 or under section 4,6,8 or 10 of the Protection of Children from Sexual Offences Act, 2012**, and shall immediately inform the police of such incident. Non-compliance is punishable as per prescribed laws. This must be complied without any delay, to the survivors/ victims of sexual assault & acid attack, brought to or coming to the doctor and to record the findings of such cases, in the manner required by the Law and conforming to the Hon'ble Supreme Court Orders in this regard, except in situations where the survivor/ victim refuses consent for an examination. The doctor is also bound to inform the nearest magistrate/ police officer and to preserve all the available material objects which may be of help in the further investigation of the case (e.g. Clothes, Vaginal swabs, products of conception, etc.), with a view to avoid loss of findings/ critical evidence due to delay in collection and preservation.
- The victim has the right to Informed Consent as well as an equal right to Informed Refusal, and consent **MUST** be obtained before beginning the examination proper. Informed consent needs to be obtained for medico-legal examination, collection and preservation of forensic evidence and for

police intimation; refusal if given, shall apply only to medico-legal examination and preservation of evidence, and, not to treatment and police intimation/ information, which is a mandate as per existing law provisions; so, such refusal should also be intimated to police/ magistrate in the intimation.

- The doctor shall not, under any circumstances, disclose the identity of the victim of sexual assault or the findings of examination, to anyone other than the Investigating Officer or the Hon'ble Court as per the provisions of **Section 72 of BNS, 2023.**
- In no condition, medico-legal examination (regarding sexual offences) of female survivors of sexual offences, shall be undertaken by male doctors, not even as a part of a medical board comprising of other female doctors.
- Whenever, such medico-legal examination is requested by Medical Board, **ALL** Board members **MUST** be Female Doctors as per the provisions of **S. 27 of POCSO Act, 2012**, applicable on minor girls & subsequent relevant Honourable Court & Government Orders, released from time to time.

XVII. **Medico-legal Examination of arrested and alleged Accused persons**: Such Examinations are conducted as per the provisions of **sections 51, 52 & 53 of BNSS, 2023.**

- **Consent is not necessary** for medico-legal examination of an **accused person** as "when a person is arrested on charge of committing an offence of such a nature and alleged to have committed under such circumstances that there are reasonable grounds for believing that an examination of his person will afford evidence as to the commission of that offence, it shall be lawful for a Registered Medical Practitioner, acting at the request of **any police officer**, and for any person acting in good faith in his aid and under his direction, to make such an examination of the person arrested as is reasonably necessary in order to ascertain the facts which may afford such evidence, and to use such as is reasonably necessary for that purpose". "Whenever the person of a female is to be examined under this section, the examination shall be made only by, or under the supervision of, a Female Registered Medical Practitioner". The Registered Medical Practitioner shall,

without any delay, forward the examination report to the Investigation Officer. (**Section 51 of BNSS, 2023**)

- Same shall apply when a person is arrested on a charge of committing an offence of rape or an attempt to commit a rape or an offence of such a nature that there are reasonable grounds for believing that an examination of his person will afford evidence to the commission of that offence and in such cases, even reasonable force can be used for his examination in non-cooperation. **(Section 52 of BNSS, 2023).** In this case, the Registered Medical Practitioner should conduct the above said medical examination as per the provisions of **Sub section (2) to (5) of Section 52 of BNSS, 2023**.
- Same shall apply for medico-legal examination of arrested persons by Central or State Medical Officers soon after the arrest is made or subsequently, if needed. In this case, "the Medical Officer or a Registered Medical Practitioner, so examining the arrested person shall prepare the record of such examination, mentioning therein any injuries or marks of violence upon the person arrested, and the approximate time when such injuries or marks have been inflicted". **(Section 53 of BNSS, 2023)** and, complete bodily examination must be ensured in every accused brought for medical examination while in police custody and if any of them is in need of medical care or investigations like X-ray, then adequate medical services must be provided, and action under Rajasthan Service Rules shall be taken if a doctor does not do the needful as per the Directions of Government of Rajasthan vide Order No. चि. प्र./एमएलसी/2024/528 दि. 29.05.2024 (**Annexure-15**). The examination report shall be made and forwarded as per the provisions of this section. In cases of female arrested persons, above mentioned shall apply for this medico-legal examination too; i.e. examination shall be made only by, or under the supervision of, a Female Registered Medical Practitioner.
- Such medical examination may be needed and requested for admission to Prison/ Jail or Protection Homes/ immediately after arresting/ while transporting the accused from one place to another and during custody.

- In Special situations, depending on need and availability of medico-legal services, such examinations may be done out of Jurisdiction to sub-serve the lawful needs.
- **Such medical examinations, must be recorded on prescribed formats for same (Custodial Examination Form - Form II) and NOT on loose papers or on submitted police requisitions.**

XVIII. **Examination & treatment of accused persons of unsound mind**: Must be complied with as per the provisions of **section 367, 368, 369 of BNSS, 2023;** and as per latest Government orders, as applicable**.**

XIX. **Discharging a medico legal case:** All MLC admissions must be discharged only after obtaining **medico-legal clearance** from the Department of Forensic Medicine/ Clinical Forensic Medicine Unit/ Concerned Medical Officer/ Doctor who has prepared MLR after fulfilling all requisites asked for in the MLR. No medico legal case shall be discharged or leave against medical advice (DAMA/LAMA/DOR) without police intimation and completion of medico-legal formalities, however treatment of the patient is the foremost priority. If any MLC patient/s leaves the hospitals on his/her/their own without permission/ information of the treating doctor, police intimation of the absconding patient must be done immediately by the concerned duty doctor/ ward staff or information may be sent to the Department of Forensic Medicine immediately for police intimation and further needful, as per the prevalent practice of the hospital. Any lapse in medico-legal formalities in case of abscond/LAMA/DAMA shall be the responsibility of the patient & attendants and not of concerned Hospital authorities/ concerned doctor.

XX. **Death of medico legal case:** Whenever a medico-legal case expires, the dead body should be promptly shifted to the mortuary after removal of therapeutic gadgets attached to body, like urinary catheters, IV Cannulas, etc., except in cases where death is alleged due to Medical Negligence by the concerned hospital (when all in-situ medical gadgets/equipment/interventions should be left as it is); along with valuables, if any (to be handed over to attendant/ relative, with proper receipt of same on treatment file/ ward file); and, dignified packing of dead body with

proper body identification tags & labels. Police control Room or the Investigation Officer (I/O) of the police post/police station of the area should be informed immediately through IPCR (in writing/telephonically/online, as per prevalent practice) and a note to the effect be recorded on the file of the deceased and/or the Death register of the Hospital. When the body of a medico-legal case is sent to the mortuary, clear instructions should be given to the mortuary attendant, not to hand over the body to the relatives without post mortem examination. In all cases brought dead to the Hospital/ Institution, police are informed and the dead body is sent to Mortuary after filling the appropriate form. In brought dead medico-legal cases, best efforts should be made to resuscitate the patient; however, if all attempts fail, then the person should be declared 'BROUGHT DEAD' and the dead body should be shifted to the mortuary with police intimation, and later post mortem may be conducted, if a written request is received from the Police/Magistrate. Consent of Relatives/ attenders is not needed for it. In compliance to Government order No. प. 16 (20) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 (**Annexure-2**), safe keeping of the dead body in cold storage to prevent putrefaction must be ensured in the mortuary premises; and, in case of unavailability of Cold Storage facility, alternative arrangements shall be ensured for safe keeping of the dead body and to delay degradation/ putrefaction.

- Complete chain of custody of the dead body with proper body tags/ labels for identity shall be maintained at all times until the time the body is finally handed over to the relatives of the deceased through the police/magistrate after completing medico-legal formalities.
- The body shall be transported to the mortuary. Name of the ward attendant or any other employee/ police staff transporting the dead body shall be recorded in the ward file/ treatment file or in the Emergency register along with details of police person and attendant to whom the dead body is handed over after the post-mortem examination through the police person, in record.
- Once the information is received by the police and the police official has arrived at the hospital, he shall also be responsible along with the hospital staff for the safety of the dead body.

- Belongings of the Medico-legal cases, if any, should be handed over to/ through the police officer and proper receipt of the same mentioning all valuables/ belongings must be obtained in every case.
- In case of taking away a patient or body of a medico-legal case forcibly by the attendant, the Medical Officer/ Doctor should record the same on the file of the patient and Police Station/out Post of the area and security staff should be informed immediately.
- Detailed Record of all MLC dead bodies shifted to the mortuary must be maintained separately in Death/ Dead body register with note of police intimation, details of valuables, if any; details of treatment papers submitted and later the action taken must be entered when the dead body is released.
- The record of NON-MLC dead bodies shifted to the morgue for safe keeping and storage, if essential, shall also be maintained in same register with note of NON MLC DEATH. Police intimation is not needed in such cases. Request letter must be obtained from near relative specifying reason along with ID proofs of deceased and the applicant with contact details. Request should include details of case, name, age, sex, address, CR No., ward, etc.

Note: Death certificate should not be issued in Medico-legal cases by the doctor conducting the Post-Mortem examination. Only the Hospital registry/ treating doctor should do so. Medical certification of cause of Death for admitted patients must be issued by treating doctor/ last attending doctor in completeness on the basis of available Clinical facts/ findings as per latest guidelines & ICD coding. The cause of death opined in Post-Mortem Report shall be applicable for legal purposes/ legal proceedings. Wherever, a cause of death is not possible on the basis of clinical findings, same shall be mentioned on MCCD, with specific reasons.

XXI. Examination of Cases by Medical Board- Medico-legal Examination may be conducted by Medical Board of Doctors on written requests by the Superintendent of Police/ District Magistrate/ Judicial Magistrate, both for live patients and in cases of post-mortem examination of dead bodies as per provisions of Law & existing regulations in compliance to Government order No. प. 16 (20) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 (**Annexure-2**). Board of Doctors should be constituted by Principal of

Medical College/ Medical Superintendent/ CMHO/ PMO/ Head of Department of Forensic Medicine on the receipt of specific written request from the concerned authority (Honourable Court/ District Magistrate/ District Superintendent of Police) entitled for same; **only after** receiving the complete inquest papers & other relevant papers like treatment files. Such Medical Boards cannot be constituted on request of the doctors/ patients/ relatives/ attendants/ legal heirs of the deceased.

XXII. **Re-examination in case of Medico-legal/ Post-mortem cases**: **Re-examination of Medico-legal cases** shall **NOT** be conducted except on **written orders of the Judicial Magistrate/ Honourable Court Orders**. Similarly, **Second Post mortem examination** shall only be conducted on written request of **District Magistrate or on written orders of the Judicial Magistrate/ Honourable Court orders**. Re-examination should be done by the Medical Board constituted as per rules at the same center/ next higher center/ District Hospital/ Medical College. Medical Board for re-examination should include Senior Specialists/ Senior Forensic Medicine Experts/ Requisite Subject Experts as per need and availability; who must be preferably senior in hierarchy to the Doctors who have conducted the first/ earlier Medico-legal Examination.

- However, clarity/ elaboration/ explanation/ subsequent or expert opinion may be sought on the medico-legal examination & reports through questions in written application from the concerned doctor on requisition of Investigation Officer/ SHO of the concerned Police Station or other higher police and other officials. If needed, such questionnaire to seek clarity and further opinion can also be sought from Medical Board of Doctors at the same center or at a higher center on requisition from the District Superintendent of Police, which shall **only** be a clarification or subsequent opinion on basis of already conducted medico-legal examination, prepared medico-legal report & other relevant documents like treatment papers.

XXIII. **Forwarding of samples:** Package and seal the samples in a parcel of clean cotton cloth/ box, as per the requirement of samples preserved. Parcels/ Envelopes/ samples/ Specimens should be labelled with details of cases; description of contents & preservative used, if any; and sealed using legible seal (brass seal of

the respective collecting competent authority/ ward/ unit/ center/ hospital/ institution; and, duly signed specimen sample seal should be given along with either on separate sheet or on the forwarding letter (in triplicate – one for lab, one for honourable court file and one as office copy) containing all relevant details of the case as well as of the samples preserved, details of preservatives used, if any & the tests/ examinations requested in **triplicate** (three copies of the forwarding letter) mentioning **name of police person/ official to whom samples were handed over with initials and date & time of such receipt** in all the three copies**.**

The parcels/ Samples should have following details legibly written in it:

- FIR/GD number, if available and police station;
- PMR number/MLR number with date;
- Details of case & personal details of person whose samples are preserved
- Detailed case history, places of recovery of exhibits and other relevant details should be attached with the forwarding letter.
- Details of samples preserved
- Relevant questions pertaining to the nature of examination required should be clearly mentioned.
- Date & time of collection:
- Signature of the medical officer, collecting authority etc.
- In cases involving medico-legal examination of victim, suspect, dead body; A copy of the medico legal report (MLR), post mortem report (PMR) should also be forwarded to the laboratory.
- In all cases, control samples, if needed and control samples of preservatives used, if any, must also be preserved and forwarded with the samples with details of same mentioned on the forwarding letter in all three copies.
- In case where reference blood sample is collected for DNA profiling or cross matching, completely filled blood authentication/identification form bearing photograph of the person, duly attested by the concerned doctor, should also be attached along with the forwarding letter.
- Authority letter by the forwarding authority must also be sent along with the forwarding letter (in most cases authority is given by investigation agency).
- The samples must be collected and preserved in compliance to relevant guidelines of same in proper packet (cloth bag/ Paper envelope/ Glass bottle

or Jar/ Box etc.) as per the directions of examining laboratories using proper and adequate preservatives for same.

- Wherever possible, samples like blood samples for blood grouping and cross matching, liquid smeared/ any other material found on body for cross matching etc., which can help to corroborate the scene of crime and the weapon of offence must be preserved and forwarded for needful FSL examination as mentioned above.
- The samples should be duly sealed (using brass seal bearing name and relevant details of unit/ward/hospital/institution) and signed by the doctor who collects and preserves them and not by any other doctor.
- It shall be ensured at all times, that samples/ sample seals remain intact and shall not be tempered, to fulfil the norms of chain of custody adequately.

XXIV. Conduct of A Doctor While Dealing with Medico-Legal Cases: Medical officers/ Forensic Medicine experts shall not interest themselves in any way in the negotiations for compromise between the parties involved in the medico-legal cases & **MUST** remain unbiased in accordance with State Govt. circular no. चि. प्र. /एम.एल.सी/2016/052 दि. 09.08.2016 (**Annexure-10**). Final opinions should be based on clinical findings and investigations, expert opinions etc. needed, if any should be taken into consideration. Do not alter the medico-legal report at the request of the patient, investigation agency or a third party. If any additional information is received, or an injury has been missed inadvertently, then MUST provide a report to this effect (as Supplementary Reports & investigations), promptly, simultaneously doing needful to document the missed injuries at the earliest. The above should serve only as a general guide and medical officers are expected to use their own ethics, discretion and judgement in such cases as they are themselves responsible for the opinion expressed by them. Quality assurance in medico-legal services should be practiced and ensured as best as possible.

TOPIC 3: PROTOCOL FOR MEDICO-LEGAL EXAMINATION OF INJURED PERSONS OF VARIOUS ETIOLOGIES & SUSPECTED POISONING/ INTOXICATION/ DRUG ABUSE

I. **Consent:** No Medico-legal examination shall be done without the documented informed consent of the injured person/ victim before the onset of medico legal examination and collection of evidence in a prescribed format (consent form) explained in their own language.

1. Always take the written informed consent of the injured person in writing or after explaining in vernacular language with their signatures/ thumb impression & full name with Contact no. in continuation to the consent on the MLR Form.
2. If the patient is less than 12 years, assent should be obtained from the parent/ guardian/ accompanying custodian person for medico-legal examination of the child/ ward and get his/ her signature/thumb impression mentioning Name, address, relation & contact No. of the person giving such assent (**Section 27 & 28 of BNS, 2023**).
3. It is best to obtain consent from the injured, but, if an unconscious/ semiconscious adult/ minor patient is brought in emergency along with family/ parent/ guardian/ accompanying custodian person, the consent shall be taken from them; but if not accompanied by anyone, medico-legal examination may be done without obtaining consent, acting in good faith; **u/S 30 of BNS, 2023** but the information of same may be furnished to the In-charge of the Department/Hospital/ Institution either verbally or in writing, as per need.
4. **Emergency surgery of unaccompanied patients**- When emergency surgery/intervention is required, then consent may be obtained from self/ first degree relatives/ available attendants/ parent/ guardian/ accompanied custodian person (Loco parentis), but if no attendant is available to give the consent, the surgeon or Emergency Medical Officer/ Casualty Medical Officer/ Treating Doctor will decide and may conduct an emergency surgery on the patient, acting in good faith for benefit of the patient and doing no harm to the patient only after due permission in

writing & after written information to Medical Superintendent/ Head of Institution/ In-charge of the Hospital. Please note that the surgeon treating the case will be held responsible if such a patient dies for want of operative treatment because of the non-availability of attendant to give consent for surgery.

5. Every patient must have equal right to Informed consent as well as Informed refusal. In case of **informed refusal** for medico-legal examination by the Injured person/ patient/ family/ guardian, the medical officer shall document it and mention that the patient did not give consent (refused) for medico-legal examination, preferably documented by the injured him/herself or by first degree relative, if patient is unconscious/ not oriented. (Write brief reasons). **Medico-legal examination is done in cases where injured/patient/victim does not consent for same.**
6. Signatures of the injured may be obtained while seeking consent and may also be obtained on MLR document where the injuries are being documented to strengthen the fact of report preparation after proper medico-legal examination of the injured person & to forfeit false claims by defence counsels. But, in no situation should any injured be asked to sign on blank MLR formats in compliance to State Govt. order no. **चि.प्र. /MLC/PM/Disability/2017/081** दि. 29.06.2017 (**Annexure-11**).

II. **Preliminaries for the Medico-legal examination**: Medico-legal Examinations are done on request of Investigation agencies through requisitions submitted in writing/ or through online portal, whichever is applicable. However, MLRs may be prepared in emergency/ IPD without prior receipt of police requisition and police intimation to be done for same, to prevent loss of medical evidences and clinical findings. However, police/ investigation agency must promptly submit requisitions for admitted patients after police intimation is done. During the examination of admitted patients with or without police requisition, make sure that the accompanying person like family members should be present along with the patient and document their identity, relationship to the patient/person undergoing examination and contact details. Identity should also be verified from details in treatment records and from the medical/ paramedical staff of

admission unit/ ward/ center/ hospital. If the patient is examined on request of police in OPD/Emergency/ Forensic Medicine Department, investigating officer or his representative of that case MUST accompany the injured for the medico-legal examination and should identify the person and the same should be documented in the report with Name, Designation, Belt No., Police Station & signatures of the police person on consent form/ MLR; however, he may be sent out while examining injuries to avoid bias. Valid Documents for identity of the person being examined may be requested and details of same may be documented. Identity should be confirmed through Photo Identity cards too, if available and a copy of same may be kept in record along with its mention on the MLR. Such verification of identity of patient being examined must also be ensured in subsequent examinations through the Identification marks & even documents. The accompanying person/police should not leave the hospital until the entire process is finished. **No medico-legal examination to be conducted on application given by victim/injured.**

III. **Medico-Legal Report/ Injury Report (MLR/IR):** MLR should be prepared in prescribed format for **Medico-Legal Report (Injury Report) – Form III**. IR must be prepared by the Medical Officer/ Forensic Medicine Expert in his/ her own handwriting/ typed personally or under supervision and issued in duplicate having an original to be dispatched & a carbon copy for office record. Each MLR Form shall be numbered on each page (as already suggested above) and should have security features to prevent counterfeiting.

Note: If the MLR Form is computerized/ on online formats, there will be no need for the carbon copying process. The required number of copies of the MLR will be printed and signed individually (manually/digitally), on each and all pages of the MLR/ IR, and soft copies of e-signed or manually signed reports may be preserved digitally or manually for record.

NOTE:

1. Medical Officer who first examines the case, shall prepare the medico legal report.
2. The preliminary entries like name of the hospital/institute, MLR No. with date, name of the doctor with full designation and place of posting, exact

date and time of examination, name of the injured with complete address age, sex, caste/religion, if needed, occupation, name of the accompanied person and relation with the injured, name and belt number of the constable/HC with police post/police station and district must be entered before the examination of the injured is started. If admitted, write the HID/C.R./ Adm. or IPD No. with date & time of admission and name of the ward/ unit/ center/ hospital.

3. Take proper history in own words of patient/ accompanying person/ attendant/ guardian and document on the MLR in brief correctly mentioning the name of the person narrating the history with relation to injured, if not narrated by self. Brief history of incident regarding time, manner (accidental/ suicidal/ homicidal/ intentional) with weapon/ means by which caused and place of event of injury/poisoning, and the time sequence of symptoms/ incapacitation developed etc. (when/where/why/what/whom) should be documented. This will help the medical officer/ forensic medicine expert in proceeding with the examination and also in police intimation.
4. The name and designation under signatures of the examining doctor will be stated, **in capital/ bold letters**, on each page with page numbers marked on each page in format of page no. … of total no. ... of the pages.

IV. Identification marks - Two identification marks preferably on the exposed parts of the body be recorded properly for comparing the same for identification in the court while giving the evidence. Moles, Vaccination marks and common surgical scars should not be preferred. If marks on any other parts are not available, then thumb prints (labelled) may be taken. Footprints (Labelled) can be taken for new born and in infants (on the consent form itself) and note made for same in the relevant column.

V. Medico-legal Examination & Preparation of MLR:

- **General & Physical Examination:**
  1. General Physical examination of the person is recorded to include vital parameters and important relevant positive findings like- pulse, BP,

respiration, temperature, pupils, level of consciousness, posture, gait, speech, bleeding through natural orifices like ear, nose, mouth, rectum, vagina, etc., paralysis/ weakness, urinary/faecal retention/incontinence, smell etc.

2. The condition of the clothes be recorded, if relevant, regarding their disorder, buttons (intact, undone, or torn), rents, tears, cuts whether coinciding with a particular injury, presence of stains like blood, mud/sand, weeds, faecal, seminal etc., foreign matter, stippling, burns etc. Clothes may also be preserved for Forensic Science Laboratory (FSL) examination, whenever needed.
3. Details of interventional Medical and surgical therapy findings on the body must also be noted to correlate the condition of patient in relation to treatment given.

- **Particulars of Injuries:**
  1. The person should be examined in a systematic way from front as well as sides and back aspect from head to toe. Always depict the site of the injury and presence of stains and foreign material on the diagram.
  2. Mention the examination of injuries in detail (type, exact site preferably in relation to anatomical landmarks, size, shape, colour, age of injury, direction, nature, duration). Pictorial representation, not to be scaled must be done on provided body diagrams as per Honourable court orders (**Annexure-12 & 13**).
  3. The following particulars of each and every injury must be recorded-
     - **Type of injury** like abrasion, bruise, wounds (lacerated, incised, punctured, etc.), fracture dislocation or burns etc.
     - **Dimensions** - Exact dimensions (in centimetres) of each injury should be noted down in respect of its length, breadth and depth, where ever possible.
     - **Anatomical Location of injuries** – Exact anatomical location should be noted in simple language. Distances from Anatomical landmarks must be incorporated, wherever needed. Diagrammatic representation, not to be scaled should be done on

available & prescribed human body charts to represent their location on body.

- **Additional features like - Shape** that is circular, oval, spindle, triangular, elliptical, crescentic, satellite, etc., **margins/edges** of wounds should be examined (by hands/lenses wherever necessary), regular or irregular having bruise on its vicinity, **floor** must be examined by just retracting the edges for seeing the tissue in it; **Direction** of the injuries; **Foreign matter** like grease, dirt, gravel, straw, coal, paint, glass, weed, metal, pellets, bullets, wads, clothes, hair etc. should be reported and if required, must be preserved for further analysis.
- **Nature of injuries** like simple/grievous/dangerous, should be opined for each injury mentioned in the MLR, as per the provisions of law. Doctors shall specify the sub-section of the **Section 116 of BNS, 2023** as given in the note below for declaring the injury to be grievous.

  Note: The following kinds of hurt only are designated as "grievous", namely:–

  (a) Emasculation;

  (b) Permanent privation of the sight of either eye;

  (c) Permanent privation of the hearing of either ear;

  (d) Privation of any member or joint;

  (e) Destruction or permanent impairing of the powers of any member or joint;

  (f) Permanent disfiguration of the head or face;

  (g) Fracture or dislocation of a bone or tooth;

  (h) Any hurt which 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.
- **Nature of weapon (117/118 BNS):** opinion regarding the nature of weapon/ surface of infliction of injury should also be opined foe each injury of MLR on the basis of observation of the characteristics of the wounds. Weapon used include blunt or

sharp or firearm (any instrument for shooting, stabbing or cutting), and other opinions are also possible, like teeth, fire, heat, poison, corrosive, explosive, animal, etc. as the case may be. In cases where this opinion is not possible by clinical examination, such opinion may be kept reserved for FSL examination or other needful, through which there is possibility on concluding the probable nature of weapon or means responsible for infliction of wound. Also, in cases where wound has already been altered due to treatment modalities like surgical intervention for suturing or others, such opinion may be sought from the available treatment records (attested photocopies furnished by IO) and, if still unclear, case may be referred to the treating doctor for needful opinion on basis of the observations during examination done for treatment.

- **Investigations, other remarks & expert opinions** desired for further opinions, if any, must be specifically mentioned on the MLR. The doctor preparing MLR should issue a request for X-ray or USG, only if needed in the **X-RAY/ USG REQUISITION FORM – FORM IV,** separately to the concerned Department/ Unit/ center for the investigation needed through the Internal Lab section of online portal**.** In cases, where opinions of injuries are kept reserved for Expert Opinions of Subject Experts, then, a request to be issued for Subject Expert Opinion (ENT/ Ophthalmology/ PMR/ Gynaecology/ Dentist/ Surgery/ Neurology/Other) and forwarded to concerned speciality/ doctor/ unit/ center/ Hospital in **EXPERT OPINION FORM- FORM V.**

  Note- Only relevant investigations/ referrals for Expert opinion should be advised in such cases and in no situation, unnecessary or irrelevant investigations/ referrals for expert opinions should be done. **Only X-rays for bony injuries & USGs, only wherever applicable in special cases, are allowed for MLCs.** Investigations like ultrasounds, CT Scans, MRI etc. are not preferable for MLC cases in routine for finalising opinions. Such investigation reports of special radiological investigations should

be incorporated from the treatment records (after obtaining attested copies of same), if done for treatment, as all necessary investigations needed for complete evaluation of the condition of patient and extent of injury to plan treatment/ management/ intervention are done as part of treatment protocol. MLC X-rays must be done specifically in addition to treatment X-rays and should be forwarded with their MLC X-ray reports along with the final/ subsequent opinion. No such investigation/ expert opinion shall be mentioned additionally which is already available in the treatment record except X-rays.

SPECIAL NOTE- Unnecessary investigations/ referrals for such investigations/ Expert Opinions shall not be entertained. Referrals for MLC X-rays can only be done to the next higher center, if the facility for same is not available at the primary Hospital. All such referrals shall be done only to **nearest** next higher center of the District/ Mobile Unit of the area, if available, where the required facility is available with reason mentioned for same and further referral, if needed shall be done with reason for the same. Unnecessary referrals to the tertiary centers should best be avoided. Only genuine & relevant requests shall be fulfilled by the higher centers.

Unnecessary referrals for irrelevant MLC Investigations/ Expert Opinions shall not be entertained by the higher centers, and it shall turn down such requests in writing specifying the reason for same. The referring doctor shall be held responsible for the trouble/ expenses incurred by the patient in such cases.

Note-

1. Investigations to be forwarded with MLR/PMR in prescribed formats to the concerned Labs/ referral centers through software work flow and reports done should be visible to concerned Doctor preparing MLR with Digital signature of concerned doctor who has reported.
2. These reports to be handed over with relevant films, etc. to Concerned IO with physical signature of the Reporting Doctor.

- **Age/ Duration of injuries** – On basis of colour changes and stage of healing process; Time lapse between infliction of injuries and examination should be given for all injuries in every MLR.

VI. **Preservation of Material Evidences:** Articles preserved, if any during medico-legal examination should be enumerated in the MLR and forwarding letters for needful examination must be duly filled **in triplicate** in the prescribed formats (**Forwarding Letter for FSL- Miscellaneous- FORM VI)** and handed over to the police person with the samples mentioning his/her name and Belt no./ Designation on the Forwarding letter along with the control sample of preservative and the marking of the sample of the seal used for sealing the samples preserved on forwarding letter. All such entries must also include the date & time of sample collection & preservation along with the receipt of handing over the sample to the requisite police person with the date & time of same along with name of police person who shall give a receipt for same.

VII. **Opinion:** Opinion should be crisp and to the point. If there is any injury kept under observation/ Opinion Reserve (O/R) for want of investigations like X-rays (O/R/X-ray) etc.; the same may be recorded as such and results, there of communicated to the police at the earliest. In doubtful cases or in injuries to specific body parts like eyes, ears etc., the Medical Officer/ Forensic Medicine expert should seek advice/ opinion from the relevant specialist/ subject expert, but **Final opinion regarding nature of injury is to be furnished by the Medical Officer/ Forensic Medicine Expert conducting the medico-legal examination.** Unnecessary/ irrelevant referrals must be avoided. Wherever such opinions are already available on treatment papers, same shall be incorporated in Final opinion from the treatment records, except X-rays.

- In cases where the **final/ subsequent opinion** should be given after complete healing of the injury or after a period of time to ensure the permanency of the resulting debility as per the provisions of law; further/ subsequent examination of the patient/ injured can be done to observe the already written injuries with effect to the healing or resulting disability, for which a note should be made in injury OR/ Complete healing and review examination should be advised after the specific/ maximum time period required for healing of such injury. Final opinion in such cases should be given after review examination on basis of relevant findings, by the doctor who has prepared the MLR.

- Radiological examinations, if advised for final opinion shall be done under supervision of & should be reported by Radiologists, wherever available, in compliance to State Government order no. चि. प्रशा. /एमएलसी/2009/503–60 दि. 22.04.2009 (**Annexure-16**). However, in Hospitals/ centers where Radiologist is not available, concerned subject experts shall furnish the opinion/ report of the relevant radiological investigations vide State Govt. Order No. चि. प्र. /मेडीकोलीगल/2010/824–909 दि. 14.07.2010 (**Annexure-17**). If none is available then, the concerned doctor preparing MLR shall ensure needful.
- Unnecessary Investigations and undue referrals for further opinions, except X-rays, must not be practised. Wherever, such opinions are available from treatment record, same should be incorporated in the subsequent final opinion of nature of injury after obtaining an attested copy of the treatment papers through the investigation officer, which shall also be forwarded with the final opinion and copy of same also kept kept in MLC office record.
- After receipt of the investigation reports/ FSL reports or after completion of the observation period, opinion regarding nature of injuries is finalised as **SIMPLE/ GRIEVOUS**, with justifying reasons for same by the Doctor who has prepared the MLR on basis of the investigation findings as per the provisions of law & State Govt. order No. चि. प्र./एमएलसी/2016/052 दि. 09.08.2016 (**Annexure-10**). In cases where opinion regarding nature of weapon is kept reserved, then even this can be finalised after receipt of all necessary reports and treatment papers, which should be done on **SUBSEQUENT FINAL OPINION FORM – FORM VII**.
- If the Grievous injury falls in the ambit of **clause 8 (endangering life**) then it should be supported by proper documentation, e.g. surgeon notes (clinical or operative)/ Expert opinion etc. An injury can be said to endanger like, if it itself is such that it may put the life of the injured in imminent danger. An injury on a vital part of the body cannot be called Grievous hurt unless the nature and dimensions of the injury or its effects

are such that the doctor is of the opinion that it actually endangers the life of the person. [**Reddy KSN**]

- **If the life of the person is not endangered, it is not a case of Grievous Hurt. To designate an injury as Grievous hurt in clause 8/(h), DANGER TO LIFE SHOULD BE IMMINENT.** If no surgical aid is available, such injuries may prove fatal. [**Reddy KSN**].
- Opinions should be finalised timely for prompt disposal of medico-legal cases and unnecessary delays in investigations, review examinations, referral & expert opinions and final opinions **MUST** be avoided.
- Investigation Officers (IO) may request for **weapon examination reports** to corroborate the infliction of injuries in MLR to the weapon recovered. Such opinion to be furnished by the doctor who prepares MLR after examining the weapon received in sealed packet opened after verifying chain of custody, for opinion regarding probability of infliction of injuries mentioned in MLR by the weapon recovered by IO, after which the weapon is again sealed and forwarded for FSL examination, while ensuring the chain of custody at all times. Caution must be observed to handle the weapon using gloved hands to prevent destruction of evidence, if any on the weapon and also to avoid the exchange of fingerprints/ trace evidences.
- **The medical officer who has prepared the Medico-legal report is solely responsible for declaring the nature of Injury. NO REFERRAL FOR GIVING FINAL OPINION REGARDING NATURE OF INJURY/IES SHALL BE ENTERTAINED BY ANY EXPERT/ HIGHER CENTER. Final/ subsequent final opinion will be given by the doctor who has performed the medico-legal examination and prepared the medico-legal report after receipt of investigation reports/ review examination/expert opinions/treatment records, as per need.**
- In cases where the doctor who prepares the medico-legal report is transferred to another center the reports prepared at the previous place of posting to be reflected to the concerned doctor for Final/ Subsequent opinion, irrespective of the current place of posting. If doctor is totally unavailable, final opinion may be given by another doctor, nominated by

the Head of the Department/ Center/ Hospital/ Institution, who shall assign the task to the concerned doctor through proper channel.

- **Directions for cases of Special Aetiologies (Suggested procedures) -**

1. **Firearm Injuries** - Always try to locate the firearm entry and exit wounds and mention specifically with complete description of the wounds. A description of the wound with regards to edges, collar, singeing, tattooing, etc. should be mentioned. Clothes should be examined for the presence of holes corresponding to the entry and exit wounds. In relevant cases, clothes must be preserved. Always mention about the entry and exit wound. Always advice X-Ray of the track or whole body/ relevant body parts. Bullets, lead shots etc. recovered from the wounds or body in firearm injury should be air dried then put in a bottle(s), padded with cotton and gauze pieces properly (to prevent collision with surface of glass container to prevent tertiary markings on bullet as well as to prevent breakage of glass bottle containing the evidence of recovered foreign body), documented sealed and handed over to the police at the earliest possible under proper acknowledgement, by the **treating doctor, when recovered during surgery/ intervention**. Never pick the bullet using metal/ toothed forceps, rather use fingers (with gloves on) or rubber tipped forceps. Never wash or clean the bullet. Requisite samples must also be preserved for determination of presence or absence of Gun Shot residue (GSR) on firearm wounds (by rubbing of plain Gauze piece from the Gun Shot wound, either dry or wetted in normal saline) and duly sealed in an envelope forwarded for ballistic examination along with the control sample of the swab/ gauze material used for preserving the said sample. Samples should be preserved from margins of the gunshot wounds on plain swabs/ swabs or gauzes wetted with normal saline for ballistic examination for presence of Gun Shot Residue “GSR”. Control samples of used plain Gauze piece must also be forwarded along with the samples for GSR in a separate envelope for ballistic examination to ensure reliability of results of detection of GSR. Samples for GSR should preferably be collected prior to wound manipulation/ treatment so,

preferably, such samples may be preserved by treating doctor before starting treatment and if not done, must be collected by the Medical Jurist/ Forensic Medicine Expert/ Doctor who examines medico-legally while preparing the MLR. Details of all such recovered/ preserved material should be mentioned in the MLR. Forwarding letters for needful examination must be duly filled **in triplicate** in the prescribed formats (**Forwarding Letter for FSL- Miscellaneous- FORM VI).** The doctor examining such a case must use the generic term "firearm" in describing the weapon and should not be specific as to pistol, revolver, shotgun, etc. Similarly, if the doctor is not sure about the type of ammunition then the generic term "foreign body/ metallic foreign body" would be better than bullets or pellets. Further queries regarding this, whether from police or courts, be directed to ballistic experts.

2. **Burns -** Proper history and documentation of extent and degree of the burns to be noted. Make a proper sketch showing areas involved and state in percentage of the affected body surface area as best as possible. Inflammable agents on the body/cloth are recorded and clothes along with samples of burnt skin & hair are preserved for chemical analysis for detection of combustible substances, if any by **the treating doctor**; preferably to be preserved prior to starting treatment with application of ointment/ coating of burnt area, which shall be duly preserved and forwarded to FSL as per given guidelines. Forwarding letters for needful examination must be duly filled **in triplicate** in the prescribed formats (**Forwarding Letter for FSL- Miscellaneous- FORM VI).** Note must be made as regards to the type of thermal injury viz. dry heat or flame/ moist heat/ hot surface/ hot material burns. Nature of the thermal injury will depend on the extent, depth, surface area, part involved, medical/ surgical intervention, blood transfusion, complications, etc. Dying declaration if required should be promptly intimated and in case of delay in arrival should be recorded by the treating doctor, especially in young married females or suspected or evident homicidal cases.

3. **Hanging/Strangulation (attempted) -** Describe the position, nature, width, direction and extent of the ligature mark and whether complete or incomplete. Ligature material in-situ should be preserved for FSL examination. Ligature material in-situ should be cut away from the knot so as not to disturb the knot, then the cut ends and knot have to be secured with threads separately, and preserved in cloth bags/ envelopes. Forwarding letters for needful examination must be duly filled **in triplicate** in the prescribed formats (**Forwarding Letter for FSL-Miscellaneous- FORM VI).** Samples may preferably be preserved for poisoning/ intoxication, if any to rule out foul play after incapacitation and forwarded after proper preservation and sealing with the **Forwarding letter for FSL-Poisoning (FORM- IX)**.

4. **Suspected Poisoning –**The treating doctor in emergency has foremost responsibility to provide emergency treatment through decontamination based on the suspected poison as per available information/ history/ sign & symptoms. Samples related to detection of poison by chemical examination like- **Gastric lavage (Stomach wash), urine, blood, oral swab in cases of intake of corrosives, nasal swabs for inhalational poisons, if needed,** etc. must be collected and preserved in glass bottles with screwed cap immediately while being attended by **the treating doctor** which should be properly sealed using the seal of concerned ward/department, labelled and signed by the doctor preserving the evidence **during Emergency treatment** and made into a parcel. The packed & sealed parcel should be issued along with a forwarding letter in prescribed format (with seal impression of the seal used) **in triplicate** under signature by the **treating doctor/ Emergency duty doctor** who has preserved the samples. Thorough medico-legal and clinical examination should be done in **Medico-Legal Report (Poisoning Report) Form- FORM-VIII.** The collected material evidence/ sample is forwarded after proper sealing through the police official concerned to the Additional Director/ Director, Regional/ State Forensic Science Laboratory of area of Jurisdiction for the concerned Hospital/

Institution for detection of suspected poison in **Forwarding letter for FSL-Poisoning (FORM- IX)**. The forwarding letter should give particulars of the patient & case, details of the samples with preservatives, if any, sample impression of the seal put on the bottle and the poison to be tested. All relevant findings related to the poisoning must be noted in the MLR. In cases where gastric lavage is not done, oral swabs/ vomitus/ secretions may be preserved for chemical examinations by the treating doctor/ emergency duty doctor. All collected samples must be preserved in appropriate containers with correct preservatives as per the guidelines issued by the Regional/State Forensic Science Laboratory (R/S FSL), sealed properly using the Hospital/ Department/ Ward seal by the doctor collecting the sample/ by the subordinate staff, under his/ her supervision and forwarded along with control sample of preservative while ensuring that the chain of custody must be maintained adequately at all times (already elaborated upon in Forwarding of Samples section).

5. **Drunkenness/ Alcoholic Intoxication-** The requisition must specify that whether the accused is arrested or not, with the date and time of arrest and medico-legal examination to be done in **Medico-Legal Report (Alcohol Report) Form – FORM X**. Consent must be sought prior to conducting examination, but if the accused is arrested, reasonable force may be used, in case of not giving consent; **but sample collection must be done only with the consent of the person/ attendant**. History specific to consumption of alcohol should be obtained. Smell of alcohol in breath; General appearance & behaviour; Clothing : Decently dressed/ Disordered/ Soiled/ Torn; General disposition : Calm/ Talkative/ Abusive/ Aggressive or violent; Face: Normal/ Flushed; Speech : Normal/ Thick and slurred/ incoherent; Conjunctiva : Normal/ Congested; Pupils : Normal/ Dilated/ Sluggishly reacting; Self-control : Normal/ Impaired; Memory : Normal / impaired; Orientation of time & space : Normal / impaired; Muscular co-ordination: Present/ Absent; Gait : Normal/ Unsteady/ Unable to stand upright, Any

other Stance : Swaying/ Not Swaying with feet together or eyes closed; Reaction time : Normal/ Delayed; Mental status & behaviour: Normal/Polite/violent/unconscious; Finger nose test : Positive/ Negative, Picking of pencil, Ability to write name/signatures, Buttoning/Unbuttoning shirt, Systemic examination findings : Pulse, B.P, Reflexes : Normal/ Exaggerated/ Sluggish; Romberg's sign : Positive/ Negative; Any other findings/ Injuries on the body; Special examination (Blood & Urine) : Preserved/ Not preserved; if needed or asked for in requisition. Injuries, if any must be documented in detail.

- **Opinion:** i) There is nothing on examination to suggest that the person has consumed alcohol. ii) The person examined has consumed alcohol, but is not under the influence of alcohol. iii) The person examined has consumed alcohol and is under the influence of alcohol. iv) The person examined has consumed alcohol and is under its intoxication.

1. Blood & Urine Samples must be preserved for qualitative & quantitative estimation of alcohol in **drunk driving cases** after obtaining consent; or in all cases where quantitation of blood alcohol levels is needed or type pf alcohol consumed needs to be opined upon. In such cases opinion may be reserved until receipt of FSL report, of not possible to conclude by clinical examination.
2. Site of collection of blood sample should not be cleaned with alcohol swab.
3. At least 10 ml blood drawn from peripheral vein with 100 mg Sodium Fluoride & 30 mg of Potassium Oxalate added as preservatives. In case, the preservatives are unavailable, plain sample of blood or sample of blood in EDTA may be preserved and sent to Forensic Science Laboratory, maintaining cold chain.
4. Preservative of choice for Urine sample is phenyl mercuric nitrate, but alternatively 50mg/10 ml sodium fluoride may be used or plain sample may be sent in cold chain. Tw urine sample at an interval of 30 minutes are preferable.
5. The collected samples should be handed over to concerned authority requesting for medico-legal examination, immediately or at the earliest

possible after collection, after being duly sealed and forwarded with requisite forwarding letters for FSL examination as per protocols given above in **Forwarding letter for FSL-Poisoning (FORM- IX)**.

NOTE: Such medical examination should only be done on police requisition/ requisition from investigating agencies, Judicial officers, Executive Magistrates & quasi-judicial agencies. However, Departmental heads not falling in above categories shall not be entitled to give requisition for such examination. Sample collection needs consent of the concerned person which should be documented on the MLR prior to collection of samples. In case of Informed refusal for giving samples, same should be documented. In case, the drunk person is not in a condition to give the consent, samples must be preserved & sealed timely to prevent loss of evidence however, they shall be forwarded for the requisite examination & handed over to the concerned only after obtaining the written consent for the same from the concerned person. In cases where an arrested accused is being examined on request of Investigation officer for evidences, the provisions of section 51 of BNSS, 2023 shall apply.

6. **Substance Abuse/ Intoxication/ Examination for being drugged-** The requisition must specify that whether the accused is arrested or not, with the date and time of arrest. Consent must be sought prior to conducting examination, but if the accused is arrested, reasonable force may be used; but sample collection must be done only with the consent of the person/ attendant. History specific to consumption of substance with details of substance used and mode of consumption must be obtained prior to the examination. General examination is done along with specific clinical examination to note relevant sign & symptoms, depending on history of substance abuse. Report is prepared in **Medico-Legal Report (Poisoning Report) Form- FORM-VIII.**
    - 10 ml Plain Blood (at least) & Urine Samples are preserved, sealed and sent for forensic chemical examination, specifically

mentioning history of abuse & drug of abuse, if known for reference.

- Other relevant samples may be preserved depending on history, like, nasal swabs, oral swabs, vomitus, secretions, swabs from hands (Anatomical Snuff Box) or any other required relevant sample, as per need. If such cases are admitted for treatment, needful samples must be preserved by the treating doctor, prior to initiation of treatment.
- Samples are forwarded to FSL in **Forwarding letter for FSL - Poisoning (FORM-IX).**

7. **Vitriolage/ Acid Attack/ Corrosive or Chemical Burn-** First aid is the foremost responsibility of the treating doctor. All treatment must be given free of cost. Relevant swab sample should be preserved from the affected sites for chemical examination for detection of the corrosive substance/ chemical used prior to management by **the treating doctor**. All relevant clinical findings must be recorded in MLR along with relevant general examination, to be prepared in **Medico-Legal Report (Injury Report) – Form III**. All relevant samples (swabs from affected areas along with control swabs) for detection of the corrosive substance should be collected prior to initiation of the treatment and this must be ensured by the treating doctor, if treatment is done prior to medico-legal examination. In no situation should treatment be denied for want of such medico-legal examination and sample collection (**sample collection to be ensured by the treating doctor**). Articles preserved, if any during medico-legal examination should be enumerated in the MLR and forwarding letters for needful examination must be duly filled **in triplicate** in the prescribed formats (**Forwarding Letter For FSL- Miscellaneous- FORM VI)** and handed over to the police person with the samples mentioning his/her name and Belt no./ Designation on the Forwarding letter along with the control sample of preservative and the marking of the sample of the seal used for sealing the samples preserved on

forwarding letter or on separate sheet/ on the forwarding letters, preferably, in sealed envelopes.

8. **Medico-legal Examination for Evidence Collection-** All evidences collected as part of Investigation/ Examination/ Surgical procedures shall be collected/recovered, preserved sealed and forwarded for further needful FSL or other examination by the concerned treating doctor with the seal of the concerned ward/ unit/ Hospital through the department of Forensic Medicine/ In-charge of the Hospital who shall maintain a record of receipt and further dispatch for such evidences separately as evidence/ sample register. The preservation of such evidences should be documented in the treatment record and the treating doctor who retrieves and preserves the evidence during any procedure should fill the forwarding letter for the said evidence as elaborated earlier. No such evidence shall be received in the above offices without being sealed from the treatment wards/ units/ doctors to ensure the chain of custody. In cases where evidences are required to be preserved during medico-legal examination, the same shall be preserved then and there by the doctor preparing the MLR. **In all cases of medico-legal examination requested by police only for evidence collection**, MLR should be prepared with suggested nomenclature in **Medico-Legal Report (Evidence Collection) – FORM XI** with effect to the mentioning of the samples preserved from the body as part of evidence as needed for the case or as requested by the Investigation Officer in writing and documenting the consent for the same. Such samples should be duly preserved, sealed, labelled and forwarded to the concerned laboratory with duly filled forwarding letter as per given guidelines (**Forwarding Letter for FSL- Miscellaneous- FORM VI OR Forwarding letter for FSL-Poisoning/Abuse- FORM- IX**, whichever is applicable). Samples for evidence collection which are not a part of the management plan/ intervention done by the treating doctor for in-patients should also be collected by concerned Forensic Medicine specialist/ Medical Jurist/ concerned Medical Officer related to MLR after duly performed medico-

legal examination as described above in ward. Such evidences may be requested by Investigation Officer of police at next higher centers too.

9. **Medico-legal examination of persons on Hunger Strike-** Medico-legal examination may be requested by the Investigation officers for persons on Hunger Strike to keep a watch on their health condition and also to rule out self-harm, if any. Such examinations should be done by physicians to examine the current health status and to rule out the detrimental effects of starvation. Monitoring of weight and mid arm and abdominal girth measurements, Blood sugar charting, Urine testing for the presence of ketone bodies and relevant investigations, if needed should be done on regular periods. In case of deterioration of health, force feeding or admission must be advised and arrangement should be done for same. This examination is done in **Medico-Legal Report (Hunger Strike) – FORM XII**. Such medico-legal examination should be conducted serially every 12 to 24 hours for continuous monitoring of the agitating person's condition till the hunger strike gets over/ is withdrawn.

VIII. Dispatch & Handing over of MLR:

1. The medico legal report should be handed over to the accompanying police personnel immediately after the examination or at the earliest as per existing guidelines, when victim is brought by Jurisdiction police for medico-legal examination after being dispatched from concerned office, mentioning the dispatch number with date of dispatch on the MLR & a receipt of same must be obtained in compliance to State Government Order No. चि. प्र. **/MLC/PM/Disability/2017/081** दि. 29.06.2017 (**Annexure-11**). The doctor issuing the medico-legal report will be held responsible if any complication arises for not handing over the report to the police timely after the examination has been conducted. E-signed reports can be downloaded on CCTNS by the request raising authority, which may avoid printed versions.

- For other cases, every MLR should be promptly dispatched after receipt of police requisition and immediately handed over to the police person bringing the requisition. If not possible, the MLR should be dispatched on the next

working day and sent in dak, through the peon book to the out-post of Police station in the Hospital premises/nearest Police out-post/nearest Police Station/ Police Station of jurisdiction, if available or to the concerned Police station by instructing the Station Head officer to depute a police person for collecting the same. This must be complied within 24 hours as per directions of State Govt. vide order no. चि. प्र. जनलेखा/2018/116–25 दि. 23.01.2018 (**Annexure-5**) or at the most within next three working days, in case of technical difficulty, if any with a note for the same at the time of dispatch in the requisite dispatch register. A record of dispatch of medico-legal reports must also be maintained separately in office record as per the directions given in the above said order. The medical officer issuing the medico-legal report will be held responsible if any complication arises for not handing over the report to the police timely after the examination has been conducted.

- In online reporting system, digital dispatch may be done, as per prevailing system or by devising a workable system as per rules.

2. The patient can be given a copy of his/her own MLR on his/her request after depositing the requisite fee as per the State Government Finance rules/ Rajasthan Medical Relief Society (RMRS) fee. Such copy must be given free of cost to the survivor of sexual assault. If requested, such copy should also be provided to the persons examined while under custody. Such copy can only be given to the injured person/ victim, and not to any other third party & NEVER to the accused in any of the cases.

IX. Other Guidelines:

1. If a MLC, recorded elsewhere (in other hospital) is referred, it should be treated as MLC and treatment should continue as a **MLC referred case**.
2. **It is not permissible to issue a second MLR** unless specific orders regarding re-examination are received. (As per rules specified for re-examination). Neither a new MLR should be prepared nor is it needed to inform the police. However, police intimation may be done if the duty doctor feels the need, in special circumstances. In cases, where surety of MLR preparation at the previous center is not available and medico-legal examination is deemed necessary for preservation of evidences/ to prevent

loss of findings like in cases of sexual assault, Gunshot wounds etc., then a MLR can be prepared in record with the note of CRS (Collect referral slip of non-preparation of MLR at the referring center) & DO NOT DISPATCH till then on the MLR, along with police intimation. Such MLRs should only be dispatched after obtaining a written request for same from the concerned police station supplemented with note of non-preparation of MLR from the concerned referring center along with the reason for the same. Preservation of medico-legal evidence is of paramount importance for the prosecution for implementation of justice and is the responsibility of all RMPs. It is suggested that Investigation Officers should promptly submit requisition for admitted patients, if medico-legal examination is needed in case MLR is not prepared at the first hospital so the medico-legal reports can be prepared.

3. If a case is brought several days after the incident, it should be reported and findings to be noted regarding the present condition of the patient and not on basis of past records/ photographs. All medico-legal examinations and reports shall be prepared noting the date & time of examination on MLR and the findings as visible on the said date & time should be noted as it is even if surgical intervention/ treatment has been given to the injured.
4. All treatment papers, investigation reports like X- rays, blood reports, microbiological, pathological reports etc. to be labelled as MLC & kept along with the other documents of the case and a record of the attested copy received from treating doctor should be maintained with the MLR for future Medico-Legal use (same may be required by court for the case).
5. When Medico-legal case is to be discharged from hospital, information should be sent by the treating doctor/ treating unit to the Forensic Medicine Department/ concerned Medical Officer who prepared MLR to make an entry in Medico-Legal register and to issue a written medico-legal clearance for discharge, only after all required medico-legal formalities mentioned in the MLR/ instruction on case files have been fulfilled.
6. Duplicate copy of MLR/ investigation forms/ forwarding must only be issued on receipt of written requisition for same from Station House Officer/ Concerned Higher Authority. **All such copies must have a note of- "DUPLICATE COPY" marked on the top of each Page.**

7. Any issue related to damage of sample/ seal/ container/ envelope/ parcel/ Label shall only be entertained on written requisition for needful by the District Superintendent of Police, of the area.
8. In case of loss of medico-legal documents from the treatment files/ wards/units, the concerned treating doctor/Unit Head should report it and should move an application duly forwarded by the Head of the Department to the concerned Department/ Medical Jurist requesting the issue of DUPLICATE COPIES, which should be issued only after ensuring the given information after due permission from the Head of the Department/ Hospital. **All such copies must have a note of- "DUPLICATE COPY" marked on the top of each page along with reason for its re-issue with Name & Designation of the concerned doctor/ personnel requesting such copy.**
9. Investigations advised, desired Expert Opinion and forwarding letters for the materials preserved to be linked with primary MLR/ PMR and basic details to be fetched from the Primary MLR/PMR.
10. Investigations to be forwarded with MLR/PMR in prescribed formats to the concerned Labs through software work flow and reports to be visible to concerned Doctor preparing MLR with Digital signature of concerned doctor who has reported. However, all Medical Lab reports must contain specific opinion and conclusion and should be handed over to concerned IO after completion with all relevant examination reports, films, etc. with physical signatures (not digital) about the conclusion of the test as conducted; in compliance to the orders of Hon'ble High Court of judicature for Rajasthan at Jodhpur in S. B. Criminal Miscellaneous Bail Application No. 173/2025 dated 17.11.2025.

TOPIC 4: PROTOCOL FOR POST MORTEM EXAMINATIONS IN VARIED ETIOLOGIES & HANDLING OF DEAD BODIES

Authorization for Medico-legal Post-Mortem Examination (PME)- An Institution/ Hospital can get authorization for conducting medico-legal autopsy by orders of the State Government as per rules, specifically issued for the concerned Hospital. All such hospitals must have adequate post-mortem facilities as mortuary requirements, equipment, cold storage for dead bodies, adequate doctors, mortuary technicians & attendants, helpers, cleaners etc., as per workload to ensure adequate and prompt autopsy services. As per NMC norms, every Medical College shall obtain appropriate permission from the state/ UT government for the conduct of autopsy/ post mortem or an appropriate MOU to facilitate the training of undergraduate students. Head of the Institution/ Department/ Hospital shall ensure adequate facilities to the concerned doctors for conducting post-mortem examination. Autopsy services shall be undertaken as per the area of Jurisdiction of the concerned hospital but this shall not apply to MLC deaths occurring in the Emergencies and In-patient Departments, for which the dead body shall be released to concerned Investigation Officers of Police after completing all due medico-legal formalities as per the requisition.

- Officers authorized to conduct post-mortem examination as elaborated in State Govt. order no. प. 16 (28) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 **(Annexure-2)**:

a. Junior/Senior Specialists and Senior Medical Officers/ Medical Officers of the State
b. Faculty/doctors of Government Medical Colleges, RUHS Medical College & RAJMES Medical Colleges
c. Any other doctor specifically authorized by the Government in this regard.

I. Objectives of Post-Mortem Examination (PME) (As per Standard Textbooks):

To determine the:

1. Cause of death
2. Time since death
3. Injuries on body & their probable duration
4. To help the police in establishing the identity of the deceased

5. To preserve necessary evidences from the dead body for further needful
6. For photography &/or videography of the dead body, where applicable
7. Any other query by the investigating officer

Consent/Permission from relatives for autopsy/ Post-mortem Examination is **NOT required** for conducting a medico legal post-mortem examination.

II. **Authority to conduct a medico-legal post mortem:** A medico-legal post mortem (forensic autopsy) can be conducted only after a written request has been made by the police or magistrate. A medico-legal post mortem examination can be conducted only by a doctor who has been authorized to do so as mentioned in State Govt. order no. प. 16 (28) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 (**Annexure-2**), All Medical officers/ Medical Jurists/ doctors working with State Government are authorized for conducting post-mortem examination. In compliance to State Govt. Circular No. चि. प्र./परिपत्र–पोस्टमार्टम/2017/460–544 दि. 07.07.2017 (**Annexure-18**), an authorized private institution cannot deny post-mortem examination, in case a dead body is brought for same which shall be against the rules as per the conditions of the Memorandum of Understanding (MoU) and invite unnecessary disciplinary actions. If doctor is not available at the concerned Private Hospital and the Government doctor from the attached Hospital is unable to attend the call owing to excess of work, it shall be the responsibility if the private Hospital in MoU with the Government, to request the concerned CMHO to order another doctor from a nearby Government hospital to conduct such post-mortem examination; but in no situation should such Post-Mortem Examination be denied by the authorized private hospitals. Post-mortem examination should be done in daylight as per the provisions of Government order No. प. 16 (20)एम.ई./ग्रुप–1/2004 दि. 08.06.2005 (**Annexure-2**), However, once the post-mortem examination is commenced, **it shall be completed in a single sitting**. It may however, be noted that **NO** medico-legal Post-Mortem examination is permitted to be conducted after sunset, unless there is serious threat to the law & order machinery; which can be done after arranging adequate artificial light, which is as good as daylight; only if a written request to that effect is received from the District Magistrate, and preferably videography of such post-mortem examination may be facilitated for record.

III. Important Guidelines for conducting the PME:

1. Written request/ requisition (in original) along with copy of the inquest report from competent authority like police or magistrate:- The Inquest Report (Fard Panchayatnama) includes personal details of the deceased; brief details of the incident pertaining to place, date & time of incident; details of the persons providing details of the incident ((Rubaru Gavahan Panchan); details of identification process of the deceased with person/s identifying the deceased (Shinakht Laash); condition of dead body in detail (Muayana Laash); opinion regarding cause of death as furnished by the persons giving information (Rai Panchan) & opinion of the Investigation Officer regarding the cause of death of the deceased according to the information & available details with findings, as to whether deceased appears to have died due to- (A) Sudden death from natural causes, (B) Unnatural death by violence and (C) Unnatural death by poisoning… etc. (Rai I.O.)**. If treatment papers are requested by the concerned doctor/s conducting the post-mortem examination, attested copies of same must be arranged by the Investigation Officer prior to the start of post-mortem examination along with the inquest papers & requisition.**
2. **No** Post-mortem examination should be conducted prior to the receipt of the requisite official papers for the case as per need and the doctor/s conducting the post mortem examination must also obtain the original inquest papers along with the copy of same with the requisition. The original papers must be returned back to I.O. Police on completion of medico-legal formalities after marking the initials with designation & Hospital seal on all papers marking their numbers; and a note regarding same shall also be made on the PMR.
3. Post-mortem examination (PME) is permitted from **sunrise to sunset on all days of the week**, however once the Post-Mortem Examination is commenced, it shall be completed in a single sitting. (as per the provisions of Government order No. प. 16 (20) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 (**Annexure-2**). Inquest papers & police requisition should preferably be submitted 35-45 minutes prior to sunset time. PME should be carried out as early as possible in adequate light. Explicit District Collector's/ District Magistrate's Order in Law & Order situations, received through proper administrative channel with written request

"to conduct post-mortem examination after sunset" shall be the exception to receive requests for post-mortem examination out of Government stipulated hours i.e. after sunset or at night. In case of such order by Hon'ble Court, it should be obliged as soon as possible according to the case/ order. In such cases, post-mortem must be conducted in high quality artificial light equivalent to daylight, as per the above State Government order.

4. A receipt should be issued to the police official indicating the date and exact time of bringing the body in the mortuary. Prior to receipt of the police papers, it should be ensured that a tag indicating the name of police post with FIR/DDR/Application/GD number along with other available details, has been put on the dead body brought by the police for purposes of identification and a completely filled request form has been submitted along with the inquest papers by the police officials. For Hospital deaths such Identity labels & tags shall be ensured by the Doctor/Unit/ Ward/ Department from where the dead body was shifted to the mortuary & must be ensured by duty staff before shifting to the cold storage.
5. Always avoid delay in performing PME. The Post-Mortem Report (PMR) i.e. PME report shall be prepared at the earliest in prescribed format as per existing Government rules.
6. **Jurisdiction:** Brought dead bodies to the mortuary by police are kept in Cold storage of that hospital. Except in places where there is jurisdiction for Medical Institutions, brought dead bodies of that particular jurisdiction are kept in respective cold storage, except when unavailable. This jurisdiction is applicable for brought dead situations alone, but not for persons seeking medical attention. Medical treatment in IPD (death of admitted patients) and A.R. entry (death of patients received in Hospital Emergencies) has to be done in any institution a person seeks treatment; and so, post-mortem examination of that particular mortality is also carried in mortuary of the same hospital, if autopsy services are available. If not, then post-mortem is conducted at the Jurisdiction Government Hospital allotted to the area Police Station of the hospital where death occurred. Jurisdiction for each Medical College/ Hospital in Rajasthan shall be adhered to. It does not apply for admitted persons dying in an institution. If it is extraordinary situation / law and order problem in a particular

case, then any Government Medical College can receive requisition for PM by concerned police station, as per the need and situation.

7. For unclaimed / unknown bodies after due enquiry by the Police, body can be handed over to the Corporation / Municipality for disposal through Police after post-mortem examination. If autopsy is not required, same can be diverted after 7-10 days, as per discretion of the Investigation officer, as per the provisions of **Section 4 & 5 of THE RAJASTHAN ANATOMY ACT, 1986 [Act No. 12 of 1986]** if applicable, to Medical Colleges (included under the act by Government order) for academic dissection by students; where No Objection Certificate (N.O.C.) from Investigating Officer and Cause of death forms duly signed by last attended Medical Officer are needed. As per Circular of Office of A.D.G. (Crime Branch), Rajasthan vide no. **CID/CB/PRC/परिपत्र/2021/19703-73 dated 27.09.2021** issued in compliance to **orders of Hon'ble High Court, Rajasthan, Jodhpur in D.B. Habeas Corpus Petition No. 212/2020** (**Annexure-19**), unknown/ unclaimed dead bodies must be preserved for at least 72 hours to facilitate search of relatives and get adequate chance to establish identity.
8. Samples must be preserved for DNA profiling prior to disposal of all unidentified dead bodies as per the directions in the above orders issued in compliance to the **order of Hon'ble Rajasthan High Court, Jodhpur Bench in D. B. Habeas Corpus Petition No. 212/2020 [Urmila Devi Vs State];** with the direction that, "in all cases of recovery of unidentified dead bodies, the police officials concerned, be it local police or the railway police, immediate efforts shall be made to contact the nearest Medical College/CMHO/ Medical Jurist for the purpose of collecting viscera samples from such bodies, so that the same can be preserved for DNA comparison/ analysis as and when required".
9. **Autopsy Register/ Post mortem register/ Mortuary register/ Death or Dead Body Register** must be maintained for every mortuary having serial entries of dead bodies received and the autopsies conducted, which is department property and shall be maintained in the Forensic Medicine Dept./ in office of In-charge of the Center/ Hospital. Number of cases done daily is to be totalled and tallied with the number of remaining dead bodies and register closed daily.
10. Dead bodies kept in mortuary/ cold storage shall be handed over to the police but not to relatives after completing medico-legal formalities & proper

identification by the concerned police person along with the relatives/ attendants of the deceased after obtaining a written receipt for the same from both parties. Dead body shall have body challan - details of the body (viz. Name, Age & Sex, Ward, illness, Hospital ID, Admission No. etc.) &/or tag numbers to be tagged in exposed parts of body.

11. The identity of the dead body must be confirmed by the relatives/police before the start of the PME; preferably take signature/ thumb impression of at least two relatives/police in case of known bodies, and of police officials in case the body is unknown. Identification marks in case of unknown bodies must be noted. Police should be advised to take photographs of the unknown deceased.
12. Medical Officer(s) conducting autopsy should satisfy themselves of the dignity, privacy & secrecy of dead body and its findings.
13. Medical officer/ Forensic Medicine Expert should always try to study all available the facts of the case, prior to PME from inquest report, hospital record, if any condition of the deceased before death, for taking universal precautions in all cases & special precaution for self as well as staff of the mortuary in case of high risk infectious diseases etc. In hospital death, the bed head ticket/summary of the death must be perused to know his clinical condition, treatment and terminal events prior to PM Examination (PME).
14. Universal or standard precautions must be ensured in **ALL** post-mortem examinations to minimise spread of infections and the risk to Mortuary personnel. Special precautions should be followed as per protocols, if needed. The compliance of existing latest guidelines of Bio-medical Waste Management Guidelines (currently those issued in the year 2016) must be ensured for bio-medical waste management in mortuary premises.
15. Any unauthorized person must not be allowed in the mortuary while PME is going on. Medical Officer(s) conducting autopsy, required departmental technicians, mortuary attendants for assisting the case, other staff at the mortuary, body in charge constable and Investigating Officer of the case are only authorised during the conduct of autopsy. Other Medical Officers/para medical workers/Police/ lawyers/ common public are **NOT** to be allowed while autopsy is conducted to maintain confidentiality of the case. Medical Officer/ doctors of other Departments, Institutions or any other person can be allowed

to be present during autopsy only with explicit order from the Government/Court received through Head of Institution and No objection from Investigating Officer.

16. **Medical teaching of students/ demonstration can be done during autopsy.**
17. Medical Officer/ Forensic Medicine Expert should not borrow the version of the relatives or the police while giving opinion, which must be based objectively on the scientific evidence and observations available.
18. The Post-mortem Report (PMR) should be prepared in the prescribed format **Medico-Legal Report - Post Mortem Examination Report – FORM XIII** simultaneously and at the earliest and original copy should be handed over to the concerned police person/s immediately. The PM report and other articles should be handed over only to an authorized police official i.e. to the Investigating Officer of the case or any other official duly authorized by him. Post mortem examination reports are to made ready in computer typed (preferably - as per **Annexure 7 & 8**) or in any format, as per the prevailing Government instructions on the same day itself or at the earliest as per State Government order no. चि. प्र. **/MLC/PM/Disability/2017/081** दि. 29.06.2017 (**Annexure-11**).
19. Do not supply copy of the Medico-Legal Report (MLR/PMR) to individuals other than the Investigation Officer of the case or legal heirs/ immediate family, if permissible.
20. If the request is made for embalming after autopsy, body can be referred to the nearest Anatomy Department of a Medical College for the same. Professional fees if any, as directed by the Government can be realised through the College office/ District Treasury with proper receipt. In Hospitals where Embalming services are supplied by the Forensic Medicine Department or in situations of worsening law & order / undue delay, the dead body can be embalmed in the same mortuary hall after autopsy but on a separate table with the help of Anatomy or Forensic Medicine Expert or trained personnel.
21. **Post Mortem Examination by Medical Board-** Medical Board of Doctors should be constituted for conducting Post-Mortem Examination only on written requests by the Superintendent of Police/ District Magistrate or Judicial Magistrate, as per provisions of law & existing regulations in compliance to Government order No. प. 16 (20) एम.ई./ग्रुप–1/2004 दि. 08.06.2005 (**Annexure-**

2). Board of Doctors may be constituted by CMHO/ Medical Superintendent/ PMO/ Head of Department of Forensic Medicine on the receipt of specific written request from the concerned authority entitled for same. Such Medical Board should be constituted only after receipt of requisition for same from competent authority **along with the inquest papers (Fard Panchayatnama)** which is prepared by the Investigation Officer, as no post mortem examination can be initiated without the receipt of proper & complete inquest papers.

22. **Post Mortem Examination at Scene of Crime-** Medical Officer/ Forensic Medicine expert may be requested to conduct post-mortem examination at the scene of crime only in situations involving law & order or extremely putrefied dead bodies in which transportation may cause loss of evidence or in dead bodies found at inaccessible areas from where transportation of dead body is not possible or impractical or very difficult. For such cases a written request for same must be furnished by the Investigation Officer to the Head of the Institution/ Hospital, while also giving the information of the same to the Superintendent of Police/ Executive or Judicial Magistrate, who shall depute the requisite doctors & staff for needful at the earliest in compliance to **point 2 of Rule No. 6.35 of The Rajasthan Police Rules, 1965**, which states that "the summoning of such officers to conduct examination at or near the scene of the death shall not be resorted to save in exceptional case, where, owing to advanced putrefaction or the circumstances in which the corpse was found, movement of the corpse may make it impossible for the medical officer to form a correct opinion as to the nature of injuries or the exact cause of death. In such cases if the Investigating Officer considers expert post-mortem examination essential in the interests of justice he shall request the qualified medical officer to proceed to the spot for examination."
23. However, in routine, all post mortem examinations must be conducted in mortuary or closed premises, and, never in open as per directions vide State Government Order No. चि.प्र/पोस्टमार्टम/2017/79 दि. 21.06.2017 (**Annexure-20**).
24. **Visit to scene of Crime:** Medical Officer can visit the scene of crime, if the autopsy is obscure or necessitates scene of crime visit. The doctor can ask the Investigating Officer to make necessary arrangements for the visit to the scene of crime/to furnish photographs and relevant documents and other details if

required for the post mortem. On such scene of crime visits and also in Exhumation cases, the Certificates of Post-Mortem examination shall have proper mention of the persons visiting, time of start, duration of visit, details of the scene, dimensions & position of body/ burial in relation to a stationary object/ landmark, pattern of stains, if any. If need is felt, Investigation Officer can request the doctor to visit the scene of crime for which cases a written request for same must be furnished by the Investigation officer to the Head of the Institution/ Hospital, who shall depute the concerned Doctor who had conducted the said Post-Mortem Examination for needful at the earliest.

25. **Second Autopsy-** If a Second Autopsy is ordered by Hon'ble Court or District/ Senior most Executive Magistrate of the area on a body that is kept in Cold storage or on a body to be exhumed and autopsied, team of doctors nominated by Head of Department of Forensic Medicine / Head of Institution is to be formed or team is to be formed as per the Hon'ble Court's direction. The team/ Medical Board constituted for such second autopsy **MUST** include a Forensic Medicine Expert, and, if not available at that center, may be incorporated from another nearby center, subject to availability, by directions of concerned CMHO. Autopsy is to be conducted as per the suggested guidelines. Certificates/ Reports are to be prepared according to the type of inquest held and an 'Action Taken Report' / 'Second Post Mortem Examination Report' is to be sent to Court as per the directions.
26. **Post-mortem allowance** is payable to doctor conducting Post-mortem & mortuary attendant assisting the post mortem vide State Govt. order No. प.25(1) चि.स्वा./2/2017 दि. 06.12.2017 (**Annexure-21**) एवं प 16(47)एमई/ग्रुप–1/2017 पार्ट–**II** दि. 22.12.2017 (**Annexure-22**). In cases of post mortem examination by medical board, Forensic Medicine Expert, if available should be considered chairperson for such Medical Board PMEs, otherwise senior most doctor shall be the Chairperson.

IV. Referral of body for post-mortem: There should be no unwanted referral of routine post-mortem cases like poisoning, accidents, gunshot, etc. Only cases of Exhumation, Examination of Mutilated or Skeletal remains, Custodial Deaths (PME not to be done below the level of District Hospital), Cases of medical Negligence

related deaths; requiring Forensic Medicine or other Subject Expertise, may be referred with due concurrence and countersign of the respective PMO or SMO (under information to the CMHO), on the referral request from the concerned Medical Officer, after information and coordination with the in-charge of the higher center or hospital/center to which the referral is being done. The Districts of the state which have Forensic Medicine Expert posted, should not refer a post-mortem case to the Medical Colleges. Referral of post-mortem case can only be done to the Medical College under whose referral jurisdiction the District falls in, explaining the reasons and grounds for referral, with legible names, designation and signature of the referring Medical Officers with countersign by the PMO. Putrefaction and DNA sampling should not be a ground for referral. All referrals must be done after prior intimation to the District Superintendent of Police/ Corresponding concerned Officer. All Govt. Institutions/ Hospitals/ Centers where Doctors are posted must not refer MLCs or Post-mortem examinations to other centers vide State Governmentt order No. प. 15 (25) चिस्वा/2/95–पार्ट दि. 27.11.2006 (**Annexure-4**) एवं चि.प्र./एमएलसी/2023/01 दि. 06.01.2023 (**Annexure-23**).

Note:

- Referral of Post-mortem examination only allowed in certain above mentioned situations as per the provisions of Law through proper channel.
- Referral request, if approved may be transferred to the concerned Hospital/ Institution/ Center through online software, as per available CCTNS provisions.

V. **Exemption for Post-mortem:** The decision to exempt post-mortem is **NOT** to be taken by the doctor. The Investigating Officer of the case is empowered by law with the discretion to dispense without a surgical (post mortem) examination of the body, if he is fully satisfied that the cause of death is established beyond doubt. A copy of such written authorization should be retained in the hospital and necessary entry made in the mortuary (dead body) register. In cases of hospital deaths, a medico-legal certificate of cause of death can be issued on basis of the treatment file and International Death Certificate (IDC)/ Medical Certification of Cause of Death (MCCD) without examination of dead body, or after external/ Partial/ Minimal examination, if requested by the Investigation Officer. **As per amended in Rule**

No. 6.35 of Rajasthan Police Rules 1965, provided that in case of road and rail accident, if the Investigation Officer has no doubt about the cause of the death, it shall not be necessary for him to send dead body for post-mortem; and thus, post-mortem examination can be exempted in such cases after this amendment for which Notification was published in Rajasthan gazette on 25.09.2004 **(Annexure-24)** vide order no. **F 19(8)11-10/2004 dated 25.09.2004 of the Department of Home (Group-10), Government of Rajasthan (Annexure-25)** which was implemented by the order No. सीआईडी/सीबी/पीआरसी/(10)/04/10214–62 दि. 20.11.2004 (**Annexure-26**) of the office of Additional Director General, CID (Crime), Rajasthan Police, Jaipur; and notified vide State Government order No. प. 9 (13)/गृह–5/2004 दि. 13.04.2005 which (**Annexure-27**). **In such cases, a report of "release of dead body without post-mortem examination as desired by IO Police, and the cause of death as already given on treatment papers to be considered as the final cause of death for all purpose" should be generated by exempt of PME.**

VI. **Video recording of Post-mortem Cases**: Videography of Post Mortem Examination may be done by the Police Department wherever they require, after submitting a written request and due permission from the concerned doctor conducting the medico-legal autopsy. All arrangement for photography & videography shall be the responsibility of the police department. Apart from cases of Custodial deaths (where the photography & videography is done by orders of and under supervision of Judicial Magistrate or the concerned Investigation officer), the doctor conducting post-mortem examination may supervise the photography and videography during post-mortem examination. Equipment and manpower required for videography shall be arranged by the Police Department. The Video recording, (hard as well as soft copy) would be retained with the police department/ concerned Investigation Officer.

VII. **Supplying copy of MLR/PMR to individuals other than police officer investigating the case:** A medico legal report or post mortem report given by an expert is confidential and not a public document. Copy of the PMR/MLR may,

however, be given to authorized person only for purpose of Claim/ Compensation matters, subject to fulfilment of the following conditions:

a. Applicant shall submit a written application addressed to the concerned Medical Superintendent / Medical Officer/ Head of Department of Forensic Medicine/ Medical Jurist clearly stating his/her relationship with the patient/deceased person along with the copy of ID proofs of deceased and applicant;
b. Applicant shall pay the fee prescribed by the State Government/ RMRS and enclose the receipt for the same along with the application.
c. For all rest cases, alternatively, the applicant shall produce No Objection Certificate from the Investigation Officer or submit order of the Hon'ble Court directing the Medical Officer concerned to provide him/her attested copy of the PMR/MLR.

- **Requests by third party for copy of PMR/MLR under the RTI Act are not maintainable as per provisions of Section 8 (e) of RTI Act.**

VIII. Handling of Dead Bodies: this must be done in accordance of the advisory of National Human Rights commission regarding Dignity and protecting the rights of the dead vide F. No. R-18/18/2020-PRP&P (RU-1) dated 14.5.2021 (**Annexure-28**). A dead body should always be handled with dignity also ensuring privacy of the dead. While shifting from the ward/emergency/Hospital premises, all medical intervention devices should be removed and bleeding points if any, to be secured, after which the dead body should be packed/ covered and labelled prior to shifting to mortuary.

IX. Procedure for PME (Suggested procedure): The post-mortem examination must include Examination of Belongings/ Clothes; External examination of the dead body & Internal examination through Dissection using appropriate Post-mortem Incision & Evisceration Techniques as per the need of the case.

1) **Belongings** – Always compare with the inquest papers. The clothes should be examined for any evidence of injuries, struggle marks and stains; Stains-blood, semen, mud, sand, faecal, foreign bodies, injuries and other abnormalities. Clothes may be preserved for FSL examination, if indicated.

2) **External Examination**- Must be done carefully to note post-mortem changes- Hypostasis – its extent, position and state of fixation; Rigor mortis - its state and distribution; Post mortem staining - Colour change over the body parts; State of decomposition like; Greenish discoloration of right iliac fossa/entire abdomen and chest and other body parts, Distension of abdomen, Marbling of skin – area, Protrusion of tongue and eyeballs, Blood tinged froth at mouth and nostrils, Blister and peeling of cuticle, Bloating of face, neck, breast, penis/scrotum/vulva, Regurgitation of stomach contents, Prolapse of rectum and faecal matter, Prolapse of uterus and expulsion of foetus "if any" Degloving, Loosening of hair/nails Maggots, Colliquative putrefaction, Skeletonisation etc.; to opine about the approximate **time since death** and to record all relevant findings on the dead body; Measure Height, weight of the body and condition of the pupils; State of natural orifices – for discharge, stains, foreign bodies, injuries and other abnormalities.
3) **External injuries** – Examine from head to heel/toe, first front and then back aspect of the body, in a systematic way so as to see all the parts of the body. Details of the injuries in respect of type, size, location/situation, direction, edges, ends, colour changes/ healing process, surrounding area, foreign bodies, etc. be described/noted down in the PME. Measurements and position and location of each and every type of injury be recorded and described in details; Presence of foreign bodies on the dead body be noted down and preserved for analysis; Colour changes (stage of healing process) in and around the injuries be recorded. Also depict the seat of the injuries on the pictorial diagrams. The photographs of the injuries/parts may be taken with scale/measuring tape kept alongside. Evidence of sexual assault in female dead bodies, if relevant–vulva and vagina be examined for presence of injury, semen, foreign bodies; hymen to be examined for recent old tears; vaginal swab be collected for FSL examination (separate guidelines issued for examination of sexual assault survivors must be consulted for same).
4) **Internal Examination**- Examination of the dead body should be thorough and complete. All the body cavities and the organs should be carefully

examined even though the apparent cause of death has been found in one of them. Extensive mutilation may be avoidable.

i. **Head and neck:** The scalp should be reflected by marking incision from mastoid to mastoid on the top of the head and look for any extravasations of blood in it. Skull be examined for fractures. After removal of vault, the Dura matter be examined for tears, the Extra-Dural haematoma, if present be measured and described in details; After removing the Dura matter, subdural and subarachnoid spaces be examined for the presence of blood/pus/granulations etc. Brain be then removed and its signs of increased intracranial tension like flattening of gyri. Obliteration of sulci, herniation of tonsillar parts and tentorial grooving, the substance of brain be examined for softening, injury hematoma or any pathological condition like cyst, infection, etc. Lips are everted and examined for injuries; Mouth and pharynx are examined for injuries and presence of foreign bodies. Neck structures including hyoid bone, thyroid cartilage and tracheal rings are dissected and searched for evidence of extravasations of blood and fractures; The type of fractures of hyoid bone i.e. inward/outward compression fracture is noted down.

ii. **Dissection of the trunk cavities:** The body should be opened usually by one straight “I” shaped incision from chin to pubic symphysis along the midline sparing umbilicus on either side, except in cases where other post-mortem incisions may be preferable. While reflecting the skin and muscles of chest wall and abdomen look for any deep bruise or other injury.

   a. **Thorax:** while exposing the chest wall look for any injury under the skin in tissues and fractures of ribs/sternum etc. any fluid/blood present in the cavity be measured and described its condition; Air passages – examine for the presence of soot, sand, mud, weed, froth and foreign bodies etc.; Lungs- weight, note consistency, congestion, oedema, injuries, natural disease; Heart- pericardium and its contents are examined, note the condition of the walls, chambers and valves,

coronaries-see patency/occlusion of lumen preferably its % age should be described. The entire heart be preserved after dissecting it in formalin when cardiac pathology is suspected and see the condition of the aorta and its branches; Oesophagus is opened and examined for presence of varices, corrosion and other abnormalities.

b. **Abdomen:** The abdominal cavity should be opened first before the chest cavity. Look for any adhesion, congestion, inflammation of peritoneum or any exudation of fluid pus or fluid in the abdomen pelvic cavities or any perforation or damage of any organ. Normally the peritoneal cavity does not contain any fluid. But, if present, peritoneal cavity and its contents like blood, fluid be measured and noted down. Liver, spleen, kidneys, pancreas, adrenals and intestines may be dissected out and examined for evidence of natural disease, violence or poisoning; Stomach - remove it after tying both ends and dissect in a clean tray, the contents be examined and described as to the nature, degree of digestion, smell, foreign particles, and colour and quantity and condition of stomach wall; may be preserved with the contents for FSL examination. Similarly, the small intestine and large intestines be examined, piece may be preserved with contents for FSL.

c. **Pelvis:** Urinary bladder be opened and urine if present, be measured as to its quantity, Colour, smell etc. should also be noted down, and may be preserved for FSL exam., if relevant. In females, evidence of pregnancy/recent delivery if any be looked for and described in details; In males, Testicles be dissected and exposed to look for injuries and disease.

d. **Skeletal system:** All the bones/skeletal system be examined for the presence of any fracture or evidence of violence and note down the stages of its repair;

e. **Miscellaneous:** Spinal cord be dissected and examined for evidence of injury and disease in suspected cases only;

Viscera/blood/urine be preserved in case of suspected poisoning and if the body was decomposed particularly when the cause of death is not certain.

5) A meticulous external as well as internal examination must be carried out in each and every case; No organ should be left unexamined; All Important ante-mortem clinical findings must be noted in the post-mortem report, wherever available. If there is any significant finding which may have occurred after the death/ Post-mortem Artefacts should also be noted down. All such findings must be labelled as **ANTE-MORTEM or POST-MORTEM** in nature.
6) The findings observed during Post-Mortem Examination shall be recorded in the prescribed Performa/report preferably then and there. Rough notes, if any shall be destroyed after preparation of Post mortem report.
7) Sample of blood (FTA/EDTA/Dried stain), molar teeth, plucked hair with roots, bones and deep red skeletal muscle may be collected in case of unidentified, decomposed/putrefied dead bodies; unidentified Foetus and Foetal remains for identification by DNA. Samples for DNA examination to be preserved in accordance with the guidelines endorsed with **letter no. 3529-3605 dated 05.05.2011 of State FSL, Jaipur** (**Annexure-29**).
8) Samples of **Blood (Plain/ in Sodium Fluoride or EDTA for alcohol estimation/ under Paraffin for asphyxiant gases**) & **Viscera (Stomach as a whole & Piece of Small Intestine with their contents in one Jar; and, Pieces of Liver, Spleen, Both Kidneys in another Jar)** should be preserved with **saturated Solution as preservative in routine/ Rectified spirit as preservative in cases of Corrosive ingestion,** for Chemical analysis in cases with suspected/ evident poisoning/ Intoxication; or, when the cause of death is suspected/ uncertain, or when requested by police. Special samples like **Both lungs or nasal swabs, if relevant in asphyxiant gases or anaesthetic agents (under paraffin or in nylon bags)/ Spinal Cord in Strychnine poisoning/ Brain in Cyanide poisoning cases** or any other relevant sample for that particular case should be preserved, as per History/ Available information or treatment records or as suspected. Samples of skin with subcutaneous tissues can be

preserved in Saturated solution of common salt in separate bottle in cases of snake/insect bite from the suspected/ alleged site of bite and from the prick mark of injected site in suspected cases of injection of poisonous substance/ overdose of injectable drugs, along with contralateral skin site sample as control. Samples to be preserved as per guidelines and forwarded in triplicate in **FSL forwarding letter - FORM X.**

9) When natural death is suspected to be the cause of death or in cases where pathological changes are needed for framing final opinion or to rule out existing diseases; relevant organs (**Parts of Both sides Brain with meninges, pieces of Both Lungs, Liver, Spleen, Both Kidneys & Heart as a whole or any other organ relevant to that particular case**) need to be preserved **in 10% formalin solution for histopathological examination**; and the same may be forwarded to Professor & Head of Department of Pathology of the concerned Medical College in **Histopathology Requisition Form – FORM XV**. Such samples may also be forwarded in injury or poisoning cases, where histopathological changes in organs, skin etc., may prove useful in corroborating the post-mortem findings and/or toxicological analysis reports, as per need of case. Similar samples may also be preserved for biochemical evaluations for pathologies, or time since death; for microbiological tests to screen infectious agents, for other pathological or haematological tests that may help in revealing any underlying pathology or injury, poisoning, medical negligence deaths like mismatched blood transfusion death, etc., and the same may be forwarded to Professor & Head of the concerned Department/ official of concerned Laboratory of the concerned Medical College/Hospital/Center in **Laboratory Requisition Form – FORM XVI**.

10) Other relevant samples may be preserved like Finger Prints / Finger Tips, nail scrapings & clippings, samples related to sexual assault, DNA profiling, foreign bodies, ballistic examinations, cross matching etc. may be taken by the Medical Officer/ doctor conducting PME on request of the Police or self-discretion depending on the need of particular case, if relevant. Best possible effort should be done to preserved all relevant samples for the corroboration of crime and crime scene from the dead body. Any other test

as required may also be requested as per the directions given in **Investigator's Forensic Guide issued by State Forensic Science Laboratory, Jaipur** (**Annexure-30**).

11) Belongings and viscera should be preserved, whenever required. Appropriate relevant samples must be carefully labelled, packed and sealed using the concerned Department/ Hospital seal for onward transmission to Chemical Examiner/FSL/ Pathologists or other concerned experts.

12) All samples **MUST** be preserved in strong/ good quality Glass Jars/ bottles with screw cap type of metal lid. About a third of the bottle/jar be kept empty to prevent leakage/spillage. Careful capping of the jars must be ensured.

13) The seal used should be a specific seal of the concerned hospital and should be the same throughout. An impression of the seal should be stamped on the post-mortem report and/ or forwarding letters. Safe custody of the seal must be ensured in the Department/ Hospitals/ Institutions.

14) Forwarding letters to the Chemical Examiner/FSL/ HPE Lab must be prepared by the doctor with the post-mortem report in **triplicate** after preserving, sealing and packing of the samples under his/her own supervision. One copy of the same must be kept in office record with the post-mortem report. Request forms to Forensic Science Laboratory/ Pathology/any other laboratory shall have sample of wax impression seal and rubber seal of the Medical Officer forwarding it through the constable specified by Investigating Police Officer, with his/her name mentioned in it.

15) Sample of preservative (saturated solution of common salt or any other) must be sent along with the samples with specific mention of same on forwarding letters and post-mortem reports.

16) Medical Officers/Medical Jurists should refer to standard text books to understand the procedures of conducting PME. Medical officers may seek guidance of Forensic Medicine specialists regarding PME/MLE and honourable court evidences.

17) Each page of the Post mortem report should bear PMR No./Date/Initials of the Medical Officer/ doctor with Page numbers. Seal of designation and hospital details must be put beneath all signatures. One copy to be retained

by Medical Officer as office copy for departmental medico-legal record and the original copy to the given to the Investigation Officer.

18) Post-mortem report should be completed and dispatched to concerned police station as early as possible and within stipulated time period as per Government orders issued from time to time & latest Government directions.

19) **Opinion** – Final opinion regarding cause of death should be furnished, along with any other relevant opinion regarding injuries or any other fact, as per need of the case. Whenever viscera are preserved for chemical or histopathological (CE/HPE) or other examination, the cause of death may be reserved and the final opinion regarding cause of death should be furnished on receipt of the Chemical Analysis report and/or Histopathological report or other report. However, if the cause of death is apparent/clear then the cause of death should not be kept pending just for the want of any report. Opinion must be based on scientific facts and should be specific as regards to the findings mentioned and not vaguely framed. Final opinion to be furnished after the receipt of the desired investigations on the **SUBSEQUENT FINAL OPINION FORM – FORM VI.** In cases where the doctor who prepares the PMR is transferred to another center the reports prepared at the previous place of posting to be submitted to the concerned doctor with desired lab reports for Final/ Subsequent opinion of cause pf death, irrespective of the current place of posting. Only, If the doctor is totally unavailable, final opinion may be given by another doctor, nominated by the Head of the Department/ Center/ Hospital/ Institution.

20) Attested copy of police papers should be sent to the Chemical Examiner/FSL/other lab and not the original police papers.

21) The Medical Officer/ Forensic Medicine Expert shall opine about injuries whether ante mortem or post mortem, cause of injuries and type of weapon used, if possible.

22) The dead body should be duly stitched after completing autopsy & packed properly and handed over to the concerned police person and not directly to the relatives along with a note on receipt of requisition stating the details of handover of body after PME while verifying the identity of deceased along with all belongings of the deceased and a copy of post-mortem report No.

PMR/ ____dated_____, forwarding letters with duly sealed and packed samples, if any and the Police inquest papers ----------in number duly initialled by the doctor.

23) A sealed parcel bearing no. of seals containing the samples as per the PMR & forwarding letter should also be mentioned and the receipt of same must be obtained from the concerned police official on office copy of PMR for record after doing all needful.

24) A separate dead body handover register should be maintained in all mortuaries for receipt of dead body by concerned police person with the signatures of legal heir/ available relatives/ attendants of deceased for identity verification.

X. Directions for cases of Special Aetiologies (Suggested procedures) –

- **Firearm cases -** Prior to the examination of the body, it should be x-rayed for ascertaining the exact location of the bullet/pellets; clothes should be examined for the presence of holes corresponding to the entry and exit firearm wounds; Always preserve the clothes in such cases with proper label and initials. Always try to locate the entry & exit wounds; the presence of singeing, blackening, tattooing, abraded collar in case of bullet and spreading of the pellets should be recorded; when the bones (e.g. Skull) having entry and exit wounds by rifled ammunition (bullet) then look for punched in and punched out margins which will suggest entry and exit wounds respectively; Always note down the dimensions of entry/exit wounds. Any foreign body in body must be recovered and preserved for ballistic examination; X-ray or fluoroscopy guided removal of bullets may be required in some cases. Foreign bodies recovered during autopsy and swab samples along with their controls from firearm wounds must be preserved for ballistic examination. All Samples should be preserved to corroborate the crime and crime scene must be preserved from the dead body, firearm wounds, hands of deceased or any other relevant location, if needed as per case details, for presence or absence of Gun Shot Residue (GSR) as already described earlier and forwarded in triplicate for needful to FSL in **FSL forwarding letter - FORM VII**.

- **Burn cases -** The nature/origin of burns whether Ante Mortem /Post Mortem should be opined by seeing the vital changes and presence of scab/separation of scabs and infection etc. This will also indicate its time/age of burns. Note must be made as regards to the type of thermal injury viz. dry heat or flame/ moist heat/ hot surface/ hot material burns. Extent and degree of the burns are to be described with percentage of body area affected. Condition of hair (like singeing, blackening), body parts and clothes be noted down. Presence of soot particles in the trachea/air passages would suggest that burns are ante-mortem. Smell of kerosene-oil or other inflammable agents on the body/cloth be recorded. Samples of burnt hair and skin may be preserved for chemical examination to detect presence of combustible substances, if any, as described earlier. In cases where poisoning/ intoxication is suspected, relevant samples may be preserved to rule out same and forwarded in **FSL forwarding letter - FORM VII**.

- **Hanging -** Ligature material, if present in situ must be examined in respect of its nature/material, position, type of knot, circumference of loop, length of short and long free ends, foreign bodies and stains. Such ligating Material in situ, should be preserved without disturbing the knot; Ligature mark- Describe its position, nature, direction and extent whether complete or incomplete. The location/situation of the ligature mark should be completely noted and the mark is measured in relation to chin, ears, suprasternal notch and external occipital protuberance. Usually it is situated obliquely in the upper part of the neck. Note the mark on back of neck whether merging with hairline, present/faint/absent. Presence of salivary stains along the mouth; Distribution of the post-mortem staining; Injuries other than ligature mark are to be described in details. Signs of struggle, if any must be noted. Internal examination of the neck must be conducted meticulously to rule out foul play. Relevant samples should be preserved for chemical analysis to rule out associated poisoning/ intoxication, if any in **FSL forwarding letter for poisoning cases - FORM IX**. Ligature material, if in situ should be

preserved during post-mortem examination and preserved for needful in **FSL forwarding letter - FORM VII**.

- **Strangulation by ligature -** Ligature mark- Describe its position, nature, direction and extent, whether complete or incomplete. The location/situation of the ligature mark should be completely noted and the mark is measured in relation to chin, ears, suprasternal notch and external occipital protuberance. The ligature mark, in most cases is situated horizontally in the lower part of neck usually below the thyroid cartilage; Injuries other than the ligature mark should be recorded in details; subcutaneous or intramuscular extravasation of blood in neck tissues must be looked for. Eyes must be checked for presence of sub conjunctival haemorrhages, if any. The fractures of various cartilages or hyoid bone, if present, are to be noted. Presence of injuries on other body parts beside the neck be noted down; Viscera/ relevant samples, if any, should be preserved in doubtful cases of incapacitation; relevant samples should be preserved for chemical analysis to rule out associated poisoning/ intoxication, if any in **FSL forwarding letter for poisoning cases - FORM IX**. Belongings to be sealed and handed over to the police. Samples should be preferably preserved for signs of struggle like finger nails/ nail scrapings. Ligature material, if in situ should be preserved during post-mortem examination and forwarded to FSL for needful in triplicate in **FSL forwarding letter - FORM VII**.

- **Manual strangulation/ Smothering -** Marks of fingers may be present over the front and sides of the neck in the form of superficial abrasions or contusions. These may be multiple or single on one side; internally the presence of fracture of hyoid bone along with other cartilages be examined; effusion of blood is to be appreciated; Presence of injuries on other body parts beside the neck be noted down; subcutaneous or intramuscular extravasation of blood in neck tissues must be looked for, along with examination of mouth and oral cavity to rule out presence of injuries, if any. Eyes must be checked for presence of sub conjunctival haemorrhages, if

any. Viscera/ relevant samples, if any, should be preserved in doubtful cases of incapacitation; Relevant samples should be preserved for chemical analysis to rule out associated poisoning/ intoxication, if any in **FSL forwarding letter for poisoning cases - FORM IX**. Belongings be sealed and handed over to the police. Samples should be preferably preserved for signs of struggle like finger nails/ nail scrapings and forwarded to FSL for needful in triplicate in **FSL forwarding letter - FORM VII**.

- **Bodies recovered from water -** Always look for evidence of fine, copious leathery froth around the nostrils and mouth; if it is a decomposed body then look for evidence of water in the Gastro-Intestinal (GI) Tract and preserve the long bone/sternum etc. for the presence of diatoms in the body, if needed while advising the Investigating Officer to collect 1 Lt. water simultaneously from the site of recovery of the body for comparing the diatoms, thereof, if any. Findings pertaining to cadaveric spasm may be specially searched for to confirm the ante-mortem nature. Any ante-mortem injury over the body should be recorded. Viscera/ relevant samples, if any, should be preserved in doubtful cases of incapacitation; Relevant samples should be preserved for chemical analysis to rule out associated poisoning/ intoxication, if any in **FSL forwarding letter for poisoning cases - FORM IX**. Samples should be preferably preserved for signs of struggle like finger nails/ nail scrapings and forwarded to FSL for needful in triplicate in **FSL forwarding letter - FORM VII**.

- **Medical Negligence cases -** The post-mortem examination **MUST** be conducted by a medical board of doctors compulsorily including subject specialists from the concerned field in compliance of the latest Standard Operating Procedure of Home Department (Group-5) of Government of Rajasthan vide order no. प. 9(14) गृह–5/2022 दि. 20.03.2025 (**Annexure-31**). and all further opinion regarding medical negligence will be given complying with the directions specified in this order after cumulating all medical records along with all relevant medico-legal documents like Post mortem report etc., implemented vide State Govt. order no. प. 02 ( ) DME/GEN/2024/ 006850/690 दि. 16.04.2025 (**Annexure-31**).

- **Fetus -** Specifically look for injuries on head, neck, mouth, eyes, ears, genitals, etc. Specific features to be examined include crown-heel length, malformations, cord, placenta, fontanelle, brain convolutions, ossification centres of femur/ talus/ cuboid/ calcaneum/ tibia/ sternum, meconium, eyes, ears, nails, hair, skin, genitalia, etc. Cause of death in non-viable foetus is the non-viability itself. In all such cases, opine on intrauterine age and sex. If possible preserve samples for DNA analysis. **Whole foetus, if possible may be preserved in Normal saline for DNA profiling. In case of premature aborted foetus: 100-200 g/ whole of foetal tissue preserved preferably in normal saline, if needed for DNA profiling.** In case of mature fully developed foetus; either whole of foetus in normal saline or at least one but preferably two long bones (like Femur) should be preserved for DNA profiling. Never use Formalin/formaldehyde as preservative of tissue samples for DNA testing. If a pregnant female is brought for PME, even in such cases the examination points of the foetus must be noted and opinion on intrauterine age and sex be given. In such cases, observations be made under the heading of "Genitalia/Uterus" in the post-mortem report of the mother. Post-mortem report to be prepared in prescribed format of PMR of foetus, **Medico-Legal Report - Post mortem report Form for Foetus– FORM XIV.**

- **Custodial/ Police Encounter deaths/ deaths in police firing -** Such inquests must be ensured as per the provisions of existing Laws. Also, the latest guidelines of the National Human Rights Commission (NHRC) issued for such matters as regards to conducting Post-mortem examination, Photography & Videography, Post-mortem report formats, sharing the information and any other MUST be complied with latest guidelines of NHRC and as per orders issued by NHRC, from time to time like letter dated 10.08.1995 (related to video-filming of post-mortem examinations in all cases of custodial deaths); and the letter No. **NHRC /ID/PM/96/57 dated 27.03.1997** (regarding adoption of Model Autopsy form for post mortem examination of custodial deaths) available as SOP/ guidelines on Custodial

Deaths/ Rapes on official website of NHRC (**Annexure-32**); which was later revised vide **D. O. No. 40/1/1999-2000-CD (NRR) dated 03.01.2001** (**Annexure-33**), Available as Annexure-I on the official website of NHRC (**Annexure-34**), which is the **Form XVII- Custodial Death Post Mortem Form (Annexure 1 of NHRC - "Model Post-Mortem Report Form"),** covering all points as given in the one Available as Annexure-I on the official website of NHRC. In cases of deaths in police action/ encounter deaths, additional **guidelines for video-filming and photography of post-mortem examination in case of death in police action,** available on official website of NHRC must be complied with; wherein, directions are given for capturing 20-25 coloured photographs of the dead body with and without clothes including the face, front & back of torso, upper & lower extremities, & internal examination photos, also including 2 photos of soles & palms each and separate photograph focussing each injury/ lesion-zoomed in after properly numbering the injuries; description of firearm injuries must include distance from heel as well as midline; and, that the clothing on the body should be collected, examined as well as preserved and sealed by the doctor conducting the autopsy, and should be sent for further examination at the concerned FSL intimated to the Government of Rajasthan vide **D.O. No. 1/743/2014/FC dated 19.03.2014** (**Annexure-35**). Such Post-mortem examinations must not be done at any Hospital below the level of a District Hospital or a Medical College. The Post mortem examination procedure in cases of custodial/ Police encounter deaths must be conducted in compliance to the latest guidelines issued by the National Human Rights Commission & those from time to time, and, post-mortem report to be prepared in NHRC ideal post-mortem report available on NHRC website **(Annexure-34)**. A board of three doctors (if possible from three different Institutions), preferably Forensic Medicine experts with at least five years' experience in the speciality of Post-Mortem Examination should conduct the post-mortem examination of custodial deaths and deaths in police action/ Encounter deaths after receipt of request along with inquest papers from Hon'ble Judicial Magistrate, preferably as per directions of NHRC in **D.O. No. 237/11/6/2017-JCD/FC dated 24.04.2019** also issued

by Home Department (Human Rights) of Government of Rajasthan vide order no. प. 2(97)एचएचआर/2024 दि. 26.12.2025 (**Annexure-36**). The Board of doctors should examine the relevant clinical record and make an entry regarding the important positive findings in the column "Symptoms observed - as per hospital record". In cases of pathological / traumatic deaths, concerned subject experts, if needed should be preferably included in Medical Board. Guidelines for autopsy in Custodial death published by Centre for Enquiry into Health and Allied Themes (CEHAT) may be referred.

- **Unknown / Unidentified -** In case of unconscious patient not accompanied by any attendant was treated as unknown patient, two identification marks be noted on the treatment file or Bed Head Ticket (BHT). Every effort must be made to get the person identified, including police information for identification purpose. Belongings of the medico legal cases especially unknown shall be maintained in proper custody in the hospital and thereafter handed over to concerned/police under proper receipt. Final disposal of the unknown/unidentified/unclaimed bodies rests with the police/local authorities as per rules. Attributes like age, sex, height, weight, complexion, nutrition, status, hair, scars, mole, tattoo marks, deformities, dental details, implants in body, personal belongings etc. be recorded in detail in the PM reports. Important cases where the precautions are to be taken regarding special findings. Sample for DNA profiling should be mandatorily preserved in all unknown/ unclaimed dead bodies & handed over to the Investigating officer with requisite forwarding letters, as mentioned above. In a dead body, always collect two different types of samples in duplicate. If the body is fresh, blood samples may be preserved for DNA profiling. In other cases, Intact long bones like femur/ tibia and at least two molar teeth should be collected for DNA analysis. (Preferably do not collect clavicle & sternum bones only or cut bones) The bones should be completely cleaned. Any adhering tissue material must be removed completely, washed with distilled water to remove sticking debris. Air Dry the bones completely and rolled in paper followed by packing and sealing in loose cotton cloth/ Glass jar. (Do

not use polythene bag/ airtight container for keeping the bones.) Never use formalin/formaldehyde as preservative of tissue samples for DNA testing.

- **Post Mortem Examination In Organ Transplantation Cases -** If the Investigating Officer of the case concerned, decides that post mortem examination is needed, he shall submit requisition for conducting post mortem examination; Organ Functional Status Certificate" signed by any one of the doctors authorised by Medical Superintendent ; Copies of N.O.C. for organ donation by lawful possessor of body, brain stem death certificate, assent in donors < 18 years, signed by either of parents; authorized doctor/ Medical Officer shall then authorize organ retrieval; once the retrieval is completed post mortem examination shall be done at same institution and body handed over to the Police/ Investigating Officer. 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/s who has/have had experience in post mortem work shall be present at the time of organ harvesting in Operation Theatres (OT) after following all OT protocols to observe the findings of all the organs that are harvested prior to PME. The time of declaring brain dead is recorded from case file & the time of harvest of heart is noted as the time of death of the beating heart donor. Conduct of post mortem examination in the above Organ Transplantation situations will be done by qualified persons. Hence, Forensic Medicine experts/ Medical Officers of nearest Government Medical College/Government Hospitals may be preferred and Post-mortem Examination should be done in accordance with the latest amendments in Transplantation of Human Organs & Tissues Transplantation Act; and can be conducted at any time of the day or night, in compliance to the provisions of the act; if requisite facilities are available. Such post mortem examination should be conducted in same/nearby dissection room in vicinity of Operation Theatre (OT). However, if such facilities are not available, the dead body should be shifted to mortuary after closing the thoraco-abdominal cavities for post mortem examination of

cranial cavity or any other relevant part of body. At centers with facility for opening cranial cavity in OT, PME can be completed on OT table itself. In cases, where the Investigation Officer has provided NOC for exempting PME, dead body may be released from OT after completing the procedure of organ harvesting while paying homage to honour and respect the good deed to encourage the society. At centers with regular practice of Cadaveric Organ Transplantations, a separate Mortuary room is advisable near OT premises with adequate facilities for completion of Post-mortem examination as opening of cranial cavity generates bone dust as an aerosol and may cause problem if done in OT frequently. Organ donation process should not be hindered for post mortem examination and alternate samples for relevant needed examinations to be considered after consulting relevant text/ literature for all needful. Organ donation can also be pursued in cases of deaths due to suspected poisoning, if the concerned specialist is assured of the 'healthy' status of the specific organ, and available alternate samples to be preserved for toxicological analysis, without disturbing major organs.

- **Post Mortem examination in HIV positive or biologically hazardous/ highly infectious cases etc. -** Autopsy is to be avoided as far as possible to limit the spread of infection. However, in cases where it is extremely necessary, post-mortem examination can be conducted with minimal persons possible & with minimal invasive procedures, following the guidelines issued by relevant authorities for various categories of infectious agents affecting the dead bodies like retroviral diseases & Covid-19 autopsy guidelines. Tissue damage by cutting or searing can be minimised, aerosol production to be avoided; lungs in particular or other organs should not be held under fast stream of water, cranial cavity is preferably not opened in cases of retroviral disease. 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. A note of **BIO HAZARD** marked in **Red** should also be put on the label of all samples preserved for further FSL or

pathological examinations, so that requisite precautions can be taken by the laboratory personnel at the time of further processing of such samples. Body is to be wrapped in double plastic sheets, kept inside body bags and advised for incineration disposal through health authorities (Municipal/Corporation); if needed. In other cases, can be handed over to relatives for cremation with counselling pertaining to bio hazards and safe handling & disposal of dead body. 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).

- **NOTE:** All medical and other personnel should be advised for Chest X-rays once in 06 months, tetanus toxoid every 06 months and Hepatitis B immunization, as best as possible. Any immunisation/ safety measures needed for particular infectious dead bodies must be ensured prior to post-mortem examination.

In case of dead bodies suspected to be infected by Rabies virus, avoided at best, but if essential, then immunised individual/s may conduct autopsy and pre & post exposure prophylaxis should also be ensured. Samples to be preserved to confirm infection of Rabies virus as per the advisory issued by National Centre for Disease Control (NCDC), Government of India (**Annexure-37**).

{"**E. Recommended sample and Storage Box Safety Precaution:** Rabies is a highly infectious disease. All personnel's involved in the post – mortem should be equipped with appropriate personal protective equipment (PPE), including gloves, masks and face shields.

a. Recommended tissue sample – Brain (Half preserved in 50% glycerol-phosphate buffered saline (50:50 mixture) (if minus 20°C is not readily available) and Half in sterile PBS)
b. Recommended sites – Brain stem, Cerebellum, hippocampus, are preferred sites if identifiable.

   Identifiers on sample Vials: Name, age, sex, PMR No., Police Station, date of collection, signature and name of autopsy surgeon along with sample seal.

F. Sample collection, storage and transport:

a. Fresh brain tissue is ideal for testing. (Autolysed or decomposed tissues are not accepted/processed)
b. Fresh brain should be preserved according to mentioned guidelines within 30 minutes of isolation.
c. Fresh brain (preferred sample) can be stored at minus 20°C for 24-48 hours if any delay is anticipated store at -20 °C.
d. In case of non-availability of facility for storage at minus 20°C, sample preserved in 50% glycerol-saline will also be acceptable.
e. Sample collection box should be preferably clear polypropylene jar with wide mouth, air tight and leak proof cover with capacity ranging from-
   - 60ml (2 cm X 2cm cubes of the different sections of brain from recommended sites) or
   - 500 ml (Half Brain /complete cerebellum with brain stem) or
   - 1000ml (full brain)
f. Specimens must be transported to the laboratory in transport containers, which comply with UN3373 regulations (United Nations Economic Commission for Europe, 2017) requirements, and in line with International Air Transport Association (IATA) guidelines, if sample is shipped to some other laboratory/health care facility.
g. Prior intimation to designated Bio-Safety Level (BSL) 2 lab authorized for Rabies testing may be sent and sample receiving timing may be duly enquired by sample submission personnel.
h. Dispose of all biological waste generated during sample collection following strict protocols. Clean and decontaminate all equipment and surfaces thoroughly."}

- **Skeletal remains or exhumed Bones –** Preferably such post-mortem examinations should be carried out by Forensic Medicine experts along with Subject experts of Anatomy. Each item of evidence should be documented properly. Each item can be picked up with a clean-gloved hand. When entire skeleton is available: Prefer to collect long bones like femur and two-three molar teeth. All available bones should be arranged in anatomical position

and examined in details for all relevant findings. The bone should then be cleaned properly with distilled water, any adhering tissue material/ debris should be completely removed and dried completely. They may again be examined to look for intricate relevant details to be noted. Pack them in paper/loose cotton cloth packing and send to laboratory at room temperature at the earliest for DNA profiling & other relevant examination, if needed (polythene/airtight container-medium/cotton wool should not be used to pack or wrap the samples). Bones should also be preserved for chemical analysis for metallic poisons. Injuries or any relevant findings on bones must be recorded and labelled as Ante-mortem or Post-mortem. Estimated time since death should be calculated on basis of condition of skeletal remains, stage of skeletonization and condition of decay of bones, if possible. Whatever opinion is possible from available remains, like remains of human body, belonging to one or more individual/s, of male/ female sex, of approximate age, injury descriptions and opinions along opinion regarding cause of death is given. Remaining opinion may be kept reserved for want of FSL/DNA or other reports for which samples forwarded.

- For **Exhumation cases**, requisition from concerned authorized Executive Magistrate for fixing date & time of the case shall be received and time fixed according to faculty situation of the Department by the Professor of Forensic Medicine (Associate Professor / Assistant Professor in his absence). Same should be communicated to the College Administration. Forensic Medicine Experts, 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, which is pursuing investigation in the case. if exhumation doesn't involve Government as a party, same shall be arranged by the party/ person requesting for autopsy. Medical Officer should ensure there is no public health risk on disinterment; safety precautions of workers; Police should 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 and should

start early on the day to finish the whole process in adequate daylight. 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 requisition letter to conduct the post mortem examination. Post mortem examination shall be conducted as per the guidelines at an appropriate site in vicinity of the area of recovery of body and body handed over to Magistrate through in charge Police constable. Medical Officers'/ Forensic Medicine Experts' return to his/ her 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 his/ her and other departmental staffs return to duty station. The post mortem report should be prepared immediately after returning and handed over to the concerned magistrate through an authorized official.

Note: It is suggested that suggestions and guidelines for Post mortem work elaborated upon in Special article "Murty OP, et al. Uniform guidelines for Post-Mortem work in India: Faculty Development on Standard Operative Procedures (SOP)in Forensic Medicine and toxicology. JFMT. 2013;30(1&2):1-138." can be consulted for execution of mortuary services and for dealing with medico-legal situations related to Post-Mortem work (**Annexure-38**).

Post Mortem report to be prepared in prescribed **Medico-Legal Report** - **Post mortem report Form – FORM XIII**, and that for Foetus in **Medico-Legal Report** - **Post mortem report Form for Foetus – FORM XIV** but the post mortem examination in cases of Police/ custodial deaths or deaths in police action must be prepared in the prescribed format as per NHRC guidelines. The samples to be forwarded to FSL in **FORM VI & IX;** those for pathology in **Histopathology requisition form in FORM XV;** and/or any other relevant required investigation in **Laboratory requisition form in FORM XVI**. Post-mortem examination in cases of Custodial deaths/ deaths in police action to be done in accordance with the guidelines issued by National Human Rights Commission (NHRC) in their prescribed format of annexure 1 (Model Post-Mortem Report Form), here, **Medico-Legal Report** – **Custodial Death Post mortem report Form – FORM XVII.**

TOPIC 5: PROTOCOL FOR MEDICO-LEGAL AGE ESTIMATION EXAMINATIONS & OTHER AGE CERTIFICATIONS

I. Age determination of Juveniles in conflict with Law:

Age determination for legal cases involving juveniles in conflict with law can be performed at the written request from Investigating Officer of a case **ONLY after written orders from the Hon'ble Juvenile Justice Board (JJB) or Child Welfare Committee (CWC) for conducting ossification test** of the child for age estimation as per the provisions of Section **94** of **Juvenile Justice (Care & protection of Children) Act 2015** for the presumption & determination of age of a child & its subsequent amendments **{"94.** (1) Where, it is obvious to the Committee or the Board, based on the appearance of the person brought before it under any of the provisions of this Act (other than for the purpose of giving evidence) that the said person is a child, the Committee or the Board shall record such observation stating the age of the child as nearly as may be and proceed with the inquiry under section 14 or section 36, as the case may be, without waiting for further confirmation of the age. (2) In case, the Committee or the Board has reasonable grounds for doubt regarding whether the person brought before it is a child or not, the Committee or the Board, as the case may be, shall undertake the process of age determination, by seeking evidence by obtaining — (i) the date of birth certificate from the school, or the matriculation or equivalent certificate from the concerned examination Board, if available; and in the absence thereof; (ii) the birth certificate given by a corporation or a municipal authority or a panchayat; (iii) and only in the absence of (i) and (ii) above, age shall be determined by an ossification test or any other latest medical age determination test conducted on the orders of the Committee or the Board: Provided such age determination test conducted on the order of the Committee or the Board shall be completed within fifteen days from the date of such order. (3) The age recorded by the Committee or the Board to be the age of person so brought before it shall, for the purpose of this Act, be deemed to be the true age of that person**".}** & Rule **19 (2)** of **Juvenile Justice (Care & Protection of Children) Model Rules 2016; {19. (2)** The Committee shall, prima facie determine the age of the child in order to ascertain its jurisdiction, pending further inquiry as per section 94 of the Act, if need be.**}** In Districts with Government Medical Colleges, Faculty of Forensic Medicine could oblige such

requests. In Districts without Government Medical Colleges, Forensic Medicine Experts can do the needful. As per the directions of Hon'ble Juvenile Justice Board, such age estimation examinations should be conducted by a duly constituted Medical Board consisting of a Radiologist & Forensic Medicine Expert/ Medical Jurist as per **Rule no. 22** of the **Rules under Juvenile Justice (Care & Protection of Children) Act, 2000 in notification dated 22nd June, 2001 (Annexure-39) {22. (5)** In every case concerning a juvenile or a child, the Board shall either obtain, (i) a birth certificate given by a corporation or a municipal authority; or (ii) a date of birth certificate from the school first attended; or (iii) matriculation or equivalent certificates, if available; and (iv) in the absence of (i) to (iii) above**, the medical opinion by a duly constituted Medical Board**, subject to a margin of one year, in deserving cases for the reasons to be recorded by such Medical Board, regarding his age; and, when passing orders in such case shall, after taking into consideration such evidence as may be available or the medical opinion, as the case may be, record a finding in respect of his age**} &** subsequently as per the provisions of **Rule No. 12 (3)** of **Rules under the Juvenile Justice (Care and Protection of Children) Act 2000 (56 of 2000) (as amended by the Amendment Act 33 of 2006)** to be administered by the States; Notification of the Ministry of Women & Child Development, Government of India dated 26.10.2007 **(Annexure-40) {12(3)** In every case concerning a child or juvenile in conflict with law, the age determination inquiry shall be conducted by the court or the Board or, as the case may be, the Committee by seeking evidence by obtaining – (a) (i) the matriculation or equivalent certificates, if available; and in the absence whereof; (ii) the date of birth certificate from the school (other than a play school) first attended; and in the absence whereof; (iii) the birth certificate given by a corporation or a municipal authority or a panchayat; (b) and only in the absence of either (i), (ii) or (iii) of clause (a) above, the medical opinion will be sought from a **duly constituted Medical Board**, which will declare the age of the juvenile or child. In case exact assessment of the age cannot be done, the Court or the Board or, as the case may be, the Committee, for the reasons to be recorded by them, may, if considered necessary, give benefit to the child or juvenile by considering his/her age on lower side within the margin of one year. and, while passing orders in such case shall, after taking into consideration such evidence as may be available, or the medical opinion, as the case may be, record a finding in respect of his age and either of the evidence specified in any of the clauses

(a)(i), (ii), (iii) or in the absence whereof, clause (b) shall be the conclusive proof of the age as regards such child or the juvenile in conflict with law.**}**

Only in cases where those documents or certificates are found to be fabricated or manipulated, the Court, the JJ Board or the Committee need to go for medical report for age determination. **(**as per directions of Hon'ble Supreme Court of India in **ASHWANI KUMAR SAXENA VS STATE OF MADHYA PRADESH, AIR 2013 SC 553).** In another case too, The Hon'ble Supreme Court observed that in accordance with the erstwhile JJ Model Rules, 2007 "…the medical opinion from the medical board should be sought only when the matriculation certificate or school certificate or any birth certificate issued by a corporation or by any Panchayat or municipality is not available." **{Shah Nawaz v. State of Uttar Pradesh, (2011) 13 SCC 751 – Interpretation of Rule 12(3)}**

Section 34 of the Protection of Children from sexual Offences Act, 2012 gives the provision for – "**Procedure in case of commission of offence by child and determination of age by Special Court** - (1) Where any offence under this Act is committed by a child, such child shall be dealt with under the provisions of 1 [the Juvenile Justice (Care and Protection of Children) Act, 2015 (2 of 2016)]. (2) If any question arises in any proceeding before the Special Court whether a person is a child or not, such question shall be determined by the Special Court after satisfying itself about the age of such person and it shall record in writing its reasons for such determination. (3) No order made by the Special Court shall be deemed to be invalid merely by any subsequent proof that the age of a personas determined by it under sub-section (2) was not the correct age of that person.**" So, in compliance, the age determination of a Juvenile in conflict with law for the offence related to POCSO ACT, 2012, the age determination shall be done by Hon'ble Special Court instead of JJB**.

II. Age determination of a minor child Victim of Sexual Assault:

Age determination of a child victim of sexual assault should be done as per the provisions of JJ Rules, 2007 on orders of Hon'ble Special Courts for POCSO Cases; and above rules are also applicable to age determination in a child victim of sexual assault as held by Hon'ble Supreme Court of India in**:**

1. **Jarnail Singh v. State of Haryana (2013)- "**The Hon'ble Supreme Court in Jarnail Singh vs. State of Haryana 2013 **(7) SCC 263**, has held that the provisions of Juvenile Justice Act and Rules would equally apply to determine the age for both the victim as well as the accused person. The victim has to be proved to be a child within the meaning of Section 2(1)(d) of the POCSO Act and thereafter, the presumption under Sections 29 and 30 of the Act would be imposed on the accused. The determination of the age under Section 34(2) of the POCSO Act is a condition precedent before fastening the presumption under Sections 29 and 30 of the Act."**)**
2. **Mahadeo S/o Kerba Maske Vs. State of Maharashtra & others (2013)14 SCC 637** Hon'ble Supreme Court has held that Rule 12(3) of the Juvenile Justice (Care and protection of Children) Rules, 2007, is applicable to determine the age of the Victim of Rape.
3. **State of MP v. Anoop Singh Criminal appeal no. 442 of 2010 on 3 July, 2015** also maintains similar order by the Honourable Apex Court.

So, in compliance, the age determination of a victim of an offence related to POCSO ACT, 2012, the age determination shall be done by Hon'ble Special Court instead of CWC.

NOTE: An Age Case Register shall be maintained by the Department of Forensic Medicine/ Office of In-charge of Hospital for record of all cases done every year.

- Consent of the individual is mandatory in victims. If minor is less than 12 years of age, consent/assent is taken from parent / legal heirs. Consent is asked for in accused examinations, in otherwise situations, reasonable force may be used. (**Section 51 & 52 of BNSS, 2023)**

III. Age Determination of Child Labour:

In compliance to **Rule No. 17 (Certificate of Age) of Child Labour (Prohibition and Regulation) Amendment Rules, 2017**- Age determination of an employed adolescent may be needed in absence of requisite certificates/ Aadhar card (Unique Identification i.e. UID Card) , for which an appropriate authority of the rank of Additional Labour Commissioner can order an ossification test or any other latest medical age determination test, to be completed within 15 days by a

Government Medical Doctor/ Medical Board, charges of which as specified by the concerned Govt. shall be borne by the employer of the adolescent. In case of rescue of such child labourers by police/ social- work groups or agencies/NGOs, the children should be produced before CWC, who shall order age determination examination, if needed as per the provisions of S. 94 of JJ Act, 2015.

IV. Age Determination Examination:

While assessing medical age of an individual, Physical, Dental and Radiological examinations are to be done and if needed, respective opinions can be sought. Physical examination includes physical examination to record height, weight and to note the development of secondary sexual characteristics or to observes senile changes in the subject. Dental age is estimated by identifying the total number of teeth, whether temporary or permanent, and their stages of eruption. Requisition for Radiology imaging is made to observes the appearance and fusion of the various ossification centers, in the younger ages or the fusion of bones and sutures in old age. Opinion of other related specialists mentioned above can be obtained in the case Proforma. Radiographic films or Digital films or Digital CDs are to be attached with the radiological report & in the case file. For assessment of age, Tanner staging can be utilised in accordance with Annexure 3 of Guidelines & Protocols Medico-legal care of survivors/ victims of sexual violence released by Ministry of Health & Family Welfare, Govt. of India **(Annexure 43)** and from Appendix 1A given in the protocol for Medical examination of Accused given by Govt. of India, as described below for reference or the Medical expert can follow any recent change / updated text in this regard.

Age estimation **Annexure 3**

SEXUAL MATURITY RATING (TANNER STAGING) IN FEMALE ADOLESCENTS

Pubic hair staging		
Stage 1	Preadolescent: Vellus over pubes is not further developed than that over the abdominal wall (ie. No pubic hair)	Less than 12 years
Stage 2	Sparse growth of long, slightly pigmented downy hair, straight or slightly curled, chiefly along the labia	12-13 years
Stage 3	Considerably darker hair, coarser, more curled.	13-14 years

	Hair spreading sparsely over the junction of the pubes	
Stage 4	Hair now adult in type, but area covered is still considerably smaller than in adult. No spread over medial surface of thighs.	14-15 years
Stage 5	Adult in quantity and type with distribution to horizontal pattern. Spread to medial surface of thighs.	More than 15 years

Breast Development using Tanner's Index		
Stage 1	Pre- adolescent: Elevation of papilla, only	Less than 9 years
Stage 2	Breast bud stage: Elevation of breast and papillae a small mound. Enlargement of areola diameter	10-11 years
Stage 3	Further enlargement and elevation of breast and areola with no separation of their contours	12 years
Stage 4	Projection of areola and papilla to form a secondary mound above level of breast	13-14 years
Stage 5	Mature stage: projection of papilla only due to recession of the areola to general contour of breast	15-16 years

Age estimation **Appendix I A**

SEXUAL MATURITY RATING (TANNER STAGING) IN MALE ADOLESCENTS

Stage	Age range (years)	Testes growth	Penis growth	Pubic hair growth	Other changes
P 1	0–15	Pre-adolescent testes (≤2.5 cm)	Pre-adolescent	None	Pre-adolescent
P 2	10–15	Enlargement of testes; pigmentation of scrotal sac	Minimal or no enlargement	Long downy hair, often appearing several months after testicular growth; variable pattern noted with pubarche	Not applicable
P 3	1½–16.5	Further enlargement	Significant enlargement, especially in diameter	Increase in amount; curling	Not applicable
P 4	Variable: 12–17	Further enlargement	Further enlargement, especially in diameter	Adult in type but not in distribution	Development of axillary hair and some facial hair

P 5	13–18	Adult in size	Adult in size	Adult in distribution (medial aspects of thighs; linea alba)	Body hair continues to grow and muscles continue to increase in size for several months to years; 20% of boys reach peak growth velocity during this period

Radiographs of multiple joints on both sides to visualize epiphyses are preferable. (Radiation exposure should be limited as much as possible). 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). Orthopantogram / oblique tangential view with the mouth open is ideal for teeth development, if needed. Teeth are viewed mainly to examine the crown and root development. X- rays to observe appearance or fusion of ossification centers of various relevant bones or in case of need, X- rays or CT scan to view Cranial sutures and Sternum can be taken.

Age estimation reports are to be issued as early as possible & **not later than 15 days** as per provisions of **Section 94 of JJ Act, 2015.**

NOTE:

1. In all cases where case has been registered age determination tests/ examination should not be conducted without obtaining No Objection Certificate from the concerned Investigation officer as per State Govt. order no. चि.प्र. /विविध/2017/403 दि. 08.08.2017 (**Annexure-41**). Age estimation/determination examination report to be prepared in prescribed **Medico-Legal Report** – **Age Determination Examination Form – FORM XVIII.**
2. The opinion regarding age shall be kept pending after clinical examination for the dental and radiological examination reports, and final opinion shall be furnished either by the examining Doctor/ Medical Board (as the case may be) after incorporating the clinical, dental and radiological examination findings in the narrowest possible range.

V. Other Age Certifications Like Sportspersons, Etc.-

Age assessment can also be demanded for civil purposes, for example, by Sports authority for athletes. Such cases can be entertained by the Experts of Forensic Medicine with the help from Experts of Dentistry, Radiology and, Endocrinology (if available), as per above mentioned methods, and in coherence with the latest guidelines issued by different Sports authorities, for example Board of Control for Cricket in India (BCCI) Age Verification Protocol (AVP) Tanner-Whitehouse 3 (TW3) Radiological Protocol;, or, All India Football Federation (AIFF) Skeletal maturity determination guidelines 2019-20; after obtaining application of the candidate through proper channel i.e. the Head of the institution/ Hospital along with a letter for issuing the Age certificate from the concerned Sports Council/Sports association/ In-charge of Sports academy supported with identity (Aadhar Card only, as per guidelines of sports authorities or associations) & age related documents of the player along with the No Objection Certificate submitted by the parents of the player in case of Minor sportspersons, with requisite fee as per norms. **NO** Age estimation certification of a minor shall not be taken up without obtaining No objection from parents/ legal guardian & must be done in accordance to the directions given in State Govt. order no. चि.प्र./विविध/2017/403 दि. 08.08.2017 (**Annexure-41**) and State Govt. order no. चि.प्र./विविध/2017/420 दि. 18.08.2017 (**Annexure-42**). In these, X-ray images of left hand and wrist are assessed using TW3 staging methods for calculation of radiological age which is then correlated with the clinical and dental findings. In cases of sportsperson, caution must be exercised while framing final opinion regarding age as the dietary and physical activity factors related to sports training may enhance the skeletal growth thus, affecting the assessment of bone age or radiological age.

Similarly, age assessment can also be demanded for other civil or legal purposes, like employment, age of retirement age for parole of release of prisoners, which should be done in similar manner and opinions to be framed in scientific manner after thorough clinical examination and relevant investigations.

All such age estimations may also be done as a part of Medical certification instead of medico-legal reporting and may be done on paid basis as per prescribed by RMRS. These may be done by a Medical Board of subject experts constituted by Head of Department/Hospital/ Institution.

TOPIC 6: PROTOCOL FOR MEDICO-LEGAL EXAMINATION OF VICTIM & ACCUSED OF SEXUAL OFFENCES

I. Medico-legal Examination of Victim of sexual Offences:

All medico-legal examinations of cases of sexual offences **MUST** be conducted as per provisions of the "**Guidelines & Protocols Medico-legal care for Survivors/ Victims of Sexual Violence"** issued by the Ministry of Health & Family Welfare, Government of India as per Directions of State Government vide Government Order No. चि प्र./एमएलसी /2018/796 दि. 13.12.2018 (**Annexure-43**); 206 दि. 05.04.2019; HA/OSC/2019/407 dated 30.08.2019 (**Annexure-44**); चि प्र./सामान्य /2021/721 दि. 06.12.2021 (**Annexure-45**); 76 दि. 22.09.2022; 105 दि. 29.11.2022, F.53(1)HA/PART-1/SEXUAL VIOLENCE/2023/110 dated 13.07.2023 & order No. F.53(1)HA/PART-1/SEXUAL VIOLENCE/2023/464 dated 15.02.2024 (**Annexure-46**); Model guidelines under Section 39 of POCSO Act, 2012 issued in November, 2013 by the Directorate of Child Rights implemented in the state of Rajasthan vide State Govt. order no. एफ 14(2)() आई.सी.पी.एस./नि.बा.अ./सान्याअवि/13/29093 दि. 06.12.2013 (**Annexure-47**) Excerpts from Standard Operating Procedure (SOP) for Investigation and Prosecution of Rape against Women Issued by Bureau of Police Research & Development; Guidelines for Forensic Medical examination in sexual assault cases (2018) Issued by Central Forensic Science Laboratory, Chandigarh; and, other authentic, relevant material issued by designated authorities pertaining to changes in Law can also be consulted, if needed. **Examination should be conducted by Medical Board whenever requested on written requisition for same by the Superintendent of Police/ Executive or Judicial Magistrate.**

Medico-legal care & treatment of Survivor of sexual assault is also the responsibility of the doctor and must also be ensured in accordance to the "**Guidelines & Protocols Medico-legal care for Survivors/ Victims of Sexual Violence"** (**Annexure-43**) and as per the provisions of Medical aid and care prescribed in POCSO Rules, 2020 (**Annexure-48**). Report to be prepared in **Form XIX - MOHFW PROFORMA FOR MEDICO-LEGAL EXAMINATION OF SURVIVORS/VICTIMS OF SEXUAL VIOLENCE.**

- The Medical examination of the victim of Sexual offences must be done in accordance with **Section 184 of BNSS, 2023**-

- "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.
- "The registered medical practitioner, to whom such woman is sent, shall, without delay, examine her person and prepare a report of his examination giving the following particulars, namely:—
  (i) the name and address of the woman and of the person by whom she was brought;
  (ii) the age of the woman;
  (iii) the description of material taken from the person of the woman for DNA profiling;
  (iv) marks of injury, if any, on the person of the woman;
  (v) general mental condition of the woman; and
  (vi) other material particulars in reasonable detail"
- The exact time of commencement and completion of the examination shall also be noted in the report".

- All medico-legal examinations of Female victims **MUST** be done only by Female Doctors in compliance to State Government Directions vide order no. प. 6(45)/गृह–13/98 दि. 17.05.2003 (**Annexure-14**). It is the responsibility of the Head of the Institution to ensure compliance of same as per orders issued by the Government of Rajasthan from time to time. Crime against women/ child

being a sensitive issue, must be dealt with humanity and responsibility. Even in absence of female doctor at the said center, the victim should not be forced to go to another Hospital, rather on call rosters should be made to ensure availability of Female Doctor for such medico-legal examinations as per State Govt. Order No. प.11(156)/चि.शि.नि./रा.रा.मा.आ /2015/4397 दि. 27.06.2016 (**Annexure-3**).

- The medico-legal examination of a female survivor of sexual offence/ abuse **MUST** be done by a Female Doctor, and all doctors examining the case shall be females in case of Medical Board, and if not available, medico-legal examination may not be done by Medical Board in compliance to the orders of Hon'ble Special Judge, POCSO Cases, Jalore vide order no. 565 dated 21.06.2024 (**Annexure-49**) & preferably by Subject Experts (Female Gynaecologists) as per orders of Hon'ble POCSO Court, Sirohi vide order 313 dated 27.06.2023 (**Annexure-50**); followed by Female Forensic Medicine expert. In case of unavailability or scarcity of Female Gynaecologist/ Female Forensic Medicine expert, Female doctors of other specialities or Female Medical officers should be included in a scheduled Duty roster for smooth and prompt medico-legal examination of Female victims/ Survivors of sexual offences.
- In Examinations medico-legal examinations of survivor of sexual assault done by medical Board, all members of the Medical Board should be Female Doctors in case of Female Victims as per orders of Hon'ble Special Judge, POCSO Cases, Jalore vide order no. 565 dated 21.06.2024 (**Annexure-49**).
- In the case of a transgender/intersex person, the survivor should be given a choice as to whether she/he wants to be examined by a female doctor, or a male doctor.

❖ **CONSENT:** It is mandatory to seek an Informed Consent/refusal for examination, treatment, evidence collection, and, Police intimation from the sexual assault survivor (SAS). As per **Section 184 of BNSS, 2023**, "The report shall specifically record that the consent of the woman or of the person competent to give such consent on her behalf to such examination had been obtained".

- Informed written consent in the prescribed format should be taken from legally accepted guardian/survivors before starting medico-legal examination. Informed written consent should be in their own language and well comprehensible about complete medico-legal procedure, evidence collection from the genitals and treatment. All the queries raised by survivor should be clarified at that time.
- Consent should be taken for the following purposes: examination, sample collection for clinical and forensic examination, treatment and police intimation. Doctors shall inform the person being examined about the nature and purpose of examination and in case of child to the child's parent/guardian/ or a person in whom the child reposes trust. Medico-legal examination of the victim must be done only after obtaining Informed consent for the same.
- If patient is aged 12 years and above, he/she can give consent for the examination and treatment, however, if legal guardians are available, they should supplement it as witness/ consent giver. In case of minors of less than 12 years of age, elderly persons, mentally ill and intoxicated persons, consent/ assent of a person competent to give such consent on behalf of the SAS should be taken. **{Sec 184 BNSS, 2023; Section 27 BNS, 2023**; **Sec 27 POCSO Act**; Guidelines & Protocols by Ministry of Health & Family Welfare on Medico-legal care for survivors/victims of sexual violence, March, 2014; Model guidelines under **Section 39 of POCSO Act, 2013** published by Ministry of Women & Child Development, Govt. of India in September, 2013, implemented in state of Rajasthan vide State Govt. order No. एफ. 14 (2) () आ.सी.पी.एस./नि.बा.अ./सान्याअवि /13/29093 दि. 06.12.2013. (**Annexure-47**)}. If patient is less than 12 years, has certain physical and mental disabilities, is in an intoxicated state or has a language barrier, the examiner can seek consent from parents/next of kin, special educator, interpreter and support person nominated/ appointed by the Child Welfare Committee (CWC). These Support persons must be appointed and should function in coherence with the Model guidelines with respect to support persons under section 39 of POCSO ACT prepared by National Commission for Protection Child Rights, Janpath, New Delhi, 2024 prepared

in compliance of directions given by Hon'ble Supreme Court in the case titles "We the Women of India vs. Union of India & Ors. Writ Petition (s) (Civil) No (s) 1156/2021 and in Writ Petition No. 427 of 2022 titled Bachpan Bachao Andolan vs. Union of India".

- The survivor or guardian may refuse to give consent for any part of examination. In this case the doctor should explain the importance of examination and evidence collection, however the refusal should be respected. It should also be explained that refusal for such examination will not affect/compromise treatment. Such informed refusal for examination and evidence collection must be documented. All such cases may be referred to Child Welfare Committee for counselling & further needful. The role of Child Welfare Committee (CWC) in POCSO cases has been elaborated vide Circular No. **F(14)(2)POCSO/RSPCS/CCO/SJE/1587 dated 07.01.2013 of Social justice & Empowerment Department of Govt. of Rajasthan** (**Annexure-51**), which highlights the role of CWC for providing support to Victims of POCSO cases and same should be followed in case need for same is felt during medico-legal examination of such victims; for example, **a minor giving negative consent for medico-legal examination should be referred to CWC for counselling**.
- The consent form must be signed by the person him/herself if she/he is above 12 yrs. of age. Consent must be taken from the guardian/ parent if the survivor is under the age of 12 years. When the female (more than 12 years of age) refuses consent for medico-legal examination, then the written Informed Refusal must be recorded. All cases of such Informed refusal of children ranging between 12 to 18 years of age presenting with history of sexual abuse should also be referred to the Child Welfare Committee through the Station Head Officer (SHO) of the concerned Police Station.
- In case there is informed refusal for police intimation, then that should be documented. However, police intimation should not be held back in any situation. But, at the time of MLC intimation being sent to the police, a clear note stating "informed refusal for police intimation" should be made.
- The consent form must be signed by the survivor, a witness and the examining doctor. Any major 'disinterested', person may be considered a

witness, preferably the accompanying attendant of survivors. In case, they aren't accompanied by any attender, then same must be provided by Hospital In-charge as per provisions of **Section 27 of POCSO ACT**.

- As per **Section 184 of BNSS, 2023** "Nothing in this section shall be construed as rendering lawful any examination without the consent of the woman or of any person competent to give such consent on her behalf". Same shall be applicable in relation to cases of minors under the purview of POCSO ACT, and for that purpose the word woman shall be replaced with the word child in Section 184 of BNSS, 2023.
- In cases where the victim/survivor does not give consent for medico-legal examination and material evidence collection, the Informed refusal for medico-legal examination should be recorded and no Medico-legal report to be prepared in such cases and the Informed refusal to be documented and signed by the victim/survivor/guardian (as applicable) along with the witnesses and to be handed over in original to the Investigation officer, for further needful.
- All such Informed refusals should be documented bearing the consecutive MLR No. of that year bearing date with time and signatures of the Doctor, and a note for same – "Informed Reusal given for medico-legal examination and material evidence collection", to be put on the MLR.

❖ **SOME IMPORTANT POINTS AS PER MOHFW & RELEVANT GUIDELINES:**

- Be sensitive to the sexual assault survivor (SAS) as she has experienced a traumatic episode.
- The SAS should be examined promptly/ at the earliest possible. However, the complete examination and Forensic evidence collection may take a few hours. There must be no delay in conducting an examination and collecting evidence.
- The examination of SAS should be done in complete privacy and security. The Sexual Assault Forensic Examination (SAFE) should be conducted in a well lit room with calm background for putting the survivor at ease. It should be done confidentially with minimal number of medical personnel present in the examination room.

- Identity of the SAS must be kept confidential at every step. (Sec 72 BNS, 2023; Sec 23, 24(5), 33(7) POCSO Act; SC Judgement Nipun Saxena Vs Union of India 2018) & vide State Govt. Circular No. रापक./एमटीपी/2021/87 दि. 12.3.2021 (**Annexure-52**).
- In case of a child, "the medical examination shall be conducted in the presence of the parent of the child or any other person in whom the child reposes trust or confidence. (4) Where, in case the parent of the child or other person referred to in sub-section (3) cannot be present, for any reason, during the medical examination of the child, the medical examination shall be conducted in the presence of a woman nominated by the head of the medical institution}. (**Section 27 of POSO Act, 2012**)
- Providing treatment and necessary medical investigations is the prime responsibility of the examining doctor. Admission, evidence collection or filing a police complaint is not mandatory for providing treatment. It is the duty of the doctors to first provide the primary treatment and complete the examination of SAS and then report such cases to the police. The examination must be thorough and meticulous.
- Police personnel must not be allowed in the examination room during the consultation with the survivor. If the survivor requests, her relative may be present while the examination is done.
- Urine pregnancy test to be conducted. Blood investigation like HIV, HBsAg, VDRL should be conducted or advised so as to rule out transmission of venereal diseases from the accused to the survivor.
- Survivors of sexual violence should receive all services completely free of cost. This includes OPD/inpatient registration, lab and radiology investigations, Urine Pregnancy Test (UPT) and medicines. The casualty medical officer must label the case papers for any sexual violence case as "free" so that free treatment is ensured. Medicines should be prescribed from those available in the hospital. If certain investigations or medicines are not available, the social worker at the hospital should ensure that the survivor is compensated for investigations/ medicines from outside.
- Make sure that article/items required for SAFE kit should be ready before onset of SAFE. This will avoid last minute missing out of any evidence and

confusion. Items like swab sticks, needles, lancets, nail scrappers and nail cutters should be used only once for a case. It should then be disposed of and should not be used for any subsequent case. Usage of any used articles may lead to contamination of DNA samples, which may lead to miscarriage of justice.

- The main aim of the SAFE examination should be collection of evidentiary material which requires proper visualization of injuries due to physical violence, genital examination, and documentation of exact findings in scientific language.
- Per speculum examination is not a must in the case of children/young girls when there is no history of penetration and no visible injuries. The examination and treatment as needed may have to be performed under general anaesthesia in case of minors and when injuries inflicted are severe.
- **Per-Vaginum examination commonly referred to by lay persons as 'two-finger test', must not be conducted for establishing rape/sexual violence, and the size of the vaginal introitus has no bearing on a case of sexual violence.**
- The status of hymen is irrelevant because the hymen can be torn due to several reasons such as cycling, riding or masturbation among other things. An intact hymen does not rule out sexual violence, and a torn hymen does not prove previous sexual intercourse. Hymen should therefore be treated like any other part of the genitals while documenting examination findings in cases of sexual violence. Only those that are relevant to the episode of assault (findings such as fresh tears, bleeding, edema etc.) are to be documented.
- Genital findings must also be marked on body charts and numbered accordingly.
- Bleeding/swelling/tears/discharge/stains/warts around the anus and anal orifice must be documented. Per-rectal examination to detect tears/stains/fissures/haemorrhoids in the anal canal must be carried out and relevant swabs from these sites should be collected.
- Oral cavity should also be examined for any evidence of bleeding, discharge, tear, oedema, tenderness.

- As per the guidelines of MOHFW, Govt. of India; “If a woman reports within 96 hours (4 days) of the assault, all evidence including swabs must be collected, based on the nature of assault that has occurred. The likelihood of finding evidence after 72 hours (3 days) is greatly reduced; however, it is better to collect evidence up to 96 hours in case the survivor may be unsure of the number of hours lapsed since the assault”. As per the SOP on Collection & Processing of Scientific/Forensic Evidences in case of Sexual Assault on Women released by National Human Right Commission; “the optimal time for 'forensic DNA evidence' collection, is up to 72 hours (in no case beyond 96 hours) of the assault. However, 'forensic DNA evidence’ can still be collected up to 7days due to advancements in DNA technology” asper the SOP of NHRC (**Annexure-53**). Thus, Forensic evidence collection in cases of sexual assault should be done in accordance to the **Office order of Director, State FSL, Rajasthan, Jaipur vide order No. 14881 dated 12.11.2024**; and, unnecessary sampling should be avoided specially if the SAS reports after 7 days circulated in Rajasthan Police department vide letter no. **CID/CB/PRC/2024/24348-406 dated 20.11.2024** (**Annexure-54**).
- Adequate sampling of evidences like swabs from bite marks, nail clippings and scraping, vaginal swabs, oral swabs with their smears, pubic and scalp hair combing, clothes, blood on gauze/FTA card, blood for alcohol and drugs, etc. should be carefully collected and preserved which must be done in all cases of sexual offences in compliance to the directions issued by relevant authorities. Guidelines & protocols for same issued by Ministry of Health & Family Welfare (**Annexure-43**); Guidelines for Forensic Medical Examination in Sexual Assault cases (2018) of Central Forensic Science Laboratory (CFSL), Chandigarh (**Annexure-55**); SOP of National Human Rights Commission (**Annexure-53**); above mentioned FSL order (**Annexure-54**); letter no. **CID/CB/PRC/2010/3764-3812 dated 24.06.2010 of office of Director General of Police, Rajasthan,** recommending DNA testing in samples preserved in cases of sexual assault (**Annexure-56**); State Govt. order no. प. 6(40) गृह–13/2017 दि. 30.07.2018 (**Annexure-57**); Letter No. 1731 dated 12.03.2019 of State FSL to Director General of Police,

Rajasthan mandating DNA examination in all cases of sexual assault should be followed for sampling (**Annexure-58**).

- **Clothes** that the survivor was wearing at the time of the incident of sexual violence are of evidentiary value if there is any stains/tears/trace evidence on them. Hence, they must be preserved at the time of Medical examination. If clothes are already changed then the survivor must be asked for the clothes that were worn at the time of assault and these must be preserved by the doctor conducting the examination. Always ensure that the clothes and samples are air dried before storing them in their respective packets. Ensure that clothing is folded in such a manner that the stained parts are not in contact with unstained parts of the clothing. Pack each piece of clothing in a separate bag (preferably in a cloth bag), seal and label it duly.
- The efficacy of sample collection depends on history of nature of assault, time elapsed between the assault and the examination, and also on post-assault activities. Therefore, date and time of examination and collection of all the samples must be clearly mentioned in the report.
- All samples should be preserved in appropriate bags/ containers/ envelopes, duly packed and sealed and forwarded to FSL with the **Forwarding letter for cases of sexual offences- FORM XX (in triplicate)** to FSL, immediately after collection and preservation by handing over to the accompanying police person, whose name & designation must be mentioned on the forwarding letter as well as the medico-legal report. All such samples, if preserved, should be sent along with the Blood sample of the victim/ survivor collected and preserved on FTA Car for the DNA Profiling of the survivor. These samples should be marked on the same forwarding and shall be forwarded to DNA laboratory with duly filled FSL examiner's forwarding letter along with the DNA identification form **(Annexure-59)** in triplicate **(DNA Identification Form- Form XXI)**.
- **Chain of custody:** The hospital must designate certain staff responsible for handling evidence and no one other than these persons must have access to the samples. This is done to prevent mishandling and tampering. If a fool-proof chain of custody is not maintained, the evidence can be rendered

inadmissible in the court of law. A log of handing over of evidence from one 'custodian' to the other must be maintained.

- Provisional & Final Opinions must be framed in accordance to the **Guidelines & Protocols Medico-legal care for Survivors/ Victims of Sexual Violence"** issued by the Ministry of Health & Family Welfare, Government of India (**Annexure-43**). As per **Section 184 of BNSS, 2023**, "The report shall state precisely the reasons for each conclusion arrived at".

❖ The report of sexual assault survivor examination should be prepared immediately after examination and handed over to investigating agency/ officer without any delay by the concerned doctor who has examined the survivor. However, as per **Section 184 of BNSS, 2023**, "The registered medical practitioner shall, within a period of seven days forward the report to the investigating officer who shall forward it to the Magistrate referred to in section 193 as part of the documents referred to in clause (a) of sub-section (6) of that section".

❖ A copy of all documentation (including that pertaining to medico-legal examination and treatment) must be provided to the survivor free of cost.

II. Medico-legal Examination of Accused of sexual Offences:

As per the provisions of **Section 52 of BNSS, 2023**;

1. When a person is arrested on a charge of committing an offence of rape or an attempt to commit rape and there are reasonable grounds for believing that an examination of his person will afford evidence as to the commission of such offence, it shall be lawful for a registered medical practitioner employed in a hospital run by the Government or by a local authority and in the absence of such a practitioner within the radius of sixteen kilometres from the place where the offence has been committed, by any other registered medical practitioner, acting at the request of any police officer, and for any person acting in good faith in his aid and under his direction, to make such an examination of the arrested person and to use such force as is reasonably necessary for that purpose.

2. The registered medical practitioner conducting such examination shall, without any delay, examine such person and prepare a report of his examination giving the following particulars, namely:
    (i) the name and address of the accused and of the person by whom he was brought;
    (ii) the age of the accused;
    (iii) marks of injury, if any, on the person of the accused;
    (iv) the description of material taken from the person of the accused for DNA profiling; and
    (v) other material particulars in reasonable detail.
3. The report shall state precisely the reasons for each conclusion arrived at.
4. The exact time of commencement and completion of the examination shall also be noted in the report.
5. The registered medical practitioner shall, without any delay, forward the report to the investigating officer, who shall forward it to the Magistrate referred to in section 193 of BNSS as part of the documents referred to in clause (a) of sub-section (6) of that section.

- It is a must to conduct medical examination of a person accused of committing or attempting the offence of rape;
- Such a medical examination must preferably be conducted at a government hospital or local authority;
- If there is not such hospital or local authority within 16 kilometre radius, any other registered medical practitioner may conduct the examination;
- The doctor conducting medical examination of accused under BNSS for offence of rape needs to record information as prescribed under Section 52;
- Each and every conclusion in the medical examination report of rape accused needs to be supported with reasons;
- The Medical report to be prepared in **Form XXI- format for medico-legal examination of accused of sexual offences.**
- The medical report so prepared needs to be forwarded to the investigating officer without delay.

➢ **CONSENT:** An examining doctor is ethically bound to seek informed consent before examination of any person including the accused. However, as per the

law, reasonable force can be used to compel the accused for undergoing the examination. Both male and female accused should be offered a choice of being examined by a male/ female doctor depending on their comfort. It should be explained to the accused in a language understood by him that the consent is being sought for medical examination, medico-legal examination, sample collection for clinical and forensic examination. An accused can only be examined on police requisition as per the existing laws. In case, an accused himself reports to the hospital for treatment and discloses about an offence committed by him, it should be explained that as per law the hospital is required to mandatorily inform the police & police intimation should be done immediately.

- Simultaneous examination of potency should be undertaken only when asked by Court or Police.
- General examination and examination of Genitals should be done along with Documentation of injuries, related to resistance put up by the survivor or victim; & any other related findings. Injuries should be recorded with all relevant details and should also be depicted on appropriate body diagrams.
- Based upon the history of the case, relevant evidence materials like swabs from stains or penis or scrotum, nail scrapings and clippings, clothes, samples for sexually transmitted diseases, Blood for DNA profiling, blood & urine samples should be collected for Forensic analysis & forwarded to the concerned laboratory through police after sealing properly with a tamper proof seal with the **Forwarding letter for cases of sexual offences- FORM XX (in triplicate)**. Chain of custody must be maintained adequately. All such samples, if preserved, should be sent along with the Blood sample of the victim/ survivor collected and preserved on FTA Car for the DNA Profiling of the survivor. These samples should be marked on the same forwarding and shall be forwarded to DNA laboratory with duly filled FSL examiner's forwarding letter along with the DNA identification form **(Annexure-59)** in triplicate **(DNA Identification Form- Form XXI)**.
- Adequate sampling must be done in all cases in compliance to Guidelines & protocols issued by Govt. of India, and, as per State Govt. order no. प. 6(40) गृह–13/2017 दि. 30.07.2018 (**Annexure-57**).

III. Medico-legal Examination for Potency:

This examination should only be done if ordered by Hon'ble court or requested by police, after obtaining due consent from the individual; General examination is done including secondary sexual characters followed by genito-perineal examination to observe the development of genitals; pubic hair; Penile development & condition; examination of scrotum with testis; signs of venereal diseases; eliciting scrotal, cremasteric & superficial abdominal reflexes; and, further investigations may be advised, if needed. Blood tests can be done to rule out systemic/ venereal diseases affecting potency; and special investigations may be done if required like Doppler studies & Pharmacologically Induced Penile Erection (PIPE) Test. Final opinion may be furnished as regards to whether the person is capable/ not capable of performing sexual intercourse under normal circumstances. As per need, Medical Boards including Forensic Medicine Experts, Surgeons, Radiologist & Psychiatrist may be constituted by the Medical Superintendent/ CMHO/ PMO may be constituted especially when such opinions are specifically sought by Hon'ble courts in civil/ criminal matters. Whenever, this examination is undertaken for male accused of sexual offences, relevant samples must be collected as per the details of the case, and same is already incorporated in the format. However, a medico-legal examination carried out only for the purpose of Potency examination, then the Medical report to be prepared in **Form XXII- format for medico-legal examination for potency.**

IV. Collection of blood sample for DNA profiling on FTA Card:

This sample is collected for both survivor and alleged accused for cross matching of DNA detected on other preserved samples through DNA profiling of victim and accused. The sample is collected on FTA Card, air dried and sealed in an envelope and forwarded through Police to the DNA Laboratory of jurisdiction. Wipe the tip of the ring/ Middle finger with alcohol swab, prick it with sterile lancet and allow few drops (3-4 drops) of blood to fall within the circle of the card. Spilling must be avoided. It must be air dried before packing; drying on flame, heater, blower and direct sunlight MUST not be done. Lot nos. if written on the card must not be cut. One card with lot no. should be used for collection of one sample. Avoid touching of Round circle & filter paper of FTA card to prevent contamination. Use of gloves is mandatory while collecting sample and handling the FTA Card. The FTA Card should be carefully and

adequately labelled with details of the sample. This must be preserved in an envelope, duly sealed and forwarded with duly filled forwarding letters & DNA Identification Form issued by State FSL **(Annexure 59)** in triplicate **(DNA Identification Form- Form XXI)** with sign, seal of doctor and impression of Seal of the ward/Unit/Hospital/Institution used for sealing the sample and mention of details of person to whom it was handed over in compliance to FSL Circular No. F (16)/HA/POCSO-FSL/-03942-6720300/2024/648 dated 23.12.2024 (**Annexure-60**). In cases where the medico-legal examination for collection of evidences of samples for DNA profiling is done subsequently after the primary MLR was prepared earlier, then medico-legal examination may be done only for the ourpose of evidence collection and prepared in the format of **Medico-Legal Report (Evidence Collection) – FORM XI** with effect to the mentioning of the samples preserved from the body as part of evidence as needed for the case or as requested by the Investigation Officer in writing and documenting the consent for the same.

V. Medical Termination of pregnancy in cases of sexual assault:

In cases where the SAS is found to be pregnant, then the examining doctor must forward the report of same to the Secretary, District Legal Services Authority, through police, so that a female advisor can be appointed to guide the SAS. MTP should be done as per the provisions of MTP Act & MTP Rules, in compliance of State Govt. order no. रापक./एमटीपी/2021/87 दि. 12.3.2021 (**Annexure-52**). If the gestational period is less than 24 weeks, then immediately further needful must be done in accordance with the **MTP Amendment Act, 2021 & MTP Rules & latest POCSO rules,** for minors**.**

VI. Preservation of fetus in abortion/ delivery of cases of Sexual offences:

The aborted fetus/ products of conception must be preserved for DNA profiling in cases of pregnancy resulting from sexual assault in compliance to directions & orders of various Hon'ble Courts & State Govt. Circular No. रापक./एमटीपी/2021/87 दि. 12.3.2021 (**Annexure-52**). The aborted fetus is preserved as a whole in a glass jar with Normal saline as preservative. The preserved sample is duly sealed with seal of the concerned Hospital/ ward where MTP is done and forwarded to DNA laboratory with duly filled FSL examiner's forwarding letter along with the DNA identification form

(Annexure-59) in triplicate **(DNA Identification Form- Form XXI)**, as per FSL Circular No. F (16)/HA/POCSO-FSL/-03942-6720300/2024/648 dated 23.12.2024 (**Annexure-60**); duly signed by the doctor who performed MTP. The seal impression of the seal of concerned ward/Unit/Hospital/Center/Institution used for sealing the sample must also be put on each copy of both the forms. Passport size photograph of the survivor or the newborn, duly attested by the concerned doctor should be pasted on the DNA identification form.

In cases, where the fetus is born alive at the time of MTP, the newborn is shifted to the nursery and concerned police station is intimated to bring the FTA card for DNA profiling sample collection. In such cases, specific consent for blood sample of newborn must be obtained from mother/ guardian especially if sexual assault survivor is less than 12 years of age. The blood sample is collected on FTA card, when available and handed over to the police person for needful along with relevant MLR and Requisition & DNA identification forms as mentioned above. This sample collection of newborn may be done by the on duty doctor or by doctor from Forensic Medicine Department, wherever available like other medico-legal cases on the **Medico-Legal Report (Evidence Collection) – FORM XI**.

Duty doctor must obtain in writing, whether or not, the survivor or her guardians want the custody of newborn. If refused, same must be intimated to the concerned police station along with information to the relevant Government authorities to ensure caregiving to the newborn during admission and after discharge from the hospital. In cases, where the newborn dies later, the dead body should be shifted to the mortuary and police information is done for post-mortem examination & additional sample collection for DNA Profiling, if needed, and the disposal of the dead body. If custody of newborn is claimed by the survivor, same should also be intimated to the concerned police station prior to hand over.

Abortus must be preserved in all cases of pregnancy resulting from sexual assault/offence, even in cases where Informed Refusal has been documented in writing from the survivor/ guardian for medical examination, to prevent loss of crucial evidence, in case of later changes in decision/ interference or further directions from competent authorities.

TOPIC 7: PROTOCOLS FOR MISCELLANEOUS CERTIFICATIONS LIKE PREGNANCY, DELIVERY, CRIMINAL ABORTION, CHILD ABUSE ETC.

I. EXAMINATION OF A FEMALE FOR CERTIFICATION OF PREGNANCY:

- When a female is brought for examination to look for signs of pregnancy to confirm conception, with a requisition from a Police or a Judicial Officer, same needs to be done but consent is mandatory.
- Such examination can preferably be undertaken by Gynaecologist, if available and in absence by the available female Medical Officers.
- Clinical Examination must be done by per abdominal examination & if needed per speculum to note the signs of pregnancy.
- Urine pregnancy test should be done. In cases of suspected early pregnancy serum HCG levels may be pursued.
- To confirm pregnancy, ultrasonographic examination should be conducted by concerned subject experts to visualise the presence of fetus in utero along with its gestational age by ordering for same with due formalities of 'F' Form.
- In all cases where pregnancy results from sexual assault, relevant protocols should be followed for further needful in compliance to **Annexure-52**.

II. EXAMINATION OF A FEMALE TO LOOK FOR SIGNS OF RECENT DELIVERY:

- Whenever a female with history of recent delivery or complaints suggestive of recent delivery where the death of the new born baby is reported in a suspicious manner or those who bring the female gives such a suspicious history or no history regarding the new born baby is known or available and when such a female is brought for medico-legal examination by a Police Officer to a doctor working in an institution, the doctor should, after obtaining her consent, immediately examine the female to look for signs of recent delivery, intimate the police and preserve all possible evidence for examination.

- When a female is brought for examination to look for signs of recent delivery, with a requisition from a Police or a Judicial Officer, intimation is not necessary but consent is mandatory.
- In institutions where Gynaecologists are working, the examination to look for signs of recent delivery should be undertaken by the Gynaecologist on call duty on that day. When a Gynaecologist is not there in the institution, the examination should be undertaken preferably by or under the supervision of a lady medical officer.
- The female has a right to exercise choice regarding the gender of the examining doctor.
- When there is only a male medical officer on duty, he should arrange for the examination of the female by a lady medical officer, at the earliest, if requested.
- When the life of the female is in danger, e.g., profuse bleeding, the first priority will be to save the patient and the doctor attending the patient is bound to examine and institute appropriate treatment.
- A proper history should be obtained in the subject's own words and should be recorded as such. Specific history in relation to gestational period, attempted criminal abortion etc. should be taken.
- When there are injuries to the genitalia and/or on the body, they should be described in detail.
- Such medico-legal examination may be requested in cases of alleged sexual assaults, delivery by unauthorized persons, criminal abortion cases or cases of medical negligence in that relation.

III. EXAMINATION OF A FEMALE TO LOOK FOR SIGNS OF CRIMINAL ABORTION:

Criminal abortion are cases of attempted abortions performed by unauthorized persons (MTP Act and Rules) are to be considered as medico legal cases and reported to the police. Give proper treatment.

- Always perform examination of clothes and take blood sample after taking proper history and documentation of consent.

- Examination should preferably be done by a Gynaecologist, and in absence by a lady Medical Officer.
- Examination of Body & genitalia should be done to note signs of recent pregnancy (pendulous abdomen, enlargement of abdomen, linea nigra, Montgomery tubercles, Chadwick sign etc.), and abortion (Bleeding per vaginum etc.).
- Ultrasound may be ordered, if needed to note the size of Uterus and presence/ absence of Products of conception, if any.
- Preserve the remains of product of conception (RPOC/s) for DNA Analysis and Chemical Analysis, if required.
- Clothes are recorded and preserved, if needed.
- Blood & urine tests to corroborate recent pregnancy may be ordered.
- Medical treatment records, if available may be incorporated for corroboration.
- If she refuses to make a statement/ give consent for medico-legal examination, the doctor should not pursue the matter & document Informed refusal, and police intimation may be done.
- If patient dies due to criminal abortion or subsequently, dead body should be sent for Medico-legal autopsy.
- In cases of suspected abortion consequent to physical violence, USG of whole Abdomen should be ordered for signs of internal injury, if any, and, Expert Gynaecological opinion should be taken in all such cases to corroborate the occurrence of abortion, and most probable cause for same; or whether, it resulted due to the said trauma or not.
- Final opinion regarding cause of abortion may be furnished by the concerned doctor on basis of Gynaecological opinion & available treatment records.

IV. MEDICAL TERMINATION OF PREGNANCY AMENDMENT ACT, 2021 & 1971- SOME IMPORTANT POINTS

1. In section 3 of the principal Act, for sub-section (2), the following sub-sections shall be substituted, namely:— "(2) Subject to the provisions of sub-section (4), a pregnancy may be terminated by a registered medical practitioner,— (a) where the length of the pregnancy does not exceed twenty weeks, if such

medical practitioner is, or (b) where the length of the pregnancy exceeds twenty weeks but does not exceed twenty-four weeks in case of such category of woman as may be prescribed by rules made under this Act, if not less than two registered medical practitioners are, of the opinion, formed in good faith, that— (i) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or (ii) there is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality. Explanation 1- For the purposes of clause (a), where any pregnancy occurs as a result of failure of any device or method used by any woman or her partner for the purpose of limiting the number of children or preventing pregnancy, the anguish caused by such pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman. Explanation 2 - For the purposes of clauses (a) and (b), where any pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

2. (2A) The norms for the registered medical practitioner whose opinion is required for termination of pregnancy at different gestational age shall be such as may be prescribed by rules made under this Act.
3. (2B) The provisions of sub-section (2) relating to the length of the pregnancy shall not apply to the termination of pregnancy by the medical practitioner where such termination is necessitated by the diagnosis of any of the substantial foetal abnormalities diagnosed by a Medical Board. (2C) Every State Government or Union territory, as the case may be, shall, by notification in the Official Gazette, constitute a Board to be called a Medical Board for the purposes of this Act to exercise such powers and functions as may be prescribed by rules made under this Act. (2D) The Medical Board shall consist of the following, namely:— (a) a Gynaecologist; (b) a Paediatrician; (c) a Radiologist or Sonologist; and such other number of members as may be notified in the Official Gazette by the State Government or Union territory, as the case may be.". These cases must be taken up as per the directions of MTP act (Latest amendment) & State Govt. Order NO.

F39(1)/NHM/2023/171 dated 05.01.2024 (**Annexure 61**) {which directs to include Head of Departments of Gynaecology, Paediatrics, Radio-Diagnosis, General Medicine, Anaesthesia Departments of Zonal Headquarter Medical College as Members for such Medical Boards, with at least one female member mandatory, or any other Expert as per need; and Gynaecologist to be the Convener/ Chairperson of this board, and, in cases of unavailability of any prescribed member, may include any other expert on basis of seniority} to be complied in cases of termination on grounds of substantial foetal abnormalities irrespective of the length of pregnancy.

4. After section 5 of the principal Act, the following section shall be inserted, namely: - "5A. (1) No registered medical practitioner shall reveal the name and other particulars of a woman whose pregnancy has been terminated under this Act except to a person authorised by any law for the time being in force. (2) Whoever contravenes the provisions of sub-section (1) shall be punishable with imprisonment which may extend to one year, or with fine, or with both.".

As per MTP Act, 1971-

- Section 2 (b) - “lunatic” has the meaning assigned to it in section 3 of the Indian Lunacy Act, 1912;
- Section 2 (c) - “minor” means a person, who, under the provisions of the Indian Majority Act, 1875, is to be deemed not to have attained his majority (implying minor girl is less than eighteen years of age, as per existing law).
- Section 3. (4) (a) - No pregnancy of a woman, who has not attained the age of eighteen years, or, who have attained the age of eighteen years, is a lunatic, shall be terminated except with the consent in writing of her guardian.
- Section 3. (4) (b) - Save as otherwise provided in clause (a), no pregnancy shall be terminated except with the consent of the pregnant woman.
- Section 4 - No termination of pregnancy shall be made in accordance with this Act at any place other than- (a) a hospital established or maintained by Government, or (b) a place for the time being approved for the purpose of this Act by Government.

- Section 5. (1) - The provisions of section 4, and so much of the provisions of sub-section (2) of section 3 as related to the length of the pregnancy and the opinion of not less than two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of opinion, formed in good faith, that the **termination of such pregnancy is immediately necessary to save the life** of the pregnant woman.

V. EXAMINATION OF A CHILD TO LOOK FOR SIGNS OF CHILD ABUSE:

All children should be approached with extreme sensitivity and their vulnerability recognized and understood. Give proper treatment.

- Usually medical examination should be done within 24 hrs or as soon as possible.
- Consent from parents/guardians in written should be taken. Consent from child in form of verbal, expressed or written is to be taken.
- Always prepare the child by explaining the examination and showing equipment; this has been shown to diminish fears and anxiety.
- Encourage the child to ask questions about the examination. If possible, interview the child alone (separately from the attendants) in a separate room. Never put undue pressure on a child for medical examination, if he/she denies even after convincing.
- But in conditions requiring medical attention, such as bleeding or a foreign body is suspected, consider sedation or a general anaesthesia.
- Record the child's weight, height and sexual development, Take proper history and document it correctly. Avoid unnecessary painful and invasive procedures.
- Police intimation must be done immediately in cases where the child has reported seeking medical attention, and not brought for medico-legal examination by police persons, even if the child &/or the parents/ Legal guardians refuse to give consent for the medical examination. Psychiatric counselling should be advised.

Note: The Medical report in these cases to be prepared in **Form XXII- Miscellaneous Report Form.**

TOPIC 8- PROTOCOLS FOR FITNESS FOR EMPLOYMENT CERTIFICATIONS, DISABILITY CERTIFICATION IN ACCIDENTAL INJURIES

FITNESS FOR FIRST APPOINTMENT

This should be pursued in compliance to the provisions mentioned in Rajasthan Service Rules (RSR), Volume 1, Part A (latest amendment); Rule 9, 10 & 11 & as per Rule 19 of Rule 13 of the Rajasthan Medical & Health Subordinate Service Rules, 1965 (Latest amendments) & Rule 19 of Notification of Department of Personnel (Group A-II), Government of Rajasthan.

Rule 9 (RSR)- Production of Medical certificate for appointments — Except as provided by this rule no person may be appointed to a post in Government service without a medical certificate of health. Government may, in individual cases, dispense with the production of a certificate, or may, by general orders exempt any specified class of Government servants from the operation of this rule. The part-time employees, should be required to produce medical certificates of fitness in the same manner and or the same conditions as whole-time employees. (i) In respect of Gazetted Officers certificate recorded in the manner prescribed above by the competent authority to whom the medical certificate has been submitted, should be attached to the First Pay Bill. (ii) In respect of Non-gazetted Government servants the drawing and disbursing officers should record such certificate and attach to the First Pay Bill of the Government servant concerned.

Rule 10 (RSR)- Form of Medical certificate of fitness: - A medical certificate of fitness for Government service shall be in the following form: —

Health Certificate

"I hereby certify that I have examined.....(AB) candidate for employment in.....Department and cannot discover that he/she has any disease (communicable or otherwise), constitutional weakness or Bodily infirmity except..... I do not consider this a disqualification for employment in the office of.....".

Note- An undertaking may be obtained regarding health conditions as elaborated in guidelines of the Department of Personnel, Government of Rajasthan should be obtained from all candidates along with the application for the request of physical

examination to assess the fitness on first appointment, duly submitted to the Head of the Hospital/ Institution/ Department; along with a copy of order of appointment and copy of ID proof to verify the candidate's identity, to be tallied with original brought at the time of Medical examination. A passport size photograph of the candidate should be affixed on all Health certificates, duly attested by the examining Government Doctor.

Rule 11 (RSR)- The certificate prescribed in Rule 10 should be signed by a **Medical Officer of and above; the rank of a District Medical Officer**, provided that:— (a) In the case of a women candidate, a competent authority may accept a certificate signed by a woman medical practitioner, (b) a candidate who is likely to be employed in a temporary capacity continuously for three months or more shall produce, either before or at the time of his appointment a certificate from the medical graduate or licentiate, but if the latter is doubtful whether or not the candidate is fit for Government service, he shall refer the case to the Principal Medical Officer. When, however, a Government servant initially employed in an office in a temporary capacity for less than three months is subsequently retained in that office or is transferred without a break to another office and the total period of continuous service under Government it is expected to last for three months or more he shall produce such a certificate within a week from the date of the orders sanctioning his retention in the office or joining the new office. A Government servant, who on his first appointment in a temporary capacity, obtained a certificate of fitness from his Medical graduate or licentiate and who is subsequently appointed in a permanent vacancy in the same office or elsewhere without a break in his service should, at the time of his confirmation, obtain a certificate of fitness from an officer of and above the rank of a District Medical Officer unless on his first appointment in a temporary capacity he was examined medically by such an officer. This however, does not apply to persons mentioned in provisos (a) and (b) of this rule.

Rule 13/ Rule 19- A candidate for direct recruitment to the service, must be in good mental or bodily health and free from mental or physical defect likely to interfere with the efficient performance of his duties as a member of service and if selected must produce a certificate to that effect from a medical authority notified by Government for

that purpose. The Appointing Authority, may dispense with the production of such certificate in the case of candidate promoted in the regular line of promotion, or who is already serving in connection with the affairs of the State if he/she has already been medically examined for the previous appointment and the essential standards of medical examination of the two posts held by him/her are to be comparable for efficient performance of duties of the new post and his age has not reduced his efficiency for the purpose.

Note- All such Physical Examination of candidates for admission into various state & subordinate services under the Government of Rajasthan or any other service of any appointing authority should be pursued in accordance to the orders of Department of Personnel (A-Group II), Government of Rajasthan vide **orders No. F.2(1)DOP/A-2/93 dated 25.01.2017** (**Annexure-62**); **F.1(3) DOP/ A-II/2019 dated 19.09.2019; F.2(1)DOP/A-II/2016 dated 13.03.2020** (**Annexure-63**); and other circulars of concerned State & Central Appointing Authorities regarding Physical & Medical standard for fitness for the concerned appointment. Only relevant investigations as per above orders and as per the needs of the nature of appointment should be done and unnecessary Laboratory tests should be avoided. HIV/ AIDS screening should not be required of job applicants or persons in employment or for purpose of exclusion from employment or worker benefits in compliance to Rule 3.4 VI of the National policy on HIV/ AIDS and the world of Work Issued by the Ministry of Labour and Development, Government of India.

GUIDELINES FOR DISABILITY CERTIFICATIONS

Such examination & assessment should preferably be done by respective subject experts after receiving application through proper channel as per latest **State Government Order No. F.06(17) UDID/DSAP/2019/02-00002-Part file (1)/3904 dated 16.05.2025 (Annexure 64)** in relation to Disability certifications of Persons with disabilities (PWD) in Rajasthan. It is preferable for concerned subject experts to issue respective disability certificates. In cases of Disability certifications for the purpose of Motor Vehicle Compensation & Workmen's Compensation Act; a Forensic Medicine Expert may be included, if available as a part of the team issuing the certificate. The forensic medicine expert should tally the treatment records and medico-legal reports to verify the injuries related to incidents in conjunction to those resulting in the said

disability to rule out foul play and false reporting. All Disability assessments should be done in accordance to the Latest Notified Guidelines for assessing the extent of specified disabilities issued by Government of India from time to time along with latest notifications & amendments issued in this respect subsequently. (Currently those dated 14.3.2024). The Disability assessments reports must be issued promptly as per directions of State Govt. order No. चि.प्र./**MLC/PM/Disability/2017/081** दि. 29.06.2017 (**Annexure-11**) and should be accurately prepared in compliance to State Govt. order No. चि.प्र/एफ–विविध/2019/326–35 दि. 04.10.2019 (**Annexure-65**). In cases of verification of Physical disability for employment as criteria for PWD seats, concerned subjects experts should evaluate the person's disability, so as to ensure the fulfilment of the criteria of disability (>40%), and also that such disability shall not interfere with the concerned job and is in accordance with the vacancy of PWD posts. In such Fitness for appointment cases, Forensic Medicine Experts can be added to the Medical Board for rest criteria related to certification of fitness for the appointment. In all such cases, the verification of identity of the person appearing for Medical Examination shall be the responsibility of the concerned Department of Employment, however, the Medical Board must obtain copies of valid ID proofs, matched with original IDs and the photograph of candidate to ensure identity.

The Disability certification of Permanent total disabled Government servants for the purpose of appointments of dependents is to be done as per the provision of Rajasthan Compassionate Appointment of dependents of Permanent Total Disable Government Servant Rules, 2023 or its subsequent latest amendments notified vide State Govt. order no. F. 5(1)DOP/A-II/2022 dated 26.04.2023 (**Annexure-66**).

OTHER HEALTH CERTIFICATES LIKE SICKNESS & FITNESS CERTIFICATES

The directions issued by the Department of Health & Family Welfare, Govt. of Rajasthan vide State Govt. order No. एफ–विविध/चि.प्र/2017/223–345 दि. 05.05.2017 (**Annexure-67**) should be followed. Authorized Private Hospitals are permitted to issue Sickness & Fitness Certificates vide Govt. order no. प. 16(26) एम.ई./ग्रुप–1/94 दि. 17.05.2012 (**Annexure-68**).

TOPIC 9: PROTOCOL FOR EXPERT OPINIONS IN VARIED CASES INCLUDING MEDICAL NEGLIGENCE

EXPERT OPINION:

Investigating Officer of a case can request to the Medical Superintendent/ Professor and Head of Forensic Medicine Department of Govt. Medical College of the District / Nearest Govt. Medical College/ CMHO/ PMO of District Hospital a for Expert opinion for cases conducted in the same Medical College Department or nearby Medical Institutions, if necessary for autopsy cases, age cases, sexual offence case, Wound certificates / Drunkenness certificates etc. Such opinion may be sought from the concerned Doctor who has prepared the MLR or from Senior Doctors or relevant Subject experts of from Medical Board of Doctors. In case such Expert opinion is sought from a Medical Board, requisition for constitution of such Board should be submitted by concerned Superintendent of Police/ Executive or Judicial Magistrate to the Head of the Hospital who shall constitute the requisite Medical Board as per need of the case and subject to availability of Doctors.

EXPERT OPINION IN CASES OF MEDICAL NEGLIGENCE:

Medical Board should be constituted for such Expert opinion in compliance to latest State Govt. order no. प.02( )DME/GEN/2024/006850/690 दि. 16.04.2025 (**Annexure-31**). As per this order, in SOP has been framed in compliance of Hon'ble Supreme Court Guidelines and Suo Moto Writ Criminal No. 02/2024 in RE Alleged Rape and Murder incident of a trainee doctor in R G Kar Medical College and Hospital & Related issues for cases of violence against Doctors & cases of Medical Negligence against doctors which states guidelines for Security of the Health Care establishment; Guidelines in cases of alleged medical negligence complaints against doctors & Communication with patients & attendants by Doctors. The SOP mentions that in cases of alleged Medical Negligence filed against doctors-

1. Any complaint of Medical Negligence shall be entered in daily information register of the police station & dealt as a matter of Police Inquest under Section 194 of BNS, 2023 and a complaint shall not be directly registered for such allegation.

2. If this case comes under Section 106 of BNS, 2023, Death due to Negligent act; then Investigation Officer to do primary investigation within 14 days and obtain an independent & unbiased opinion from the Doctor/ Medical Board, and should lodge a complaint only if primarily evidences are available for such investigation to be carried out.
3. The SHO must do primary investigation and obtain independent & unbiased opinion from a medical board of Doctors.
4. The SHO of the concerned Police Station should request the Principal of the Concerned Medical College to constitute a Medical Board for same at the earliest or at least within 3 days; and the constitution of Medical Board shall be mandatory for cases of Medical negligence, which must include specialist from the relevant specialty related to the complaint.
5. The Medical Board has an obligation to furnish an unbiased report in cases of Medical Negligence, irrespective of the nature of Negligence and should furnish its independent & unbiased report within 15 days.
6. In case of need, an extension period of another 15 days can be requested from the Principal of the concerned Medical College/ District CMO by the Medical Board, while stating the reason for the same.
7. Prior to filing Charge-sheet due prosecution sanction must be sought from the competent authorities under section 218 of BNSS, 2023 with the charge-sheet.
8. No arrest of Doctors shall be made in such matters without obtaining due permission from the District Superintendent of Police. Arrests shall only be ordered in cases where the doctor is non-cooperating towards the investigation.
9. All cases of Violence against doctors shall be dealt with strictly as per the provisions of Prevention of violence and Damage to Property Act, 2008 of State Govt. (Act No. 24 of 2008)
10. Investigation officer must prepare an explanatory note of the medical & surgical treatment done.

Videography & Photography is recommended for the post-mortem examination in deaths due to medical negligence, to be arranged by the Investigation Officer.

In such cases the directions issued by the Ethics & Medical Registration Board, National Medical Commission vide order no. NMC/MCI/EMRB/C-12015/0023/2021/ETHICS/022426 dated 29.09.2021 (**Annexure-69**); which mentions that the prosecuting/Investigating agency on receipt of any complaint of which criminal rashness or negligence is an ingredient against Medical practitioners under the NMC Act prior to making arrest refer the complaint to District Medical Council Board for its recommendations as regards the merit of the allegation of criminal rashness or negligence , contained in the complaint. The District Medical Board should be in Govt. Medical College & in District Hospital if the District doesn't have a Medical College so that the concerned experts are available for opinion in the matter. The Department of Forensic Medicine & Toxicology in every Medical College should be the Nodal Department for such Board. The District Medical Board should examine the allegations within two weeks; which is same as not later than 15 days in above mentioned State Government order. In case the Investigation agency is not satisfied with the report, they can refer it to the State Medical Board, which should have a pool of specialist from state from each specialty apart from permanent members appointed by the State Govt. Two specialists from the concerned branch should be included in the Board of appeal on the day of receipt of referral. The State Board shall also examine the allegation within two weeks from the date of receipt of such reference. The Boards should apply Bolam's test to facts 'Standard of responsible body of Medical Opinion'.

TOPIC 10: PROTOCOL FOR MEDICAL CERTIFICATION OF CAUSE OF DEATH (MCCD) & ICD CODING

Cause of death certificate (Form 4 in Institutional & 4A in non-institutional deaths) are to be filled by the Medical attendant/ on duty doctor who certifies the death including deaths in Intensive care units and the records are duly completed by the doctors of the unit of admission/ treating Doctor. The data of death with all relevant details 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). The registration of death is the sole responsibility of the Hospital/center/Institution where the patient was admitted and was declared dead, even for the patients brought for treatment to the casualty/ emergency in live condition but were declared dead in the emergency. For this purpose, it is mandatory for the treating doctor/ death certifying doctor, to fill Form-2 for the registration of death. Cause of death certificate can be filled by the Casualty Medical Officer in patients declared dead in emergency, outlining the visible cause of death, if any and sent to the Birth & Death Registrar (Local level), if rules permit. This would ensure early process of information conveyance to the relatives of the deceased. As per latest directions, registration and cause of death certification of brought dead cases is not done by hospital & case sheet mentioning BROUGHT DEAD shall be issued by the concerned Hospital. In such cases post mortem report shall reveal the cause of death, if considered as MLC. The Medical Certification of Cause of death (MCCD) is a time bound responsibility of the Hospital and must be ensured within the stipulated time period on the Online Govt. “Pehchaan’ Portal.

In medico-legal deaths of admitted patients and in cases declared dead in emergency demanding autopsy, provisional cause of death can be entered on basis of clinical findings and investigations. Cause of death should be according to International Classification of Diseases (ICD) (latest update). 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. However, the detachable relatives part of the form can be handed over for further procedures on their part, as per the prevalent practice. Manner of death to be recorded in the relevant column. Correctness & Completeness of Personal Details must be

ensured to avoid faulty registration of death, and copies of Identity cards should be obtained and incorporated in records with Form-2 & 4/4A to prevent errors.

The cause of death should NEVER be left pending for post mortem examination; so, MCCD should **NEVER** be marked as - "PM REPORT AWAITED/ to be given after PME, but in doubtful cases, event of undetermined intent, can be used".

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, it shall be done through the Medical Records Department, if available and requisite fee can be realised by the Medical Records Department/ Hospital as prescribed by the Government through the College office / District Treasury/ RMRS with proper receipt for the same.

All **Medical Certification of Cause of Death (MCCD)** should be filled completely with correct personal details as per guidelines prescribed in **Physician manual MCCD, India, latest edition** (**Annexure-70**) **conforming with latest guidelines of World Health Organisation (WHO).** ICD coding must be put in MCCD as per the latest applicable guidelines of ICD coding and as per directions of Central/ State Govt. In all cases of Death, a Death report/ Death Summary must be attached with treatment file having a gist of all events, complaints at the time of presentation, signs symptoms, important investigations, Diagnosis, treatment given, Procedures done, course of illness & terminal events with the Medical certification of Cause of Death. Briefly state the sequence of events responsible for Immediate, Antecedent & underlying cause of death with the duration of each along with the relevant ICD Coding. Such death summaries and Cause of death certificates are frequently demanded by attendants to fulfill Insurance/ Claim formalities and can also be demanded by Hon'ble courts along with the attested copy of treatment files in MLCs or cases with legal consequences or involvement.

Currently ICD-10 version 2019 is in use but India has already adopted the ICD-11 version in March 2024, which has also been adopted in the state of Rajasthan. As and when implemented, it shall be used through the ICD-11 coding tool available on Google Chrome. Morbidity coding may have multiple codes but mortality can have only one ICD code which is derived from the ICD coding of the disease on last line of Part I of the MCCD.

TOPIC 11: MISCELLANEOUS- LEGAL PROCEEDINGS; ACTS RELATED TO MEDICAL PRACTICE; MEDICO-LEGAL RECORDS INCLUDING RTI

i. Hospital record & Medico-legal Records:

All Hospital & Medico-legal records shall be retained & stored in Hospital as per the given schedule at Appendix-A vide order no. प. 16 (19) एम.ई./ग्रुप–1/2016 दि. 27.04.2016 (**Annexure-71**) of Department of Medical Education (Group-1), Govt. of Rajasthan

S. No.	Name of record	Time period for which to be preserved
1.	In patients Record (case sheets, BHT, etc.)	**3 years**
2.	OPD Records (OPD registers & slips/ files etc.)	**3 Years**
3.	Medico-legal registers	**10 years (Till the disposal of ongoing cases in any of the courts related to these registers)**
4.	Office records (Correspondence file, inspection book, Visitors book, receipt & Dispatch Registers, office copies of Charge list, peon books, Parcel register, Ledger drugs, Indent books, Orders & Circulars, Letter from Police & Courts, Summons, Doctors Duty registers, Copies of Medical Re-imbursement bills of Govt. Servant	**3 years**
5.	Medical certificate Book, Epidemic Registers, OPD & IPD registers, Daily Abstract registers, Operation Register ward, Admission & Discharge registers, Vaccination, Diet, treatment registers, in patient ward death registers & reports of various procedures done in various Departments	**3 Years**
6.	Epidemic Records Register	**5 Years**

7.	Patients statistics Records, Labour Room Register, Yearly Abstract Register	**10 Years**
8.	Laboratory & X-Ray records Blood donation Register, Blood Grouping & cross matching Register	**5 years**
9.	Laboratory & X-Ray records- Routine Lab records, Histopathology, cytology,& other specific reports, Registers for various investigation done in laboratories & other Department, X-Ray reports & Plates other than MLC cases, Sonography, CT Scan Plates & reports other than MLC cases	**3 years**
10.	Laboratory & X-Ray Records Ante-mortem Autopsy samples	**2 years**
11.	**Medico-legal Records** Post mortem register, medico-legal register, Death of Re-employment, Medico-legal X-ray reports & Plates, CT Scan & sonography reports & Plates, Post mortem (MLC) autopsy samples	**10 Years**
12.	**Medico-legal Records** Health Certificate, Certificate of Age & Fitness Certificate	**1 year**

a) Original hospital record/file of the medico-legal case should not be handed over to the police authorities. However, original medico-legal X-rays may be handed over to police under receipt.

b) If the police requests MS/RMO/SMO/MO/In-charge for the original record of a case, they should be given an attested photocopy; and original file may be presented in front of Hon'ble Court in person by the Medical Records Officer/ Hospital Representative, in case where the Court orders for it.

c) At times, the Courts ask for the original records. In such cases, duplicate/photo copy shall be retained for record. The original file/X-Ray plates are then submitted to the Court under receipt & received back, once the need is over.

d) The file including the x-ray shall be kept in record. However, if there is a holiday, the file shall be kept in safe custody in the hospital, till it is sent to the record keeper.

Guidelines for preservation & destruction of Medico-legal records & samples:

1. **Post-mortem and other medico-legal reports** should be preserved for a minimum period of **TEN YEARS** or until directed by Hon'ble Courts in specific cases. The Post mortem samples preserved should be handed over for requisite laboratory investigations immediately after post-mortem examination, and a pool of samples must not be kept pending in the Mortuary. Such delay can cause loss of reliable evidences. Medico-legal samples in ante-mortem cases should also be handed over to the concerned police personnel/ Investigation officers at the earliest. In cases where the Police is not responding adequately communication should be done with concerned higher authorities to hasten the process and prevent loss of evidences. **The Medico-legal record and samples** have to be kept safely till the timeline prescribed in above State Govt. order. After the maximum time limit is over, and still the samples have not been collected or if the concerned police station has submitted a written communication mentioning non-requirement of the samples as they may be irrelevant to the case or if there is no legal proceeding in relation to the incident; then the samples can be destroyed as per the latest Biomedical Waste disposal guidelines. However, the medico-legal records and samples must always be destroyed as per prescribed protocol of the State Government only after obtaining due permission from a committee constituted by the Head of the Hospital/ Institution and subsequent approval from the Head of the Hospital/Center/Institution/CMHO, whichever is applicable.
2. **The ante-mortem samples like Blood, urine, Gastric Lavage etc.** should be preserved at least for **TWO** years, as per the above order, however, these samples do not have a long shelf life and are likely to be degraded sooner. Other Evidences like metallic foreign bodies viz. bullets and pellets recovered from body; gun-shot residue samples, weapon/ part of weapon recovered from body, ligature material, evidences preserved for DNA profiling; samples for presences of combustible substances; samples related to cases of sexual

assaults, clothes etc. must be preserved for a longer period, viz. 10 years or until the case is disposed by the court, looking in to the sensitivity & importance of such matters. Digital storage of MLC Records can be done.

ii. **Supplying copy of medico legal report/PMR to individuals other than the patient and the police officer investigating the case:**

A medico legal report or post mortem report given by an expert is confidential and not a public document. Copy of the PMR/MLR may, however, be given to authorized persons or legal heirs, subject to fulfilment of the following conditions:

a) Applicant shall submit a written application addressed to the concerned Medical Officer/Medical Superintendent clearly stating his/her relationship with the patient/deceased person.
b) Applicant shall pay the fee prescribed by the State Govt. and enclose the receipt for the same along with the application.
c) Alternatively, the applicant shall produce order of the Court directing the Medical Officer concerned to provide him/her attested copy of the PMR/MLR.
d) Requests by third party for copy of PMR/MLR are not permitted and even under the RTI Act, such requests are not maintainable.

Confidentiality of Record of the medico-legal cases:

Record of the medico-legal case should not be divulged to any unauthorized person and care should be taken to maintain its confidentiality and avoid tampering/cutting/overwriting. The attested copies of Medico-legal reports can be issued to Police Officials/ Investigation agencies on written requests. They can also be given to the injured person after depositing requisite fee & free of cost to SAS.

Information under the Right to Information Act:

The 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.
Right to Information Act 2005 has been enacted by the Parliament to bring about transparency in the functioning of government/public authorities. Under this Act, a citizen of India has the right to seek information from designated Public Information Officers (PIOs) on payment of the prescribed fee. Large number of requests is

received by health authorities under the RTI Act to provide information like copies of post mortem reports, medico legal reports etc. However, it has been noticed that different PIOs respond differently to such requests.

In this context, it is very important that PIOs are aware of **important legal provisions of the RTI Act**, especially **section 8 (1),** relevant portion of which is reproduced below: “Notwithstanding anything contained in this Act, there shall be no obligation to give any citizen,– a. b. c. d. e. f. g. h. information, disclosure of which would prejudicially affect the sovereignty and integrity of India, the security, strategic, scientific or economic interests of the State, relation with foreign State or lead to incitement of an offence; information which has been expressly forbidden to be published by any court of law or tribunal or the disclosure of which may constitute contempt of court; information, the disclosure of which would cause a breach of privilege of Parliament or the State Legislature; information including commercial confidence, trade secrets or intellectual property, the disclosure of which would harm the competitive position of a third party, unless the competent authority is satisfied that larger public interest warrants the disclosure of such information; information available to a person in his **fiduciary relationship**, unless the competent authority is satisfied that the larger public interest warrants the disclosure of such information; information received in confidence from foreign Government; information, the disclosure of which would endanger the life or physical safety of any person or identify the source of information or assistance given in confidence for law enforcement or security purposes; information which would impede the process of investigation or apprehension or prosecution of offenders;”

It may be seen that clause (e) of this section provides for exemption of information which is available to a person in his “fiduciary relationship”. Doctor- patient relationship and the medico-legal relationship of Doctors & Investigation officers fall under this category. Therefore, **the PIO can claim exemption u/S 8(1) (e) of the RTI Act if information pertaining to a victim/patient is sought by a 3rd person.**

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

Similarly, in cases where the **disclosure of information may endanger the life and safety of any person (potential witnesses, victim etc.), exemption can be claimed under Section 8(1) (g).**

In case of doubt whether an FIR has been registered in a case, the PIO may officially write to the Police and ascertain the status. Time limit of 30 days for providing information under the RTI Act is sufficient for this purpose.

iii. **Summons/ Communication by Hon'ble Courts**:

- Summons from the courts should always be accepted.
- Undue harassment of summon staff should be avoided.
- In case particulars of the case i.e. name the patient, date of admission etc. are not mentioned on the summons and the Medical Officer is not able to trace the case file etc., then the court may be requested to supply the relevant particulars.
- Photo ID & Photographs may be requested by IO Police along with security bonds (Bandh Patr) for filing Charge sheet as per State Govt. Circular No. प. 11()57 गृह–11/2014 दि. 14.09.2015 (**Annexure-72**), which should not be denied.
- In case, one cannot attend the court because of unavoidable circumstances, an official communication should be sent to the Court well in time and the conduct should be dignified as per State Govt, order No. प.1 निचिस्वा/विधि/सामान्य /2024/339 दि. 25.10.2024.
- As per latest directions, Court evidences should preferably be given by Video conferencing in accordance with Rajasthan High Court Video Conferencing Rules, gazette notified on May, 13, 2021, circulated vide Notification No. 06/SRO/2021 dated 02.08.2021 (**Annexure-73**); strengthened vide circular no. प.14(60) गृह–10/2021 दि. 30.12.2021 (**Annexure-74**), issued by Home Department, Govt. of Rajasthan; and, as far as possible, as per the circular of Hon'ble Rajasthan High Court, Jodhpur vide order No. 06/P.I/2023 dated 14.07.2023 forwarded vide No. Gen/XV/38/2023/SC-11334 dated 14.07.2023 (**Annexure-75**); also instructed vide State Govt. directions vide order no. प. 5. निचिस्वा/विधि/अपील/2024/323 दि. 01.10.2024 (**Annexure-76**). The request should be placed for evidence through Video conferencing by filling the request form for video Conferencing (**Annexure-77**), to be e-mailed to

respective Honourable court for due permission, intimation and further needful.

iv. **Dealing with police & Public:**

The medical officer is advised to render all possible help to the police investigating a case. The first duty of the medical officer is to save and treat the patient. Public communications must be done with clarity and dignity especially while dealing in Post-mortem work. The sentiments of relatives/ attendants of deceased and aggrieved parties must be kept under consideration while dealing with mobs/violent/agitating groups.

Private Practice is permitted to Qualified Forensic Medicine Experts vide Govt. order No. प. 1(2) एम.ई./ग्रुप–1/2015 दि. 31.03.2017 (**Annexure-78**) which mentions the conditions to be fulfilled and ensured to obtain its permission.

v. **Court evidence:**

The following points should be observed while giving testimony-

- Assume a comfortable but dignified position in the witness box.
- Be well dressed & well mannered, courteous & virtuous.
- Do not use complicated medical terms, use simple layman's language e.g. say bleeding instead of haemorrhage etc.
- 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 and must take an oath prior to the evidence.
- 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 and maintain your composure.
- 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 para are understood.

- 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.
- A medical witness is an expert witness and can refer to reports or texts for answering questions or elaborate facts after requesting the Court.
- If a medical witness has made accurate report of his findings, is truthful, unbiased, remains composed, and is fair in all his opinions, his integrity and professional reputation will remain untarnished.
- **TA/DA on Government/Private Cases** - TA/DA will be paid as per Govt. Rules by the court/party/department. In a **criminal case**, doctor is given a certificate of court attendance which enables him to draw his Travelling and Daily Allowance from his Department as per rules. In case where the doctor is not granted the TA/DA by his Department/Institution then the same may be granted by the court, after due permission and approval as per rules. In **civil cases** a fee called **'Conduct Money'** should be paid or assured to be paid when the summon is delivered to the witness to bear with the expenses incurred in attending he evidence.
- Journey period may be granted as per rules judiciously, if needed.
- The summons of a court should always be obeyed as first priority.
- Doctor should be prompt and punctual in his attendance and not leave the court without permission of the presiding officer.
- Doctor must obey the summons irrespective of the fees, even in civil cases.

vi. **Confidentiality:**

Confidentiality/ Privacy of the patient's illness/ treatment records has to be maintained except in such case where "public interest" is involved. The patient's file is a confidential document and as such should not be divulged to any unauthorized person.

Examination of the record (file) by L.I.C. or other agencies:

All records (file) related to Medico-legal cases/Post-mortem cases are not open to any person including the L.I.C. Insurance agencies. Such agencies be asked to make application to the MS/SMO/In-charge/RMO who may permit inspection of the record, when considered necessary, keeping in view the confidentiality of the illness of the patient & essentiality.

Inspection of record by lawyers:

Under no circumstances, the record of the case will be allowed to be inspected by a lawyer. Confidentiality of the patient's medical record has to be maintained and should not be divulged to any unauthorized person. In case a lawyer gets a court order in this regard, the matter will be referred to the Medical Superintendent/ SMO/In-charge/RMO for guidance. This has no bearing on examination of record during court proceedings.

vii. **Latest Directions related to Medico-legal work/ services:**

The Directorate, Medical, Health and Family Welfare Department, Government of Rajasthan, Jaipur has issued orders for online reporting of Post-Mortem and other Medico-Legal Reports on MedLEaPR Software vide Order No. एफ.1()5/चिप्र/ऑनलाईन एमएलसी/मेडलिपर/2025/22 दि. 11.03.2025 (**Annexure-79**) and subsequently by the Department of Medical Education (Group-1), Government of Rajasthan vide Order No. F. 16 (53)/ DME/ IT Section/ MedLEaPR/2024-07365 dated 12.03.2025 (**Annexure-80**). All Medico-legal reports should henceforth be prepared on this software after its full implementation in the State of Rajasthan. The MedLEaPR User Manual is provided within the software for guidance to the District User along with help guides for all Medico-Legal Reports and their Usage. All necessary facilities requested for implementation of online reporting through MedLEaPR software shall be ensured by the Heads of Departments/Hospitals/Institutions/CMHO.

All Centers/Hospitals/Institutions authorized for Medico-legal work/ in Rajasthan should be registered on MedLEaPR portal of Rajasthan with designated Head of the Department/ Hospital. All the Forensic Medicine Experts and Medical Officers dealing with medico-legal work have to Register on the portal and after approval of their registration by their respective Head, they shall be assigned an official Login ID and Password, which should be changed subsequently after first Login. Registration of

subject Experts of Obstetrics & Gynaecology is also needed as they are dealing with cases of sexual assault, Pregnancy certifications, Medico-legal opinions on recent & remote deliveries and abortions. Other Subject Experts also may be included in Medical Board and adequate access should be given to them on the portal for needful and digital signatures on reports. There should be provision to co-opt Members of Medical Board & their digital Signatures. System must be devised for ordering Investigations/ Referrals on the Portal to subject experts who also may be given access to the software through registrations like Radiologists. **The Login credentials must NOT be shared with anyone & digital access should be confidential and done only by the Registered Doctor by self.**

Police requisitions for needful should be sent online through CCTNS for needful however, system for their receipt in Department and their allotment to on duty Doctor needs to be devised. The victim/accused should be brought for medico-legal examination in person and shall be accompanied by requisite Police person. Inquest papers for post-mortem examination shall be handed physically/digitally, in person and Investigating officer must be available in person at the time of Post-Mortem Examination fulling all prescribed roles as described above.

Digital signatures, if available on portal shall be **valid for online reporting system** of Medico-Legal and Post-Mortem Reports, but they must be done on each page. If digital signatures are not possible on each page, manual signatures should be done after taking print. A physical copy of the report after taking print out & signatures shall be handed over to the Investigation officer and one copy will be retained for Office record. If digital submissions with digital signatures on each page are enabled, then too, a physical copy must be retained in office record after taking print out for storage. Digital Medical Storage system of online submitted Medico-Legal Reports should also be established and ensured safely. Consent Forms must be printed and manually signed by the concerned person being medico-legally examined. Till the provision of Vernacular Language (Hindi) is not available written consent may be sought from the concerned, additionally with signatures & Date & Time. Date & Time of Medico-Legal examination must be mentioned on the MLRs. Timeline must be fixed for freezing and submitting/ handing over of MLRs/PMR in accordance with the State Government Guidelines and Provisions of Law. In cases where there are

hindrances to submission of MLR in the designated timeline, there should be an option of holding report while giving reason for same in the interest of justice.

The compliance of medico-legal online reporting through **MedLEaPR Portal** must be ensured in lieu of State Government orders vide order no. चि.प्र./ऑनलाईन एमएलसी/मेडलिपर/2025/188 दि. 30.10.2025 (**Annexure-81**). MedLEaPR software for online medicolegal reporting has been made mandatory with effect from 1.2.2026 by orders of Honourable High Court of Judicature of Rajasthan Jodhpur vide order dated 17.11.2025 passed in S.B. Criminal Miscellaneous Bail Application No. 173/2025 which has also been implemented vide State Govt. order no. चि.प्र./MLC/ 2024/209 दि. 18.12.2025 (**Annexure-82**) throughout the state of Rajasthan from 1.1.2026. Now, that after 01.02.2026, onlinem edico-legal reporting through MedLEaPR portal has been mandatorily brought into practice, need for changes may be felt for betterment. **Suggestions for improvement of Medico-legal reporting should be encouraged from time to time, and approved, if relevant.**

TOPIC 12- MEDICOLEGAL FORMATS & RELEVANT ANNEXURES

- **24 medico-legal formats (revised)** including Requisition formats are annexed for various online medico-legal report forms.
- **82 relevant orders** are mentioned in this manual and annexed serially after this page.
- Relevant laws and acts are mentioned in the text of the manual, wherever relevant after being accessed from authorized Government sites.
- Standard textbooks have been consulted in drafting of this manual and important ones have been quoted with the information provided.
- Best effort has been made to include only authentic information.

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- Special Acknowledgement must be mentioned to the authors of the Medico-Legal Manuals of the States of Haryana, Punjab, Kerala, Tamil Nadu, Jammu & Kashmir and those of AIIMS Kalyani & AIIMS Bhopal, and of course the available Excerpts from the old manual of Rajasthan as these have served as an important guide and reference in the preparation of Rajasthan Medico-Legal Manual 2025. Drafting committee submits its vote of thanks to all concerned in this respect.
- The Drafting committee also submits its heartfelt thanks to all the Forensic Medicine experts from various Districts of Rajasthan who have taken keen interest towards the compilation of this manual and given their suggestions throughout for same and have been instrumental towards this compilation. Their guidance and suggestions have been a big support in this work.
- The Forensic Medicine Fraternity thanks the administration for permitting and supporting the drafting of such manual to assimilate all guidelines and orders and pen down the protocol for medico-legal work & reports, which was very needed and was being requested for long. This shall help in giving uniformity to medico-legal work and reporting across the state of Rajasthan.

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Annexure -38	Article on Uniform guidelines for post-mortem work in India
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