

**JAWAHARLAL INSTITUTE OF POST-GRADUATE MEDICAL
EDUCATION & RESEARCH PUDUCHERRY, INDIA**

**REQUEST TO KEEP DEAD BODY IN MORTUARY TILL THE CONDUCTION
OF POST-MORTEM**

TO

The Medical Superintendent
JIPMER,
Puducherry.

Sub: Request to keep the MLC dead body in mortuary till the conduction of post-mortem

Sir,

It is requested to keep the MLC dead body in the mortuary for 24 hrs. / 48 hrs. / 72 hrs.. since the inquest is going on, the post-mortem examination in this case is awaited. The particulars of the deceased are as follows:

FIRNo./DDNo. _____ Dated _____ P.S _____

MLC No _____ Dated _____ Hospital _____

Name _____ Age/Sex _____

S/D/W of _____

Address _____

_____ Date and time of death _____

Undertake that the custody of the dead body in MLC case is the legal duty of the requesting police officer.

The particulars of the personnel who will remain in mortuary on duty till it is taken back from mortuary after legal formalities are as follows:

Name _____ Designation with Belt No _____.

P.S. _____ Mobile no _____

Signature. _____

Name of the Requesting police officer/I.O. in capital letters

Designation _____ **P.S** _____ **Mobile**
No _____

**JAWAHARLAL INSTITUTE OF POST-GRADUATE MEDICAL
EDUCATION & AND RESEARCH PUDUCHERRY, INDIA**

**Request For Preserving Dead Body After Conduction Of
Postmortem**

TO

The Medical Superintendent
JIPMER,
Puducherry.

Sub: Request letter for preserving the dead body after conduction of post mortem

Sir,

I, Mr./Ms. _____ S/W/D/O , _____

the legal guardian of the deceased/IO of the case, submitting you the request letter to kindly allow the
preservation of deceased _____

D/S/O _____

whose postmortem has been conducted vide PM No. _____ on
dated _____ at _____

The legal custody of the deceased is entirely upon myself and I will be fully responsible for it.

Reasons for preserving the dead body after conduction of post mortem:

This is for your kind perusal and necessary action please.

Thanking you,

(Signature of legal guardian/IO)
deceased: _____

Relation with

Mobile no:

ID proof attached:

(To be produced in original while handing over the dead body)

(FOR OFFICE USE)

The request has been received and processed .

SIGNATURE OF MS/DMS / INCHARGE

**JAWAHARLAL INSTITUTE OF POST-GRADUATE
MEDICAL EDUCATION & RESEARCH
PUDUCHERRY, INDIA**

**Request For Videography/Still Photography Of The Postmortem
Proceedings And Maintenance Of Strict Confidentiality**

TO

The HOD,
Department of Forensic Medicine & Toxicology
JIPMER,
Puducherry.

Sir,

With due regards, this is submitted for your kind permission to allow the Videography/ Photography of
Postmortem examination of Case DD/FIR NO. _____ dated _____

P.S. _____ of deceased _____

W / D / S / O _____

The permission is required for the following reason:

UNDERTAKING

The necessary arrangement for the videography/photography will be done by the I/O and the responsibility of maintaining privacy, strict confidentiality and chain of custody of the recorded proceedings will solely be of the Investigating Officer/agency and the legal heirs of the deceased will be communicated the same.

A copy of this permission is also given to the legal heirs and the signature has been taken.

Thanking you,

Signature:

Signature of Relative

Name:

Mobile No.:

P.S:

APPROVAL OF HOD, FORENSIC MEDICINE, STRICTLY ON ABOVE TERMS



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH

Institution of National Importance
Ministry of Health & Family Welfare, Government of India
Dhanvantri Nagar, Puducherry - 605006, India
Forensic Medicine & Toxicology

MEDICO-LEGAL POST-MORTEM EXAMINATION REPORT

P.M. No. dated:

Cr.No:

U/S:

PS:

1. Name & address
2. Age
3. Sex
4. Referred by
5. Brought & identified (by Police)
6. Date & time of receipt of inquest report
/ dead body
7. Date & time of commencing PM
examination
8. Date & time of concluding PM
examination
9. Post Mortem conducted by

10. **EXTERNAL EXAMINATION**
(length, weight, built, condition of clothes , hair, PM changes, natural orifices, tongue, teeth, eyes, etc.,)

11. **INJURIES**
(Antemortem)

INTERNAL EXAMINATION

12. **HEAD**
(scalp, skull, meninges, brain & blood vessels)
1. Scalp –
 2. Skull –
 3. Meninges-
 4. Brain –
13. **NECK STRUCTURES**
(skin, muscles, hyoid, thyroid cartilage, larynx, trachea, bronchi, pharynx, oesophagus etc.,)
14. **THORAX**
- a) Chest wall
 - b) Thoracic cavity

- c) Bronchi
- d) Mediastinum
- e) Right lung
- f) Left lung

- g) Pericardium

- h) Heart

- i) Blood vessels
- j) Diaphragm

15. **ABDOMEN & PELVIS**

- a) Abdominal wall
- b) Peritoneal cavity
- c) Stomach & its contents

- d) Small intestine & its contents
- e) Large intestine & its contents
- f) Liver & gall bladder
- g) Spleen
- h) Pancreas
- i) Kidneys, ureters & adrenals
- j) Urinary bladder
- k) Genitals

16. Muscles, bones & joints

17. Spinal cord

18. Viscera preserved for chemical analysis
- a) Stomach & its contents, & one foot of small intestine & its contents
 - b) ½ kg of liver & one half of each kidney
 - c) 150 ml of blood / 10 ml of blood + 50 mg of Sodium fluoride
 - d) Sample of preservative used (saturated solution of Sodium Chloride)
19. Tissue for Histopathological examination
20. Any other

OPINION

Cause of death:

The time since death:

Date :
Place : Puducherry

Sign & Seal



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH

Institution of National Importance
Ministry of Health & Family Welfare, Government of India
Dhanvantari Nagar, Puducherry - 605006, India



Department of Forensic Medicine and Toxicology

Medico-legal Examination Report of Sexual Violence

FM No: Cr.No: U/S: P.S

1. Name of the Hospital OPD No. Inpatient No
2. Name
D/o or S/o (where known).....
3. Address.....
4. Age (as reported)Date of Birth (if known).....
5. Sex (M/F/Others)
6. Date and Time of arrival in the hospital
7. Date and Time of commencement of examination.....
8. Brought bysignature
9. MLC No. Police
Station.....
10. Whether conscious, oriented in time and place and person.....
11. 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)

12. Informed **Consent/refusal**

I.....
.....D/o or S/o.....here by give my consent
for:

- | | |
|--|--------|
| a) medical examination for treatment | Yes/No |
| b) this medico legal examination | Yes/No |
| c) sample collection for clinical & forensic examination | Yes/No |

I also understand that as per law the hospital is required to inform police and this has been explained to me.

I want the information to be revealed to the police Yes/No

I have understood the purpose and the procedure of the examination including the risk and benefit, explained to me by the examining doctor. My right to refuse the examination at any stage and the consequence of such refusal, including that my medical treatment will not be affected by my refusal, has also been explained and may be recorded.

Contents of the above have been explained to me in language with the help of a special educator/interpreter/support person (circle as appropriate). If special educator/interpreter/support person has helped, then his/her name.....and signature

Name & signature of **survivor or parent/Guardian**/person in whom the child reposes trust in case of child (<12 yrs)

.....
With date, time & place.....

Signature

Name & signature/thumb impression of **Witness**

.....
Date, time & place.....

Signature

13. Marks of identification (Any scar/mole)

(1)

(2)

Left Thumb impression

14. Relevant Medical/Surgical history

- a) Onset of menarche (in case of girls): Yes /No
- b) Age of onset.....
- c) Menstrual history: Cycle, length & duration
- d) Last menstrual period.....
- e) Menstruation at the time of incident: Yes/ No
- f) Menstruation at the time of examination: Yes/ No
- g) Was the survivor pregnant at time of incident: Yes/ No
If yes, duration of pregnancyweeks
- h) Contraception use: Yes/No If yes – method used:
- i) Vaccination status:
Tetanus (vaccinated/not vaccinated)
Hepatitis B (vaccinated/not vaccinated)

15 . History of Sexual Violence

- (i) Date of incident/s being reported.....
- (ii) Time of incident/s.....
- (iii) Location/s.....
- (iv) Estimated duration: 1-7 days /1 week to 2 months/2-6 months/>6 months.....
- (v) Episode: One..... Multiple Chronic (>6 months) Unknown.....
- (vi) Number of Assailant(s)and
name/s.....
- (vi) Sex of assailant(s).....Approx. Age of assailant(s).....
If known to the survivor – relationship with the survivor
- (vii) Description of incident (in the words of the narrator):
Narrator of the incident: survivor/informant:
(specify name and relation to survivor)

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

15 B. Type of physical violence used if any (Describe):

- | | |
|---|--------------|
| Hit with (Hand, fist, blunt object, sharp object) | Burned with |
| Biting | Kicking |
| Pinching | Pulling Hair |
| Violent shaking | Banging head |
| Dragging | Any other: |

15 C.

- i. Emotional abuse or violence if any (insulting, cursing, belittling, terrorizing).....
- ii. Use of restraints if any
- iii. Used or threatened the use of weapon(s) or objects if any.....
- iv. Verbal threats (for example, threats of killing or hurting survivor or any other person in whom the survivor is interested; use of photographs for blackmailing, etc.) if any:.....
-
- v. Luring (sweets, chocolates, money, job) if any:
- vi. Any other:.....

15 D.

- (i) Any H/O drug/alcohol intoxication:
- (ii) Whether sleeping or unconscious at the time of the incident:
.....

15 E. If survivor has left any marks of injury on assailant/s, enter details:

.....

.....

15 F. Details regarding sexual violence:

Was penetration by penis, fingers or object or other body parts (Write Y=Yes, N=No, DNK=Don't know) Mention and describe body part/s and/or object/s used for penetration

Orifice of Victim	Penetration			Emission of Semen		
	By Penis	By body part of self or assailant or third party(finger, tongue or any other)	By Object	Yes	No	Do not know
Genitalia (Vagina and/or urethra)						
Anus						
Mouth						

Oral sex performed by assailant on survivor	Y	N	DNK
Forced Masturbation of self by survivor	Y	N	DNK
Masturbation of Assailant by Survivor Forced Manipulation of genitals of assailant by survivor	Y	N	DNK
Exhibitionism (perpetrator displaying genitals)	Y	N	DNK
Did ejaculation occur outside body orifice (vagina/anus/mouth/urethra)?	Y	N	DNK

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*			DNK
Lubricant used*			DNK

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**

Post incident has the survivor	Yes/No/DoNot know	Remarks
Changed clothes		
Changed undergarments		
Cleaned/washed clothes		
Cleaned/washed undergarments		
Bathed		
Douched		
Passed urine		
Passed stools		
Rinsing of mouth/Brushing/Vomiting (Circle any or all as appropriate)		

Time since incident

H/o vaginal/anal/oral bleeding/discharge prior to the incident of sexual violence

H/o vaginal/anal/oral bleeding/discharge since the incident of sexual violence

H/o painful urination/ painful defecation/ fissures/ abdominal pain/pain in genitals or any other part since the incident of sexual violence

16. General Physical Examination:

Is this the first examination?

Pulse

BP

Temp

Resp. Rate

Pupils

Any observation in terms of general physical wellbeing of the survivor

17. Examination for injuries on the body if any

The pattern of injuries sustained during an incident of sexual violence may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare).

(Look for bruises, physical torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks). Note the Injury type, site, size, shape, colour, swelling, signs of healing, simple/grievous, dimensions.

Scalp examination for areas of tenderness (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.....

18. Local examination of genital parts/other orifices*:

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

Body parts to be examined	Findings
Urethral meatus & vestibule	
Labia majora	
Labia minora	
Fourchette & Introitus	
Hymen	
Perineum	
External Urethral Meatus	
Penis	
Scrotum	
Testes	
Clitoropenis	
Labioscrotum	

Any Other.....

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

P/S findings

P/V findings

Record reasons if P/V of P/S examination performed

C. Anus and Rectum (encircle the relevant) Bleeding/ tear/ discharge/ oedema/ tenderness

D. Oral Cavity - (encircle the relevant) Bleeding/ discharge/ tear/ oedema/ tenderness

19. Systemic examination:

Central Nervous System:

Cardio Vascular System:

Respiratory System:

Chest:

Abdomen:

20. Sample collection/investigations for hospital laboratory/ Clinical laboratory

1) Blood for HIV, VDRL, HBsAG

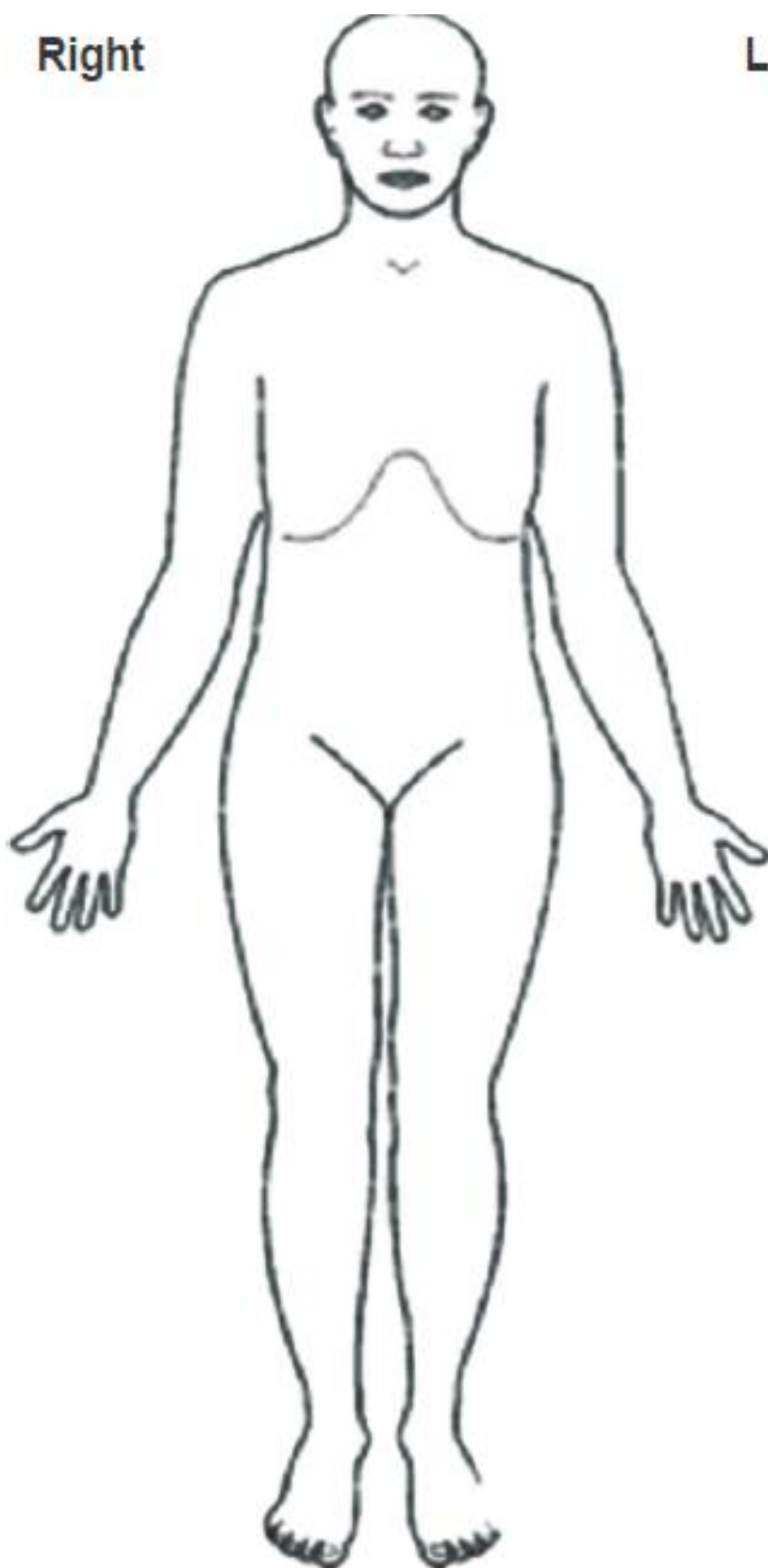
2) Urine test for Pregnancy

3) Ultrasound for pregnancy/internal injury

4) X-ray for Injury

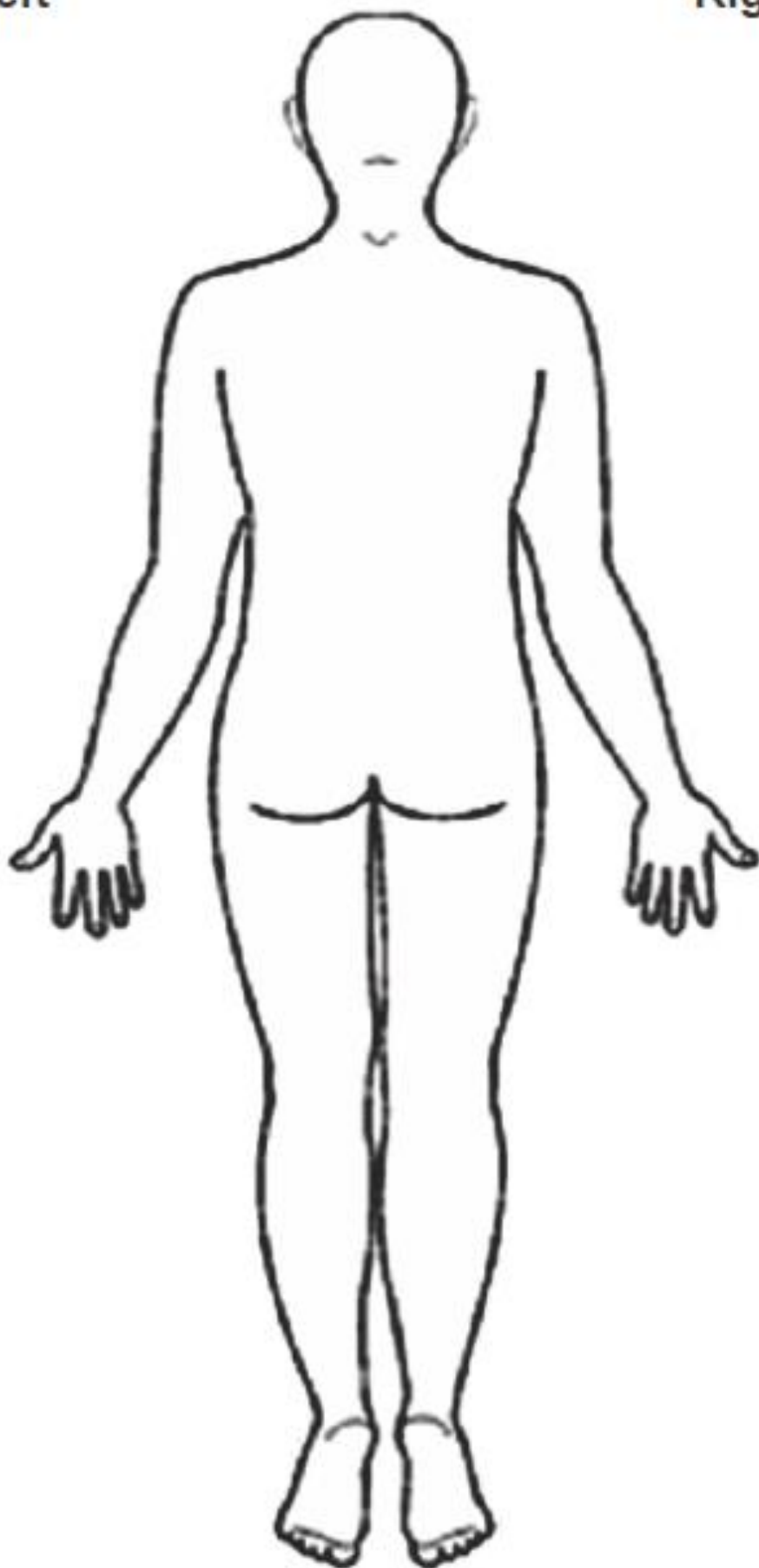
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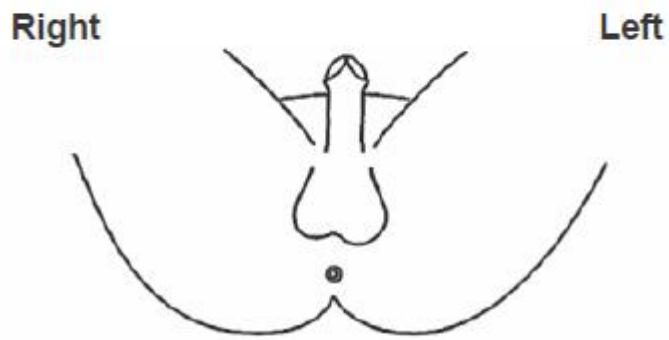
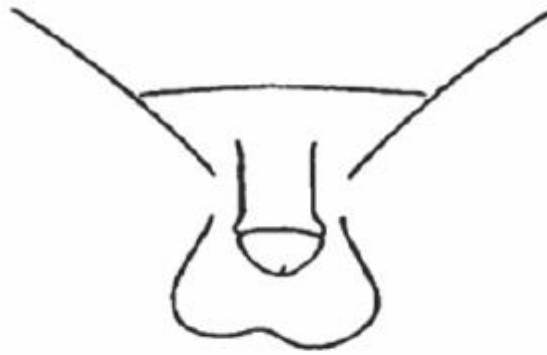
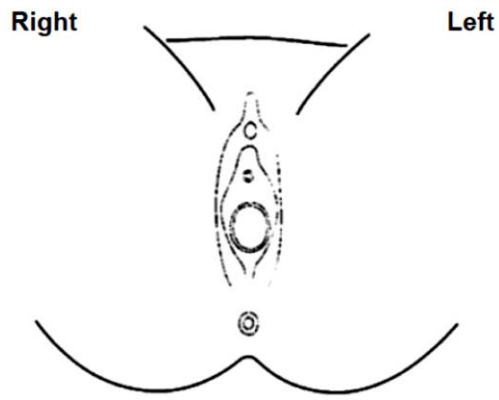
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Left

Right





21. Samples Collection for Central/ State Forensic Science Laboratory

- 1) Debris collection paper
- 2) Clothing evidence where available
(to be packed in separate paper bags after air drying)

List the details of clothing worn by the survivor at time of incident of sexual violence

- 3) Body evidence samples as appropriate (duly labeled and packed separately)

	Collected/Not collected	Reasons for not collecting
Swabs from Stains on the body (blood, semen, foreign material, others)		
Scalp hair (10-15 strands)		
Head hair combing		
Nail scrapings (both hands separately)		
Nail clippings (both hands separately)		
Oral swab		
Blood for grouping, testing drug/alcohol intoxication (plain vial)		
Blood for alcohol levels (Sodium fluoride vial)		
Blood for DNA analysis (EDTA vial)		
Urine (drug testing)		
Any other (tampon/sanitary napkin/condom/object)		

4) Genital and Anal evidence

(Each sample to be packed, sealed, and labelled separately to be placed in a bag)

* Swab sticks for collecting samples should be moistened with distilled water provided.

	Collected /Not Collected	Reason for not collecting
Matted pubic hair		
Pubic hair combing (mention if shaved)		
Cutting of pubic hair (mention if shaved)		
Two Vulval swabs (for semen examination and DNA testing)		
Two Anal swabs (for semen examination and DNA testing)		
Vaginal smear (air-dried) for semen examination		
Vaginal washing		
Urethral swab		
Swab from glans of penis/clitoropenis		

*Samples to be preserved as directed till handed over to police along with duly attested sample seal.

22. Provisional medical opinion

I have examined.....M/F/Other.....aged..... reporting(type of sexual violence and circumstances)..... days/hours after the incident, after having (bathed/douched)

My findings are as follows:.....

- Samples collected (for FSL), awaiting reports.....
- Samples collected (for hospital laboratory).....
- Clinical findings.....
- Additional observations (if any).....

23. Treatment prescribed:

Treatment	Yes	No	Type and comments
STI prevention treatment			
Emergency Contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post exposure prophylaxis for HIV			
Counselling			
Other			

Medico-legal Examination Report of Sexual Violence

24. Date and time of completion of examination

This report contains number of sheets andnumber of envelopes.

Name of Examining Doctor:

Signature:

Place:

Seal:

25. Final Opinion

(After receiving Lab reports)

Reports enclosed: Yes/No

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Name of Examining Doctor:

Place: Seal

Signature of Examining Doctor

COPY OF THE ENTIRE MEDICAL REPORT MUST BE GIVEN TO THE SURVIVOR/VICTIM FREE OF COST IMMEDIATELY

	Do you have erectile dysfunction? - Yes / No? If yes:	
	a. Since how long have you noticed the erectile dysfunction?	
	b. Did the problem begin abruptly or insidiously?	
	c. Do you have inability to achieve or maintain an erection or both?	
	d. Are you able to penetrate or not?	
	e. Whether partial penetration or ejaculation before penetration?	
	f. Do you ever get normal or near normal erection (During masturbation, with other partner, early morning)	
	H/o any major illness – [HT / DM / TB / Vascular disease / Endocrinal diseases etc.-]	
	H/o STD	
	H/o mental illness	
	Any stress	
	Family environment	
	Any history of medication/ for what ailment /duration of medication	
	H/o Drug abuse [Nicotine / ganja / alcohol / other]	
	H/o any head injury / spinal injury / any operation on genitals	
	H/o aversion dislike/ dejection / for any particular sex partner	
Physical Examination		
	General build and appearance	
	Height	Weight
	Chest girth at the level of nipples	
	Abdominal girth at the level of navel	
	Voice	Teeth (temporary / Permanent):
	General behavior	
	Mental condition	
	Gait	
	Intelligence	
	Demeanor	
	Any marks of injury / scar on the body	

	Scalp Hairs	Beard	Moustache
	Axillary Hairs	Pubic Hairs	
	Breast development / gynaecomastia if any –		
	Development of genitals		
	X-rays for age estimation		
	Estimated age from X-rays		
	Local examination (Genitals) Sexual development (Along with Urology department) done in ward no. _____		
	Penis :		
	a. Stretched penile length		
	b. Length when erect (Normal Range: 12.9–15.0 cm)		
	c. Circumference (erect at mid shaft) [Avg. 12.5 cm]		
	d. Disease / deformity / injury (if any)		
	e. Sensation over glans penis [Normal / impaired]		
	f. Foreskin [Retractable / Non- retractable]		
	g. Dorsal penile pulsation		
	Scrotum		
	a. Pendulous or non pendulous		
	b. Developmental defects		
	c. Deformities		
	d. Cremasteric reflex	Normal / impaired	
	Testes		
	a. Whether present in scrotum		
	b. Size [Small / medium / adult size]		
	c. Consistency		
	Prostate (Per rectal examination) –		
	Bulbocavernous reflex –		
	Any evidence of S.T.D-		

	Effect of administration of 50 mg. oral sildenafil after 30 minutes Result-	
SYSTEMIC EXAMINATION		
	Pulse –	BP-
	C.N.S. – R.S.-	C.V.S G.I.T-
	Femoral artery –	Dorsalis pedis artery–
	Psychometric testing –Done by Dept of Psychiatry	
	ROR–	
	HDRS (Hamilton Depression Rating Scale) -	
Laboratory Investigation, if required		
	1. BSL (Fasting & PP)-	
	2. Sr. FSH-	
	3. Sr. LH-	
	4. Sr. testosterone –	
	5. Sr. prolactin –	
	6. VDRL –	
	7. Penile Doppler ultrasound – arterial and venous flow.	

OPINION*:

After detailed examination i.e. based on physical examination, psychiatric evaluation and examination by urologist, we are of the following opinion:

1. There is nothing to suggest that the above examined person is incapable / capable to perform the sexual act.

Station :

Date :

Signature
Name
Designation
Regn. No

*Delete whichever is not applicable.

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH
 Institution of National Importance
 Ministry of Health & Family Welfare, Government of India
 Dhanvantri Nagar, Puducherry - 605006, India

DEPARTMENT OF FORENSIC MEDICINE
Sexual Offence - Examination of Accused

Requisition from _____ Police station, _____ vide his letter No _____
 dated _____ for examination of _____ escorted by P.C No _____

Name of the Individual			
Sex	Age (as stated by the individual)		
Parent's or Guardian's Name			
Address and residence			
Occupation	Caste	Married / Single: Offspring:	
Persons accompanying or brought by			
Date, time and place of examination			
Light arrangement			
Informed consent for examination (language the person understand) [Explain that the physical findings observed during examination will be used as evidence during trial whether or not it is in his interest]			
Signature or the left thumb impression of the accused			
In the case of minors, consent of the guardian (signature or left thumb impression)			
Marks of identification	1		
	2		
History			
Given by the police			
Statement by the individual			

Smoking/alcohol intake			
Diseases/accidents			
Sexual development			
Whether he washed his private parts		when	
Whether bath was taken –		when	
Whether urine passed –		when	
Whether motion passed –		when	
Examination of the cloths including underclothes worn at the time of alleged sexual offence and preserved for examination [Did he change the clothes Look for blood, semen, tears, mud, grass, etc.]			
Evidence of venereal disease			
Physical Examination			
General build and appearance			
Height		Weight	
Chest girth at the level of nipples			
Abdominal girth at the level of navel			
Voice		Teeth (temporary / Permanent):	
General behavior			
Mental condition			
Gait			
Intelligence			
Demeanor			
Scalp hairs	Axillary hairs	Beard	Moustache
Onset of Puberty			
External injuries, if any [Signs of general violence on the body like bite marks, scratches, contusions, etc. indicative of resistance from the female]			

Genitals	
a. Pubic hair [Length, Matted/not]	
b. Development of genitals	
c. Length of penis	Flaccid: Erect:
d. Fore skin [Retractable / non retractable / Circumcised]	
e. Evidence of venereal disease	
f. Smegma (deposits on corona) [Retract prepuce and see]	
g. Frenulum [Torn / Intact]	
h. Paraphimosis [Present / not]	
i. Glans penis [Look for abrasion]	
j. Foreign hair under prepuce [Preserve, if any, for comparing with pubic hair of the female]	
k. Scrotum [Pendulous /non pendulous]	
l. Testis [Small / medium / adult size]	
Smears taken from glans penis	
Microscopic examination of discharge	
Lugol's iodine test	
Laboratory Investigation	
X-rays requested for age estimation	
Estimated age from X-rays	
Clothes are air-dried to prevent decomposition of stains. Samples packed, sealed, labeled & handed over to Police	

The examination concluded at _____ am/pm on _____

Material objects preserved: (Strike out whichever is not applicable)

1	Nail clippings	5	Blood and Urine for intoxication
2	Scalp Hair (cut) sample	6	Others, if any (clothes, etc.)
3	Loose Pubic hair combings		
4	Pubic hairs (cut)		

OPINION*:

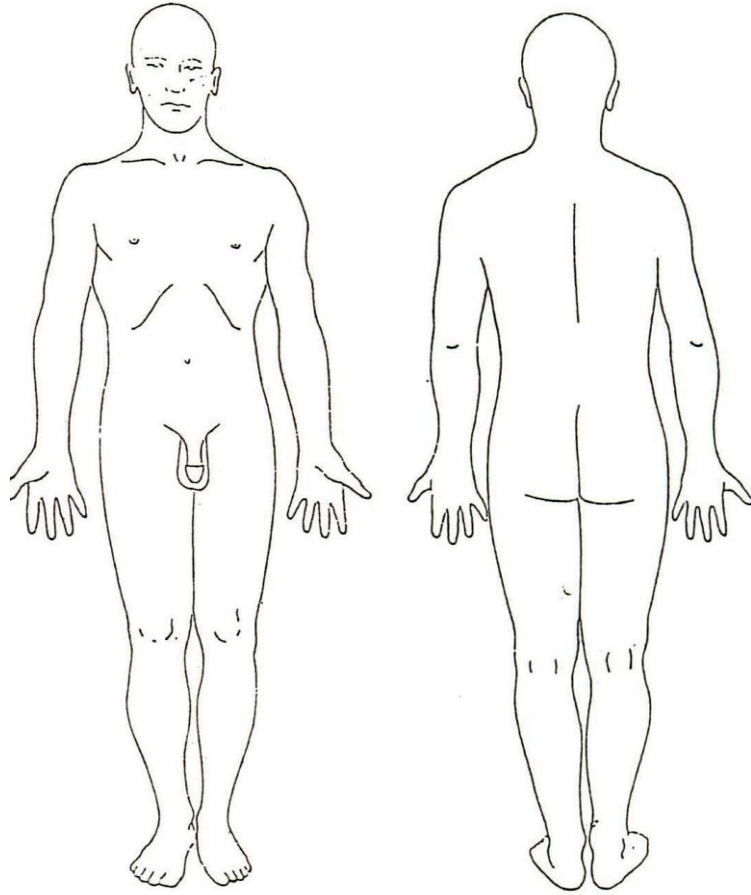
Station :

Date :

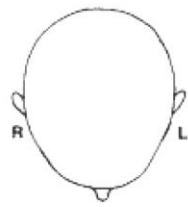
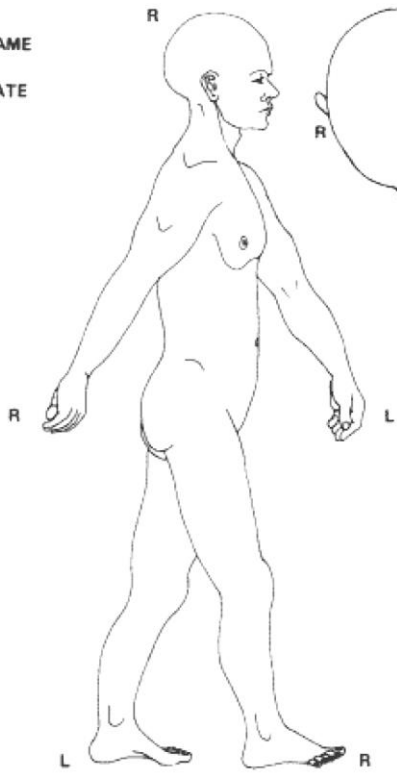
Signature
Name
Designation
Regn. No

In cases of accused of sexual offence:

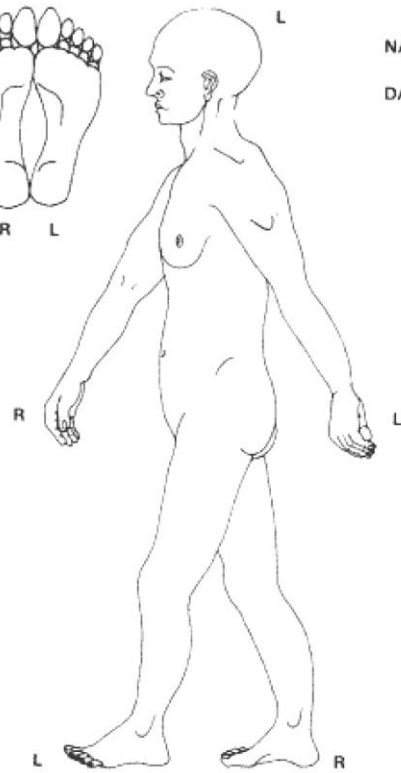
- Collect blood for comparison with semen type.
- Take swab from coronal sulcus, prepuce, and penile shaft for blood comparison with the victim's blood.
- Swab of urethral discharge for gonococcal infection.
- Comb pubic hairs and place loose hairs in an envelope.
- Obtain fingernail scrapings and place them in an envelope.



NAME
DATE



NAME
DATE



NAME

DATE

