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OFFICIAL GAZETTE

GOVERNMENT OF GOA

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SUPPLEMENT

GOVERNMENT OF GOA

Goa Medical College

Department of Forensic Medicine & Toxicology

Notification

6/900/2025-E1/GMC/5035

Date: 01-09-2025

The proposed standard operating procedure for Department of Forensic Medicine and Toxicology, Goa Medical College, along with the proformas and appendices as approved by the Government is hereby enclosed for information of all and for its implementation.

The same is issued with the approval of the Government vide No. 5/13/2019-II/PHD/Part/1392 dated 01-07-2025.

By order and in the name of Governor of Goa.

Dr. Andre V. Fernandes, Professor & HOD Forensic Medicine & Toxicology (GMC).

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY
GOA MEDICAL COLLEGE
STANDARD OPERATING PROCEDURES

SERVICES OFFERED TO THE PUBLIC: Medicolegal work, Morgue preservation services, Cavity Embalming for autopsied bodies, Free Hearse van service (Provided through EMRI by Government of Goa)

DEPARTMENT WORK TIMINGS:

Routine days – 9am to 5.00pm on weekdays (Monday to Friday) & 9.00am to 1.00 pm (Saturdays)

Emergency/on call duty days – 12.30 pm to 5.00pm (Saturdays)

9.00 to 5.00 pm (Sundays & Holidays)

Lunch Break – 1-2pm

Department Office is open on Routine days only

Timings for specific services are as described under

Unauthorized videography/photography is not permitted in the premises of the Department

Queries regarding autopsies/any medico-legal cases performed (from the relations, etc.) may be addressed to the Investigating Officer and no information can be disclosed by this Department

Unauthorized entry in the premises of the Department, except in demarcated areas, is prohibited.

MEDICO-LEGAL WORK:**Medico-legal autopsy**

Routine days – All types of cases

Emergency days – Only uncomplicated cases where body is to be claimed by relations immediately after autopsy. Cases will be taken up at the discretion of the Doctor on duty

Procedure:

A. Autopsy list for the day

1. The procedure of Autopsy can take anywhere between 1-3hrs or more depending on the complexity
2. An autopsy list for the day will be made by 10.00am everyday by the Head of Department (HoD)/Doctor in charge.
3. All Investigating officers (IO) are to contact the HoD/Doctor in charge by 9.30 am to obtain time slot on the autopsy list for the day.
4. In all cases where the bodies have been preserved at GMC, IO to contact HoD/Doctor in charge for time slot before 10.00am compulsorily. No slot can be allocated after 10.00am and as such the case may have to be postponed for the next day, if autopsy list is full.
5. Only direct cases (unpreserved at GMC) which are to be claimed immediately post-autopsy, will be accommodated after 10.00am subject to availability of time slot.
6. Time for submission of completed requisite paperwork for autopsy along with relations, etc. by IO – 9.00am to 3.30pm.

No papers/request for autopsy will be entertained beyond 3.30pm, in the interests of doing justice to the case.

7. Time slot will be allocated on first come first served bases in the following order of preference: CR cases/Panel autopsies > UD where body being claimed immediately post autopsy > UD in identified bodies not being claimed post autopsy > Unidentified bodies
8. Irrespective of the above, the HoD/Doctor in charge may post the autopsy for the next working day at his/her discretion if so warranted. E.g in cases like want of time/ incomplete information/ complications, etc.
9. Autopsy being a part of legal investigation procedure, no pressure/influence to undertake an autopsy contrary to above criteria will be entertained

B. Pre-requisites for autopsy

1. Form for Police Request for handing over/represervation of body for panchanamma/autopsy (Appendix 1)
2. Request letter for Autopsy (Appendix 2) duly filled (in duplicate)
3. Police/SDM inquest report to doctor duly filled (in duplicate)(Preferably type written)
4. Inquest panchanamma (in duplicate)
5. Hospital treatment records (as applicable)
6. Foreign nationals – Passport copy, authorization letter for autopsy/ handing over of body from embassy
7. Next of kin to identify the body
8. Photographer/videographer as applicable
9. Any special investigation/evidence collection kits if required e.g GSR kit, FTA card, etc
10. Embalming request/receipt of payment as applicable

C. Allocation of cases/autopsy

1. Investigating officer (not below rank of PSI for UD, ASI for O(UD) non CR, PI for CR)/SDM as applicable should be present
2. IO to produce completed prerequisite papers for autopsy to the HoD/Doctor in charge who will then mark the case to concerned doctor with an endorsement on the request letter
3. IO to then approach the concerned doctor who will allocate autopsy number as per register & endorse the same on the request letters along with date and time of receipt of papers

4. IO (with relations) to be present while the body is being removed from the cabinet to ascertain the identity, and same to be endorsed on the 1st page of the autopsy report
5. IO to be present till the completion of autopsy and re-obtaining the custody of the body

D. Completion of Autopsy

1. After completion of autopsy, autopsy surgeon will issue an Autopsy completion certificate (in duplicate) (Appendix 4) and hand over custody of the body, along with any clothes/ornaments/ evidentiary material to the IO against obtaining his endorsement on the same.
2. All evidentiary material preserved at autopsy & forwarding notes, prepared and duly sealed by the technician, to be collected by IO from the Technician against endorsement in the Viscera & Material register, and transported/handed over to respective Laboratory/Department.
3. Cause of death/provisional cause of death at end of autopsy will be handed over to IO within 2 working days
4. The entire Autopsy report will be prepared within 14 working days and same may be collected by the IO from the department office/autopsy surgeon
5. Final opinion – in cases where opinion as to cause of death is reserved pending reports of investigations, on receipt of said reports, IO to submit request letter for final opinion addressed to the HoD/doctor in charge(in duplicate) to the department office, accompanied with copies of autopsy report & reports of investigations.
6. Office clerk to ascertain that the letter and attachments are in order and accept the same with endorsement on one copy which will be handed back to the police personnel
7. HoD will mark the request for final opinion to the concerned doctor
8. Concerned doctor will prepare and submit the final opinion back to the office in duplicate within 14 working days
9. IO to collect the final opinion from the office against endorsement on both the copies. Original to IO, copy to department autopsy file.

Panel Autopsy

1. Panel autopsy if required, will be determined by the HoD/Doctor in charge
2. Grounds for Panel Autopsy & constitution

A. Panels constituted by Dean, GMC on written request from IO

Death on OT table/post op/negligence– FMT+Pathology+Concerned speciality (non treating doctor)

Maternal death– FMT + Patho +OBG(non treating doctor)

Custodial death– FMT(Assoc Prof or above) +FMT+FMT

2nd Autopsy– FMT(Assoc Prof or above)+ FMT; in presence of Original Autopsy Surgeon

Immunisation/ADR deaths – FMT+ Pathology + Medicine/Pediatrics; Assistant professor or above

B. Panel constituted by HoD/Doctor in charge - FMT

Magistrate's inquest

Any other case at the discretion of HoD on merits/circumstances of case/as per emergent guidelines

3. Request letter to addressed to the Dean Goa Medical College / HoD Dept of Forensic Medicine(as applicable) to be submitted by IO to the concerned IO (Appendix 3)

Post organ harvesting Autopsy in MLC Brain stem dead donors

Detailed OT notes along with hospital admission/treatment papers will be prepared by the treating/ organ harvesting team of doctors, and submitted to the Investigating Officer for conduct of autopsy, which will be incorporated into the autopsy report.

Clinical Work

Department undertakes clinical medicolegal work like Age estimation, Examination of accused in Sexual Offences, Collection of blood for DNA for profiling/paternity/maternity, other Miscellaneous cases, at the request of Judiciary/ Police Investigating Officers in Criminal matters only.

1. For all clinical examinations, a request letter addressed to the HoD/Doctor in charge is to be produced in duplicate signed by the IO; which should contain all relevant details. {(Appendix 2)– Format –Request letter for medical examination}
2. In routine hours, the request to be produced to the HoD/Doctor in charge who will mark it to the concerned doctor. In emergency/on call hours the police personnel to approach the Entry clerk/MTS who will call and inform the concerned doctor.
3. For all minors - parent/guardian to be produced for the examination (female parent/guardian in case of female minor)

4. Doctor will receive the request by endorsing on the same and one copy of the request will be handed back to the police personnel
5. Any evidentiary material (if) required, will be preserved, forwarding notes prepared & duly sealed by the technician and handed over to accompanying police personnel by the next working day against endorsement in the Viscera & Material register.

A. Sexual offences

1. Timings: Fresh incident(incident within past 48-96hrs)– Any time (Regular/emergency)
Incident beyond 48-96 hrs – 9.00 am to 5.00 pm
2. After completion of examination, the accused/victim may be referred to other departments like blood bank/clinical examination & management with referral notes as applicable
3. Examination report along with collected evidentiary material/forwarding notes can be collected by next working day, and as such will be issued within 7 working days
4. All medico legal work with respect to female victims is undertaken by the Dept Of OBG, GMC

B. Age Estimations

1. Time: 9.00 am to 12.00 pm on Routine working days
2. After completion of examination, accused/victim will be referred for Xrays/dental examination along with referral notes as applicable
3. Police to collect the Xray films/Dental examination reports once ready from the concerned departments and produce to the doctor for framing age estimation report
4. Report can be collected from the concerned doctor/office within 7 working days

C. DNA for blood collection

1. Time: 9.00 am to 12.00 pm on routine working days
2. IO to be present for the examination
3. FTA card along with 3 recent passport size color photographs of the accused/victim to be produced
4. The duly sealed sample and forwarding notes to be collected by evening the same day

D. Miscellaneous

1. Referral for Blood grouping – Routine working days 9-5 pm; Emergency/on call days – on prior appointment with doctor in charge

2. Accused in Homicide cases Examination— 9-5 pm all days; Emergency duty hours (5pm - 9.00 am) – on prior appointment with doctor on call duty.

Hurt certificate from treating doctor to be produced in case examination for expert opinion on injuries required

3. Accused/Victim in assault cases– For evidence collection only- 9-5 pm all days; Emergency duty hours(5pm -9.00 am)– on prior appointment with doctor on call duty

E. Pregnancy/Delivery in Accused

1. Routine working days 9-5 pm

PRESERVATION OF BODIES

All preservation of bodies will be charged as per rates decided by GMC which will be displayed at the counter

Bodies of Indian Nationals preserved on police request/MLC Hospital cases will not be charged until in police custody

Entry clerk to ensure correct preservation/handing over of bodies by ascertaining labels/obtaining relevant signatures in Mortuary Register

On Police request

1. Preservation letter from IO not below rank of ASI with details as per attached proforma (Appendix 5)
2. Form1 – Request of body for panchanamma/Autopsy to be duly filled and handed over to the entry by the IO when taking the body for panchanamma/autopsy and signing in the relevant field in the Mortuary Register
3. If represervation of body is required after panchanamma/autopsy, same to be indicated on Form1
4. If body to be handed over to relations same to be indicated on Form 1 and IO to sign in the relevant field in the Mortuary Register
5. For bodies re-preserved after Autopsy on police request, Request for Handing Over of body (Appendix 1) along with an accompanying police personnel are required for claiming the body.

On Hospital request - MLC

1. Dead body/body part duly labeled along with Preservation letter in duplicate duly filled (Appendix 6) accompanied by MTS & relations(as applicable) to be produced to the Entry

2. The letters will be duly endorsed by the Entry clerk with the date & time of receipt, preservation details. Original letter – entry file, copy – returned to the MTS
3. Label with details of preservation prepared by the Entry clerk, will be pasted on the body/part & accompanying MTS along with FMT MTS will preserve the body in respective cabinet
4. MLC bodies can be handed over to relations only on police request
5. In MLC cases where requirement of Autopsy is to be waived off and body to be handed over:
 - a. IO to follow procedure as mentioned in Appendix 9
 - b. Handing over letter from the Police Inspector/ IO addressed to the HoD/Doctor in charge, Dept. of Forensic Medicine, GMC, with outward number and stamp, mentioning details of the case and particulars of the person the body to be handed over to.
 - c. Copy of MCCD / slip issued by the treating doctor

On Hospital request - Non MLC

1. Preservation procedure – same as for Hospital MLC bodies
2. For claiming - Relations to approach concerned ward where a handing over letter (Appendix 7) duly filled will be issued along with slip of MCCD
3. Relations to produce the handing over letter along with the MCCD slip to the Entry clerk
4. Payment to be made at applicable rates at the entry against issuing of receipt
5. Relation along with FMT MTS to ensure identity of the body and then sign on the register in the relevant field for claiming the body
6. Relation may be required to produce document of Identity

On Private request

1. Preservation request letter (Appendix 8) in duplicate to be duly filled accompanied by copy of MCCD/ note from treating doctor certifying death, to be presented to Entry
2. Entry clerk will allocate preservation details and prepare Label with relevant details which is to be pasted on the body
3. Relation with FMT MTS to ensure that body is preserved in the correct cabin and sign to that effect in the register
4. Preservation details will be endorsed on the preservation request letters, Original will be maintained in the mortuary file while copy will be handed over to relations
5. For claiming the body, this copy needs to be produced by the person whose name was indicated in the preservation letter (else an authorization letter from said person)

6. In case MCCD was not produced at the time of preservation, a copy of the same to be produced at the time of claiming.
7. Body will not be handed over in case 5 & 6 are not fulfilled
8. Payment to be made at applicable rates at the Entry against issuing of receipt
9. Relation along with FMT MTS to ensure identity of the body and then sign on the register in the relevant field for claiming the body
10. Relation may be required to produce document of Identity

Disposal of unclaimed dead bodies

Clerk to make detailed list of MLC & Non MLC unclaimed bodies/body parts in the department morgue

MLC unclaimed bodies post autopsy

1. Letter to the Police for NOC to dispose the bodies
2. Police to give letter to municipality/panchayat for disposal
3. Municipality/panchayat staff with hearse and police to collect the body from the morgue by issuing handing over letter to the morgue
4. Identity of the body to be ascertained by the accompanying police
5. Entry Clerk & FMT MTS to handover body for disposal against endorsement in the Mortuary register from the accompanying police

Non MLC unclaimed Hospital bodies

1. Letter to the Police for NOC to dispose the bodies/ use under Anatomy Act.
2. On receipt of NOC, Clerk to obtain pre-receipt/quote for cost towards disposal from concerned municipality/panchayat
3. Said pre-receipt/quote to be handed over to Dept of Accounts, GMC
4. Dept of Accounts GMC shall transfer required funds to concerned municipality/ panchayat
5. Municipality/panchayat shall depute staff with hearse to collect the unclaimed bodies from Dept of FMT clerk/MTS
6. Clerk with MTS to ensure disposal at crematorium

Body part disposal

1. MLC - Letter to Medical Superintendent, GMC and Police to dispose the body parts
Non MLC – Letter to Medical Superintendent, GMC
2. On receipt of NOC Clerk with MTS to get it disposed at the GMC incinerator

HEARSE VAN SERVICES

Hearse van services are provided free of cost by the government of Goa through EMRI for transport of bodies preserved (except private) at GMC to address of the family/deceased residence within the state of Goa.

For availing this service for MLC/ autopsy bodies, relations to inform Entry clerk, who will contact the Hearse van office to request for a hearse van.

Entry clerk to fill the relevant details on the form/challan produced by the Hearse van driver and endorse his/her signature with department stamp

For Non MLC bodies, relations to approach the concerned ward for availing free hearse van services

EMBALMING SERVICES

Only Cavity embalming is undertaken at the time of Autopsy against payment of charges as decided by GMC displayed at the entry

Form for Embalming of body (Appendix 8) duly filled counter signed by IO to be submitted to Entry Clerk along with payment of applicable charges against issue of receipt

This receipt to be shown by IO to Autopsy surgeon prior to commencement of autopsy, who will perform cavity embalming at the end of autopsy and issue Embalming Certificate

Embalming cannot be performed on completion of autopsy procedure

Non MLC/ Private Bodies are not embalmed by FMT. The same is done by the Dept of Anatomy, GMC which will issue the Embalming certificate

LIC/LIFE INSURANCE/ACCIDENT CLAIM FORMS

Department of FMT carries out only medico-legal autopsy work and is not involved in the treatment/admission process, and as such is not at liberty to disclose any information to any agency other than the Investigating Officer

Further all details of findings at autopsy/opinions are mentioned in the Autopsy report and no further clarifications/ additions/ endorsements can be made by FMT in view of it being a legal matter under jurisdiction of Investigating Officer

Hence no claim forms/ certificates can be issued by FMT as it contravenes the above two stipulations

Certified copies of autopsy reports can be obtained from the concerned police station and these provide all relevant information and as such are sufficient to process any Accident/life insurance claims.

PROCEDURE FOR WAIVER OF AUTOPSY IN MLCs

In cases of Hospital deaths which are registered as “Medico Legal Cases (MLCs)”, it will be the discretion of the Investigating Police Officer (IO) whether to subject the dead body in the said case to Autopsy.

If the IO is satisfied under BNNS that a Medico Legal Autopsy is not required for the purpose of further investigation and finalization of the case, or that the case has been unnecessarily registered as an MLC, the following procedure is to be adopted for waiving off of the autopsy and handing over of the body to the legal claimants of the body expeditiously, in public interest:

1. The IO (PSI and above) shall obtain the written statements of at least two persons who are related to the since deceased person or otherwise have first - hand knowledge of the facts of the circumstances preceding and surrounding the death, and the IO shall duly satisfy himself / herself and come to a conclusion that prima facie there is no suspicion of “foul play” into the death of the since deceased person and that an autopsy shall not be necessary for the purpose of further investigation into the death.
2. The IO shall submit a written letter addressed to the Unit Head of the concerned treating Unit of Clinical Department in which he will explicitly state that aforementioned statements have been recorded by the IO (copy of the statements shall be enclosed) and that the IO has come to a conclusion that Prima facie there is no reason to suspect foul play into the death and that No legal action is intended to be taken against any party with regard to the death. Further, the IO shall, in the said letter, on the basis of the said conclusion, request the treating doctors to issue the Medical Certificate of Cause of Death (MCCD). The IO shall submit the said letter to the Resident Doctor on duty on that day in the concerned ward where the since deceased was undergoing treatment
3. On receipt of the aforementioned letter, the Resident Doctor shall, without delay, after due consultation (telephonic or in person) with his/her superiors of the said treating unit, expeditiously issue the MCCD to the police. In case of the Unit Head being non - contactable or unavailable, any other available / contactable consultant doctor from the said Unit shall issue necessary instructions to the Resident Doctor to issue the MCCD without any undue delay, in public interest
4. On receipt of the MCCD, the IO shall enclose a copy of the statements along with a copy of the MCCD, and submit a letter addressed to the Professor and Head of the Department of Forensic Medicine, of Goa Medical College requesting the Department of Forensic Medicine to hand over the body to the legal claimants of the said dead body, following which the body shall be handed over.

LIST OF APPENDICES

- Appendix 1 – Proforma - Police request for handing over / represervation of body
- Appendix 2 – Format - Request letter for Autopsy /Medical Examination
- Appendix 3 – Format – Request letter to constitute panel for Autopsy/Medical Examination
- Appendix 4 – Proforma - Autopsy completion certificate
- Appendix 5 – Proforma - Police request for Preservation of body
- Appendix 6 – Proforma - Request for preservation of body – GMC
- Appendix 7 – Proforma - Request for handing over of body – GMC
- Appendix 8 – Proforma - Preservation/Embalming request of body – Private
- Appendix 9 - Proforma for Memorandum of Autopsy.
- Appendix 10 –Proforma for Handing over viscera and material
- Appendix 11- Forwarding notes for Materials
- Appendix 12- Forwarding notes for Viscera
- Appendix 13 – Forwarding Notes to Police
- Appendix 14 - Viscera Label - FMT
- Appendix 15 – Blood Grouping Request form
- Appendix 16 - Blood Group report form –Blood Bank
- Appendix 17 - Blood test lab request form
- Appendix 18 - Delivery Certificate
- Appendix 19 - DNA request form
- Appendix 20 - Drunkenness Certificate
- Appendix 21 - FMT – Accused examination form
- Appendix 22 - FMT – Age Estimation form – female
- Appendix 23 - FMT – Age estimation form – Male
- Appendix 24 - Hurt Certificate
- Appendix 25 - Laboratory Alcohol analysis certificate
- Appendix 26 - Medico-legal Certificate for admitted patient
- Appendix 27 - Pregnancy Certificate
- Appendix 28 - Sexual offences form – male
- Appendix 29 - X- ray Request Form
- Appendix 30 -. Request for Histopathological examination.
- Appendix 31 –Reference form for consultation

Appendix 1— Proforma - Police request for handing over/represervation of body

POLICE REQUEST FOR HANDING OVER/REPRESERVATION OF BODY at GMC

From:

Name & designation of IO:

Police station:

Mobile No:

To
The Officer In-Charge,
Mortuary,
Goa Medical College, Bambolim

Sub: REQUEST TO HAND OVER DEAD BODY OF

Mr/Mrs/Miss (Name of the deceased)

Which was preserved in the mortuary, to me, for the purpose of

PANCHANAMMA / AUTOPSY / HANDING OVER to RELATIONS (tick as applicable)

The particulars of the case are as under:

UD/Cr no:

Date of preservation:

Registration No:

Cabin No:

After completion of PANCHANAMMA / AUTOPSY (ticks as applicable)

The body may be REPRESENTED in the same cabin / will be HANDED OVER TO (tick as applicable)

Mr./Mrs./Miss

(Name of relation)

Nature of Relationship with deceased:

Signature of relation:

Thanking you

(Signature of Investigating Officer)

For use of Mortuary staff:

Re-preserved in:

Reg. No:

Cabin No:

Receipt No:

Amount:

Date:

Signature of Entry clerk:

Appendix 2– Format - Request letter for Autopsy/Medical Examination

Format – POLICE REQUEST FOR AUTOPSY / MEDICAL EXAMINATION

From
Name of IO
Designation
Police station
Mobile No

Date:

To
The HoD/Doctor in charge
Dept of Forensic Medicine
Goa Medical College
Bambolim, Goa.

Sir,

Sub: Request to conduct autopsy/medical examination/ preservation of evidentiary
material of
.....(name/age/sex/address of deceased/accused/victim)
.....
.....

Involved in UD/Cr No: u/s dated:

Brief facts and particulars of the case:

Hence it is requested to conduct the autopsy/medical examination/preserve evidentiary material
Evidentiary material required to be preserved (if any):
.....

{Body to be embalmed /not embalmed (tick as applicable in cases of autopsy)}

Thanking you

(Signature of IO with stamp)

Appendix 3— Format – Request letter to constitute panel for Autopsy/Medical Examination

Format - POLICE REQUEST TO CONSTITUTE PANEL FOR AUTOPSY/ MEDICAL
EXAMINATION

From
Name of IO
Designation
Police station
Mobile No

Date:

To
The Dean
Goa Medical College
Bambolim, Goa.

Sir,

Sub: Constitution of Panel to conduct autopsy/medical examination of

.....

.....(name, age, sex, address of deceased/ accused /victim)

.....

Brief facts and particulars of the case stating reasons for requirement of panel:

Hence it is requested to constitute a panel to conduct the autopsy/examination

Thanking you

(Signature of IO with stamp)

Appendix 4— Proforma - Autopsy completion certificate

AUTOPSY COMPLETION CERTIFICATE

To

The Police Inspector

..... Police Station

This is to certify that the Autopsy on the body of the deceased with the following particulars has been completed, and the body / clothes / ornaments is being handed over herewith into the custody of the Police

Name of the deceased:

Autopsy No:

Dated:

Date & time of completion:

Police station:

UD/Cr No:

Investigating Officer:

Sending herewith the following material/viscera preserved and forwarding notes duly sealed addressed to The Director, Forensic Science laboratory.

..... Paper packets duly sealed marked

.....Glass jars duly sealed marked

.....Glass phials duly sealed marked.....

Any other:

(Police Surgeon)

Received:

(Name & Signature of Investigating Officer/Police Personnel)

Date:

Appendix 5— Proforma - Police request for Preservation of body

POLICE REQUEST FOR PRESERVATION OF BODY at GMC

From:

Name & designation of IO:

Police station:

Mobile No:

To
The Officer In-Charge,
Mortuary,
Goa Medical College, Bambolim

Sub: REQUEST TO PRESERVE DEAD BODY OF

Name of the deceased:

Sex: Age:

Address:

Date & Time of death/retrieval:

UD/Cr no: u/s

Brief preliminary facts:

Thanking you

(Signature of Investigating Officer)

With stamp

For use of Mortuary staff:

Represerved in:

Reg No:

Cabin No:

Receipt No:

Amount:

Date:

Signature of Entry clerk:

With Dept stamp

Appendix 6— Proforma - Request for preservation of body – GMC

**FORM – P REQUEST FOR PRESERVATION OF DEAD BODY
GOA MEDICAL COLLEGE
BAMBOLIM/ATTACHED HOSPITAL**

Dept. of:
 Ward No.: Bed No.:
 Date: Time: a.m./p.m.

To
 The Officer In-charge,
 Mortuary, Goa Medical College,
 Bambolim-Goa.

Sub: PRESERVATION OF DEAD BODY OF
 Mr./Mrs./Miss
 (Name of the deceased)

Sir,

The dead body of the deceased is properly labelled and sent herewith to the mortuary for preservation. The details of the body are as follows:

1. Full name of the deceased: Mr./Mrs./Miss:
2. Age: 3. Sex:
4. Full address:
5. Hospital No.: 6. M.R.D. No.:
7. Date of admission:
8. Under treatment of Dr.: Consultant I/C Unit/Ward:
9. Date of death: Time of death:
10. Nature of the case: M.L.C/Non-M.L.C (Please tick the correct option)
11. If M.L.C, police informed / Not informed 12. Cause of death: Certified / Not certified.
13. Cause of death as certified:
14. Death report made/not made:
15. Any other instructions:
(If it's a pathological autopsy, etc.)

The dead body is sent through servant(s): (1)
 (2)

Thanking you,

Kindly preserve the body.
 For the use of mortuary staff.

Reg. No.:
 Cabin No.:

Signature:
(Full name & designation of Doctor/Nurse)

Appendix 7— Proforma - Request for handing over of body – GMC

H FORM—REQUEST FOR HANDING OVER DEAD BODY
GOA MEDICAL COLLEGE
BAMBOLIM/T.B. HOSPITAL

Dept. of:.....
Ward No.:Bed No.:
Date:Time:a.m./p.m.

To
The Officer In-charge,
Mortuary, Goa Medical College, Bambolim.

Sub.: REQUEST TO HAND OVER DEAD BODY OF
Mr./Mrs./Miss
(Name of the deceased)

Sir,

Kindly hand over the dead body of the deceased
Mr./Mrs./Miss
(Name of the deceased)
which was sent to the mortuary for preservational purpose, to the relatives of the deceased.

- 1) The particulars of the case are:
 - 2) Date of preservation:
 - 3) Hospital number: 3. MRD No.:
 - 4) Case is MLC/Non-MLC
 - 5) If MLC has NOC from Police been received: Yes/No
 - 6) Cause of death is certified as:
 - 7) The death report has been made: Yes/No
- The particulars of the relatives to whom the body is to be given are as follows:
- A. Name of the relative:
 - B. Nature of relationship with the deceased (Father/Son/Husband/Wife etc.):
 - C. Signature of the relative:

The above particulars are filled after proper verification.

Thanking you,

Signature
(Full name & designation of Doctor/Nurse)

For the use of mortuary staff.
Reg. No.:
Cabin No.:

Signature

Appendix 8– Proforma - Preservation/Embalming request of body – Private

KINDLY PRODUCE THIS FORM AT THE TIME OF CLAIMING THE DEAD BODY

For office use only

Reg No:

Cabin no

Receipt no

Date

Amount Rs:.....

Name:.....

Address:.....

.....

Tel. Ph. No:.....

Date:.....

A) Cold storage preservation @rs100/- per day

B) Embalming of the deadbody (Rs1000/-)

To,
The Prof. and Head,
Department of Forensic Medicine,
Goa Medical College,
Bambolim-Goa.

Sub: Preservation/Embalming of the dead body.

Sir,

Kindly preserve/embalm the dead body of late
..... sex age yrs. resident of
..... who died in hospital/nursing home/residence.

I further certify the following:

1. The deceased is my (relationship)
2. The cause of death has been certified by Dr.
3. There is no medico-legal involvement in the death of the deceased.
4. I will bear the necessary charges for preservation/embalming as per existing rules.
5. I take full responsibility for the risk of preserving the body in cold storage in case of power or mechanical failures of the cold storage.
6. In case of failures of the cold storage if any steps is taken for further preservation by means of embalming or otherwise, the necessary charges will be borne by me.
7. The dead body will be claimed by me on at a.m./p.m.
8. No belonging on the dead body.
9. I have been explained about the rat menace in the autopsy-cum-mortuary block, however, I keep the dead body at my own risk.
10. I have not and I will not pay money to the staff of the Dept. of Forensic Medicine on account of any services rendered by them in the autopsy-cum-mortuary block. Except embalming/preservation the dead body charges for which I will obtain an official receipt.
11. There is no dispute as regards the claims of the dead body.
12. I will produce cause of death certificate on at a.m./p.m. failing which I am responsible for whatever action Medical College authorities take in this receipt.
13. The body will be collected by my representative on my behalf.
14. Body is already embalmed by Dr.
15. I have been explained about the some adverse effects of formalizing the dead body. However I allow it to be done at my own risk.
16. The contents of this form is read and explained to me in and it is correct as per my say and I will abide by the rules.

Full Name_____
Signature

Appendix 9— Proforma for Memorandum of Autopsy.

<p>Page 1</p> <p>Government of Goa</p> <p>GOA MEDICAL COLLEGE</p> <p>DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY</p> <p>BAMBOLIM - GOA</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <p>MEMORANDUM OF AUTOPSY</p> </div>					
Autopsy No:		Date:			
Name:		Sex:	Age:	yrs	
Resident		Taluka:	District:		
Religion:					
I GENERAL PARTICULARS					
Autopsy Conducted by:					
1 Name of the Police Station:				Goa	
2 Case No:		UD	u/s	dated:	
3 The corpse sent by:					
4 The corpse brought by:					
5 The corpse identified by:					
Relationship with deceased:					
6 The date, hour and minute of:					
	Death as per records	Receipt of dead body	Receipt of panchanama	Beginning of autopsy	Ending of autopsy
Date					
Time					
7 Relevant facts from hospital records of the case:					
IPD No		Pt No	D.O.A		
		MLC No.			
<p>8 Substance of accompanying report from the Police Officer or Magistrate, together with date of death if known. Supposed cause of death or reason for examination:</p>					
<p><i>Medical Officer/Police Surgeon</i></p>					

Page 2

Autopsy No:

II. EXTERNAL EXAMINATION:-

9 Short description of clothes and ornaments:

(Also describe whether they are wet with water, stained with blood or mud, soiled with vomit, indicate cuts and tears)

10 In unidentified dead bodies: Sex: Stature: Wt: kgs

a) Features: Age: yrs Complexion:

b) Prominent scars:

c) Prominent moles: Body Identified

d) Tatting:

e) Malformations:

f) Circumcision:

g) Any other:

h) State of teeth:- No fractures or injuries

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

11 General condition:

a) Muscularity:

b) Temperature:

c) Rigor mortis:

d) P. M. Lividity:

e) Signs of decomposition:

12 Features, etc.:

a) Whether natural or swollen:

b) State of eyes-

(condition of cornea, conjunctivae, lens and eyelids)

c) Condition of lips and position of tongue:

d) State of natural orifices :

(mouth, nose, ears, vagina and anus)

13 Condition of skin:

a) The presence or absence of cutis anserina, blanching and soddening:

b) Marks of blood, etc.:

c) Presence or absence of sand on skin of hands, feet or body:

d) Presence or absence of sand or earth within the nails:

14 Position of limbs:

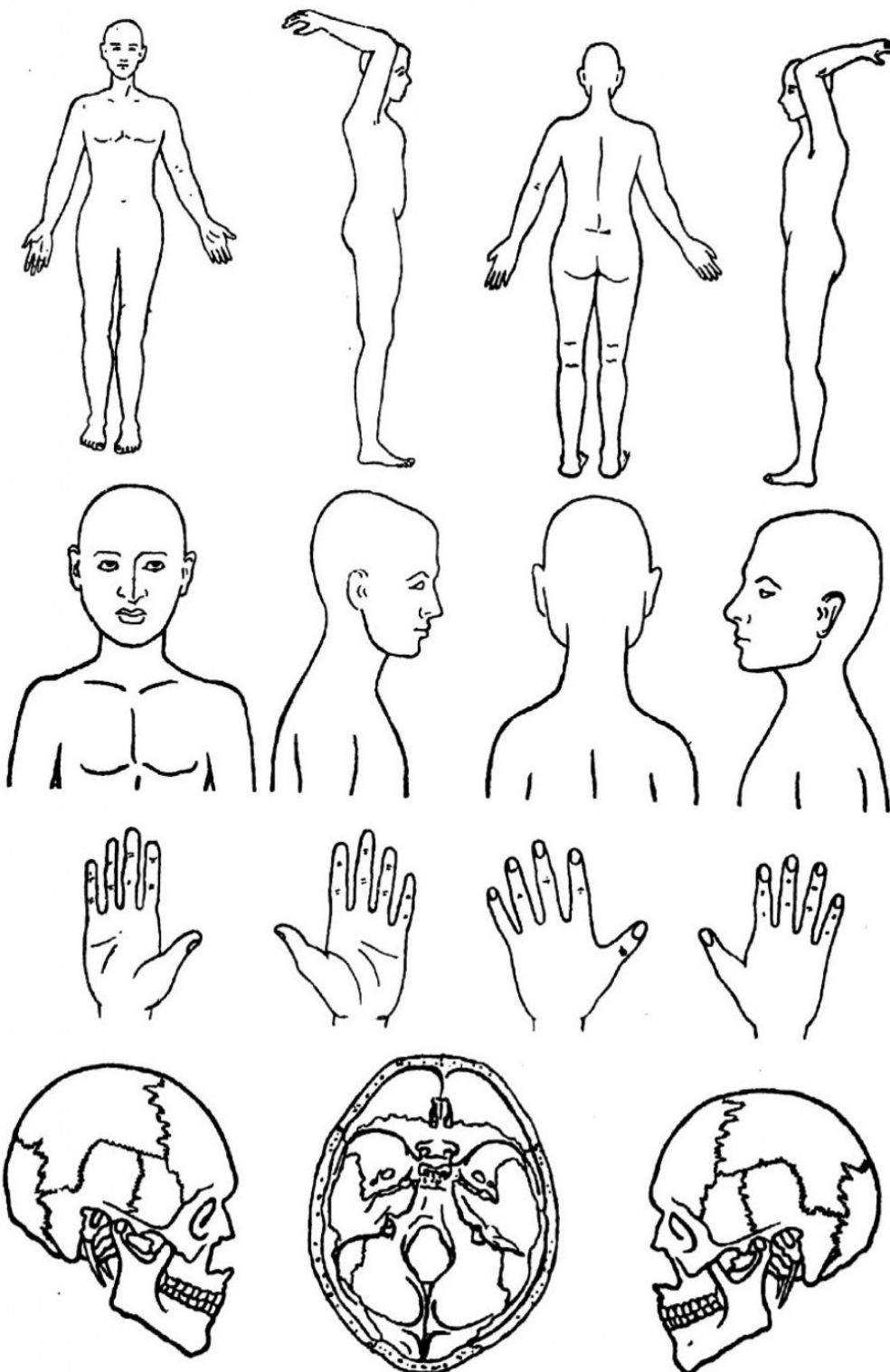
15 Injuries to external genitals:

16 Any other findings:

Medical Officer/Police Surgeon

Page 3				Date:	
17 Surface wounds and injuries:				Autopsy No:	
Sr. No.	Nature of injuries	Size	Site	Causative Weapon	Ante/Post Mortem
No. of additional sheets attached:				Medical Officer/Police Surgeon	

Diagrammatic representation of injuries in Autopsy No.
Not to a scale



Date:

.....
Medical Officer/Police Surgeon

Page 5

Autopsy No:

III. INTERNAL EXAMINATION:-

18 Head and spine (the spinal cord need not be examined unless there is any indication of diseases, strychnine poisoning or injury)

(i) Injuries under the scalp and their nature:

(ii) Skull, vault and base (describe fractures, their sites, dimensions, directions, etc.)

(iii) Membranes:

(iv) Brain Wt: gms
(General condition of the organ itself and any abnormality found in its examination)

(v) Vertebrae:

(vi) Spinal cord:

(vii) Buccal cavity, teeth, tongue and pharynx:

19 Neck:

a) Ligature mark:

b) Dissection of neck:

(i) Soft tissues:

(ii) Hyoid bone:

(iii) Larynx:

(iv) Trachea:

20 Thorax:

a) Walls, ribs, cartilages:

b) Pleurae:

c) Trachea and bronchi:

d) Right lung: Wt. gms

e) Left lung: Wt. gms

f) Pericardium:

g) Heart: Wt. gms

h) Coronary vessels:

i) Large vessels:

j) Diaphragm:

k) Additional remarks:

Medical Officer/Police Surgeon

Page 6

Autopsy No:

21 Abdomen:

a) Walls:

b) Peritoneum:

c) Cavity:

d) Oesophagus:

e) Stomach and its contents with condition of walls and mucosa:

f) Small intestine and its contents with condition of walls:

g) Large intestine and its contents and walls:

h) Liver	Wt.	gms
----------	-----	-----

i) Gall bladder :

j) Spleen	Wt.	gms
-----------	-----	-----

k) Pancreas:

	Rt	Wt.	gms
1) Kidneys			

Lt	Wt.	gms
----	-----	-----

m) Suprarenals:

n) Inferior vena cava:

22 Pelvis:

a) Organs of generation:

b) Urinary bladder:

c) Condition of pelvic muscle/bone vessels:

23 Additional Remarks:

(Where possible, Medical Officers deduction from the state of contents of the stomach as to time of death in relation to last meal)

24 State which viscera have been retained for chemical examination: to detect:

(a) Stomach with contents

(b) Loop of small intestine with contents

(c) Piece of liver with gall bladder

(d) One kidney/half of each

(e) Spleen

Any other:

(f) Piece of Brain

(g) Piece of lung

(h) Blood

(i) Urine

Material:

Tissues For HPE:

25 Bones and joints:

Fractures:

Dislocation:

Medical Officer/Police Surgeon

Page 7

Autopsy No:

OPINION AS TO THE CAUSE OF DEATH

A) The approximate time since death:

B) Reserved pending report of:

C) The cause of death, to the best of my/our knowledge and belief, is due to:

Received:

Date:

*Name and seal of
Medical Officer/Police Surgeon*

**DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY
GOA MEDICAL COLLEGE
BAMBOLIM-GOA**

Autopsy No:

Date:

Final/Provisional Cause of Death Certificate

I performed the autopsy on the dead body of

Sex: Age: yrs

resident of:

Taluka:

at the request of:

District:

of Police station:

on in UD u/s

The cause of death to the best of my/our knowledge and belief is due to

*Name and seal of
Medical Officer/Police Surgeon*

Page 8

continued from

Autopsy No:

Appendix 10– Proforma for Handing over viscera and material

GOVERNMENT OF GOA

GOA MEDICAL COLLEGE BAMBOLIM

Department of Forensic Medicine

Ref. No.: FM/GMC/

Date:

To,

The Police.....

.....Police Station.

.....Goa.

Ref.: Your letter No. UD/Cr. No.

Dated:.....

Sub: Viscera/Material of the deceased/victim/accused.

.....

.....

to be sent to the Forensic Science Laboratory.

Sir,

With reference to the above subject, I am sending herewith the Viscera/Material of the deceased/victim/accused
sealed letter addressed to the Director, Forensic Science Laboratory,.....

.....Glass phial, duly sealed, marked

.....Glass phial, duly sealed, marked

.....Paper packed, duly sealed, marked

.....Test tubes, duly sealed, marked

.....

.....

.....

.....

The above-mentioned Viscera/Material along with a sealed letter to be sent IMMEDIATELY to the Director, Forensic Science Laboratory,.....

Police Surgeon/Medical Officer.

Appendix 11– Forwarding notes for Materials

Ref: No. FM/GMC/MAT/ /PM- /20 Date:.....

FORM TO BE USED WHEN FORWARDING MATERIAL PRESERVED FOR BIOLOGICAL/SEROLOGICAL EXAM

From: THE DEPARTMENT OF FORENSIC MEDICINE
GOA MEDICAL COLLEGE, BAMBOLIM
COMPLEX, GOA 403202.

To, THE DIRECTOR,
FORENSIC SCIENCE LABORATORY

SUBJECT: Name: Sex : Male/Female Age:years
Police station:..... UD/Cr no:..... Dated: / / 20

S. No.	CONTAINER (DULY SEALED)	NATURE OF MATERIAL	NATURE OF EXAMINATION
1.	Test Tube, marked.....	One/Two Urethral/Vaginal swabs	For detection of human sperms / semen / seminal grouping / gonococci
2.	Paper packet, marked.....	One/Two Urethral/ Vaginal smears slides	For detection of human sperms / semen / seminal grouping / gonococci
3.	Paper packet, marked.....	Pubic hair.....	For detection of Semen and Blood comparison
4.	Paper packet, marked.....	Clothes.....	For detection of Semen and Blood comparison
5.	Paper packet, marked.....	Nail clippings Rt. & Lt. hand respectively	For detection of blood / epithelial cells / fibres, etc.
6.	Paper packet, marked.....	Blood stained cloth/ gauze with control	For detection of blood groups.
7.	Paper packet, marked.....	.....	.....
8.	Paper packet, marked.....	.....	.....
9.	Paper packet, marked.....	.....	.....
Mode of dispatch: Through.....Police Station		Date of dispatch	Date of receipt in FSL office
Copy to.....Police Station..... Goa.		Specimen impression of seal on container	
		Medical Officer	

Appendix 12— Forwarding notes for Viscera

Date:.....

Ref: No. FM/GMC/CA/ /PM- /20

FORM FOR FORWARDING VISCERA FOR CHEMICAL ANALYSIS/EXAMINATION

From: THE DEPARTMENT OF FORENSIC MEDICINE
GOA MEDICAL COLLEGE, BAMBOLIM
COMPLEX, GOA 403202.

To, THE DIRECTOR,
FORENSIC SCIENCE LABORATORY

SUBJECT: Name: Sex : Male/Female		Age: .....years	
Police station:..... UD/Cr no:.....		Dated: / 20	
S. No.	CONTAINER (DULY SEALED)	NATURE OF MATERIAL	NATURE OF EXAMINATION
1.	Container "A"	1. Stomach with its contents 2. Loop of small intestine with its Contents	
2.	Container "B"	1. Piece of liver 2. One half of each kidney 3. Spleen 4. Piece of lungs 5. Piece of brain 6. Uterus and its appendages	
3.	Container "C" (Control)	Saturated solution of NaCl/Rectified spirit used as preservative for container "A", "B" and	
4.	Container "D"	Sample of blood	
5.	Container "E"	Sample of urine	
6.	Container "F"		
Mode of dispatch: Through.....Police Station		Date of dispatch	Date of receipt in GSFSL office
		Specimen impression of seal on container	

Cc to:.....Police Station,.....Goa.

Medical Officer

Appendix 13– Forwarding Notes to Police

APPENDIX - I- FORWARDING NOTE

In all cases where examination of any material is required at the Laboratory, a copy of this form duly filled in should accompany the exhibit.

Case no:.....Police Station:.....

Section of law:..... District:

Date:..... State:.....

I. NATURE OF CRIME

(This should cover nature of charge, brief history and any relevant details)

.....

.....

.....

.....

.....

.....

.....

II. LIST OF EXHIBITS SENT FOR EXAMINATION

Sr. No.	Description of exhibits	How, when & by whom found	Source of exhibits	Remarks
1.
2.
3.
4.

III. NATURE OF EXAMINATION REQUIRED

1.....

2.....

3.....

4.....

5.....

IV. PARTICULARS OF PERSONS IN CUSTODY

Sr. No.	Full name	Occupation	Age	Sex	Date and time of bail arrest or in court custody
1.....					
2.....					
3.....					
4.....					

Rank and Signature of

Investigating Officer

Dated:.....

No:.....

Forwarded to the Director, Forensic Science Laboratory,.....

Signature and Designation

of Forwarding Officer

Specimen(s) Seal(s)

Impression(s) on

Exhibit(s)/Parcel(s)

CERTIFICATE OF AUTHORITY

Certified that the Director, Forensic Science Laboratory, has authority to examine the exhibits sent to him in connection with Case No.....
.....Police station..... u/s.....
datedState versus.....and if necessary, to take them to piece to remove portion for the purpose of said examination.

*Signature and designation
of forwarding authority*

Date.....

Place.....

Appendix 14– Viscera Label - FMT

Government of Goa
GOA MEDICAL COLLEGE, BAMBOLIM -GOA
DEPARTMENT OF FORENSIC MEDICINE

Name:
Referred by:
Autopsy No.

Age:
UD/Cr No:
Date:

Container No. "A"
Contents

Sr.no
1. Stomach with its contents,
2. Loop of small intestine and its contents.
3.
.....

Signature

Government of Goa
GOA MEDICAL COLLEGE, BAMBOLIM -GOA
DEPARTMENT OF FORENSIC MEDICINE

Name:
Referred by: Police Station
Autopsy No.

Age:
UD/Cr No:
Date:

Container No. "B"
Contents

Sr.no.
1. Piece of liver,
2. one half of each kidney,
3. Piece of spleen,
4. Pieces of both lungs
5. Piece of brain.
.....

Signature

Government of Goa
GOA MEDICAL COLLEGE, BAMBOLIM -GOA
DEPARTMENT OF FORENSIC MEDICINE

Name:
Referred by: Police Station
Autopsy No.

Age:
UD/Cr No:
Date:

Container No. "C"

1.

Signature

Government of Goa
GOA MEDICAL COLLEGE, BAMBOLIM -GOA
DEPARTMENT OF FORENSIC MEDICINE

Name:
Referred by: Police Station
Autopsy No.

Age:
UD/Cr No:
Date:

Container No "D"
Contents

1. Blood sample

Signature

Appendix 15– Blood Grouping Request form

**DEPARTMENT OF FORENSIC MEDICINE
GOA MEDICAL COLLEGE
BAMBOLIM –GOA**

Our ref no: FM/GMC/

Date: / /20

Time:

To,

The Incharge Medical Officer,
Blood Bank,
Goa Medical College,
Bambolim-Goa.

Police Ref no: _____ PS/AD/Cr/

Letter no:

Subject: ABO and RH Blood Grouping Examination

Sir/Madam,

Kindly perform the ABO and RH blood group examination of

a) A sample of blood in a sealed vial of the deceased _____
in our P.M. No. _____ dated / /20

b) The victim/accused _____ in our above
referred case is sent in person to you with the following marks of identification.

1. _____
2. _____

The blood sample / person is sent to you through police personnel _____
PI/PSI/ASI/HC/PC B.No. _____ of _____
Police station.

The necessary test may please be done **IMMEDIATELY** and the report handed over to
accompanying police personnel in duplicate.

Police Surgeon /Medical Officer

Copy to Investigating officer with a request to collect the report from the Blood Bank GMC,
Bambolim and to submit it to Department of Forensic Medicine, GMC, Bambolim.

Received the original copy

Date: / /20

Appendix 16— Blood Group report form— Blood Bank

GOVERNMENT OF GOA
GOA MEDICAL COLLEGE
BLOOD BANK
BAMBOLIM-GOA

Ref. No.:

Date:

To.

Dr.
Dept. of Forensic Medicine,
Goa Medical College,
Bambolim-Goa.

Please refer to your letter No.dated.....regarding
the blood group of Victimconcerning
P.M.....

The blood group of the sample is given below:-

.....

.....
Medical Officer

Appendix 17— Blood test lab request form

GOVERNMENT OF GOA
GOA MEDICAL COLLEGE HOSPITAL, BAMBOLIM

PATIENT'S NAME: AGE: SEX: HOSP. No.:

DEPT. & UNIT: OP: M.R.D. No.:

CLINICAL DETAILS (INCLUDING ANTI-ANAEMIC THERAPY & BLOOD TRANSFUSIONS)

DATE:		SIGNATURE OF DOCTOR
Check Investigations required		
P.C.V.	Blood Urea	Patient to present this slip at O. P. Laboratory DOCTORS: PLEASE NOTE Use special forms for services related to: 1. Blood Bank 2. X-Ray 3. Physical Medicine 4. Diet 5. Biopsy
Haemoglobin	V.D.R.L.	
Blood Picture	Faeces: Ova & Cysts	
W.B.C. Total	Faeces: Amoebae	
W.B.C. Differential	Urine Micro	
E.S.R.	Urine Sugar: Albumin	
Write investigations not on list, be precise:.....		
.....		
.....		
.....		

LAB. REQUISITION MASTER

Appendix 18– Delivery Certificate

GOVERNMENT OF GOA
GOA MEDICAL COLLEGE
BAMBOLIM-GOA
REPORT OF MEDICAL EXAMINATION FOR CERTIFICATE OF DELIVERY

Sr. No.:

Place:

Date:

Time: a.m./p.m.

Name: D/W/ of.....

Residence: Age: Religion: Caste:

Referred by: Brought by:

Examined in presence of:

Signature.....

MARKS OF IDENTIFICATION:

1.

2.

General development of body and signs of general indisposition:

Breasts:

Abdomen:

GENITAL EXAMINATION:

1. Uterus:

2. Condition of pubic hair:

3. Injuries on inner aspects of thighs:

4. Presence of bruises or abrasions on genitals:

CONDITION OF VAGINA :

1. Vaginal walls:

2. Vaginal contents (Lochia):

Any additional findings (Cervix):

Vaginal swab, if taken:

OPINION :

Medical Officer

Appendix 19– DNA request form

GSFSL/VERNA

Case No: FM/GMC/DNA/ /20

Annexure

BIOLOGICAL SAMPLE AUTHENTICATION CARD**A. Particulars of the Source:**

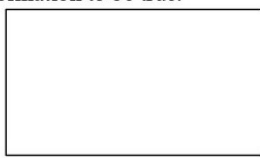
- i. Name of the person (in block letters):
- ii. Father's/ Guardian's name: _____
- iii. Sex : Age:years iv) Date of birth : _____
- v. Address: _____
- vi. Medical History:
Chronic Diseases/ Genetic Disorders:
- vii. Blood Transfusion, if any, in the past three months:
- viii. Organ Transplantation, if any:

B. Case Details:Police station

Case No:Dated:U/S:

C. Purpose of conducting test:For comparison of DNA**D. Declaration of the blood donor:**

I hereby certify that the biological sample is being collected with my consent and acknowledge the above information to be true.



Signature:

Name:

Date:

Left Thumb Impression**Right Thumb Impression**

E. Sample Collection: Preferably 2 ml of blood to be collected in sterilized tubes using EDTA as anticoagulant. The tubes should be duly preserved in ice container for transport. Alternatively (1) blood sample may please be dried on clean sterilized gauge/filter paper/FTA card and sealed in paper envelope (2) oral swab may please be collected, dried and sealed in a paper envelope.

- i) Nature of sample: Blood on FTA card ii) Date of collection:
- iii) Volume: _____ ml marked as Exhibit: _____
- iv) Blood collected by: _____

Seal

Signature:

Name and Designation with stamp:

N.B. Blood should be collected in presence of two witnesses.

(a) Witness:

Name:

Designation:

Address:

Date:

(b) Witness:

Name:

Designation:

Address:

Date:

The content of the biological sample authentication card was read and explained to the party in the language which the party understands and thus fully understood the content of it.

Signature of examining officer/ Medical Officer

Signature of the party:

Appendix 20— Drunkenness Certificate

GOVERNMENT OF GOA ASILO HOSPITAL MEDICAL EXAMINATION REPORT FOR DRUNKENNESS

Serial No:.....20..... Date:/...../.....
Time:

Name: w /s/ d of

Age: Caste: Residence:

Referred by: Brought by: 1).....

2)

Marks of identification 1).....

2)

Observations:.....

.....

Smell of alcohol from mouth	... ..	Yes/No
Smell of alcohol from breath	... ..	Yes/No.
State of clothing	... ..	Normal/Soiled/Torn
Speech	... ..	Thick/Slurred/Over precise.
Gait	... ..	Normal/Reeling.
Ability to walk on straight line	... ..	Yes/ No
Muscular co-ordination : Finger to nose test	... ..	Positive/Negative
Picking of pencil from floor	... ..	Positive/Difficult
Eyes : Conjunctiva	... ..	Normal/Congested
Pupil's size	... ..	Normal/Contracted/Dilated
Reaction to light	... ..	Normal/Sluggish/ Absent
Reflexes :Knee reflex	... ..	Present/Sluggish/Absent
Ankle reflex	... ..	Present/Sluggish/Absent
ORIENTATION OF Time:	... ..	Yes/No
Place:	... ..	Yes/No

Injuries, if any:.....

.....

.....

OPINION: On the basis of the above observations made by me, I am of the opinion:

- i. That has/has not consumed alcohol.
- ii. That condition ofat the time of examination is such that
 - a) He can /cannot take care of himself.
 - b) He is likely to prove public nuisance, if kept at large
 - c) He is not likely to prove public nuisance, if kept at large.

Casualty Medical Officer

Name:.....

GMC no:.....

Address:.....

Appendix 21– FMT – Accused examination form

**DEPATMENT OF FORENSIC MEDICINE
GOA MEDICAL COLLEGE
BAMBOLIM GOA**

REPORT OF MEDICAL EXAMINATION OF ACCUSED PERSON

Exam No. : **FM/GMC/MISC**

Place:.....

Case No. :

Date: .../.../20....

Time:a.m./p.m.

Name:.....

Age: year Sex:

Residence:

Referred by:

Brought by:

Examined in presence of:

.....

Signature

Marks of identification:

1.

2.

Height : cm

Weight :Kg

Material Preserved:

Scalp hair:

Nail clippings:

Clothes:

Injuries:

Appendix 22– FMT – Age Estimation Form – Female

DEPARTMENT OF FORENSIC MEDICINE
GOA MEDICAL COLLEGE
BAMBOLIM GOA

Report of Medical Examination for Assessment Of Age In Females

Sr. no: **FM/GMC/AGE**

Place:

Ref No:

Date:...../...../20

.....Police Station, Cr no: /20 u/s

Time:

Name:.....d/w of.....

Residence:

Religion: Caste:.....

Referred by:Brought by:.....

Examined in presence of:.....

.....

Signature

Marks of identification:

1.

2.

Height:..... cm

Weight:..... Kg

Teeth: Permanent / Deciduous

3M	2M	1M	PM2	PM1	C	LI	MI	MI	LI	C	PM1	PM2	1M	2M	3M
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Whether space formed behind II molar: Yes/No

Development of breasts:

Hair: Axillae :

Pubic :

General development of body as a whole:

Any additional findings:

X-ray Examination:

OPINION:

Medical Officer

Appendix 23— FMT – Age Estimation Form – Male

DEPARTMENT OF FORENSIC MEDICINE
GOA MEDICAL COLLEGE
BAMBOLIM GOA

Report of Medical Examination for Assessment Of Age In Males

Sr. no: **FM/GMC/AGE**

Place:

Ref No:

Date:...../...../20

.....Police Station, Cr no: /20 u/s

Time:

Name:.....s/o.....

Residence:

Religion: Caste:.....

Referred by:Brought by:.....

Examined in presence of:.....

.....

Signature

Marks of identification:

1.

2.

Height:..... cm

Weight:..... Kg

Teeth: Permanent / Deciduous

3M	2M	1M	PM2	PM1	C	LI	MI	MI	LI	C	PM1	PM2	1M	2M	3M
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Whether space formed behind II molar: Yes/No

Hair: Upper lip :
Chin :
Cheeks :
Axillae :
Pubic :
Chest :

Pomum Adami:

Voice:

General development of body as a whole:

Any additional findings:

X-ray Findings:

OPINION:

Medical Officer

Appendix 24– Hurt Certificate

GOVERNMENT OF GOA
HURT CERTIFICATE

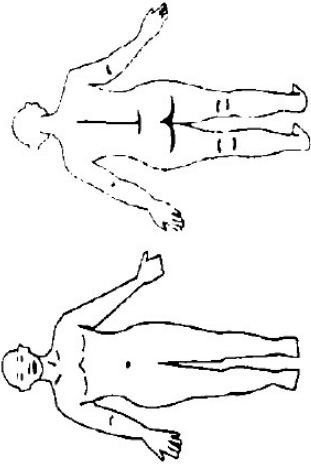
Sr. No. H/...../..... Examed on: at a.m./p.m.

Name: s/ d/w of..... Age: Religion: Residence: on request of Self/P.S.I.

Nature of Hurt whether bruise, abrasion, burn or wound	Size of each hurt (L x B x D) in cms	On what part of the body inflicted	By what weapon inflicted	Duration of each hurt	Simple, grievous or dangerous	Marks of identification	Remarks
1	2	3	4	5	6	7	8

.....
Medical Officer's Signature:
Name:
Goa Medical Council Registration No.:
Designation:

Sr. No H/...../.....

1	2	3	4	5	6
					 <p>Grievous Injuries as described in Section 116 B.N.S. are as follows:</p> <ol style="list-style-type: none"> 1. Emasculation. 2. Permanent privation of the sight of either eye. 3. Permanent privation of the hearing of either ear. 4. Privation of any member or joint. 5. Destruction or permanent impairing of the powers of any member or joint. 6. Permanent disfiguration of the head or face. 7. Fracture or dislocation of a bone or tooth. 8. Any hurt which endangers life or which causes the sufferer to be, during the space of fifteen days in severe bodily pain, or unable to follow his ordinary pursuits.

.....

Medical Officer's Signature

Appendix 25– Laboratory Alcohol Analysis Certificate

DIRECTORATE OF HEALTH SERVICES
GOVERNMENT OF GOA
HOSPICIO SOUTH GOA DISTRICT HOSPITAL, MARGAO, GOA.
DEPARTMENT OF LABORATORY

Requesting Department:

MLC NO/Reg. No:

Patient's Name: Age / Sex:
.....

Patient's Address:

.....

Referred by (Police Station):

.....

Specimen:

.....

...

Investigation Required:

.....

Date and Time of Sample received:

.....

Analysis Report

Date of Analysis:

Blood Alcohol Level: _____ mg%

(Biochemist)

Appendix 26— Medico-legal Certificate for admitted patient

**GOVERNMENT OF GOA
GOA MEDICAL COLLEGE**

No.: MLC/ /

Date:

To,

The Police Inspector
.....Police Station
.....

MEDICOLEGAL CERTIFICATE FOR ADMITTED PATIENT

This is to certify that the patient of following particulars was admitted and treated by the Department of....., Goa Medical College.

Name of Patient:

Age of Patient: Years Sex of Patient: Male/Female, Residence:.....

.....

Hospital Number:MRD Number:MLC No.....

Date of Admission: Date of Discharge:

Referring Hospital:

Alleged cause of Illness or Injuries:

.....

Examination Findings/Injuries:

.....
.....

Investigation findings: Relevant Blood test/Radiology/etc.

.....

Treatment/Operative procedure findings:

.....

.....

Course during Hospital stay: Recovered / Improved / Unchanged / Worsened / Expired.

NATURE OF INJURIES: SIMPLE / GRIEVOUS / DANGEROUS

Patient was referred to Department of

Medical Officer

Appendix 27– Pregnancy Certificate

<p>GOVERNMENT OF GOA GOA MEDICAL COLLEGE BAMBOLIM-GOA</p>	
<p>Report of Medical Examination for Certification of age of Pregnancy</p>	
<p>Sr. No.:</p>	<p>Place: Date: Time: a.m./p.m.</p>
<p>Name: d/w of</p>	
<p>Residence: Age: years, Religion: Caste:</p>	
<p>Referred by: Brought by:</p>	
<p>Examined in presence of:</p>	
<p>Signature.....</p>	
<p>Marks of Identification: 1) 2)</p>	
<p>Last menstrual period:</p>	
<p>Mammary changes:</p>	
<p>Linea Rubra:</p>	
<p>Linea Albicans:</p>	
<p>Enlargement of abdomen (Height of uterus):</p>	
<p>Softening and compression of lower-segment of uterus:</p>	
<p>Hegar's sign:</p>	
<p>Intermittent uterine contraction:</p>	
<p>Changes in cervix:</p>	
<p>Changes in vagina – Colour of mucous membrane, etc.:</p>	
<p>Ultrasonography Examination:</p>	
<p>On the basis of all the above findings taken together I am of the opinion that is / is not pregnant. The duration of pregnancy is approximately between and weeks.</p>	
<p>..... Medical Officer</p>	

Appendix 28– Sexual Offences Form – Male

DEPARTMENT OF FORENSIC MEDICINE
GOA MEDICAL COLLEGE
BAMBOLIM GOA

REPORT OF MEDICAL EXAMINATION IN SEXUAL OFFENCES FOR MALES

Sr no: FM/GMC/SO

Place:

Ref No:

Date:

Time:

Name:.....s/o.....

...

Residence:Age:years

Referred by: Brought by:.....

Examined in presence of:.....Signature:.....

MARKS OF IDENTIFICATION: 1:

2:

General development of the body:.....Height: cm

Weight :Kg

Condition of clothes:

Injuries on the body:

GENITAL EXAMINATION

1. Development:
2. Condition of pubic hair:
3. Presence of bruises or
Abrasions in genital areas:

PENIS:

- a) Presence of smegma:
- b) Presence of stains:
- c) Lacerations etc.:
- d) Whether erection of penis occurs:

Signs of venereal infection:

Urethral swab & smears if taken:

OPINION:

Medical officer

Appendix 29– X-ray Request Form

GOVERNMENT OF GOA GOA MEDICAL COLLEGE HOSPITAL, BAMBOLIM DEPARTMENT OF RADIOLOGY		
Examination requested by	Dr.	Service
PATIENT'S NAME (in block letters): AGE: SEX:		
WARD/OPD: BED: CLASS: HOSP. No.:		
MARKS OF IDENTIFICATION:		
1)		
2)		
3)		
CLINICAL NOTES: 		
Exact part to be X-Rayed: 		
Information required: 		
Previous X-Ray No.:	Date:	
REPORT:		
Physician/Surgeon		

GOVERNMENT OF GOA GOA MEDICAL COLLEGE HOSPITAL, BAMBOLIM DEPARTMENT OF RADIOLOGY		
Name:	Hosp.No.:	
Age:	Sex:	Wd./OPD:
Bed:	X-Ray No.:	Date:
REPORT:		
Radiologist (P.T.O.)		

Bed:	X-Ray No.:	Date:
Size &No. of film used:		
Sign. of Technician /Radiographer:		
Report:		
Radiologist		

GOVERNMENT OF GOA
GOA MEDICAL COLLEGE
DEPARTMENT OF PATHOLOGY AND BACTERIOLOGY
Requisition form for Histopathological Examination of Tissues
Professor I/c.

T.No:
S.No:
Date:

Class: $\begin{cases} \text{Private} \\ \text{Non-Private} \end{cases}$

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly apart, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings present.

Tissue fixed in:	Fixative	{	Formol 10% Neutral
Time:			Bouin Picric acid30-v
Date:			Formol 40% 10-V
			Acetic 1-v
			For small biopsies

To be filled in case of female patient:

No. of deliveries:

No. of abortions:

Obstetric history:

.....

.....

.....

.....

.....

.....

.....

L. M. P.

P. V. Examination: (Ectopia, scaring, erosion, Nabothian cyst, Leokoplakia, any
other suspicious lesion, result of Schiller test if done).
Please underline significant findings

Cytological examination:

Phase:

C.L:

Nature of operation:

Diagram of the lesion done by Medical Officer:

Date:

Signature of the Medical Officer requesting
the Examination

Measurements:

Wt:

[illegible][illegible]

Number of the jar containing the tissue:

Number of the pieces of tissue:

Date of processing:

Date of cutting and staining:

Date of diagnosis:

Date of sending the Report:

Report No.:

Index No.:

PATHOLOGIST

Appendix 31— Reference Form for consultation

GOVERNMENT OF GOA
GOA MEDICAL COLLEGE HOSPITAL, BAMBOLIM
CONSULTATION RECORD

NAME:	AGE:	SEX:	MARITAL STATUS:	HOSPITAL NUMBER:
SERVICE:	WARD:	BED:	MRD No.:	RELIGION: OCCUPATION:

Referred by Dr. to Dr.
(Requesting Doctor) (Consultant & Speciality)

Findings: Date:.....

.....
Consultant's Signature

CONSULTATION RECORD

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