



STANDARD OPERATING
PROTOCOL (SOP)-
MEDICOLEGAL CASE
MANUAL

Department of Forensic Medicine & Toxicology

All India Institute of Medical Sciences, Kalyani (West Bengal)
(A Statutory Body under the Aegis of Ministry of Health and Family
Welfare, Government of India)
NH-34 Connector, Basantapur, Saguna, Kalyani, District Nadia, West
Bengal 741245. Ind

PREFACE

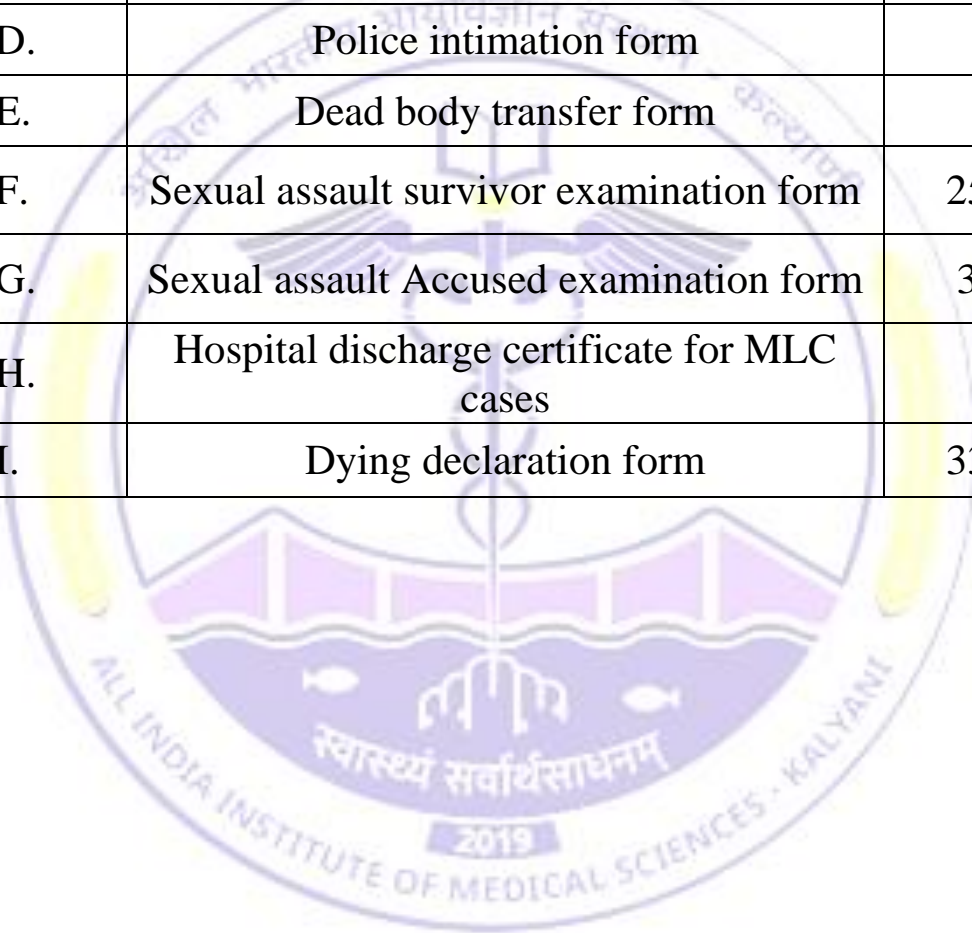
This manual is a simplified version of the standard operating procedures of various medico-legal cases faced on a day to day basis in any hospital. This manual will be very helpful for performing medico-legal work by the physicians on duty and enable them to adequately face the challenges, ethical and legal issues arising during their routine duties. We would like to extend our deep sense of gratitude to **Dr. Ramji Singh, Executive Director** who has been a father figure in this institute and whose constant support was the catalyst behind this endeavour. We would be failing in our duties if we fail to acknowledge the earnest guidance received from **Dr. Kalyan Goswami, Dean (Academic)** who has been at the forefront of all academic activities. It would be remiss to mention the specific guidance provided by our **Medical Superintendent, Col Dr. Ajay Mallick**, who was gracious enough to take time out of his busy schedule and share his vast experience as a medical administrator in highlighting the problems faced by the doctors in a clinical setting. This SOP manual will be revised from time to time as per the requirements of the hospital, recommendations by higher authorities and to incorporate some changes in legal procedures, acts, and laws in future as the occasion arises. We sincerely hope that this small treatise will serve as a ready reckoner for physicians in mitigating the difficulties they are likely to encounter in routine medico-legal work in the course of performing their duties. We are sincerely thankful to **Prof. (Dr). Adarsh Kumar, AIIMS, New Delhi, Dr. Senthil Kumaran, AIIMS, Mangalagiri** and other unnamed persons involved directly and indirectly in the preparation of this SOP manual.

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1. CATEGORIZATION OF VARIOUS MEDICO-LEGAL CASES

The cases that should be considered medico-legal cases are as follows

- 1.1 Cases of trauma including road traffic accidents, self-fall which include fall from height, trauma caused by and to someone which is suggestive of the commission of an offense (assault), mass disasters like industrial accidents or stampedes and domestic violence.
- 1.2 Cases of burns including industrial or domestic fire accidents, self-inflicted or by others.
- 1.3 Cases of electrocution caused either accidentally or by self, lightning deaths
- 1.4 Cases of asphyxia like hanging, manual or ligature strangulation, smothering, choking by a foreign body, drowning, suffocation (carbon-monoxide poisoning)
- 1.5 Cases of sexual assault (rape), including consensual sexual contact between minors of both genders
- 1.6 Cases requiring age estimation related to any offenses/ as required by the legal authorities except for age categorization for participating in sporting activities.
- 1.7 Cases of suspected or confirmed criminal abortion indicating involvement of quacks.
- 1.8 Cases of poisoning like consumption of organophosphates, rat-killer, vegetable poisons, corrosive acid, drug overdose, or unknown poisons.
- 1.9 Cases of animal attacks like dog bites, bull attacks, etc.
- 1.10 Cases of snake bites either venomous or nonvenomous, scorpion, wasps or bee stings.

- 1.11 Cases(Accused) brought by police for medicolegal examination and evidence collection involved in crimes like assault or sexual offenses
- 1.12 Cases [Under Trial Person (UTP)/convicted person] sent through the court order from prison to AIIMS hospital for treatment of existing disease or medicolegal examination.
- 1.13 Cases of torture in police custody perpetrated by police or by others
- 1.14 Cases of brought dead with history not clear and suspecting foul play or underlying cause of death is unknown.
- 1.15 Death of a female due to unnatural cause, married for less than 7 years duration (underlying reason with a dowry-related issue in history or others).
- 1.16 Cases of unknown patients presenting in an unconscious state where the underlying cause could not be elicited.
- 1.17 Any other cases falling under the MLC cases like medical negligence or related to legal implications.

Note: The cases falling under the above categories should be labelled or marked as Medico-legal Cases by the medical officer on duty who is dealing with the case in Casualty and he/she is required to intimate police without any delay
(Annexure D)

2. MAKING THE (MLC) IN EMERGENCY, OUT PATIENT DEPARTMENT (OPD), AND IN-PATIENT DEPARTMENT (IPD)

- 2.1 The treating doctor must decide whether the case should be labelled as MLC and the consent of any person including the family members is NOT necessary.
- 2.2 Treatment is a priority in case of life-threatening conditions; make sure that process of MLC registration and documentation should be appropriate and is going on simultaneously.
- 2.3 The doctor who made MLC has to intimate to the nearest jurisdictional Police station (PS) or police outpost of the hospital.
- 2.4 When any MLC patient is referred from another hospital with proper MLC documents, there is no need of making new MLC registration. (police intimation should be given to the nearest PS or police Outpost for tracing purposes)
- 2.5 When any MLC patient is referred from another hospital without proper MLC documents, a fresh MLC should be made.
- 2.6 The doctor must ensure that after making MLC registration, they should be registered in a specific MLC register maintained in the respective department.
- 2.7 The doctor should properly document the case findings in MLC proforma with the MLC number. (**Annexure C**)
- 2.8 Any non MLC case can be converted to MLC at any stage depending upon specific allegations.

Note: Backdating of MLC **should not** be done if the patient comes for MLC registration and MLC was not done before due to any reason. The MLC number should be generated on that date and time.

3. MEDICO-LEGAL EXAMINATION

- 3.1 The consent from the patient is necessary before the onset of medico-legal examination and collection of evidence in a prescribed format (consent form) explained in their own language. (**Annexure A**).
- 3.2 If the patient refuses to undergo the medico-legal examination and evidence collection, the same has to be documented in the refusal of consent form (**Annexure A**).
- 3.3 If the patient is in an unconscious state, consent has to be taken from the next of kin. If none is available, the treating doctor can proceed with a medicolegal examination for the benefit of the patient.
- 3.4 During the examination, 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.
- 3.5 If the patient is accompanied by police, investigating officer of that case should be present at the time of medicolegal examination and the same should be documented in the report. The accompanying person/police should not leave the hospital until the entire process is finished.

4. COLLECTION OF EVIDENCE AND DISPATCHING SAMPLES IN MLC CASES

- 4.1 The samples of evidence like gastric lavage samples, blood in FTA cards, Swabs, clothes etc are preserved from MLC cases.
- 4.2 The samples should be packed properly at the time of collection, sealed with wax, and signed by the doctor on the preserved sample by mentioning FIR & MLC number, and police station only.
- 4.3 The samples preserved along with a sample of the seal should be handed over to the concerned investigating officer/accompanying police immediately.
- 4.4 The dispatch register should be maintained by mentioning details of the case, samples preserved, and receipt of samples by whom and at what date and time.

Note: Retaining Medicolegal samples should not be allowed in the hospital and they must be handed over to the concerned investigating authority immediately.

5. PREPARATION AND HANDING OVER OF MEDICO-LEGAL REPORT TO A CONCERNED INVESTIGATING AUTHORITY

- 5.1 MLC report should mention the accompanying person and the presence or absence of investigating officer. (**Annexure B**)
- 5.2 The medicolegal report should be prepared in duplicate and immediately handed over to the concerned investigating authority
- 5.3 A separate register should be maintained for dispatching the MLC report

6. HANDLING BROUGHT DEAD CASES

- 6.1 All the brought dead cases should be marked as MLC.
- 6.2 The police intimation should be sent immediately by the doctor on duty
- 6.3 The doctor should **not** waive off post-mortem examination of the deceased as per the request of a relative or next of kin. It is the duty of the investigating authority to decide on the necessity or otherwise of conducting the post-mortem examination.
- 6.4 The body of the deceased should be sent for post-mortem examination to the mortuary by filling out the body shifting form in Emergency Department without removal of clothes/other evidentiary material.

7. HANDLING UNKNOWN CASES

- 7.1 All the unknown cases which are brought dead or dead on arrival to the hospital irrespective of known or unknown cause of death; should be marked as MLC cases.
- 7.2 If the body is unidentified and it is not claimed by anyone, the case should be marked as MLC
- 7.3 Police intimation should be done by the doctor on duty immediately preferably with a photograph of the deceased.
- 7.4 The body should be sent to the mortuary after filling body transfer form (**Annexure E**).

8. HANDLING SUCIDE CASES

- 8.1 If the patient is in an unconscious state, the details of the history can be sought from the relatives or next of kin.

- 8.2 When the patient gains consciousness, detailed history can be obtained from her/him.
- 8.3 The samples are to be preserved for evidence like ligature material in cases of hanging or supportive evidence related to the case.
- 8.4 The samples should be packed, signed, sealed, and handed over to investigating officer along with a sample of the seal.
- 8.5** If a person has expired the body should not be handed over to a relative but it should be marked as MLC and sent to the mortuary along with the body transfer form (**Annexure E**).
- 8.6 The police intimation should be sent immediately and the MLC report should be handed over to the concerned investigating officer without any delay.

9. HANDLING POISONING CASES

- 9.1 All the poisoning cases should be labelled as MLC irrespective of the manner of causation.
- 9.2 Cases like food poisoning with mass casualties should be labeled as MLC. Intimation to the jurisdictional police station should be done.
- 9.3 The samples which are preserved while treating the poisoning cases like gastric lavage samples, poison bottles, or empty blisters of a strip of the tablet should be packed, signed, sealed, and handed over to the concerned investigating authority.
- 9.4 If a patient has expired the body should not be handed over to a relative but it should be marked as MLC and sent to the mortuary along with the body transfer form (**Annexure E**).

9.5 The police intimation should be sent immediately and the MLC report should be handed over to the concerned investigating officer without any delay

10. HANDLING ACCIDENT CASES

10.1 Accident cases like Road Traffic accidents, accidental falls, etc. are considered to be MLC cases.

10.2 The treatment of the patient remains a priority in MLC cases during the golden period and also documentation of injuries in the report

(**Annexure C**), preservation of evidence must be done simultaneously by taking a photograph of injuries with proper scaling.

10.3 The police intimation should be sent immediately and the MLC report should be handed over to the concerned investigating officer without any delay.

11. HANDLING ASSAULT CASES

11.1 Once the case is received in the ward (IPD) or ICU from emergency, check whether MLC was made or not.

11.2 In all forms, the MLC number should be written properly

11.3 High-risk consent should be obtained from the relatives especially for patients who are critically ill or at high risk of expiring during treatment

11.4 Arrange for the dying declaration by intimation to the nearest magistrate if the time for survival permits. In case of unavailability of the magistrate, the treating doctor can record the dying declaration.

(**Annexure I**)

11.5 If a patient presents with a weapon or bullet in-situ on the body, the recovered weapon of offense from the patient should be preserved, packed, signed, sealed, and handed over to the investigating officer.

12. HANDLING OPERATION THEATRE ON TABLE DEATHS

12.1 The surgical team should inform the hospital authority and police intimation must be done in case of any allegation regarding medical negligence in such cases

12.2 The body should be sent to the mortuary as soon as possible with a case sheet including operation theatre notes and a detailed death summary.

12.3 The body should be sent without removing any instrument like an intravenous cannula, endotracheal tube, Central Intravenous catheter, and Intercostal drainage tube which are attached to the body.

12.4 The instruments, blood transfusion bag set, etc. should be kept as it is over the body and the anaesthetist and surgeon should accompany the investigating team during the scene visit.

13. REFERRING MLC CASES

13.1 Ensure that MLC is made properly with documentation of findings before referring to other centres.

13.2 Referring slip should mention the MLC number and police intimation must be done by the attending doctor.

14. DOCUMENTATION OF ABSCONDING CASES

- 14.1 The absconding case must be intimated to the police and it is not mandatory to label it as MLC.
- 14.2 If an MLC case absconds, even though previous police intimation was sent, a separate intimation must be sent to the police.
- 14.3 In the case sheet, the fact of the patient absconding should be documented along with the last seen by whom with date and time should be mentioned.

15. LEFT AGAINST MEDICAL ADVICE

- 15.1 A discharge summary is not to be issued in a case of the left against medical advice (LAMA) cases
- 15.2 A signature should be obtained from relatives and patients on the case sheet after mentioning the risks of leaving against medical advice.

16. DISCHARGING THE MLC CASES

- 16.1 During discharge, police intimation should be sent by the treating Physician
- 16.2 A discharge summary is issued to the patient.
- 16.3 The hospital case sheet should be labelled as MLC and sent to the medical record department. (**Annexure H**)
- 16.4 If case sheets are required for investigation by the investigating authority, one can get a copy of the case sheet through prior approval of the hospital authority.

17. DEATHS IN HOSPITAL

- 17.1 On the death of an MLC patient, intimation is to be sent to the police.
- 17.2 The body of the deceased should be packed properly without any body fluid leakage with tagging of name, age, sex, Hospital Number and MLC number for identification purposes.
- 17.3 Death summary and body transfer form should be prepared immediately after death and they should be sent along with the body to the mortuary.

18. Examination of survivor of sexual offense

18.1 Sexual assault forensic Examination (SAFE)

- 18.1.1 Informed written consent in the prescribed format should be taken from legally accepted guardian/survivors before starting medico-legal examination.
- 18.1.2 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.
- 18.1.3 If patient is aged 18 years and above, he/she can give consent for the SAFE and treatment.
- 18.1.4 If patient is less than 18 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 from the child welfare committee.

18.2 Prerequisites for SAFE

- 18.2.1 The SAFE should be conducted in a well lit room with calm background for putting the survivor at ease.
- 18.2.2 It should be done confidentially with minimal number of medical personnel present in the examination room.
- 18.2.3 Make sure that Article/items required for SAFE kit should be ready before onset of SAFE (Fig. 1). This will avoid last minute missing out of any evidence and confusion.

Note: 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 leads to contamination of DNA samples, which may lead to miscarriage of justice.

18.3 SAFE procedure for Sexual offense survivor

The examination must be thorough and meticulous. 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.

- 18.3.1 Prior to SAFE examination ensure that a good light source is present in examination room.
- 18.3.2 Document two identification marks (I.D Marks) on the exposed part like the face, upper and lower limbs. I.D marks are moles, scars, and tattoo marks on the body.
- 18.3.3 Ask the patient to stand on white paper on the floor and undress. If possible, look for fall of debris for evidence collection.
- 18.3.4 Outer and inner clothing should be preserved separately, and white paper should be kept on the floor. A clean pair of clothing needs to be provided to the survivor.
- 18.3.5 General and physical examination should be done in a standing position.
- 18.3.6 For genital-anal examination, the survivor is to be placed in the knee and elbow position for examining the anal region and lithotomy position for vaginal orifice examination.

18.4 Evidence collection from survivor

- 18.4.1 The evidence 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.

Note: All the sample preservation is mandatory if the survivor reports within 72 hours of the commission of alleged offence without taking a bath

18.5 Packing and sealing of samples

- 18.5.1 The preserved samples are sealed in a paper bag/paper envelope separately with details of the case, type of sample, date and time of collection and signatures of the sealing person.
- 18.5.2 The samples should be air dried before preservation and packaging to prevent fungal growth that will destroy the DNA evidence.
- 18.5.3 All the samples should be handed over to IO along with a sample seal for all samples, as the samples might be sent to different divisions of the forensic science laboratory/ different FSLs also.



Fig 1 :Sexual Assault Forensic Examination (SAFE) Kit



Fig 2: Items in the SAFE Kit

Steps for collecting blood in Flinders Technology associates (FTA) card

- Step 1:** Wear gloves and mask
- Step 2:** Open the Pack of FTA card (Fig. 3)
- Step 3:** Fill in the names, Id Number, and date.
- Step 4:** Use of lancet and prick the pulp of the finger.
- Step 5:** Keep a drop of blood in a circle of FTA card.
- Step 6:** Allow drying at room temperature.

Note: If FTA Card is not available, we can use alternatives like gauze pieces for blood sample preservation in same manner.

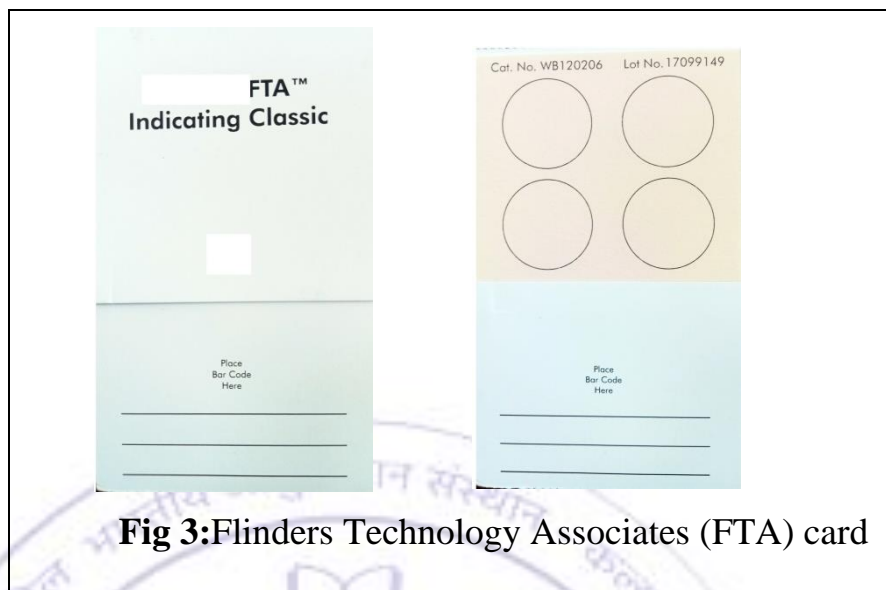


Fig 3:Flinders Technology Associates (FTA) card

Table no.1: Do's and Don't do for Blood preservation in FTA Card

Do's	Don't do
Use of lancet for pricking	Use of needle for pricking leads to overstraining
Use of mask and gloves	Without mask and gloves
	Talking and laughing (Splitting of examiner's saliva in FTA leads to artefacts)

18.6 Lab investigations

18.6.1 Urine pregnancy test to be conducted

18.6.2 Blood investigation like HIV, HBSAG, VDRL should be conducted so as to rule out transmission of venereal diseases from the accused to the survivor.

18.7 Drafting the report and dispatching the report

18.7.1 The report of sexual assault survivor examination should be prepared immediately after examination and handed over to investigating

authority without any delay by the concerned department which has examined the survivor. (**Annexure F**)

18.7.2 One copy of report can be provided to survivor free of cost.

18.8 Maintaining the MLC record

The register /digital records should be adequately maintained, which involves the following details are

18.8.1 Proper numbering of MLC cases

18.8.2 Preliminary details, i.e., name, age, gender, police station, investigating officer, brought by whom, samples preserved/evidence collected

18.8.3 Details of assisting nursing officers with the examining doctors to be documented in the register in legible handwriting.

18.8.4 The name and signature of the constable or police officer who collects the report and samples should be mentioned in the record

Note: The confidentiality of the register should be maintained, and data can be utilized for reporting to the concerned authority for administration purposes and research without revealing the identity of the survivor

19. Examination of Accused of sexual assault

19.1 The Consent for Examination of Sexual assault is not required if police are arrested and brought for examination. According to section 53 A CRPC.

19.2 Examination and evidence collection have to be done as similar steps for the survivor examination.

19.3 The examination report (**Annexure G**) should be prepared immediately and handed over to Investigating officer along with samples preserved and sample of seal.

ANNEXURE- A**DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, KALYANI****INFORMED WRITTEN CONSENT FOR MLC CASES****Purpose:**.....

I Father/Husband/Mother/Guardian of
aged years, resident of am giving consent with my free
& independent will for my/ patient's:-

- | | |
|--|--------|
| 1. Complete Medicolegal examination | Yes/No |
| 2. Sample/Samples collection & investigation | Yes/No |
| 3. Medicolegal report to be made | Yes/No |

I / Patient have been fully explained about this examination & its result by the doctor.

I / Patient have no objection in sharing the above information with the police. I have been explained that the consequences can go in favour or against me/ patient by the doctor who will be doing the procedure. I have been explained that I/ Patient can refuse the procedure anytime I/ He/ She want. I have been explained about the consequences of refusing the procedure and that it will not affect my/ patient's treatment in the future. I also testify that I / Patient have not been examined elsewhere by any other doctor for the condition, for which I / Patient will be undergoing the examination.

Date:**Witness's Name & Signature****Patient's Name & Signature**

1.

2.

Doctor's Name & Signature

फॉरेंसिक मेडिसिन एंड टॉक्सिकोलॉजी विभाग

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), कल्याणी, पश्चिम बंगाल- ७४१२४५

सहमति पत्र

प्रयोजन:.....

मैं.....;..... का/की पिता/ पति/ माता/
अभिभावक, उम्र..... निवासी अपनी स्वेच्छा एवं
स्वतंत्र रूप से पूर्ण सहमति देता / देती हूँ कि मेरी / मरीज का

- | | |
|------------------------------------|------------|
| 1. मेडिकोलीगल परीक्षण किया जाए | हाँ / नहीं |
| 2. जांच एवं नमूना (नमूने) लिया जाए | हाँ / नहीं |
| 3. मेडिकोलीगल रिपोर्ट तैयार की जाए | हाँ / नहीं |

मुझे/ मरीज की इस जांच एवं इसके परिणाम के बारे में डॉक्टर द्वारा भलीभांति बताया गया है। मुझे मेरी/ मरीज की यह जानकारी पुलिस को देने में कोई आपत्ति नहीं है। मुझे मेरे / मरीज के इस परीक्षण तथा इसके होनेवाले फायदे एवं नुकसान के बारे में भलीभांति बताया गया है। मुझे यह भी बताया गया है कि मैं/मरीज इस परीक्षण को किसी भी सभय पर मना कर सकता/ सकती हूँ। मुझे मना करने के पश्चात उसके परिणाम के बारे में बताया गया है तथा यह भी बताया गया है कि इसके उपरांत मेरे / मरीज के इलाज पर कोई फर्क नहीं पड़ेगा। मैं यह भी प्रमाणित करता/ करती हूँ कि जिस प्रयोजन के लिए मेरा/ मरीज का परीक्षण किया जा रहा है यह मैंने / मरीज ने कसी अन्य डॉक्टर से नहीं करवाया है।

दिनांक:

गवाह का नाम एवं हस्ताक्षर

1. मरीज का नाम एवं हस्ताक्षर

2. डॉक्टर का नाम एवं हस्ताक्षर

বিচার সহায়ক চিকিৎসা বিজ্ঞান বিভাগ
অখিল ভারতীয় আয়ুর্বিজ্ঞান সংস্থান, কল্যাণী, পশ্চিমবঙ্গ-৭৪১২৪৫
৭৪১২৪৫

সম্মতি পত্র

উদ্দেশ্য:.....

আমিএর পিতা/ স্বামী/ মা/ অভিভাবক, বয়স
 ঠিকানা নিজের ইচ্ছা ও

স্বাধীনতায় সম্মতি দিলাম যাতে আমার/ রুগীর :-

- | | |
|--|----------|
| 1. সম্পূর্ণ চিকিৎসা ও আইন সংক্রান্ত পরীক্ষা নিরীক্ষা করার সম্মতি | হ্যাঁ/না |
| সম্মতি | হ্যাঁ/না |
| 2. পরীক্ষার নমুনা/নমুনাগুলি সংগ্রহ ও তদন্ত করার সম্মতি | হ্যাঁ/না |
| সম্মতি | হ্যাঁ/না |
| 3. চিকিৎসা ও আইন সংক্রান্ত রিপোর্ট তৈরি করার সম্মতি | হ্যাঁ/না |
| সম্মতি | হ্যাঁ/না |

আমাকে/ রুগীকে এই পরীক্ষা নিরীক্ষা এবং তার ফলাফল সম্বন্ধে চিকিৎসক দ্বারা ভালোভাবে বুঝিয়ে দেওয়া দেওয়া হয়েছে। আমার/ রুগীর সব তথ্য পুলিশকে দিতে কোন আপত্তি নেই। আমাকে/ রুগীকে পরীক্ষা করতে আসা আসা চিকিৎসক দ্বারা এই পরীক্ষার ফলাফল আমার পক্ষে অথবা বিপক্ষে যেতে পারে জেনেও সম্মতি দিচ্ছি। আমাকে আমাকে এটাও বলা হয়েছে যে আমি/ রুগী পরীক্ষা চলাকালীন যে কোনো সময় পরীক্ষা করতে মানা করতে পারে/ পারি। আমার মানা করার পর সেটার পরিণাম সম্বন্ধেও বলা হয়েছে এবং এটাও বলা হয়েছে যে এরপরেও আমার/ রুগীর রুগীর চিকিৎসার ওপর কোনো প্রভাব পড়বে না। আমি এটাও বলছি যে যে কারণে আমার/ রুগীর পরীক্ষা করা হচ্ছে হচ্ছে সেটা আমি/ রুগী অন্য কোনো চিকিৎসকের কাছে করাইনি/ করায়নি।

তারিখ:

সাক্ষীর নাম এবং স্বাক্ষর

রুগীর নাম এবং স্বাক্ষর

1.

2.

ডাক্তারের নাম ও স্বাক্ষর

ANNEXURE- B**MLC REGISTER**

SI No	MLC No. with Date	MLC No. with Date	Name & address of the patient/ deceased	Date & Time of arrival	Date & time of discharged/ death	Brief history	Probable cause of death	Accompanying person with phone number	Identification mark (at least two)	Concerned Department	Signature of doctor

ANNEXURE- C

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MLC REPORT FORM

GENERAL INFORMATION & CONSENT:

Date & Time:

MLC No:

CR No:

Name:

S/D/W of:

Age & Sex: years old Male/ Female

Occupation:

Address:

Brought by (Name, relation & Signature):

If Brought by police: Name B/N: PS:

.....

Details of requisition letter: vide letter No:

Dated:

Date, place & time of Incident:

Date & time of Arrival/Admission to the Hospital:

Date & Time of Examination:

Examined in presence of (Name & Signature):

Consent of patient: attached

Identification marks:

GENERAL PHYSICAL EXAMINATION:

General Examination: GC: Pulse: BP:

..... RR:

Level of consciousness:

Oriented to time, place & person.

Whether patient is mentally & physically fit to give the history despite suffering injuries & its effect:

(Yes/No) If no give reasons:

Any sign of intoxication:

BRIEF HISTORY OF THE INCIDENT AS NARRATED BY THE INFORMANT:

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

Informant: If other than patient, Name: Relation

.....

Past history of illness, medical/surgical management (if relevant from medico-legal point of view):

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Local/Injury Examination:

Sl No.	Type of Injury	Size and Dimension	Site of Injury	Age of Injury	Nature of Injury	Remark

Condition of the Clothes:

Any other findings:

Details of Forensic Evidence preserved for chemical analysis:

Date & Time of sample collection:

Approximate time gap (hours) between incident and collection of sample:

OPINION:

- a. Opinion as to severity: simple/ grievous/ fatal
- b. Opinion as to age of Injury:
- c. Opinion as to causative object:
- d. Manner of causation of injuries (with reasons)/ whether findings consistent with the history- with justification (If possible/relevant):
- e. Opinion as to impact or degree of force:
- f. Any illness or condition which may alter the course of injury:

Any Investigation/Material/Follow-up needed to give final opinion and /or confirmation of any of the above opinion (Yes/No): If yes, Give details:

Treatment given:

*Report contains (Number of) pages each signed by doctor/s.

Doctor's Name, Signature & Seal

RECEIPT (by police official):

Received: 1. Forensic Medical Report 2. Forensic Evidence (sealed & labeled) on:

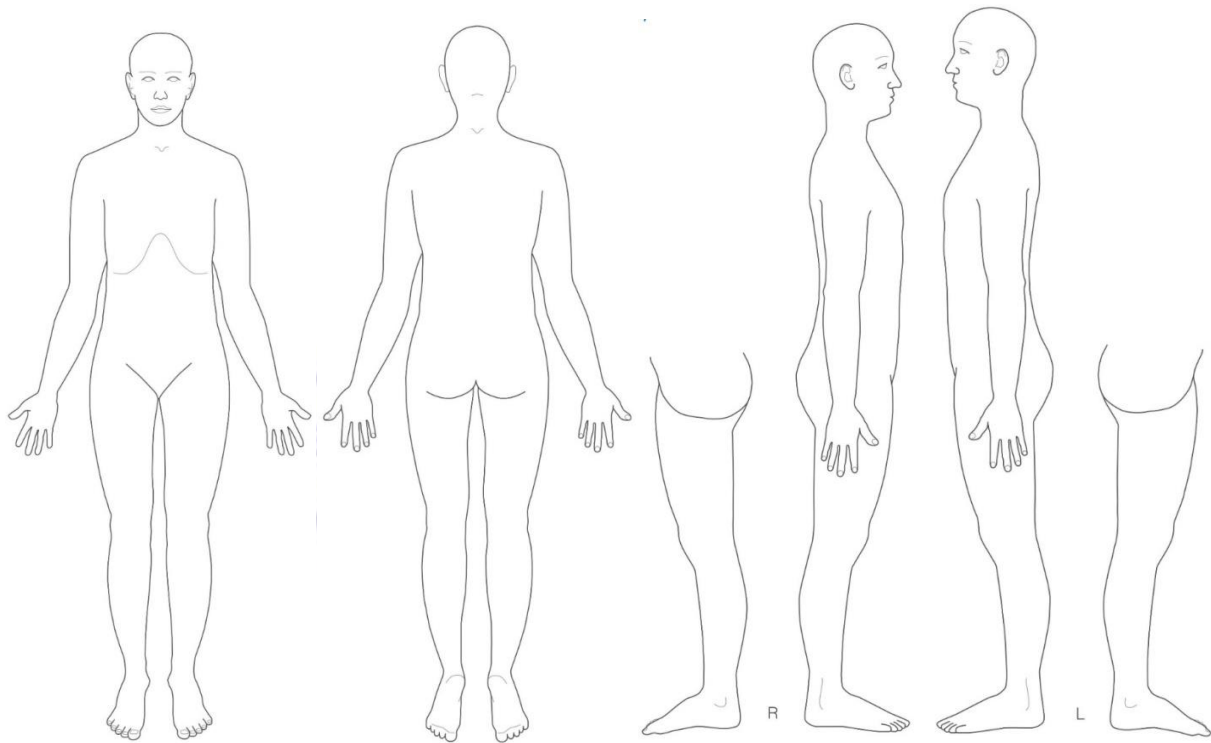
Name the material:

.....

Name of police:-..... B/No..... Police station:

Signature:

Medicolegal case sheet: body diagrams



Total Number of injuries present:

Space for necessary description if any:

Doctor's Signature

Note:

- Number all the injuries on diagram & Mark them with dimensions (LxBxD) & type of wound.
- Diagrams to be modified as per sex of the individual.

ANNEXURE- D**DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, KALYANI****POLICE INTIMATION FORM**

To
The Officer In-Charge
Police Station.....

Date & Time:

Sir/Madam,

This is to inform you that person named..... S/D/W
of.....

Male/ female, aged years, resident of

..... was brought /brought dead by
..... to this institution on at
AM/PM with alleged history of

He/She (Cr. No:.....) is/ was being:

- Treated in OPD/ Emergency/ Ward, bed No
- Discharged on at AM/PM
- Left against medical advice
- Referred to on at AM/PM
- Expired on at AM/PM
- Any other:.....

This information is for further necessary action.

Doctor's Name, Signature & Seal

Time and date of receiving the information at the police post:

.....

Name: B/N: PS:

.....

Signature:

ANNEXURE- E**DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, KALYANI****DEAD BODY TRANSFER FORM**

MLC No. & Date: _____

UHID/CR No: _____

Name of the deceased: _____

S/D/W of: _____

Age & Sex: _____

Address: _____

From where the body has been transferred: _____

Date & time of admission (arrival date & time if in Casualty/OPD): _____

Date & time of death: _____

Provisional diagnosis (by treating doctor):

Any relevant information: _____

Reason for sending the dead body to mortuary: (Mark the appropriate reason)

- MLC
- Non-MLC with a request (not for autopsy)
- Unidentified dead body with no claimant available (MLC/ Non-MLC)
- Diagnosis & Cause of death not known (clinical autopsy)

Whether Form No. 2 and 4 (RBD) issued to relatives: YES/ NO

Whether police have been informed: YES/ NO

Signature of informing doctor:

Name & designation

Date:

ANNEXURE- F

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY ALL INDIA INSTITUTE OF MEDICAL SCIENCES, KALYANI

SEXUAL ASSAULT SURVIVOR EXAMINATION FORM

❖ **Preliminary information:**

MLC No: _____ Cr. No: _____
 Name: _____ S/D/W of (where known): _____
 Sex: _____ Age (as reported with DOB): _____
 Occupation: _____ Marital status: _____
 Address: _____

Date and Time of arrival in the hospital: _____

Date and Time of commencement of examination: _____

Brought Police (name, B/N, PS): _____

by Not by police (name & relation): _____

Whether conscious, oriented to time, place and person: _____

Any physical/intellectual/psychosocial disability: _____

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

❖ **Informed Consent/refusal: attached**

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

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

Name & signature/thumb impression of Witness with date, time and place: _____

Name & signature of female attendant during examination: _____

Identification marks:

(1) _____

(2) _____

❖ **Relevant Medical/Surgical/Obstetric history:**

Onset of menarche (in case of girls): Yes/ No _____

Menstrual history (Cycle length and duration): _____

Menstruation at the time of incident : Yes/ No _____

Was the survivor pregnant at time of incident: Yes/No. _____

Contraception use: Yes/No _____

Vaccination status: Tetanus (vaccinated/not vaccinated), Hepatitis B (vaccinated/not vaccinated)

H/o recent consensual coitus within last 5 days: No/ Yes, then was birth-control method used & its type? _____

❖ **History of Sexual Violence:**

- Date of incident/s being reported: _____
- Time of incident/s: _____
- Location/s: _____
- Estimated duration: 1-7 days: 1 week to 2 months:.....2-6 months:..... >6 months:
- Episode: One..... Multiple Chronic (>6 months)Unknown.....
- Number of Assailant(s) and name/s (as stated).....
- Sex of assailant(s)..... Approx. Age of assailant(s).....
- If known to the survivor, relationship with the survivor.....
- Description of incident in the words of the narrator: _____

- Narrator of the incident: survivor/informant (specify name and relation to survivor)
- Date & time of lodging complaint (explain delay if any):
- ❖ **Type of physical violence used if any (Describe):** Hit with (Hand, fist, blunt object, sharp object), Biting, Pinching, Violent shaking, Burned with, Kicking, Pulling Hair, Banging head, Dragging, Any other:
- Emotional abuse or violence if any (insulting, cursing, belittling, terrorizing):
- Use of restraints if any:
- Used or threatened the use of weapon(s) or objects if any:
- Verbal threats (for example, threats of killing or hurting survivor or any other person in whom the survivor is interested; use of photographs for blackmailing, etc.) if any:
- Luring (sweets, chocolates, money, job) if any:
- Any other:
- Any H/O drug/alcohol intoxication:
- Whether sleeping or unconscious at the time of the incident:
- If survivor has left any marks of injury on assailant/s, enter details:

❖ **Details regarding sexual violence:**

Was penetration by penis, fingers or object or other body parts?

Mention and describe body part/s and/or object/s used for penetration.

*(Write Y=Yes, N=No, DNK=Don't know)

Orifice of Victim	Penetration			Seminal emission		
	By Penis	By body part of self or assailant or third party	By Object	Y	N	DNK
Genitalia (Vagina and/or urethra)						
Anus						
Mouth						

- Oral sex performed by assailant on survivor:
- Forced Masturbation of self by survivor:
- Masturbation of Assailant by Survivor, Forced Manipulation of genitals of assailant by survivor:
- Exhibitionism (perpetrator displaying genitals):
- Did ejaculation occur outside body orifice(vagina/anus/mouth/urethra)? If yes, describe where on the body:
- Kissing, licking or sucking any part of survivor's body: If Yes, describe
- Touching/Fondling: If Yes, describe
- Condom used:* If yes status of condom:
- Lubricant used:* If yes, describe kind of lubricant used:
- If object used, describe object:
- Any other forms of sexual violence:

*Explain what condom and lubricant is to the survivor. * Y/N/DNK

Post incident has the survivor: (Y/N/DNK)

- Changed clothes (if yes, are the clothes worn at the time of incident available?):
- Changed undergarments (if yes, are the undergarments worn at the time of incident available?):
- Cleaned/washed clothes:
- Cleaned/washed undergarments:
- Bathed:
- Douched:
- Used spermicide:
- Passed urine:
- Passed stools:

- Rinsing of mouth/Brushing/ Vomiting (Circle any or all as appropriate):
- Eaten/ consumed any liquid:

- Time since incident:
- H/o vaginal/anal/oral bleeding/discharge prior to the incident of sexual violence:
- H/o vaginal/anal/oral bleeding/discharge since the incident of sexual violence:
- H/o painful urination/ painful defecation/ fissures/ abdominal pain/pain in genitals or any other part since the incident of sexual violence:

❖ **General Physical Examination:**

- Temp: Pulse: Resp. Rate: BP: Pupils:
- Signs of intoxication:
- Any observation in terms of general physical wellbeing of the survivor (physical development, behavior, gait etc):
- Examination of clothes (if same as those worn at the time of assault):
- Stains/ foreign material on the body:
- Fingernails examination:

❖ **Examination for injuries on the body if any:**

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

❖ **Local examination of genital parts/other orifices*:**

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

Pubic hairs	
Urethral meatus & vestibule	
Labia majora	
Labia minora	
Clitoris	
Fourchette & Introitus	
Hymen	
Perineum	
External Urethral Meatus	
Penis	
Scrotum	
Testes	
Clitoropenis	
Labioscrotum	
Any Other	

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

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- P/S findings if performed
 - P/V findings if performed
 - Record reasons if P/V of P/S examination performed
- B. Anus and Rectum (encircle the relevant): Bleeding/ tear/ discharge/ oedema/ tenderness
- C. Oral Cavity (encircle the relevant): Bleeding/ discharge/ tear/oedema/ tenderness

❖ **Systemic examination:**

- Central Nervous System:
- Cardio Vascular System:
- Respiratory System:
- Abdomen with special reference to pregnancy:

❖ **Sample collection/ investigations for hospital laboratory/ Clinical laboratory:**

- ✓ Blood for HIV, VDRL, HbsAg
- ✓ Urine test for Pregnancy
- ✓ Ultrasound for pregnancy/internal injury
- ✓ X-ray for Injury

❖ **Samples Collection for Central/ State Forensic Science Laboratory: attached**

❖ **Provisional medical opinion:**

I have examined Male/ Female/ aged.....
 Years, reporting (type of sexual violence and circumstances).....
 Days/hours after the incident, after having (bathed/douched etc). My findings are as follows:

- 1) Evidence related to non-penetrative assault:
- 2) Evidence of injuries suggestive of application of force / restrained:
- 3) Opinion as to age of injuries:
- 4) Opinion as to nature of injuries:
- 5) Results of wet mount slide examination for evidence of spermatozoa:
- 6) Evidence as to consumption/ being under the influence of drugs and/ or alcohol:

On the basis of above mentioned observations my/our OVERALL OPINION is that:

(Tick which is applicable & strike out which is not applicable):

- a) Overall findings are consistent with sexual intercourse/ assault; however final opinion is kept pending till receipt of FSL reports OR
- b) Evidence of sexual intercourse/ assault cannot be ruled out. Hence, final opinion is kept pending till receipt of FSL reports. OR
- c) Opinion reserved pending till receipt of FSL and/or (if any) investigations AND/OR
- d)

❖ **Treatment prescribed:**

Treatment	Y	N	Type and comments
STI prevention treatment			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post exposure prophylaxis for HIV			
Counseling			
Other			

Date and time of completion of examination

This report contains number of Pages and number of envelopes.

Place:
Doctor

Signature, Name & Seal of Examining

❖ Final Opinion (After receiving Lab reports):

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

Place:
Doctor

Signature, Name & Seal of Examining

Received: MLR in original

Signature of police officer
Name:
Badge no:
PS:



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Department of Forensic Medicine & Toxicology
All India Institute of Medical Sciences, Kalyani

MEDICO-LEGAL EXAMINATION OF ACCUSED OF SEXUAL VIOLENCE

(I) Preliminary information & consent:

MLC No:

Name (accused):

Age (as stated) & Sex:

Occupation:

Address:

Brought by (Name, B/N, PS):

Reference: Vide letter No..... Dated

Consent: Attached

Examined in presence of:

Identification marks:

Date & Time of examination:

Cr. No:

S/o:

Marital Status:

Religion:

(II) Brief history of alleged sexual assault as stated by Accused:

- Admits or denies the incidence:
- Did he knew the victim before:
- Explanation for injuries present over body if any:
- Explanation for stains, tears, foreign body, hairs over cloth if any:
- Did he changed clothes, took bath, micturated after the incidence:
- Brief description of act of penetration/ ejaculation as stated:

(III) Medical & Surgical History:

Current medication if any:

History of STD:

Any relevant surgical history like vasectomy:

(IV) General physical examination:

General Mental condition:

Pulse:

BP:

RR:

Height:

Weight:

Built:

Signs of intoxication (Alcohol/drugs):

Examination of Clothes (description):

Stains, Foreign material etc on body:

Secondary sexual characters:

Beard:

Moustache:

Axillary hairs:

Pubic hairs:

Marks of Violence (body surface injuries):

(V) Local examination:

Pubic region

Thigh and adjoining part

Matted hair

Seminal stain

Blood

Loose foreign hair

Injuries

Penis:

Development (Tanner Stage):

Deformity:

Length and Girth of penis in flaccid condition:

Length and Girth of penis in erect condition:
 Whether foreskin can be freely rolled up or is circumcised:
 Presence of smegma under the foreskin:
 Cremasteric reflex:
 Any injury on prepuce, glans, frenulum or scrotum:
 Any injury elsewhere on the organ:
 Evidence of any disease e.g. STD:

(VI) Systemic examination:

(VII) Any other significant finding:

*body diagrams attached

(VIII) Sample collection for hospital Laboratory:

Sr.No	Sample	test for	preservative/ packing	Collected (yes/No)
1	urethral swab	microscopy & culture	Plain sterile bulb	
2	swab from discharge	microscopy & culture	Plain sterile bulb	
3	Blood	serology (for syphilis, HIV, Hepatitis)	Plain sterile bulb	
4	Urine (midstream)	microscopy & culture	Plain sterile bulb	
5				

(IX) Samples/ Forensic evidence preserved for FSL: list attached

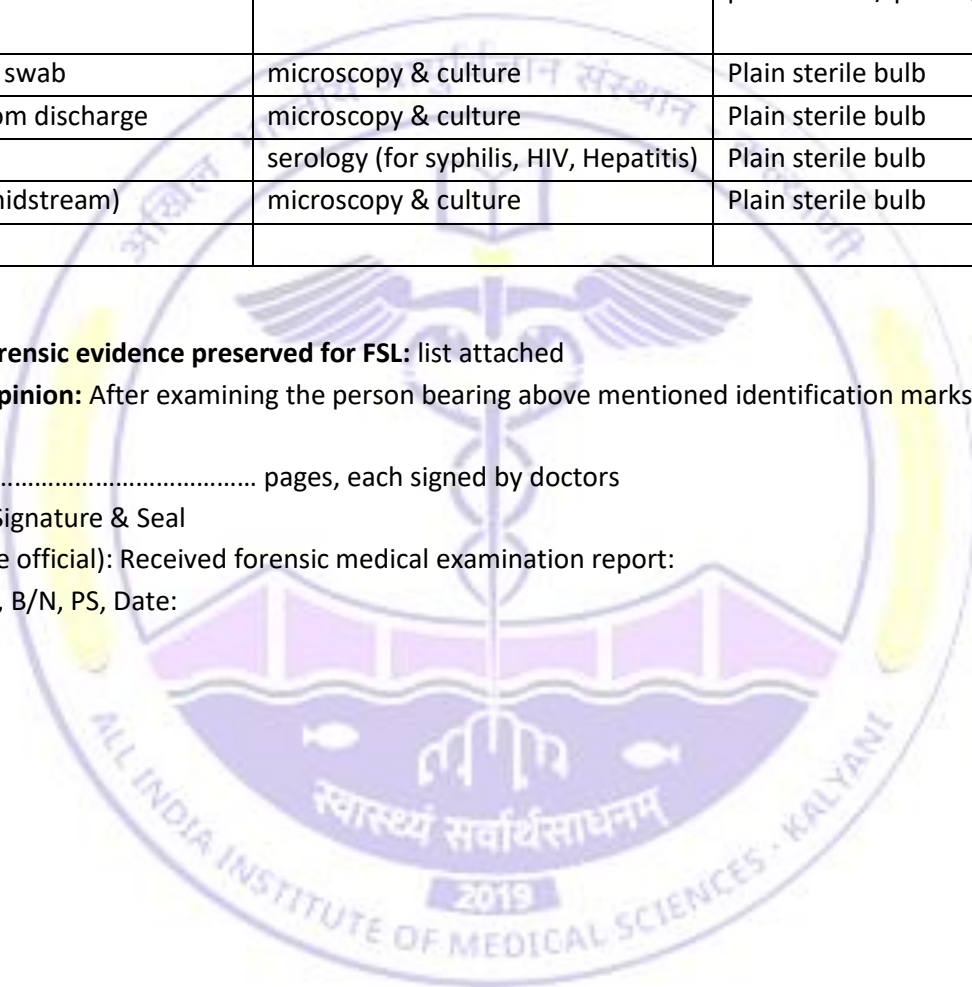
(X) Provisional opinion: After examining the person bearing above mentioned identification marks, I/ We are of the opinion that:

Report contains pages, each signed by doctors

Doctor's Name, Signature & Seal

Receipt (by police official): Received forensic medical examination report:

Signature, Name, B/N, PS, Date:



ANNEXURE- G

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY ALL INDIA INSTITUTE OF MEDICAL SCIENCES, KALYANI

HOSPITAL DISCHARGE CERTIFICATE FOR MLC CASE

To
The investigating officer
PS:

Sir,

In continuation of injury report No. dated this is to inform you that

aged Male/ Female was admitted onin our hospital, Cr.No.....

He/she is discharged/cured/relieved on..... Given below are further comments about the case:

a. Investigations

done:.....
.....
.....

b. The following doctors were concerned with the treatment of the case:

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

c. Other relevant information:.....

Issued by (signature/name/date/seal):

Issued to (signature/name/date):

ANNEXURE- H

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY ALL INDIA INSTITUTE OF MEDICAL SCIENCES, KALYANI

DYING DECLARATION FORM

I, Dr..... S/D/W ofworking as
 resident of
 in presence of witness (1)..... S/W/D of
 resident of and witness (2) S/D/W
 of resident of shall record
 the dying declaration of Mr/Ms aged about
 years, S/D/W of, married / unmarried, occupation
 resident of at
 AM/PM, on, at AIIMS, Kalyani in the word by word order as narrated
 by the declarant.

***Certification of Compos Mentis**

Questions that may be asked:

- a. What is your name?.....
- b. What is the year/season/ date/ month?.....
- c. Whether it is morning/ evening/ night?.....
- d. Where do you live?.....
- e. Where do you think you are?
- f. Are you married? What is the name of your eldest sibling?
- g. What is your education?

I have thoroughly examined his/her level of consciousness, orientation of time and space, memory and other mental faculties and I hereby certify that the declarant is in position of a sound mind to deliver his dying declaration.

I, Dr....., have come to record your dying declaration.
 Will you be able to answer my questions? Yes/ No

Dying Declaration

Before recording this dying declaration, I have examined the declarant and found that his/her condition is critical and he/she may die anytime hereafter, in spite of the lifesaving treatment being given to him/her. The words of the declarant as said by him/her are:

.....

In order to clarify the points as revealed by above and in continuation to this, I asked the following to which the declarant gave the answers, which are recorded in that sequence:

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1. Why were you brought to the hospital? (describe the incident in detail since beginning)
.....
.....
.....
2. At what time the incident took place?
.....
.....
3. How, by whom, under what circumstances and at which place, did you sustain injury?
.....
.....
.....
4. What is the reason behind this incident?
.....
.....
5. Did you have any past enmity with the assailant(s)?
.....
.....
6. Who were present at the time of the incident?
.....
.....
7. Is there anything else that you want to mention about the incident?
.....
.....
8. Can you sign/put thumb impression? Yes/ No

The above recorded dying declaration is correct as per my dictation which I am signing after reading that bears my signature/ thumb impression (should be translated into declarant's mother tongue by a translator).

I, Dr..... certify that the above declaration was recorded by me. I also certify that the declarant, Mr/Ms..... maintained his/her sound state of mind throughout the dictation of his/her declaration. The recording ended at AM/PM on



Signature/ Thumb impression of Declarant Seal

Doctor's Signature &

Translator's Name, address & Signature:
.....

Recorded and signed in our presence:

1. Signature of first Witness
- Signature of Second Witness

Bibliography

1. Manual for mortuary. Department of Forensic Medicine and Toxicology, AIIMS, New Delhi.
2. Adarsh K. Handling medicolegal cases at sub-district Level. Ind J Com Family Med. Editorial Office. 2015;1(01).
3. Medic- legal manual. Department of Forensic Medicine and Toxicology, AIIMS, Bhopal. [Internet]. Available from https://aiimsbhopal.edu.in/AIIMSFiles/Medico_Legal_Manual_Eng.pdf (Accessed on 06/01/23).
4. Medicolegal issues. Guidelines to Medical officer. National health system resource centre. Ministry of health and family welfare. Government of India. [Internet]. Available from http://qi.nhsrindia.org/sites/default/files/medico_legal.pdf (Accessed on 06/01/2023).
5. Standing operating procedure to deal with medic legal cases in casualty, OPD and IPD. Department of Forensic Medicine and Toxicology, AIIMS, Mangalagiri.
6. Guidelines and Protocols. Medicolegal care for survivors/victims of sexual violence. [Internet]. Available from <https://main.mohfw.gov.in/sites/default/files/953522324.pdf> (Accessed on 14/12/22).
7. Guidelines for medicolegal care for victims of sexual violence, WHO, 2003. [Internet] Available from <http://apps.who.int/iris/bitstream/handle/10665/42788/924154628X.pdf?sequence=1>. (Accessed on 14/12/22)
8. Sexual violence support and resource from Stanford University. [Internet]. Available from <https://equity.stanford.edu/sexual-violence-support/urgent-help/forensic-evidence-collection>. (Accessed on 12.06.2022)
9. Godard MA, Hartigan NF, Sexual assault: a hospital/ community protocol for forensic and medical examination . US Department of Justice Office of Justice Programs, Office for Victims of Crimes; 1988. [Internet]. Available from <https://www.ojp.gov/pdffiles1/ovw/241903.pdf> (Accessed on 28 June 2022)
10. Smith LM, Burgoyne LA. Collecting, archiving and processing DNA from wildlife samples using FTA databasing paper. BMC ecology. 2004 Dec; 4(1): 1-1 [Internet]. Available from doi: 10.1186/1472-6785-4-4. PMID: 15072582 (Accessed on 28 June 2022)
11. Guharaj PV, Gupta SK. Sexual offence. In. Forensic Medicine and Toxicology. 3rd edition. Chennai University Press; 2019.p. 36-75
12. Dash HR, Vajpayee K. Collection, Preservation, and Transportation of Biological Evidences. Handbook of DNA Profiling. Singapore: Springer; 2020:1-6 [Internet] Available from <http://doi.org/10.1007/978-981-15-9364-2> (Accessed on 14/07/2022)
13. Abhishek Yadav, Venkatesh J. Role of Forensic nursing in Sexual Assault Forensic Examination Including Protection of Children from Sexual Offences 2012/RFP Journal of Hospital Administration. 2022;6(2):51-55.

In case of medico-legal assistance the following may be contacted:

Dr. Ninad Vilas Nagrale

Head in Charge

Associate Professor

Dr. Venkatesh. J

Assistant Professor

Dr. Baishwanar Banerjee

Senior Resident

9822081074

ninad.fmt@aiimskalyani.edu.in

9677416716

venkatesh.fmt@aiimskalyani.edu.in

95918555522

baptuban@yahoo.co.in

Office E-Mail id - forensic@aiimskalyani.edu.in

Office Intercom No. - 42011 (9AM to 5 PM)

Complied by

Department of Forensic Medicine and Toxicology,

All India Institute of Medical Sciences, Kalyani (West Bengal)

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

**NH-34 Connector, Basantapur, Saguna, Kalyani, District Nadia, West
Bengal 741245. India**