



THE ASSAM GAZETTE

অসাধাৰণ

EXTRAORDINARY

প্ৰাপ্ত কৰ্তৃত্বৰ দ্বাৰা প্ৰকাশিত

PUBLISHED BY THE AUTHORITY

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No. 451 Dispur, Thursday, 20th August, 2026, 29th Sravana, 1948 (S. E.)

GOVERNMENT OF ASSAM
ORDERS BY THE GOVERNOR
POLITICAL (A) DEPARTMENT ::: DISPUR

NOTIFICATION

The 18th August, 2026

No. eCF-647016/195.- In pursuance of the objective of streamlining medico-legal processes, the Governor of Assam is pleased to notify the following **five (5) MedLEaPR Injury Report formats** as Standard Injury Report Formats for customization in the Medico Legal Examination and Post Mortem Reports (MedLEaPR) System:

1. Form II - Medical Legal Report- Injury Report (**Annexure-A**)
2. Form III - Medical Legal Report - Victims/Accused of Sexual Abuse (**Annexure-B**)
3. Form IV - Medical Legal Report - Age Estimation (**Annexure-C**)
4. New Form III – Medical Legal Report - Victims/Accused of Sexual Abuse (**Annexure-D**)
5. New Form - Prisoners (Health Screening of Prisoners on Admission to Jail) (**Annexure-E**)

DITHAKA NANDA HAZARIKA,
Secretary to the Government of Assam,
Home & Political Department.

Annexure-A



Main Report

MedLEaPR - ASSAM
Hospital Name
Hospital Address
FORM-II

MEDICAL LEGAL REPORT- INJURY

MLR No(Generated by Software):-_____

Date:-_____

MLR No(Given by Doctor):-_____

Date:-_____

CONSENT FORM IS TAKEN SEPARATELY BEFORE EXAMINATION WHICH IS ATTACHED WITH MLR REPORT.

Details of Doctor/Doctors who examined the patient:			
Sr No.	Doctor's Name	Designation	Registration No of Doctor with State Council/MCI
1			
2			
3			

I _____ son/daughter of _____

with voluntary and own free will give my consent for medical examination. In this regard I have not been medically examined earlier. I have been made to understand the purpose, process, result and gains of this examination. This examination can go in my favour or against me.

Signature/thumb impression of person whose examination has been conducted or guardian
 (in case victim is minor, relation, student, insane)

Patient Particulars**Sh./Smt/Miss**

S/o,D/o,W/o

Age(Approx)

Gender

Caste/Religion

Marital Status

Occupation

Police Station

Present Address

Arrival Date & Time (in hrs)

Examination Start Date & Time(in hrs)

Place of examination

Police FIR/DDR/Application Detail:					
Sr.No	Date	Under Section	State(CCTNS)	District(CCTNS)	Police Station(CCTNS)
1					

Police Person Detail:

SrNo.	Name	Rank	Belt No	Police Station, District,State	Email	Phone	Signature
1							
2							
3							

Person Accompanied Detail:

Sr No.	Name	Address	Relation with Patient	Police Station,District,State	Signature
1					
2					
3					

Lady Accompanied Detail(In case of female patient):

Sr No.	Name	Address	Relation with Patient	Police Station,District,State	Signature
1					
2					
3					

RSA Case: Yes/No**RSA Case if Yes :****State**

District

Place

Body Preserved At Hospital

Yes/No

Description of Clothes worn by the deceased

Post Mortem Examination To Be Carried Out Or Not

Yes/No

Marks of Identification

Sr. No.	Identification Details
1	
2	

OPD Detail	
OPD No.	Referred To (In case of referral cases)

IPD Detail (If admitted):		
C.R. No /Emergency No	Date	Ward

Information sent to Magistrate for recording the dying declaration Yes/Not Required at time of examination if yes details:	
Name of Person carrying information/ Any Other	
Date & Time	
Police Station/Police Post	

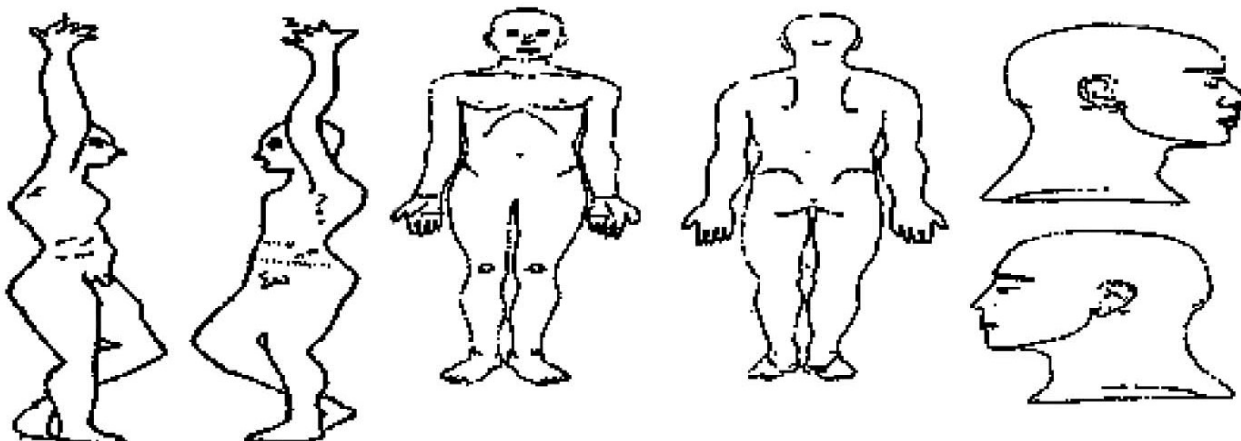
If Magistrate not available, details of witness in whose presence the Dying Declaration was recorded:					
Sr No.	Name	Address	Relation	Police Station,District,State	Mobile no
1					
2					
3					

Dying declaration handed over to Police official:			
Name	Designation	Belt No	Police Station, District,State

Gist of incident as stated by the injured/accompanying person	
Gist of Incident	
General condition of the person, clothing etc.	
General Condition	

Injury Details:

Sr. No.	Injury Details	Injury Number	Pictorial depiction?
1			
2			
3			

Nature of Injuries (Simple, Grievous, Dangerous or pending for observation)**Probable Duration of Injury****Kind of Weapon Used (Sharp, Blunt, Firearm, Fire, Poison etc)****Guidelines**

As per Section 116 BNS , Any injury falling under following clauses is grievous:-

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 of dislocation of a bone or tooth.
8. Any hurt (i) which endangers life or (ii) which causes the suffer to be during the space of fifteen days.

(a) in serve bodily pain, or

(b) Unable to follow his ordinary pursuits.

At the end in column No.7 opine whether multiple injuries, individually simple, are collectively dangerous to life.

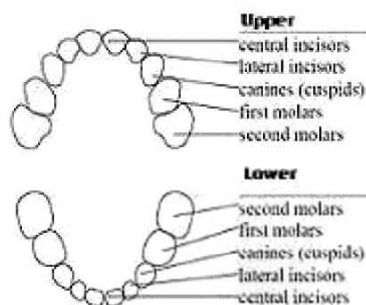
Sr. No.	Injury Details	Injury Number
1		
2		

LEFT

RIGHT

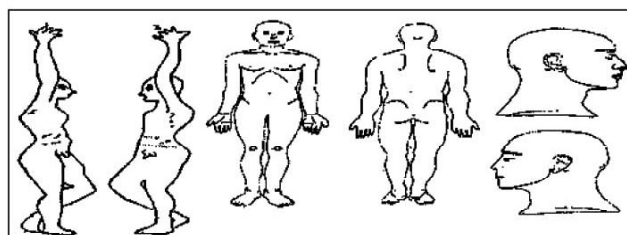
S/8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8/S
S/8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8/S

Permanent Teeth



Deciduous Teeth

Sr. No.	Injury Details	Injury Number
1		
2		

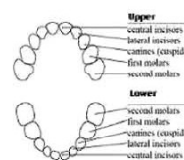


LEFT

RIGHT

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

Permanent Teeth



Deciduous Teeth

Material collected, preserved & handed over to police for chemical analysis etc. (complete detail)

Sr.No.	Material Collected (details and number of seals)
1	

2	
3	
4	
5	

Fee details:

Fee Paid(Rs)	Fee Paid To	Fee Vide No

Details of Doctor/s who examined the patient with signature:

SrNo.	Doctor's Name	Designation	Registration Details	Signature
1				
2				
3				
4				

(Name, Designation, Date and Signature of Receiving Person)

Hospital Name
Hospital Address

Annexure-B**Main Report**

MedLEaPR - ASSAM
Hospital Name
Hospital Address
FORM-III

MEDICAL LEGAL REPORT- VICTIMS/ACCUSED OF SEXUAL ABUSE

MLR No(Generated by Software):- _____

Date:- _____

MLR No(Given by Doctor):- _____

Date:- _____

CONSENT FORM IS TAKEN SEPARATELY BEFORE EXAMINATION WHICH IS ATTACHED WITH MLR REPORT.

Details of Doctor/Doctors who examined the patient:			
Sr No.	Doctor's Name	Designation	Registration No of Doctor with State Council/MCI
1			
2			
3			

I _____ son/daughter of _____

with voluntary and own free will give my consent for medical examination. In this regard I have not been medically examined earlier. I have been made to understand the purpose, process, result and gains of this examination. This examination can go in my favour or against me.

Signature/thumb impression of person whose examination has been conducted or guardian
 (in case victim is minor, relation, student, insane)

Patient Particulars

Sh./Smt/Miss _____
 S/o, D/o, W/o _____
 Age(Approx) _____
 Gender _____
 Caste/Religion _____
 Marital Status _____
 Occupation _____
 Police Station _____
 Present Address _____
 Arrival Date & Time (in hrs) _____
 Examination Start Date & Time(in hrs) _____
 Examination Complete Date & Time(in hrs) _____
 Place of examination _____

Police FIR/DDR/Application Detail:					
Sr.No.	Date	Under Section	State(CCTNS)	District(CCTNS)	Police Station(CCTNS)
1					

Police Person Detail:

Sr. No.	Name	Rank	Belt No	Police Station, District,State	Email	Phone	Signature
1							
2							
3							

Person Accompanied Detail:

Sr. No.	Name	Address	Relation with Patient	Police Station,District,State	Signature
1					
2					
3					

Lady Accompanied Detail(In case of female patient):

Sr No.	Name	Address	Relation with Patient	Police Station,District,State	Signature
1					
2					
3					

Marks of Identification

Sr No.	Identification Details
1	
2	
3	

History description:

History/Brief description of the incident (as narrated by the victim/acquaintance)

Sr. No.	General Physical Examination	
1	Physical Development:	
2	General Condition of Person:	
3	Gait of victim:	
4	Behavioral Symptoms:	
5	Condition of various cloths:	
	Tears/Cuts/rents:	
	Foreign matter:	
	Stains:	
i	Blood	
ii	Seminal	
iii	Faecal	
iv	Mud	
	Burns	
	Buttons(broken/intact/undone/torn)	
	Since the assault, were the clothes changed?	
	If yes, are the clothes available ?	
	Have the clothes been washed/repared?	
	Since assault, has the person	
(i)	Eaten food	
(ii)	Ingested Liquid	
(iii)	Smoked	

(iv)	Brushed	
(v)	Gargled	

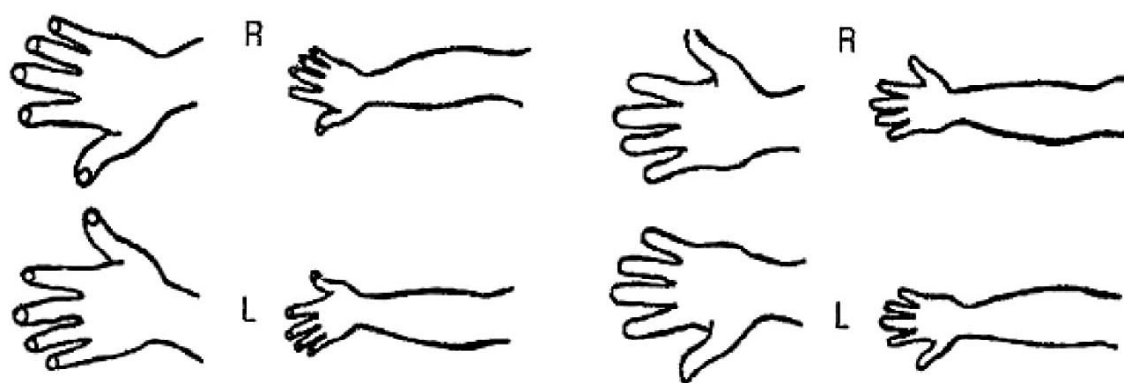
Examination of injuries[Injury Details must contain : Type Of Injury (Bruises, abrasions, bite marks, cuts etc.),Dimensions (length, breadth, depth, shape, margins & directions),Stage of Healing,Simple/Grievous/Dangerous to life]

(Sample collection for Forensic Science from the body parts to be examined must be accomplished before the digital examination of that part of the body.)

Location of Injury	Injury Details
Scalp	
Face	
Eye (Rt.)	
Eye (Lt.)	
Lips and Buccal injury / Gums	
Ears (Rt.)	
Ear (Lt.)	
Neck	
Shoulders(Rt.)	
Shoulder(Lt.)	
Thorax (Including Breast)	

Abdomen	
Upper Arm (Rt.)	
Upper Arm (Lt.)	
Wrist, fore arms and hand (Rt.)	
Wrist, fore arms and hand (Lt.)	
Thighs, Legs and feet (Rt.)	
Thighs, Legs and feet (Lt.)	
Others (if any)	

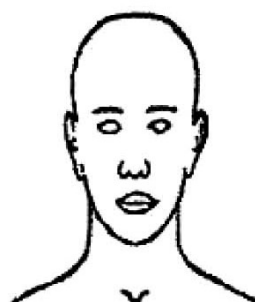
Physical Examination of Injuries may be documented on the enclosed diagrams.



Right

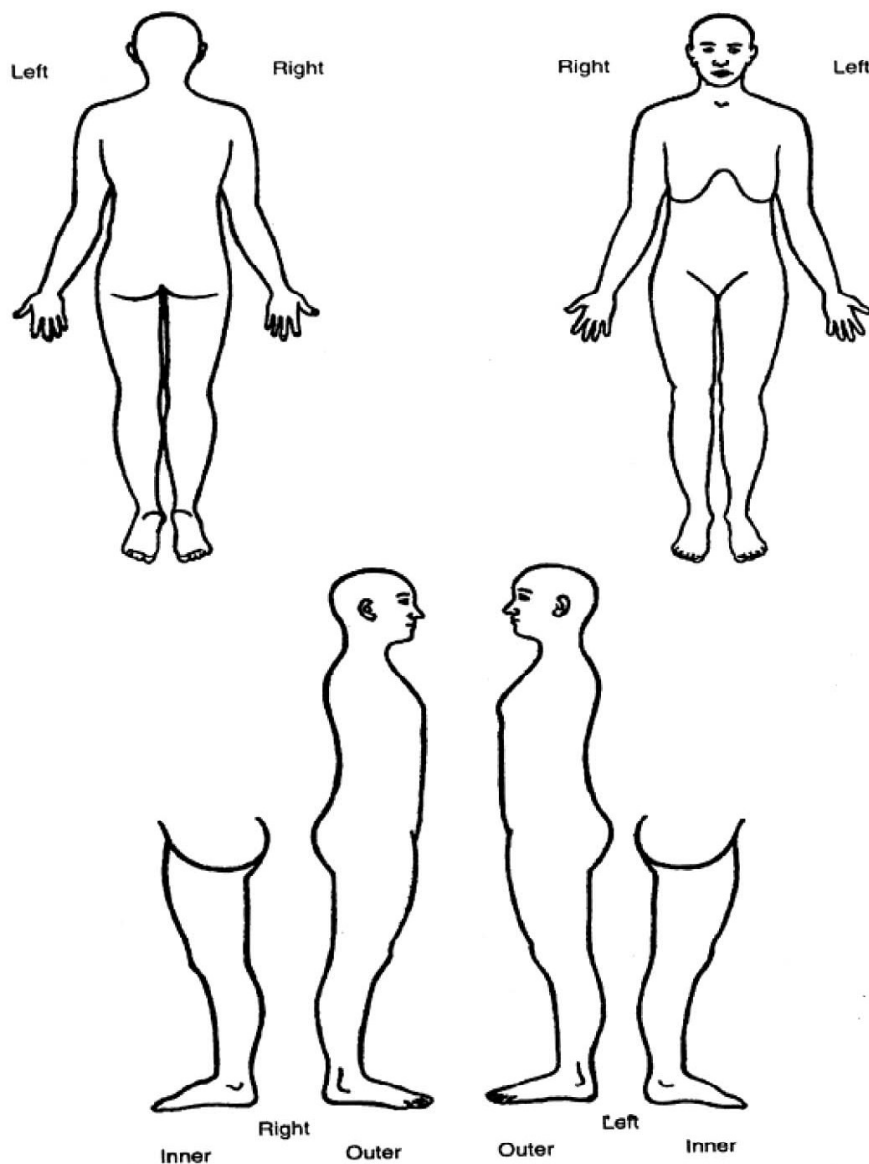


Left



Sr. No.	Injury Details	Injury Number
1		
2		

Body Figure



Sr. No.	Injury Details	Injury Number
1		
2		

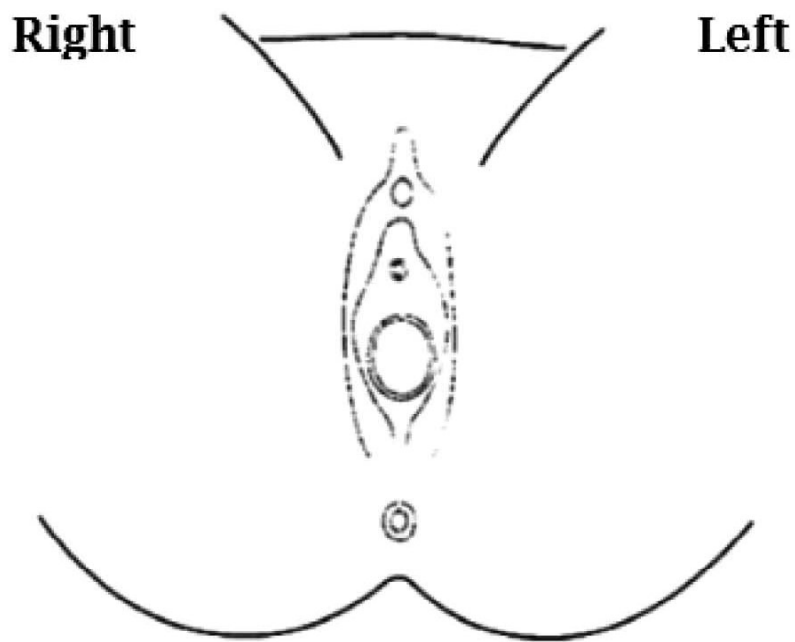
Details regarding penetration (as narrated by the female victim/accused/guardian)

(a)	Was penetration attempted by penis, fingers or other object?						
Attempted Penetration				Completed Penetration			Emission of Semen
Orifice	By Penis	By Finger	By Object	By Penis	By Finger	By Object	Yes/No/Don't Know / Don't Remember/ Don't Understand
Vagina							
Anus							
Mouth							

- (b) Was oral sex performed by assailant on the victim? Yes/No/Don't Know/Don't Remember/Don't Understand
- (c) Masturbation of the victim by assailant? Yes/No/Don't Know/Don't Remember/Don't Understand
- (d) Masturbation of assailant by the victim? Yes/No/Don't Know/Don't Remember/Don't Understand
- (e) Whether condom was used by the assailant/alleged? Yes/No/Don't Know/Don't Remember/Don't Understand
If yes, describe Location : _____
- (f) Did ejaculation occur outside body orifice? Yes/No/Don't Know/Don't Remember/Don't Understand
If yes, describe Location : _____
- (g) Kissing, Licking or sucking of breast or other parts of body? Yes/No/Don't Know/Don't Remember/Don't Understand
- (h) Is penetration was attempted by object, describe the object? Yes/No/Don't Know/Don't Remember/Don't Understand
If yes, describe Object : _____
- (i) Was there any H/O previous intercourse prior to the assault?(Other than assault) Yes/No/Don't Know/Don't Remember/Don't Understand
If yes, when : _____
- (j) Was the victim menstruating at the time of assault? Yes/No/Don't Know/Don't Remember/Don't Understand
- (k) Since the assault, has there been any vaginal discharge/bleeding? Yes/No/Don't Know/Don't Remember/Don't Understand
- (l) Prior to the assault, has there been any vaginal discharge/bleeding? Yes/No/Don't Know/Don't Remember/Don't Understand
- (m) Between the assault and the time of the examination did the patient? Yes/No/Don't Know/Don't Remember/Don't Understand

Bathe	
Wash	
Urinate	
Defecate	
Use Spermicide	

Local Examination of Females Genitalia



Sr. No.	Injury Details	Injury Number
1		
2		

State of the Tops of Thighs, Pubic Region and Perineum :*

--

State of the sphincters :*

--

State of perineal musculature :*

--

Labia Majora :*
Labia Minora :*
Fourchette and introitus :*
Anus and Rectum :*
Per Vaginum Digital Examination(if relevant,to be decided by the examining Doctor/s) : (Yes/No)*
Vagina :
Cervix

Uterus
Any other findings to be noted
Per Speculum Examination(if relevant,to be decided by the examining Doctor/s) : (Yes/No)*
Vagina :
Cervix :
Fornices
Uterus

Hymen (Only if relevant)

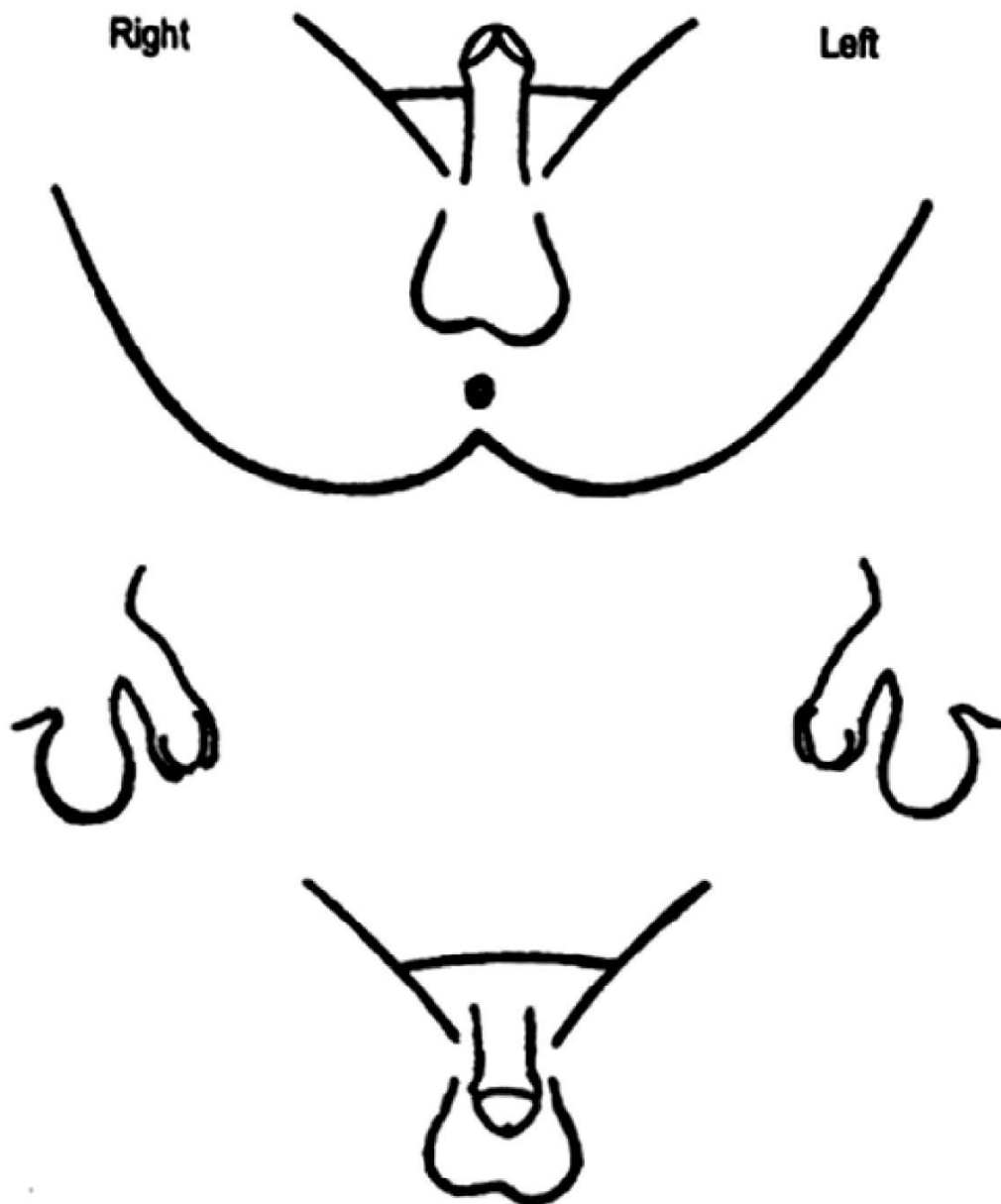
FOR USE OF MALE ONLY

Details regarding penetration (as narrated by the male victim/accused/guardian)

(a)	Was penetration attempted by penis, fingers or other object?						
Attempted Penetration				Completed Penetration			Emission of Semen
Orifice	By Penis	By Finger	By Object	By Penis	By Finger	By Object	Yes/No/Don't Know / Don't Remember/ Don't Understand
Anus							
Mouth							

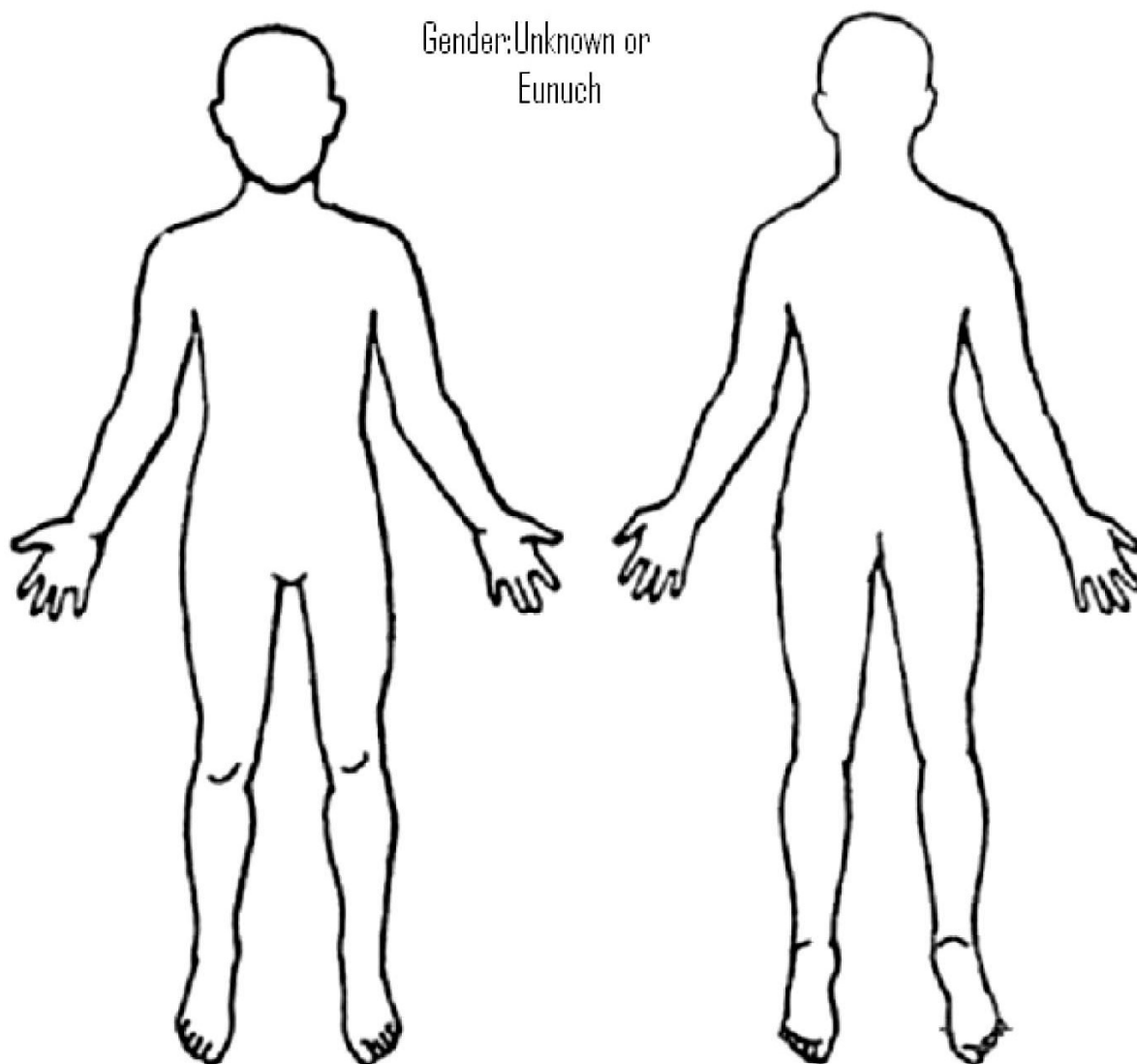
- (b) Was oral sex performed by assailant on the victim ? Yes/No/Don't Know/Don't Remember/Don't Understand
- (c) Masturbation of the victim by assailant ? Yes/No/Don't Know/Don't Remember/Don't Understand
- (d) Masturbation of assailant by the victim ? Yes/No/Don't Know/Don't Remember/Don't Understand
- (e) Did ejaculation occur outside body orifice ? Yes/No/Don't Know/Don't Remember/Don't Understand
If yes, describe Location :) _____
- (f) Kissing, Licking or sucking of breast or other parts of body ? Yes/No/Don't Know/Don't Remember/Don't Understand
- (g) Is penetration was attempted by object? Yes/No/Don't Know/Don't Remember/Don't Understand
If yes, describe Object :) _____
- (h) Between the assault and the time of the examination did the patient ? : Yes/No/Don't Know/Don't Remember/Don't Understand

Bathe	
Wash	
Urinate	
Defecate	
Use Spermicide	
(i)	Since the assault, has there been any anal discharge/bleeding ?
(j)	IQ Assessment of the patient (By Psychiatrist,if required)

Local Examination of Male Genitalia

Sr. No.	Injury Details	Injury Number
1		
2		

State of the Penis and testicles	
State of anal area including sphincters :	
State of perineum and perineal musculature :	
Other Injuries	
Proctoscopy conducted : (Yes/No)	
Findings:	

Local Examination of Eunuch**Full Body : Eunuch -Anterior and Posterior (Ventral and Dorsal)**

Sr. No.	Injury Details	Injury Number
1		
2		

External Genitalia / Anal region:	
Internal Examination:	

Sample Collection for Forensic Science Laboratory

i) Samples are to be collected as per the protocol and packed in the envelopes provided in the SAFE kit. Envelopes are numbered. The number matches with the corresponding step number in the protocol. In some cases, you may not need all the envelopes in the kit. For example, if no debris are found on the body surface, envelopes titled 'Debris Collection' will not be required. 'No Specimen' will be written across the label on such envelopes. In other situations, you may need extra supplies. Envelopes and supplies have been provided in the kit to cater to the basic minimum requirements. Please use more envelopes, slides, oral swabs, vials etc. from the hospital supplies depending on the requirement.

ii). All the envelopes in the kit are self sealing. Never moisten them with saliva.

Sr. No.	Step No.(As per protocol)	Item	Instruction(if any)	Sample Taken or not(if not, reason thereof.)
1	3A	Clothing outer	Air dry each item in shade and pack it separately. Use more envelopes if needed and label them 3A/2,3A/3 and so on. Also encircle the suspected area on the clothing to facilitate lab examination.	
2	3B	Clothing inner	-do-	
3	4	Debris Collection	Entire body surface should be examined from head to toe for fibres,leaf matter,soil and so on. Debris found on each site of body should be collected in a white sheet of paper folded and packed in a separate envelope and marked accordingly.	
4	4	Nail Scraping	Collection stick is provided in the kit. Nail scraping should be done very gently so as to remove loose debris only.	
5	4	Body fluids	Any Suspicious stain on the body should be lifted by dropping a drop of distilled water on the stain and rolling the collection swab over it. The swabs so collected should be air dried under shade before being placed in the container. Use extra envelopes provided in the kit if needed.	
6	4	In Between Figures	Collection stick is provided in the kit. In between figures should be done very gently so as to remove loose debris only.	
7	5	Breast swab	As above. Remember the envelopes are self sealing. Don't lick them	
8	6	Combining Pubic hair	Place the collection paper under the butts and gently comb the public hair.	

			Remember to pack the comb also along with the specimen in the envelope	
9	7	Pubic hair	Few public hair may be plucked so as to enable DNA extraction from roots, if needed	
10	8	Matted Pubic hair	Use scissors to cut the matted hair	
11	9	Vulval swabs	Make two slides for each swab, fix them and pack them stained portion facing each other. The swabs should be air under shade before being placed in the container.	
12	9	Vaginal swabs- Posterior	-do-	
13	9	Vaginal swabs- Posterior	-do-	
14	9	Cervical swabs	-do-	
15	9	Vaginal swabs Lateral(2 numbers)	-do-	
16	10	Culture	The swabs should be taken in Culture tube	
17	11	Vaginal Wash	Inject the fluid in the upper vagina and agitate slightly with the speculum. Draw the fluid back with the syringe and store it in a tube for examination for spermatozoa and DNA	
18	12	Rectal Examination	Make two slides for each swab, fix them and pack them with stained portion facing each other. The swabs should be air dried under shade before being placed in the container	
19	13	Oral swab	-do-	
20	14	Blood Collection	Collect blood for grouping in citrate vial (2ml) and for alcohol and drugs in oxalate solution (5ml)	
21	15	Urine Collection	Collect urine sample (5ml) in oxalate solution	

Referral/Advice

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Age	
Evidence of injury if any :	
Evidence of intercourse :	
Evidence of Child sexual abuse :	
Investigation (Lab and Radiological) :	
Laboratory test reports (if any) :	
Remarks(if any) :	

Opinion

Fee details:		
Fee Paid(Rs)	Fee Paid To	Fee Vide No

Details of Doctor/'s who examined the patient with signature:				
SrNo.	Doctor's Name	Designation	Registration Details	Signature
1				
2				
3				
4				

(Name, Designation, Date and Signature of Receiving Person)

Summary - Steps of Examination	
Step 1 - Consent	Step 9 - a. Cervical mucous collection b. Vaginal secretion collection
Step 2 - History	Step 10 - culture
Step 3 - a. Clothing outer b. Clothing inner	Step 11 - Washing from vagina
Step 4 - Debris collection (5 Envelopes)	Step 12 - Rectal Examination
Step 5 - Breast Swab	Step 13 - Oral Swab
Step 6 - Combing public hair	Step 14 - Blood Collection EDTA, Plain
Step 7 - Clipping of public hair	Step 15 - Urine Collection
Step 8 - Matted public hair	

Annexure-C**Main Report**

MedLEaPR - ASSAM
Hospital Name
Hospital Address
FORM-IV

MEDICAL LEGAL REPORT- AGE ESTIMATION

MLR No(Generated by Software):-_____

Date:-_____

MLR No(Given by Doctor):-_____

Date:-_____

CONSENT FORM IS TAKEN SEPARATELY BEFORE EXAMINATION WHICH IS ATTACHED WITH MLR REPORT.

Details of Doctor/Doctors who examined the patient:			
Sr No.	Doctor's Name	Designation	Registration No of Doctor with State Council/MCI
1			
2			
3			

I _____ son/daughter of _____

with voluntary and own free will give my consent for medical examination. In this regard I have not been medically examined earlier. I have been made to understand the purpose, process, result and gains of this examination. This examination can go in my favour or against me.

Signature/thumb impression of person whose examination has been conducted or guardian
 (in case victim is minor, relation, student, insane)

Patient Particulars

Sh./Smt/Miss _____

S/o,D/o,W/o _____

Age(Age as Claimed by Guardian Examinee) _____

Age(Age as Claimed by accompany person/police) _____

Gender _____

Caste/Religion _____

Marital Status _____

Occupation _____

Police Station _____

Present Address _____

Arrival Date & Time (in hrs) _____

Examination Start Date & Time(in hrs) _____

Examination Complete Date & Time(in hrs) _____

Place of examination _____

Police FIR/DDR/Application Detail:

Sr.No	Date	Under Section	State(CCTNS)	District(CCTNS)	Police Station(CCTNS)
1					

Police Person Detail:

SrNo.	Name	Rank	Belt No	Police Station, District,State	Email	Phone	Signature
1							
2							
3							

Person Accompanied Detail:

Sr No.	Name	Address	Relation with Patient	Police Station,District,State	Signature
1					
2					
3					

Details of Female Attendant (incase of female patient)

Sr No.	Name	Address	Relation with Patient	Police Station,District,State	Signature
1					
2					
3					

Marks of Identification

Sr No.	Identification Details
1	
2	
3	

General Physical Examination

1	Height	
---	--------	--

2	weight	
3	Abdominal Circumference (cms)	
4	Pulse	
5	BP	

Secondary Sexual Characters Stage (Tanner stages)		
Boys : - (encircle the stage of development)		
1	Pubic hair :Yes/No	
	Pubic hair Details	
2	Penis development infantile/adult-like	
3	Axillary hair (brown/light grey/black/dark black)	
	Axillary hair details	
4	Acne	
5	Adam's apple (prominent/non prominent)	
6	Hoarseness of voice(present/absent)	
7	Scrotum development (smooth surface/rough surface and rugocities)	
8	Testes Development	
9	Moustache :Yes/No	
	Moustache Details	
10	Beard : Yes/No	
	Beard Details	

Secondary Sexual Characters Stage (Tanner stages)		
Girls : - (encircle the stage of development)		
1	Menarche Age (Started/Not Started/how many years before)	
2	Pubic Hair : Yes/No	
	Pubic Hair Details	
3	Breast development : Yes/No	
	Breast development Details	
4	Axillary hair : Yes/No	
	Axillary hair Details	
5	Acne : Yes/No	
6	Acne Details	
7	Any other important finding	

Unknown Or Eunuch :-

1	Stage Of Development Detail:	
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Definition

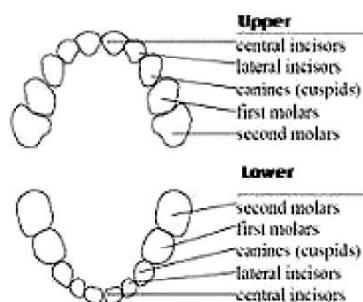
Oral examination of teeth (this is done by clinical examination by noting tooth eruption, the sequence of eruption)

(1)	Temporary Teeth	
(2)	Permanent Teeth	
(3)	Space for third molar	
(4)	Radiological examination of definition (by AP, oblique tangential view of jaw with open mouth Or an Orthopantomogram if facilities are available)	
(5)	Stage of crown and root development stage of molars (2nd and 3rd Molar teeth)	

LEFT

RIGHT

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

Permanent Teeth**Deciduous Teeth**

Sr No.	Bone Xray Advice	Bone Finding Observed	Bone Inference About Age	Xray No	No of films
1					
2					
3					
4					
5					

Opinion

Opinion After performing general physical, dental, and radiological examination, We are of the considered\ opinion that age of this person is between/about _____ Years. *

Fee details:**Fee Paid(Rs)****Fee Paid To****Fee Vide No****Details of Doctor/'s who examined the patient with signature:**

SrNo.	Doctor's Name	Designation	Registration Details	Signature
1				
2				
3				
4				

Dental Surgeon
Name and
Designation.

Radiologist Name and
Designation

Forensic Expert/Ortho/Physician/
MO Name and Designation

LMO Name and
Designation

(Name, Designation, Date and Signature of Receiving Person)

Hospital Name
Hospital Address

Annexure-D



Main Report
MedLEaPR - ASSAM
Hospital Name
Hospital Address

New Form-III

MEDICAL LEGAL REPORT- VICTIMS/ACCUSED OF SEXUAL ABUSE

MLR No(Generated by Software):- _____

Dated _____

MLR No(Given by Doctor):- _____

Dated _____

Details of Doctor/Doctors who examined the patients:			
Sr No.	Doctor's Name	Designation	Registration No of Doctor with State Council/MCI
1			
2			
3			

OPD No

IPD No

Name

D/o or S/o (where known)

Age(Approx)

Gender

Address

Date and Time of Arrival in the hospital:-

Arrival Date & Time

Date and time of commencement of examination:-

Examination Date & Time

Brought By : Yes/No			
Name	Brought By	Relation	Signature

Police FIR/DDR/Application Detail:					
Sr.No	Date	Under Section	State(CCTNS)	District(CCTNS)	Police Station(CCTNS)
1					

1	Whether conscious, oriented in time, place and person	
2	Any disability : Yes/No	
	(Interpreters or special educators will be needed where the survivor has special needs such as hearing/ speech disability, language barriers, intellectual or psychosocial disability.)	
3	(Informed Consent/Refusal)	
	I _____ D/o or S/o _____ hereby give my consent for :	
(a)	Medical Examination for Treatment	Yes/No
(b)	Medico Legal Examination	Yes/No
(c)	Sample Collection for clinical & forensic examination	Yes/No
4	I also understand that as per law the hospital is required to inform police and this has been duly explained to me	
6	I want the information to be revealed to the police	

7	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) _____		
8	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)			
Name		Date & Time	Place
			Signature

Marks of Identification

Sr No.	Identification Details
1	
2	
3	

Relevant Medical/Surgical history (only for Female)

Content	
Onset of menarche(In case of girls)	Yes/No
Age on set	
Mensuration at the time of incident	Yes/No
Mensuration at the time of examination	Yes/No
Was the survivor pregnant at time of incident	Yes/No
if yes duration of pregnancy	weeks
Menstrual history- Cycle length and duration	
Last menstrual period	
Contraception use	Yes/No
if yes-method used	
Vaccination status	Vaccinated/Not Vaccinated
Tetanus	
Hepatitis B	

A) History of Sexual Violence

Date & Time of incident/s being reported	Location/s
Estimated duration	1-7 days _____ 1 week to 2 months _____ 2-6 months _____
	>months _____

Episode		One _____ Multiple _____ Chronic(>6 months) _____ Unknown _____	
Number of Assailant(s)			
Name	Sex of assailant	Approx. age of assailant	Relationship With the Survivor
Description of incident in the words of the narrator			
Narrator of the incident: survivor/informant (specify name and relation to survivor)			

B	Type of Physical Violence (if any describe)		
1	Hit with		
a	Hand		
b	Fist		
c	Blunt object		
d	Sharp object		
2	Biting		
3	Pinching		
4	Violent shaking		
5	Dragging		
6	Kicking		
7	Pulling Hair		
8	Banging head		
9	Burned with		
10	Any Other		

C		
1	Emotional abuse or violence (if any) (insulting, cursing, belittling, terrorizing):	
2	Use of restraints (if any)	
3	Used or threatened the use of weapon(s) or objects (if any)	
4	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)	
5	Luring (With sweets, chocolates, money, job) (if any):	
6	Any other	
D		
i	Any H/o drug/alcohol intoxication	
ii	Whether sleeping or unconscious at the time of the incident	
E		
	If survivor has left any marks of injury on assailant/s, enter details	
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.				
Penetration				Emission of Semen
Orifice of Victim	By Penis	By body part of self or assailant or third party (finger, tongue or any other)	By Object	Yes/No/Don't know
Genitalia (Vagina and/or urethra)				
Anus				
Mouth				

Details regarding sexual violence	Yes(Y)/No(N)/Don't know(DNK)	Remark
Oral sex performed by assailant on survivor		
Forced Masturbation of self by survivor		
Masturbation of assailant by survivor		
Forced manipulation of genitals of assailant by survivor		
Exhibitionism (perpetrator displaying genitals)		
Did ejaculation occur outside body orifice (vagina/anus/urethra/mouth)? (if yes, describe where on the body)		
Kissing, licking or sucking any part of survivor's body (if yes, describe)		
Touching/Fondling (if yes, describe)		
Condom used (if yes status of condom)		
Lubricant used (if yes, describe kind of lubricant used)		
Whether object was used (if yes, describe)		
Any other forms of sexual violence (elaborate)		

* Explain what condom and lubricant is to the survivor

Post incident has the survivor	Yes(Y)/No(N)/Don't know(DNK)	Remarks
Changed clothes		
Changed undergarments		
Cleaned/washed clothes		

Cleaned/washed undergarments		
Bathed		
Douched		
Passed urine		
Passed stools		
Rinsing of mouth/Brushing /Vomiting		
Time since incident		
H/o vaginal/anal/oral bleeding/discharge prior to the incident of sexual violence		
H/o vaginal/anal/oral bleeding/discharge since the incident of sexual violence		
H/o painful urination/painful defecation/fissures/abdominal pain/pain in genitals or any other part since the incident of sexual violence		

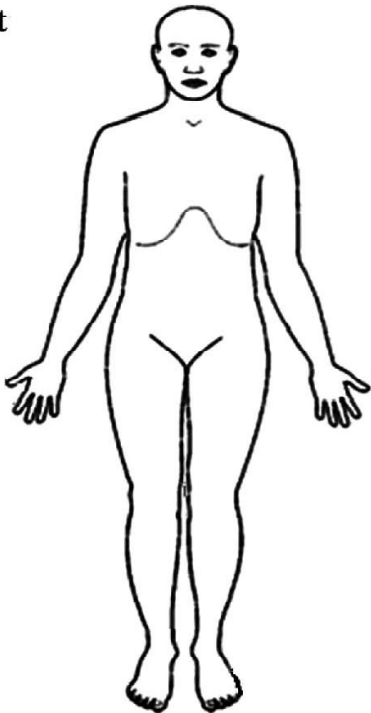
	General Physical Examination	Status
i	Is this the first examination (Yes/No)	
ii	Pulse	___per-minute
iii	Temp	___°F
iv	Pupils	
v	BP	___ / ___ mm of Hg
vi	Resp. Rate	___per minute
vii	Any observation in terms of general physical wellbeing of the survivor	

	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.	
S no	Injury on the body (if any)	Details
1.	Scalp examination for areas of tenderness (if hair pulled out/dragged by hair)	
2.	Facial bone injury: orbital blackening, tenderness	
3.	Petechial hemorrhage in eyes or other places	
4.	Behind the ears	
5.	Ear drum	
6.	Neck, Shoulders and Breast	
7.	Upper limb	

8.	Inner aspect of upper arms	
9.	Inner aspect of thighs	
10.	Lower limb, Buttocks	
11.	Other, Please specifies	

Right

Left



Sr. No.	Injury Details	Injury Number
1		
2		

Left

Right



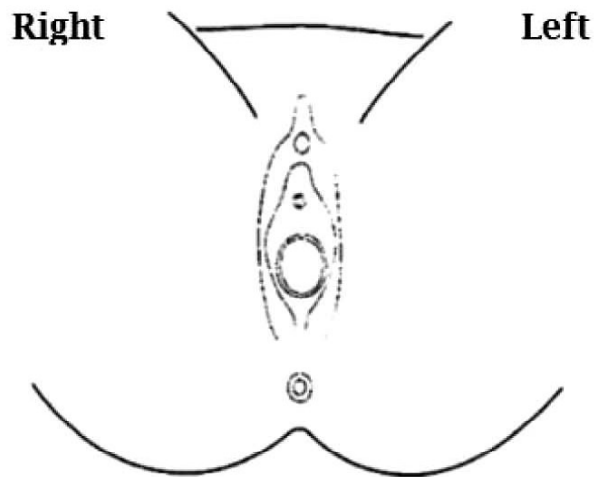
Sr. No.	Injury Details	Injury Number
1		
2		

Local Examination of genital parts/other orifices:**A. External Genitalia: Record finding and state NA where not applicable.**

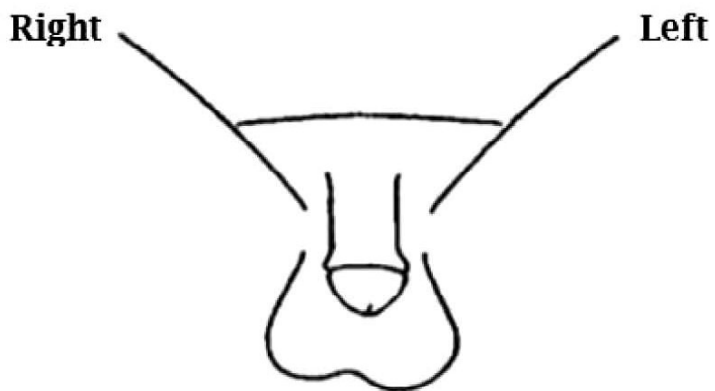
Body parts to be examined	Finding
Urethral meatus & vestibule	
Labia majora	
Labia minora	
Fourchette & Introitus	
Hymen (finding only if relevant for example: fresh tears, bleeding, edema etc. to be documented)	
External Urethral meatus	
Penis	
Scrotum	
Testis	
Clitoropenis	
Urethral meatus & vestibule	
Labioscrotum	
Perineum	
Any other	

Relevant in case of transgender only*B. Per/Vaginum/Per Speculum examination(Should not done unless required for detection of injuries or for medical treatment).**

P/S finding (if performed)	
P/S finding (If performed)	
Record reasons of performing P/S or P/V examination	
C. Anus and Rectum (encircle the relevant).	
Bleeding/ tear/ discharge/ edema/ tenderness	
D. Oral Cavity -(encircle the relevant)	
Bleeding/ tear/ discharge/ edema/ tenderness	



Sr. No.	Injury Details	Injury Number
1		
2		



Sr. No.	Injury Details	Injury Number
1		
2		



Sr. No.	Injury Details	Injury Number
1		
2		

A	Systemic examination	
	Central Nervous System	
	Cardio Vascular System	
	Respiratory System	
	Chest	
	Abdomen	
B	Sample collection/investigations for hospital laboratory/ Clinical laboratory	
i	Blood for HIV, VDRL, HbsAg	
ii	Urine test for Pregnancy	
iii	Ultrasound for pregnancy/internal injury (if required)	
iv	X-ray for Injury(if required)	
C	Samples Collection for Central/ State Forensic Science Laboratory	
i	Debris collection paper	
ii	Clothing evidence where available –(to be packed in separate paper bags after air drying)	
	List and Details of clothing worn by the survivor at time of sexual violence:	
iii	Body evidence samples as appropriate (duly labeled and packed separately)	

Body evidence samples	Collected/Not Collected	Reason 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)		

Genital and Anal evidence (Each sample to be packed, sealed, and labeled separately-to be placed in a bag)

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

Body evidence samples	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 Vaginal 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.**

Provisional medical opinion	
I have examined (name of survivor): _____, M/F/Other: _____ D/o or S/o (where known): _____ Aged _____ years/month/days. reporting: _____ (type of sexual violence and circumstances) _____, days/hours after the incident, after having (bathed/douched etc): _____ My findings are as follows: _____ _____ _____	
Samples collected (for FSL), awaiting reports	1. 2. 3. 4.
Samples collected (for Hospital laboratory)	1. 2. 3. 4.
Clinical findings:	
Additional observations (if any)	

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			

Date and time of completion of examination	
This report contains number of sheets and envelopes bearing seals	
i	
ii	
iii	

Final Opinion (After receiving Lab reports)

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

1.
2.
3.
4.

Place :

Signature of Examining Doctor :

Name of Examining Doctor :

Seal :

Date:

Annexure-E



Main Report
MedLEaPR - ASSAM
Hospital Name
Hospital Address
Health Screening of Prisoners On Admission to jail

MLR No(Given by Doctor):- _____

Date:- _____

Details of Doctor/Doctors who examined the patient:

Sr No.	Doctor's Name	Designation	Registration No of Doctor with State Council/MCI
1			
2			
3			

Case No.**Name****Father/Husband Name****Age(Approx)****Gender****Occupation****Police Station****Present Address****Arrival Date & Time (in hrs)****Examination Start Date & Time(in hrs)****Thumb impression****Marks of Identification**

Sr No.	Identification Details
1	
2	

1. Previous History of illness

A	Are you suffering from any disease If so, the name of disease	Yes/No
B	Are you now taking medicines for the same	Yes/No
C	Are you suffering fom cough that has lasted for 3 weeks or more?	Yes/No

2. History of drug abuse, if any	
Any information the prisoner may volunteer:	

3. Physical Examination	
Height in cms	
Weight in kg	
Last menstrual period	
Pallor:	Yes/No
Lymph Node enlargement:	Yes/No
Clubbing:	Yes/No
Cyanosis	Yes/No
Icterus:	Yes/No
Injury, if any	

4. Pathological Tests/X-ray for TB : Yes/No**5. Blood test for Hepatitis/STD including HIV (with the informed consent of the prisoner whenever required by Law):
Yes/No**

6. Any Other

7. Systemic Examination	
1. Nervous system	
2. Cardio Vascular System	
3. Respiratory system	

4.	Eye, ENT	
5.	Abdomen(Gastro Intestinal System (GIT) and other organs	
6.	Teeth and gum	
7.	Urinary System	

The medical examination and investigations were conducted with the consent of the prisoner after explaining to him/her that it was necessary for diagnosis and treatment.

Date/Time of commencement of medical investigation.....

Date/Time of completion of medical investigation.....

(Signature and seal of Medical Officer)

Hospital Name
Hospital Address