

MEDICAL EXAMINATION OF INJURED PERSON

Refer Case No. / GD Entry No. Dated

of Police Station

Medical Examination Report is as follows:-

Name of the Victim:- Sri / Smt. :- Age:-

Son / Daughter / Wife / of Sri / Smt. / Late:-

Address:- Vill:- P.O:-

P,S:- Dist.:-

Date of Examination:- , Time of Examination:- AM / PM

Place of Examination :- , Examined by Dr.

Designation :- as produced by Sub Inspector /
accompanying police personnel, Name:-

and number:- Identification of victims:-

(A) (B)

Identified by Sri / Smt (Accompanying police personnel):-

.....
The injured person was first seen by the undersigned at AM / PM on the 2012.

When the following injuries were found:-

Nature of Injury i.e whether a cut, bruise, burn, fracture or dislocation etc.	Size of each injury in cms. i.e length, breadth and depth	On what part of the body inflicted	Whether simple or grievous	By what kind of weapon inflicted	Whether the weapon was dangerous or not	Remarks (age of wound, inpatient or out patient etc.)

I certify that the said person was asked the question (S) noted below and gave the answer (S) recorded:- Q:-

Are you willing to be examined by me ? A. Yes. B. No.

Signature or thumb impression of the person :-

I am opinion that.

Station:-

Dated:-

.....
Signature
Name in full (Capital Letter)
Designation:-....