

ਨੰ. 12/31/2018-5ਸਿ5/

date Bound.

med/12.

18/1/18

ਪੰਜਾਬ ਸਰਕਾਰ  
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ  
(ਸਿਹਤ-5 ਸ਼ਾਖਾ)

ਸੇਵਾ ਵਿਖੇ,

ਰਾਜ ਦੇ ਸਮੂਹ ਵਿਭਾਗ ਦੇ ਮੁਖੀ, ਡਵੀਜ਼ਨਾਂ ਦੇ ਕਮਿਸ਼ਨਰ,  
ਰਜਿਸਟਰਾਰ, ਪੰਜਾਬ ਅਤੇ ਹਰਿਆਣਾ ਹਾਈਕੋਰਟ,  
ਰਾਜ ਤੇ ਸਮੂਹ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ, ਜ਼ਿਲ੍ਹਾ ਅਤੇ ਸੈਸਨਜ ਜੱਜ,  
ਰਾਜ ਦੇ ਸਮੂਹ ਸਿਵਲ ਸਰਜਨ, ਪਿੰਸੀਪਲ ਮੈਡੀਕਲ/ਡੈਂਟਲ ਕਾਲਜ,  
ਪਟਿਆਲਾ ਫਰੀਦਕੋਟ ਅਤੇ ਅੰਮ੍ਰਿਤਸਰ।

644  
21/1/19

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ:

ਵਿਸ਼ਾ:- ਐਮ.ਐਲ.ਆਰ/ਪੀ.ਐਮ.ਆਰ. ਸਬੰਧੀ ਗਾਈਡ ਲਾਈਜ਼ ਨੋਟੀਫਿਕੇਸ਼ਨ ਜਾਰੀ ਕਰਨ  
ਸਬੰਧੀ।

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ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਦੇ ਸਬੰਧ ਵਿੱਚ ਐਮ.ਐਲ.ਆਰ/ਪੀ.ਐਮ.ਆਰ. ਦੇ ਕੰਮ ਵਿੱਚ ਕਾਫੀ ਟਿਕਤਾਂ  
ਦਾ ਸਾਮਣਾ ਕਰਨਾ ਪੈਂਦਾ ਸੀ। ਇਸ ਮੰਤਵ ਲਈ ਗਾਇਡ ਲਾਈਜ਼ ਵਿੱਚ ਕੁਝ ਸੋਧ ਕਰਨ ਦੀ ਜ਼ਰੂਰਤ ਸਮਝੀ  
ਗਈ ਹੈ। ਇਸ ਲਈ ਰਿਵਾਇਜ਼ਡ ਗਾਈਡ ਲਾਈਜ਼ ਦਾ ਖਰੜਾ ਪੱਤਰ ਨਾਲ ਨੱਥੀ ਕਰਕੇ ਭੇਜਦੇ ਹੋਏ ਲਿਖਿਆ  
ਜਾਂਦਾ ਹੈ ਕਿ ਇਨ੍ਹਾਂ ਹਦਾਇਤਾਂ ਅਨੁਸਾਰ ਹੀ ਐਮ.ਐਲ.ਆਰ/ਪੀ.ਐਮ.ਆਰ. ਕਾਰਵਾਈ ਅਰੰਭੀ ਜਾਵੇ।

ਇਹ ਹਦਾਇਤਾਂ ਪੱਤਰ ਜਾਰੀ ਹੋਣ ਦੀ ਮਿਤੀ ਤੋਂ ਲਾਗੂ ਹੋਣਗੀਆਂ।

ਅਧੀਨ ਸਕੱਤਰ, ਸਿਹਤ

ਇਸ ਦਾ ਇਕ ਉਤਾਰਾ ਸਾਰੇ ਵਿੱਤੀ ਕਮਿਸ਼ਨਰਾਂ ਅਤੇ ਪ੍ਰਬੰਧਕੀ ਸਕੱਤਰਾਂ ਨੂੰ ਸੂਚਨਾ ਅਤੇ ਯੋਗ  
ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।

ਅਧੀਨ ਸਕੱਤਰ, ਸਿਹਤ

ਵੱਲ

ਸਮੂਹ ਵਿੱਤੀ ਕਮਿਸ਼ਨਰ ਅਤੇ ਪ੍ਰਬੰਧਕੀ ਸਕੱਤਰ,  
ਪੰਜਾਬ ਸਰਕਾਰ।

ਅੰ.ਵਿ.ਪੱ.ਨੰ. ਨੰ5-2018/31/12.ਸਿ5/

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ

ਪਿੱਠ ਅੰਕਣ ਨੰ. ਨੰ5-2018/31/12.ਸਿ5/1396893/3

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ 17/1/19

ਇਸ ਦਾ ਇਕ ਉਤਾਰਾ ਡਾਇਰੈਕਟਰ, ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ ਨੂੰ ਭੇਜ  
ਕੇ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਇਨ੍ਹਾਂ ਹਦਾਇਤਾਂ ਦੀ ਇੰਨ ਬਿੰਨ ਪਾਲਣਾ ਨੂੰ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ।

ਅਧੀਨ ਸਕੱਤਰ, ਸਿਹਤ

**ਡਾਇਰੈਕਟੋਰੇਟ**  
**ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ**  
**(ਪੀ.ਐਮ.ਐਚ.ਸ਼ਾਖਾ)**

ਸੇਵਾ ਵਿਖੇ,

ਰਾਜ ਦੇ ਸਮੂਹ ਵਿਭਾਗਾਂ ਦੇ ਮੁੱਖੀ, ਡਵੀਜ਼ਨਾਂ ਦੇ ਕਮਿਸ਼ਨਰ,  
ਰਜਿਸਟਰਾਰ, ਪੰਜਾਬ ਅਤੇ ਹਰਿਆਣਾ ਹਾਈਕੋਰਟ,  
ਰਾਜ ਦੇ ਸਮੂਹ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ, ਜ਼ਿਲ੍ਹਾ ਅਤੇ ਸੈਸ਼ਨਜ਼ ਜੱਜ,  
ਰਾਜ ਦੇ ਸਮੂਹ ਸਿਵਲ ਸਰਜਨ, ਪ੍ਰਿੰਸੀਪਲ, ਮੈਡੀਕਲ ਕਾਲਜ,  
ਪਟਿਆਲਾ, ਫਰੀਦਕੋਟ ਅਤੇ ਅਮ੍ਰਿਤਸਰ।

ਨੰ: ਮੈਡੀਕਲ(2)-ਪੰ-21019/ 637  
ਮਿਤੀ: ਚੰਡੀਗੜ੍ਹ:- 22-1-19

ਵਿਸ਼ਾ:- ਐਮ.ਐਲ.ਆਰ./ਪੀ.ਐਮ.ਆਰ. ਸਬੰਧੀ ਗਾਈਡ ਲਾਈਜ਼ ਨੋਟੀਫਿਕੇਸ਼ਨ ਜਾਰੀ ਕਰਨ ਸਬੰਧੀ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਦੇ ਸਬੰਧ ਵਿੱਚ ਪੰਜਾਬ ਸਰਕਾਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ (ਸਿਹਤ-5 ਸ਼ਾਖਾ) ਵੱਲੋਂ ਨੰ:12/31/2018-5ਸਿ5/1396893/1 ਮਿਤੀ 17-1-2019 ਰਾਹੀਂ ਐਮ.ਐਲ.ਆਰ./ਪੀ.ਐਮ.ਆਰ ਸਬੰਧੀ ਜਾਰੀ ਰਿਵਾਇਜ਼ਡ ਗਾਈਡਲਾਈਨਜ਼ ਦੀ ਕਾਪੀ ਸਿਹਤ ਵਿਭਾਗ ਦੀ ਵੈਬ ਸਾਇਟ [www.pbhealth.gov.in/mlrpmr.html](http://www.pbhealth.gov.in/mlrpmr.html) ਤੇ ਅਪਲੋਡ ਕਰ ਕਰ ਦਿੱਤੀ ਗਈ। ਇਸ ਲਈ ਸਮੂਹ ਵਿਭਾਗਾਂ ਨੂੰ ਸੂਚਿਤ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।

24/1/19  
ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ।

ਪਿ:ਅੰ:ਨੰ:ਮੈਡੀਕਲ (2)-ਪੰ-2019/

ਮਿਤੀ: ਚੰਡੀਗੜ੍ਹ:

ਇਸ ਦਾ ਇੱਕ ਉਤਾਰਾ ਸਾਰੇ ਵਿੱਤੀ ਕਮਿਸ਼ਨਰ ਅਤੇ ਪ੍ਰਬੰਧਕੀ ਸਕੱਤਰਾਂ ਨੂੰ ਸੂਚਨਾ ਅਤੇ ਯੋਗ ਕਾਰਵਾਈ ਹਿਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।

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ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ।

ਪੰਜਾਬ ਸਰਕਾਰ  
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ  
(ਸਿਹਤ-5 ਸਾਖਾ)

ਸੇਵਾ ਵਿਖੇ,

ਰਾਜ ਦੇ ਸਮੂਹ ਵਿਭਾਗ ਦੇ ਮੁਖੀ, ਡਵੀਜ਼ਨਾਂ ਦੇ ਕਮਿਸ਼ਨਰ,  
ਰਜਿਸਟਰਾਰ, ਪੰਜਾਬ ਅਤੇ ਹਰਿਆਣਾ ਹਾਈਕੋਰਟ,  
ਰਾਜ ਤੇ ਸਮੂਹ ਡਿਪਟੀ ਕਮਿਸ਼ਨਰ, ਜ਼ਿਲ੍ਹਾ ਅਤੇ ਸੈਸਨਜ ਜੱਜ,  
ਰਾਜ ਦੇ ਸਮੂਹ ਸਿਵਲ ਸਰਜਨ, ਪ੍ਰਿੰਸੀਪਲ ਮੈਡੀਕਲ/ਡੈਂਟਲ ਕਾਲਜ,  
ਪਟਿਆਲਾ ਫਰੀਦਕੋਟ ਅਤੇ ਅੰਮ੍ਰਿਤਸਰ।

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ: 17/1/19

ਵਿਸ਼ਾ:- ਐਮ.ਐਲ.ਆਰ/ਪੀ.ਐਮ.ਆਰ. ਸਬੰਧੀ ਗਾਈਡ ਲਾਈਜ਼ ਨੋਟੀਫਿਕੇਸ਼ਨ ਜਾਰੀ ਕਰਨ  
ਸਬੰਧੀ।

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ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਦੇ ਸਬੰਧ ਵਿੱਚ ਐਮ.ਐਲ.ਆਰ/ਪੀ.ਐਮ.ਆਰ. ਦੇ ਕੰਮ ਵਿੱਚ ਕਾਫੀ ਦਿਕਤਾ  
ਦਾ ਸਾਮਣਾ ਕਰਨਾ ਪੈਂਦਾ ਸੀ। ਇਸ ਮੰਤਵ ਲਈ ਗਾਇਡ ਲਾਈਜ਼ ਵਿੱਚ ਕੁਝ ਸੋਧ ਕਰਨ ਦੀ ਜ਼ਰੂਰਤ ਸਮਝੀ  
ਗਈ ਹੈ। ਇਸ ਲਈ ਰਿਵਾਇਜ਼ਡ ਗਾਈਡ ਲਾਈਜ਼ ਦਾ ਖਰੜਾ ਪੱਤਰ ਨਾਲ ਨੱਥੀ ਕਰਕੇ ਭੇਜਦੇ ਹੋਏ ਲਿਖਿਆ  
ਜਾਂਦਾ ਹੈ ਕਿ ਇਨ੍ਹਾਂ ਹਦਾਇਤਾਂ ਅਨੁਸਾਰ ਹੀ ਐਮ.ਐਲ.ਆਰ/ਪੀ.ਐਮ.ਆਰ. ਕਾਰਵਾਈ ਅਰੰਭੀ ਜਾਵੇ।

ਇਹ ਹਦਾਇਤਾਂ ਪੱਤਰ ਜਾਰੀ ਹੋਣ ਦੀ ਮਿਤੀ ਤੋਂ ਲਾਗੂ ਹੋਣਗੀਆਂ।

  
ਅਧੀਨ ਸਕੱਤਰ, ਸਿਹਤ

ਇਸ ਦਾ ਇਕ ਉਤਾਰਾ ਸਾਰੇ ਵਿੱਤੀ ਕਮਿਸ਼ਨਰਾਂ ਅਤੇ ਪ੍ਰਬੰਧਕੀ ਸਕੱਤਰਾਂ ਨੂੰ ਸੂਚਨਾ ਅਤੇ ਯੋਗ  
ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।

  
ਅਧੀਨ ਸਕੱਤਰ, ਸਿਹਤ

ਵੱਲ

ਸਮੂਹ ਵਿੱਤੀ ਕਮਿਸ਼ਨਰ ਅਤੇ ਪ੍ਰਬੰਧਕੀ ਸਕੱਤਰ,  
ਪੰਜਾਬ ਸਰਕਾਰ।

ਅੰ.ਵਿ.ਪੱ.ਨੰ. ਨੰ5-2018/31/12.ਸਿ5/

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ

ਪਿੱਠ ਅੰਕਣ ਨੰ. ਨੰ5-2018/31/12.ਸਿ5/

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ

ਇਸ ਦਾ ਇਕ ਉਤਾਰਾ ਡਾਇਰੈਕਟਰ, ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ ਨੂੰ ਭੇਜ  
ਕੇ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਇਨ੍ਹਾਂ ਹਦਾਇਤਾਂ ਦੀ ਇੰਨ ਬਿੰਨ ਪਾਲਣਾ ਨੂੰ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ।

  
ਅਧੀਨ ਸਕੱਤਰ, ਸਿਹਤ

**Govt. of Punjab**

**Medicolegal Manual**

**Manual of Instructions  
on Conduct of  
Medicolegal Examination  
including  
Postmortem Examination**

## GENERAL GUIDELINES

- 1) The first and foremost duty of the treating doctor is to **save the life of a patient** and give immediate necessary treatment. Police should be informed as early as possible but the patient should not be allowed to suffer.
- 2) It is important that treatment of the patient takes precedence over medico-legal formalities. Following category of cases be labeled as **Medico-Legal Case (MLC)**:
  - a) Suspected or evident Homicides or suicides, including attempted.
  - b) Traffic collisions, road-side accidents, factory accidents or any other unnatural mishap.
  - c) Suspected or evident poisoning, even if accidental.
  - d) Burn or electric injuries due to any cause.
  - e) Injury cases, where foul play is suspected, including those caused by animals.
  - f) Injury cases where there is likelihood of death in near future.
  - g) Suspected or evident sexual offences.
  - h) Suspected or evident criminal abortions.
  - i) Unconscious cases especially where cause of unconsciousness is not clear.
  - j) Cases brought dead with improper history.
  - k) Cases referred by court or otherwise.
  - l) Cases which require age certificate.
  - m) Person under police or judicial custody.
  - n) Domestic violence, Child abuse.
  - o) Alleged medical negligence.
- 3) Consent of the patient/injured/guardian is not needed for labelling a case as MLC and for further police information.
- 4) Any case mentioned in the above list even if brought **several days after** the incident by police shall be registered as medicolegal case (MLC). In case Casualty Medical Officer has not labeled a case as medicolegal, but indoor doctor thinks so, he should inform the same to the concerned hospital authorities.
- 5) Many a times the same hospital has multiple emergency/admission points like casualty, pediatrics, gynecology, etc.; then it will be the duty of the concerned doctors to coordinate the labelling of MLC and preparing of MLR.
- 6) Registered Medical Practitioner (Medical Officers / Doctors) should prepare the **Medico-Legal Report/Certificate (MLR)**, wherever requested/consented, brought in the emergency by the police or those coming of their own for medico legal examination or any other case in which foul play is suspected. The doctor on duty shall himself/herself examine and prepare MLR. MLR can be prepared by a Registered Medical Practitioner who possesses any medical qualification as defined in the Indian Medical Council Act, 1956 (including a private practitioner). However further opinion specific to a case may be obtained from a relevant qualified practitioner like dentist (as per Dentists Act 1948), etc.
- 7) **Police information:** Whenever any medico-legal case comes to the hospital, the medical officer on duty should inform (in writing) the Duty Constable (hospital police post / nearest police station), giving the name, age, sex of the patient and the place of occurrence/incident and should start the treatment of the patient. It will be the duty of the said Constable to inform the concerned police station. Information shall be sent to the police by the quickest possible means. Acknowledgement from the police officer receiving the information will be kept in the record register/file or with the Medical Officer for further reference. (Supreme Court of India, Pt. Parmanand Katara vs Union Of India & Ors, 28Aug1989, 1989 AIR 2039, 1989 SCR (3) 997)
- 8) Name and addresses of the **attendants**/persons who brought the patient and brought from where, the time and date of informing the police and the date and time of admission of the case, should also be recorded in admission register.

- 9) The Medical Officer will also mark with preferably red pen on the top of first page of the file of the patient the letters "M.L.C." or put the stamp "Medicolegal case". The stamp should be kept with the staff on duty in the emergency. The Medical Officer will also see that the card of the patient is marked/stamped "Medicolegal case" by the duty staff.

## MEDICO LEGAL EXAMINATION

### 10) Protocol for the medico-legal report (MLR):

- a) **Consent** - Written consent of the examinee (patient/injured) person is mandatory on the MLR. If the patient is less than 12 years, take the consent of the guardian/accompanying person and get his signature/thumb impression; consent is not required in case of accused person u/s 53 and 53A of CrPC.
- b) If an **unconscious / semiconscious** patient is brought in emergency by family / guardian, the consent shall be taken from them. In case of refusal by the patient / family / guardian, then the medical officer shall mention the same on the admission register/MLR taking their signature (informed refusal). Police information must be sent in all medicolegal cases. Consent is not required for police information.
- c) 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, occupation, name of the accompanying person and relation with the injured, name and 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 ED/CR/Adm No. with date and name of the ward. Consent is a must before proceeding for examination for medicolegal purposes; otherwise informed refusal must be recorded.
- d) **Identification marks**: Two identification marks preferably on the exposed parts of the body be recorded for comparing the same for identification in the court while giving the evidence. Moles and common surgical scars should be avoided. If marks on any other parts are not available, then thumb prints (labelled) may be taken.
- e) **Brief history** of the incident be taken from the injured/ accompanying person regarding time, manner (accidental / suicidal / homicidal / intentional) with weapon / means caused and place of event of injury / poisoning, and the time sequence of symptoms / incapacitation developed etc. (when/where/why/what/whom) This will help the medical officer in proceeding with the examination.
- f) **Standard General Physical Examination** (GPE) be recorded which may include important relevant positive findings like level of consciousness, pulse, BP, respiration, temperature, pupils, posture, gait, speech, bleeding through natural orifices like ear, nose, mouth, rectum, vagina, etc., paralysis/weakness, urinary/faecal retention/incontinence, smell etc. The condition of the clothes be recorded regarding their disorder, buttons (intact, undone, or torn), tears, cuts whether coinciding with a particular injury, presence of stains like blood/mud/sand/weeds/faecal/seminal, foreign matter, stippling, burns etc.
- g) **Particulars of injuries** - The person should be examined in a systematic way from front as well as back aspect from head to heel/toe. Depict the site of the injury on the pictorial diagram. The following particulars of each and every injury must be recorded.
- h) **Type of injury** like abrasion, contusion/bruise, wounds (lacerated, incised, punctured, etc.), fracture, dislocation, burns etc.
- i) **Dimensions** (preferably in centimeters) of each injury should be noted down in respect of its length, breadth and depth wherever possible.
- j) **Location** of injuries should be described for exact placing later on and include left/right, front/back, anterior/posterior, lateral/medial, and distance from nearest landmarks.
- k) **Additional features** like direction, shape whether circular, oval, spindle, triangular, elliptical, crescentic, stellate, etc., margins/edges of wounds should be examined (by hand lens 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. Foreign matter like grease, dirt, gravel, straw, coal, paint, glass, weed, metal, pellets, bullets, wads, clothes, hair etc. should be reported and must be preserved for further analysis.

- l) **Age / Duration of injuries.** Time elapsed between infliction of injuries and examination. This should be as per examination / changes like colour, bleeding and healing process and not merely as per history.
- m) **Nature of injuries:** Simple/Grievous: with justifying reasons, keeping in mind section 320 IPC. In doubtful cases, they should seek the advice of the Civil Surgeons/SMO/Forensic Medicine expert/relevant specialist, but opinion regarding nature of injury is to be furnished by the Medical Officer conducting the medicolegal examination. If the Grievous injury falls in the ambit of clause 8 (endangering life) then it should be supported by proper documentation, e.g. surgeon opinion/notes (clinical or operative) etc. The medical officer is solely responsible for declaring the nature of Injury.
- n) **Kind of weapon** (324/326 IPC): Weapon used include blunt or sharp or firearm, and other opinions are also possible, like teeth, fire, heat, poison, corrosive, explosive, animal, etc. as the case may be.
- o) Medical Officers may specify that an injury is **self-inflicted / self-suffered** only in those cases in which this is quite obvious, preferably with justifiable reasons. They should, however, refrain from committing themselves on this point in doubtful cases. (High Court Rules & Orders, Chapter 18, Medico-Legal Work, Part D, Appendix B (b), No. III & X).

11) **Additional instructions:**

- a) Medical Officer who **first examines** the case, shall prepare the medico legal report. However, in case of difficulty, the Medical Officer may take the help of his colleague or senior.
- b) If a medicolegal report has already been issued elsewhere, it is not permissible to issue a **second MLR** unless specific orders regarding re-examination are received. (As per rules specified for re-examination)
- c) The medico-legal report (MLR) shall be prepared **legibly** as per prescribed manual / computerised format (MedLeaPR). Each MLR Form shall be numbered. The name, designation, registration number/mobile number of the examining doctor will be stated, preferably in capital letters, at the bottom of the report.
- d) The report will be prepared providing **copies** to the police; hospital/departmental record; indoor file in case of admitted patients. Patient may also be given a copy of the MLR on request, or if the same is required for the purpose of further treatment at any other health institution.
- e) All medicolegal cases shall be charged **fee** as prescribed by the State Government or the concerned institution. In case of failure to pay such fee, injuries be noted on file and MLR prepared after receipt of fee or on police request. Exemption from payment of fee mentioned above, will be as per government notification. All cases examined on written police request will not be charged fee.
- f) The medico legal report should be **handed over to the police**, as soon as possible, after the examination. If there is any injury kept under observation, the same may be recorded as such and result thereof communicated to the police at the earliest possible.
- g) In some cases, the police ask for medicolegal report after the case has been **discharged / expired**. It is not advisable to issue a medicolegal report on medicolegal form in such cases. The police, however, can ask for any specific information (including details of injuries) which may be supplied to them from the record of the case and the medical officer supplying the information should write on top of such report that the same has been noted from the file of the case. Such report should **never be back dated**.
- h) Medicolegal report (MLR) should not be written in the presence of a police officer, patient's relatives or any other interested party.
- i) A **female** patient should not be medico-legally examined (in non-sexual assault cases) without the presence of a relative (preferably female) of the patient or a woman hospital attendant. Prior consent must be taken in this regard. In case of sexual assaults especially of child, the examination must be conducted by a female doctor.

- j) In cases of **burns**, weapon may be fire / heat / corrosive. Clothes shall be preserved for analysis. Nature will depend on the extent, depth, surface area, part involved, medical/surgical intervention, blood transfusion, complications, etc.

**12) Statement and dying declaration.**

- a) If a patient is likely to expire as a result of injuries (including burns) or alleged criminal act, immediate arrangement should be made to get his/her dying declaration recorded.
- b) The Medical Officer will ask the police officer on duty in writing to call a magistrate or if there is no time to call a magistrate, the Medical Officer may himself record the dying declaration keeping in view the legal provisions in this regard.
- c) The dying declaration should be recorded in the presence of another doctor or staff member on duty who will witness the statement and will append his signatures at the bottom of the declaration.
- d) The Medical Officer recording the statement (either in question/answer form or narrative) should also certify that the patient was conscious and in sound state of mind when the statement was recorded and remained so till the statement was completed.
- e) The signature or thumb impression of the patient be obtained on the dying declaration after the same has been read over to him/her.
- f) No other person be allowed to interfere during the recording of dying declaration.
- g) In case of a patient who is not fit to make a statement, the reason should be noted and duly explained in the file.

**13) Death of medico legal case.**

- a) Whenever a medicolegal case dies, the police officer I/C of the police post/police station of the area should be informed immediately and a note to the effect be recorded on the file of the deceased.
- b) When the body of a medicolegal case is sent to the mortuary, clear instructions should be given to the mortuary staff, not to hand over the body to the relatives.
- c) Complete chain of custody of the dead body shall be maintained at all times until the time the body is finally handed over to the police.
- d) The body shall be transported to the mortuary with dignity.
- e) Dead bodies should be shifted to mortuary with proper body identification tag. The request should include details of case, name, age, sex, address, CR No., ward, etc.
- f) Name of the ward attendant or any other employee/ police staff transporting the dead body shall be recorded in the mortuary register / file / OPD register.
- g) Once the information is received by the police and the police official has arrived at the hospital, he shall be responsible along with the hospital staff for the safety of the dead body.
- h) Death certificate should not be issued in Medico-legal cases by the doctor conducting the Post-Mortem examination.

**14) Cases of poisoning.**

- a) Police information of all suspected/evident poisoning cases be sent. MLR be prepared on consent of patient/guardian or request of police.
- b) Stomach wash, urine, blood etc. in poisoning cases must be collected and preserved which should be properly sealed and labeled.
- c) The sealed parcel along with a letter and a copy of medicolegal report is sent through the police official concerned to the chemical examiner /FSL for detection of suspected poison. The letter should give particulars of the case, details of the bottles, sample impression of the seal put on the bottle and the poison suspected.

**15) Rape/sexual assault cases.**

- a) Examination of Rape/sexual assault cases be done as per prescribed format (Medleapr).
- b) In case of examination of an arrested accused person, consent is not required as per section 53A of CrPC.

- c) When the female (more than 12 years of age) refuses consent for medicolegal examination, then the written Informed Refusal must be recorded.
  - d) Medico legal examination in Rape/sexual assault cases of female victims in Punjab is not supposed to be conducted by the male Doctor (Criminal Misc. No. 13 MA/2002-State of Haryana Vs Rajesh and subsequently circulated to all Districts vide memo no. 3PM-2002/4581-4604 dated 28/31-5-2005).
  - e) Additionally, age estimation shall be done, if required.
  - f) Informed refusal must be recorded in writing in presence of police.
- 16) **Examination of the accused at the request of the police officer.**  
Whenever request is received from a police officer, not below the rank of a Sub-Inspector, for medical examination of an arrested accused in accordance with section 53 or 53A of CrPC, it shall be lawful for the registered medical practitioner to make such an examination of the arrested person. The consent of the arrested accused person is NOT required in such cases.
- 17) **Collection of parcel by the police.**  
The police officer, who collected the MLR/PMR, should be informed to collect the parcel containing the samples (for onward transmission to the Chemical examiner/FSL/Pathology etc.) immediately.
- 18) **Suspecting foul play in cases admitted as ordinary non-medicolegal patients.**  
Cases which are admitted as an ordinary non medico-legal case but in which the Medical Officer suspects foul play later-on, should be immediately brought to the notice of the police in writing so that they may take necessary action in the matter. In the event of death of such a case, a written report should be sent to the police so that a medicolegal post mortem could be arranged. The body of such a case should be sent to the mortuary and not be handed over to the relatives.
- 19) **Hospital record.**
- a) Original hospital record/file of the medicolegal case should not be handed over to the police authorities. However, original medicolegal X-rays may be handed over to police under receipt. If the police requests MS/RMO/SMO/MO/Incharge for the original record of a case, they should be given an attested photocopy.
  - b) At times, the Courts ask for the original record. 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.
  - c) 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.
- 20) **Clothes in medico legal cases**  
Relevant details of clothing including color, condition, size etc. be noted. Torn/damaged/stained etc portions should be encircled with signature. Clothes in medico legal cases involved in sexual assault, stab injuries, fire arm injuries, burns, unidentified dead body etc. be made into a parcel, sealed, labelled and handed over to the police. Clothes of accident victims are not required to be preserved unless requested by the police.
- 21) **Fire arm injuries, lead shots etc. recovered from the wounds/clothes.**
- a) Bullets, lead shots etc recovered from the wounds or body in fire arm injury cases should be put preferably in a transparent bottle cushioned with cotton, sealed, labelled and handed over to the police at the earliest possible under proper acknowledgement. Details of all such recovered material should be mentioned in the MLR/PMR. If the parcel is not collected by the police within reasonable time frame, the Medical Superintendent/CMO/SP/DSP be informed about the delay.
  - b) Always try to locate the firearm entry and exit 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.
  - c) The medical officer 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 medical officer is not sure about the type of ammunition then the generic term "metallic foreign body" would be better than

bullets or pellets. Further queries regarding this whether from police or courts be directed to ballistic experts.

**22) Criminal abortion**

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.

**23) Medicolegal cases brought dead to the Institution**

In the first instance, vigorous attempts must be made to resuscitate the patient. After all attempts have failed to revive the patient and he/she is declared "**brought dead**", his/her name, age, address, brought from where and by whom is to be noted. The body is then sent to the mortuary along with information to police with a body tag. No death certificate should be issued in such cases by the Casualty/Emergency Medical Officer.

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

- a) 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, subject to fulfillment of the following conditions:-
- b) Applicant shall submit a written application addressed to the concerned Medical Officer/Medical Superintendent clearly stating his/her relationship with the patient/deceased person. 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 under the RTI Act are not maintainable.

**25) Referral cases**

If patient is serious and proper arrangements are not available, then it may be referred to higher centre for treatment with full details clearly stating the status of police information and MLR whether prepared or not. If MLR has been prepared, a copy be sent along with the referral. Unnecessary referral only to escape medicolegal formalities must be avoided.

**26) Unknown/Unconscious**

In case of unconscious patient not accompanied by any attendant and treated as unknown patient, two identification marks be noted on the file. 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/unclaimed bodies rests with the police/local authorities.

**27) Taking away a patient or body of a medicolegal case forcibly by the attendant.**

The Medical Officer cannot forcibly detain a medicolegal case or the body. In case the attendants want to take away a medicolegal case/body, the implication of their action should be explained to them politely. If they still insist, the Medical Officer should get it in writing from the attendants that they are taking away the patient/body against medical advice. If they refuse to write anything and take away the patient/body, the Medical Officer should record the same on the file of the patient. In such cases MS/SMO/Police Station of the area and security staff be informed immediately.

**28) Summons**

- a) Summons from the courts should always be accepted. Undue harassment of summon staff should be avoided.
- b) 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.
- c) In case, one cannot attend the court because of unavoidable circumstances, an official communication should be sent to the Court well in time.

- d) Every Medical Officer should maintain his/her separate medico-legal register, if written reports are issued. No report should be removed from a register. A signed copy of online reports should also be maintained in record.
  - e) Utmost use of the facility of video conferencing must be made.
- 29) **Court evidence:** The following points should be observed while giving testimony :
- a) Assume a comfortable but dignified position in the witness box.
  - b) Do not use complicated medical terms, use simple layman's language e.g. say bleeding instead of hemorrhage etc.
  - c) On the witness box, your duty is to answer the questions and not to lecture to the court, or argue with opposition counsel. If a 'Yes' or 'No' is demanded and if an honest 'Yes' or 'No' cannot be stated, turn to the judge and give explanation when the answer is not likely to be understood in proper manner. The witness must tell the truth, the whole truth, and nothing but the truth.
  - d) Do not appear partial to the side which calls you as a witness. Stick to the facts and do not let your-self be led away into the realm of speculation. Maintain your composure.
  - e) Do not admit that a certain author or a certain book is an authority on any subject, unless you are sure that you agree with every statement which the author makes. Whenever you read a passage from a reference book you should always insist to read the lines yourself and that too along with few lines preceding, the quoted lines and also the lines thereafter so that the proper meanings of the para are understood.
  - f) Do not bluff or make rash statements which cannot be supported. Often times the correct answer is 'I do not know', Do not hesitate in giving this answer. Medicine is a vast subject, and if a witness does not know answer to a particular question, he should say so at once, he should not go beyond the limits of his knowledge and experience.
  - g) 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.
- 30) **T.A/D.A on Government/Private Cases**
- a) 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. In case where the doctor is not granted the TA/DA by his department/institution then the same may be granted by the court.
  - b) In civil cases a fee called 'Conduct Money' should be paid or assured to be paid when the summons are delivered. 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.
- 31) **Signature of the medical officer/doctor.**  
Name and designation of the medical officer should be written legibly in preferably capital letters below the signature on all MLR/PMR with registration number, preferably with mobile number.
- 32) **Death Certificate**  
Death certificate should not be issued in Medico-legal cases by the doctor conducting the Post-Mortem examination. Only the Issuing Authority (Registrar / Sub-Registrar as per The Registration of Births and Deaths Act) should do so.
- 33) **Dealing with police**  
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.
- 34) **Record of the medicolegal cases**  
Record of the medicolegal case should not be divulged to any unauthorized person and care should be taken to maintain its confidentiality and avoid tampering/cutting/overwriting.
- 35) **Secrecy of the patient's illness in non-medicolegal case.**

Confidentiality of the patient's illness 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.

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

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

**37) 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/Incharge/RMO for guidance. This has no bearing on examination of record during court proceedings.

**38) Re-examination in case of Medicolegal / Post-mortem cases**

- a) Re-examination in case of Medicolegal/Post-mortem cases shall not be conducted except on written request of the Investigating Officer, supported by orders of a higher authority (Judicial Magistrate, District Magistrate, Senior Superintendent of Police, Civil Surgeon).
- b) Re-examination should be done by the Board of doctors.
- c) The report of the first doctor should be made available to the Board before conducting the second examination.

**39) Board of Doctors for Medicolegal / Post-mortem cases:**

Board of Doctors may be constituted by the Civil Surgeon / Medical Superintendent / SMO / Incharge of Institution / Faculty of Forensic Medicine on the receipt of specific written request from the Police.

**40) 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.

**41) Age Estimation (Suggested procedure)**

- a) Depending on circumstances of the case a board of doctors may be constituted including Radiologist / Dentist / Orthopedician / Forensic Medicine Specialists / etc. as available. In case of examination of Female is required then the lady doctor should preferably be part of the board.
- b) Any old certificates showing age, produced by the person may be consulted.
- c) Physical examination, Height, Weight, General build, Voice, Adam's apple, Hair scalp facial pubic body axillary chest, Breast, External genitalia, Menarche / Ejaculation, Date of last menstrual period (for females).
- d) Dental examination, number, Temporary, Permanent
- e) Radiological examination: Shoulder, Elbow, Wrist, Pelvis, Skull & jaw
- f) Opinion: Based on physical, dental and radiological findings, I/we am/are of the opinion that the age of this person is between \_\_\_\_ and \_\_\_\_ years.

**42) Sexual assault victim (Suggested procedure)**

- a) History related to the incident
- b) Whether changed clothing, bathed, washed mouth, had any food or drinks, urinated, defecated, pain on walking/urination/defecation, history of vomiting, history of bleeding from anus, Loss of consciousness during / after the incident.
- c) Physical examination. General, Build & nourishment: Good / Moderate / Poor. Clothes: Intact / Disordered / Torn / NA. General Mental condition, Excited / Calm / Depressed, Secondary sexual characters including breasts. Systemic examination findings.
- d) Local: Condition of pubic hair. Appearance of labia / clitoris. Hymen. Fourchette. Posterior commissure. Vagina. Rugae. Discharge. Injuries. Perineum and thighs. Lips and oral cavity, Anus: Anal mucosa:

Smooth / Thickened. Tears: Present / Absent, Recent / old. Depression of anus. Hemorrhoids. Stains of blood / Semen / Lubricants. Anal sphincter: Patulous / Non patulous. Anal sphincter and Sphincter tone. Evidence of STD. Bimanual lateral traction. Rectal examination with speculum. Penis & scrotum. Inner thigh regions & perineum. Injuries on the body. Systemic examination.

- e) Material Objects: (as relevant) Vaginal smears, Vaginal swabs, Nail clippings, Loose hair from combings of pubic region, Pubic hair samples (cut ), Scalp hair samples (cut), Urine for pregnancy test, Blood/urine to look for sedatives/hypnotics, urine to look for sedatives / hypnotics, Clothes, Blood for grouping. Buccal smears and swabs, Anal swabs and smears, Swab from skin of thighs, Nail clippings, Loose hair from anal region & buttocks, Swabs from suspected stains on the body parts.
- f) Opinion
  - i) Findings of examination are consistent / not inconsistent with the history of alleged sexual assault
  - ii) There is evidence / no evidence of recent / past vaginal / anal penetration.
  - iii) The injuries on the body could be / could not be suggestive of resistance from the victim.
  - iv) There is evidence / no evidence of recent sexual intercourse / anal / buccal coitus. (Based on laboratory results)

**43) Sexual assault accused** (Suggested procedure)

- a) Clinical history: History of any diseases or trauma which may affect potency, History of sexual development, Marital history, Age of marriage, children
- b) Physical examination. Hair growth on face & body. Penis Length and Circumference (flaccid). Disease /Deformity / Injury. Fore-skin: Retractable / Non retractable / Circumcised, Smegma deposits. Sensations. Urethral discharge or tenderness on palpation. Scrotum: Pendulous / Non-pendulous. Development of testis, Sensations & Reflexes. Systemic examination,
- c) Material preserved (in case of recent incident): Nail clippings, Scalp Hair (cut) sample, Pubic hair combings, Pubic hairs (cut), Penile Swabs taken with cotton just wetted in water & shade dried (to look for vaginal epithelial cells & for DNA profiling), Penile washings in normal saline, Blood for DNA profiling, etc.
- d) Opinion:
  - i) There is nothing to suggest that the above person is incapable of performing the sexual act. / The above subject may be incapable of performing sexual act.
  - ii) There is evidence / No evidence of Recent Sexual Act ( Based on results of Laboratory examinations)

**44) Drunkenness** (Suggested procedure)

- a) Whether accused under arrest or not with date & time of arrest (to be specified in requisition)
- b) History relevant to consumption of alcohol
- c) Smell of alcohol in breath; General appearance & behavior; Clothing : Decently dressed / Disordered / Soiled / Torn; General disposition : Calm / Talkative / Abusive / Aggressive; 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; Reaction time : Normal / Delayed; Muscular co-ordination: Gait : Normal / Unsteady / Unable to stand upright, 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.
- d) 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.

- 45) **Road Traffic Accident or Road Side Accident (RSA)** is a misnomer should not be used in medicolegal documentation and should be replaced with more appropriate phrases such as “motor vehicle / traffic incident / trauma / collision”.
- 46) Medical officers shall not interest themselves in any way in the **negotiations for compromise** between the parties involved in the medico-legal cases.
- 47) **Do not alter your report** at the request of your patient or a third party. If you receive additional information, or you have missed an injury inadvertently, provide a report to this effect, promptly.
- 48) The above should serve only as a general guide and medical officers are expected to use their own discretion and judgment in such cases as they are themselves responsible for the opinion expressed by them.
- 49) Post-mortem and medicolegal reports should be preserved for a minimum period of twelve years.

#### **POST MORTEM EXAMINATION (PME)**

- 50) **Officers authorized to conduct post-mortem examination**
  - a) Civil Surgeons and SMO/Medical Officers of the State
  - b) Faculty/doctors of Government Medical Colleges
  - c) Any other doctor specifically authorized by the government in this regard.
- 51) **Objectives of PME:**
  - a) To know the Cause of death.
  - b) Time since death.
  - c) Time of injury.
  - d) To help the police in establishing the identity of the deceased.
  - e) Any other query by the investigating officer.
- 52) **Consent/Permission from relatives for autopsy**  
Consent or permission of the relatives is not required for conducting a medico legal postmortem examination.
- 53) **Authority to conduct a medicolegal post mortem**  
A medicolegal post mortem (forensic autopsy) can be conducted only after a written request has been made by the police or magistrate. A medicolegal post mortem examination can be conducted only by a medical officer who has been authorized to do so. It may however, be noted that no medicolegal Postmortem examination is permitted to be conducted after sunset, unless there is serious threat to the law & order machinery and a request to that effect is received from the District Magistrate, as the case may be, specifying the reason in writing.
- 54) **Important Guidelines for conducting the PME:**
  - a) Written request/ requisition along with copy of the inquest report from competent authority like police or magistrate. The Inquest Report include Forms 25.35(1) A, B or C, according as the deceased appears to have died (A) Sudden death from natural causes, (B) Unnatural death by violence and (C) Unnatural death by poisoning. Form (C) is filled in addition to Form (B).
  - b) Post-mortem examination is permitted from sunrise to sunset. (As per Hospital Manual of Ministry of Health & Family Welfare, Govt. of India 2002, section 15.12).
  - c) 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/DD number has been put on the dead body 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.
  - d) PME should be carried out as early as possible in adequate light. Always avoid delay in performing PME. The PME report shall be prepared in prescribed format.

- e) The identity of the dead body must be confirmed by the relatives/police before the start of the PME; always take signature/ thumb impression of at least two relatives/police in case of known bodies, and police officials in case the body is unknown. Identification marks in case of unknown bodies must be noted. Police may be advised to take photographs of the unknown deceased.
- f) Medical officer should always try to study all available 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 like AIDS, rabies etc; in hospital death, the bed head ticket/summary of the death must be perused to know his clinical condition, treatment and terminal events etc;
- g) Don't allow any unauthorized person in the mortuary while PME is going on.
- h) Medical Officer 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.
- i) Prepare the PM report simultaneously and at the earliest and hand over a copy to the police immediately.
- j) Hand over the PM report and other articles only to an authorized police official i.e. to the investigating officer of the case or any other official duly authorized by him.
- k) Do not supply copy of the medico legal report/PMR to individuals other than the police officer investigating the case or immediate family.

**55) Referral of body for post-mortem**

- a) There should be no unwanted referral of routine postmortem cases like poisoning, accidents, gunshot, etc.
- b) Only controversial police cases in which the cause of death is burns, drowning or hanging may be referred with due concurrence and countersign of the respective Civil Surgeon or the SMO (under information to the Civil Surgeon), on the referral request from the concerned medical officer.
- c) The districts of the state which have forensic expert posted should not refer a postmortem case to the medical colleges.
- d) Referral of postmortem case be done to the Medical College under whose referral jurisdiction the district falls under, explaining the reasons and grounds for referral, with legible names, designation and signature of the referring Medical Officers with countersign by the Civil Surgeon.
- e) Putrefaction and DNA sampling should not be a ground for referral.

**56) Exemption for Post-mortem**

The decision to exempt post-mortem is not to be taken by the doctor. As per Punjab Police Rules section 25.36(2) An investigating officer is empowered by law with the discretion to dispense with 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.

**57) Video recording of Post-mortem Cases**

Videography of Post Mortem Examination may be done by the Police Department wherever they require. 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 after sealing and labeling by the duty doctor.

**58) Supplying copy of MLR/PMR to individuals other than police officer investigating the case**

- a) 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, subject to fulfillment of the following conditions:-
- b) Applicant shall submit a written application addressed to the concerned Medical Superintendent / Medical Officer clearly stating his/her relationship with the patient/deceased person. 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 under the RTI Act are not maintainable.

**59) Procedure for PME**

- a) Belongings – Always compare with the inquest papers. The clothes should be examined for any evidence of injuries, struggle marks and stains;
- b) External injuries – Examine from head to heel/toe, first front and then back aspect of the body, in a systemic 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. 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.
- c) 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.
- d) The Post-mortem findings shall be recorded in the prescribed Performa/report preferably then and there. If any rough notes have been prepared, the same may be destroyed immediately.
- e) 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 for identification by DNA. Coordinate with police to send the sample to authorized lab viz. State FSL or Central FSL.
- f) When natural death is suspected to be the cause of death; relevant organs need to be preserved in 10% formalin solution for histopathological examination; and the same may be forwarded to Professor & Head of Pathology of the concerned Medical College. Any other test as required may also be got conducted.
- g) Medical Officer should refer to standard text books to understand the procedures of conducting PME. Medical officers may seek help of forensic medicine specialists regarding PM/ML and court evidence.
- h) Each page of the Post mortem report should bear PMR No./Date/Initials of the Medical Officer. One copy to be retained by Medical Officer, another copy to the police, further copies as required to accompany request for examination to Chemical Examiner/ FSL/ Pathology Deptt.

**60) Opinion** – whenever viscera are preserved for chemical or histopathological examination (CE/HPE), 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 Histo-pathological 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 CE/HPE report. Opinion must be based on scientific facts. The Medical Officer shall opine about injuries whether ante-mortem or postmortem, cause of injuries and type of weapon used, if possible.

**61) Poisoning cases**

- a) Viscera be sent for chemical analysis in suspected cases of poisoning or when the cause of death is suspected/ uncertain, or when requested by police. As per Punjab Police Rules, Volume 3, Chapter 25, Section 25.41, Notes (1) Cases in which death is clearly due to natural causes should not be referred to the Chemical Examiner(/FSL); Medical Officers must accept the responsibility of deciding such cases.
- b) Copy of forwarding letter to the Chemical Examiner/FSL must be kept by the doctor with the postmortem report.
- c) Attested copy of police papers should be sent to the Chemical Examiner/FSL and not the original police papers.
- d) Important antemortem clinical findings must be noted in the postmortem report, wherever available.
- e) Sample of preservative (saturated solution of common salt) must be sent along with the samples.

- f) Appropriate relevant samples must be carefully labelled, packed and sealed for onward transmission to Chemical Examiner/FSL. About a third of the bottle/jar be kept empty to prevent leakage/spillage. Careful capping of the jars must be ensured.
- g) The seal used should be a private seal and should be the same throughout. An impression of the seal should be stamped on the postmortem report.

**62) Firearm cases**

Prior to the examination of the body, it may 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. X-ray or fluoroscopy guided removal of bullets may be required in some cases.

**63) Burn cases.**

- a) Find out the nature/origin of burns whether Ante Mortem /Post Mortem by seeing the vital changes and presence of scab/separation of scabs and infection etc. This will also indicate its time/age of burns.
- b) Extent and degree of the burns are to be described with percentage.
- c) Condition of hair (like singeing, blackening), body parts and clothes be noted down.
- d) Presence of soot particles in the trachea/air passages would suggest that burns are ante-mortem.
- e) Smell of kerosene-oil or other inflammable agents on the body/cloth be recorded.

**64) Hanging.**

- a) Ligating material if present 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. Material should be preserved without disturbing the knot;
- b) Ligation mark- Describe its position, nature, direction and extent whether complete or incomplete. The location/situation of mark is measured in relation to chin, ears 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.
- c) Presence of salivary stains along the mouth;
- d) Distribution of the post-mortem staining;
- e) Injuries other than ligation mark are to be described in details.

**65) Strangulation by ligature**

- a) Ligation mark- Describe its position, nature, direction and extent, whether complete or incomplete. The location/situation of mark is measured in relation to chin, ears and external occipital protuberance. The ligation mark is situated horizontally in the lower part of neck usually below the thyroid cartilage;
- b) Injuries other than the ligation mark should be recorded in details;
- c) The fractures of various cartilages, if present, are to be noted.

**66) Manual strangulation**

- a) 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;
- b) Presence of injuries on other body parts beside the neck be noted down;
- c) Viscera should be preserved in doubtful cases of incapacitation;
- d) Belongings be sealed and handed over to the police.

**67) Bodies recovered from water**

- a) 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 G.I. Tract and preserve the long bone/sternum etc. for the presence of diatoms in the body and advise the Investigating Officer to collect water from the site of recovery of the body for comparing the diatoms.
- b) Any ante-mortem injury over the body should be recorded.

**68) Finger Prints/Finger Tips**

Finger Prints / Finger Tips may be taken by the Medical Officer on request of the Police.

**69) Medical Negligence cases**

The postmortem examination be conducted by a board of doctors including specialists from the concerned field. This board will confine to the cause of death. The opinion regarding negligence will be given by a board as specified by Punjab Govt. notification no.6/91/17-4HB5/982986/1 dated 22-5-2017.

**70) Fetus**

- a) 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/calcanium/tibia/sternum, meconium, eyes, ears, nails, hair, skin, genitalia, etc. Cause of death in non-viable fetus is the non-viability itself. In all such cases, opine on intrauterine age and sex. If possible preserve samples for DNA analysis.
- b) If a pregnant female is brought, even in such cases the examination points of the fetus must be observed and opinion on intrauterine age and sex be given. In such cases, observations be made under the heading of "Genitalia/Uterus" in the postmortem report.

**71) Custodial deaths**

- a) A board of doctors will conduct the postmortem examination after receipt of request along with inquest papers from magistrate.
- b) The 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".
- c) As per Punjab Police Rules, Volume 3, Chapter 25, Section 25.41, Notes (1) Cases in which death is clearly due to natural causes should not be referred to the Chemical Examiner; Medical Officers must accept the responsibility of deciding such cases.

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