

KERALA MEDICO-LEGAL CODE

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A. Introduction : This code of medico-legal examination and certification prescribes the procedures to be followed in the conduct of each and every medico-legal examinations, various formats to be used for the purpose of medico-legal examination and certification and the guidelines for their maintenance, documentation, issue and the supply of documents and allied materials and facilities necessary for the process. The code is to be followed for making the process of medico-legal examination and certification uniform throughout the state and is applicable to all Registered Medical Practitioners, in Government, Co-operative and Private sectors.

As per clause (b) of part 2 of Section 53 of Criminal Procedure Code, a registered medical practitioner means a medical practitioner who possess any medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956(102 of 1956) and whose name has been entered in a State Medical Council.

This code is formulated on the basis of the six legal responsibilities which every doctor practicing Modern Medicine should fulfill (viz Intimation, Documentation, Preservation of Evidence, Consultation, Dying Declaration and Death Intimation), the rights of the injured person(s) as well as that of accused person(s) and the verdicts, comments and observations of the Apex Court of the Country. All previous Orders of The Government of Kerala in this regard were also taken in to consideration, in the formulation of this code. The code is also updated in par with the amendments (2006) to Sec.53, 53A, 54, 54A of Criminal Procedure code and the Common Order of the Honorable High Court of Kerala, dated 05-08-2009 in this regard.

Whatever is contained in this Code will be the foundation for the general conduct of any medico-legal examination. Considering the fact that every medico-legal examination is unique in one or other way, qualified medico-legal experts including Police Surgeons will have the right to add to or modify the prescribed procedures and the formats for medico-legal certification, according to nature and peculiarity of every case.

B. Medico-legal Examinations : The code identifies the following as Medico-legal Examinations & Certifications :-

- 1) Wound certification.
- 2) Examination and Certification of Drunkenness.

- 3) Examination and Certification of a male accused in sexual offence, including the examination of his potency.
- 4) Examination and Certification of a female victim of Sexual Assault.
- 5) Examination and Certification of a victim of Unnatural Sexual Offence.
- 6) Examination and certification of a female to look for signs of recent delivery.
- 7) Examination and Certification of a victim alleged to have been drugged.
- 8) Certificate of Physical Examination of any person, by a Medical Officer, on the written requisition from a Judicial or Police Officer.
- 9) Certificate of Physical Examination of any person, by a Specialist Medical Officer or Team of Specialist Medical Officers, on the written requisition from a Judicial or Police Officer.
- 10) Certification of age.
- 11) Postmortem Examination.
- 12) And any other medical examination of a person, conducted by a registered medical practitioner defined as per clause (b) part 2 of section 53 Cr.P.C., for the purpose of identifying or excluding findings or collection of material objects which may aid in the administration of justice

C. Medico-legal and allied Certificates and Registers : There should be all or necessary of the following medico-legal and allied certificates and the registers for use in institutions undertaking medico-legal work, as will be specified below.

- 1) Accident Register cum Wound Certificate – in a book form with Original (perforated to make detachable) for issuing to the Police/Judicial authorities, duplicate (perforated to make detachable) for issuing to the injured person or to person nominated by the injured person and triplicate to be retained as office copy.
- 2) Police intimation – in a book form with Original (perforated to make detachable) for issuing to the Police Officer and duplicate to be retained as office copy.
- 3) Proforma for recording Dying Declaration by a Registered Medical Practitioner – in a book form with Original (perforated to make detachable) for issuing to the Police/Judicial authorities and duplicate to be retained as office copy.
- 4) Treatment / Discharge Certificate in continuation to Wound Certificate - in a book form with Original (perforated to make detachable) for issuing to the Police/Judicial authorities, duplicate (perforated to make detachable) for issuing to the injured

person or to person nominated by the injured person and triplicate to be retained as office copy.

- 5) Certificate of Drunkenness - in a book form with Original (perforated to make detachable) for issuing to the Police Officer and duplicate (perforated to make detachable) to be issued to the person examined or a person nominated by him when the examination is conducted as per the provisions of Sec.54 of Cr.P.C. and triplicate copy to be retained as office copy.
- 6) Medico-legal Register – for recording the details of medico-legal examinations, other than wound certifications, drunkenness certifications and postmortem examinations so as to assign serial ML.No. (Medico-legal Examination Number) to every such examination, in a calendar year-wise manner.
- 7) Report of examination of a male accused in sexual offence, including the examination of his potency - in a book form with Original (perforated to make detachable) for issuing to the Judicial / Police Officer, duplicate (perforated to make detachable) to be issued to the person examined or a person nominated by him when the examination is conducted as per the provisions of Sec.54 of Cr.P.C. and triplicate to be retained as office copy.
- 8) Report of examination of a female victim of Sexual Assault - in a book form with Original (perforated to make detachable) for issuing to the Judicial / Police Officer and duplicate(perforated to make detachable) to be issued to the victim or the person nominated by the victim and the triplicate to be retained as office copy.
- 9) Report of examination of a victim of Unnatural Sexual Offence - in a book form with Original (perforated to make detachable) for issuing to the Police Officer and duplicate (perforated to make detachable) to be issued to the victim or the person nominated by the victim and the triplicate to be retained as office copy.
- 10) Report of examination of a female for signs of recent delivery - in a book form with Original (perforated to make detachable) for issuing to the Police Officer and duplicate (perforated to make detachable) to be issued to the female examined or a person nominated by her when the examination is conducted as per the provisions of Sec.54 of Cr.P.C. and triplicate to be retained as office copy.
- 11) Report of examination of a victim alleged to have been drugged - in a book form with Original (perforated to make detachable) for issuing to the Police Officer and

duplicate (perforated to make detachable) to be issued to the victim or the person nominated by the victim and the triplicate to be retained as office copy.

- 12) Certificate of physical examination by a Medical Officer - in a book form with Original (perforated to make detachable) for issuing to the Judicial / Police Officer and duplicate (perforated to make detachable) to be issued to the person examined or the person nominated by such person examined (when the examination is undertaken as per the provisions of section 54 Cr.P.C.) and the triplicate to be retained as office copy.
- 13) Certificate of Examination by a Specialist Medical Officer / Team of Specialist Medical Officers - in a book form with Original (perforated to make detachable) for issuing to the Judicial / Police Officer and duplicate (perforated to make detachable) to be issued to the person examined or the person nominated by such person examined (when the examination is undertaken as per provisions of section 54 Cr.P.C.) and the triplicate to be retained as office copy.
- 14) Certificate of collection of material objects from the body of a person for chemical examination, DNA profiling, examination at FSL or any other such analysis, up on written requisition from a Judicial / Police officer - in a book form with Original (perforated to make detachable) for issuing to the Officer who accompany the person from the body of whom the material objects are to be collected duplicate (perforated to make detachable) to be issued to the person from the body of whom the material objects were collected or the person nominated by such person (when the collection of material objects is undertaken as per provisions of section 54 Cr.P.C.) and the triplicate to be retained as office copy on which the dated signature of the police constable who receives the material objects is to be obtained.
- 15) Label to be attached to the material objects preserved during a medico-legal examination – in a book form with original perforated to make detachable and further perforated to make each label detachable separately and duplicate perforated to make detachable as a single sheet, for attaching to the report forwarded with the material objects.
- 16) Report to be forwarded with material objects sent for chemical analysis – in a book form with original perforated to make detachable for forwarding to the Chemical

Examiner, and duplicate to be retained as office copy on which the dated signature of the police constable who receives the material objects for forwarding to their examination should be obtained.

- 17) Label to be affixed on the sealed packet containing different material objects collected from one medico-legal case, for dispatching to the center of their analysis – in a book form containing two labels on one page with each label perforated to make detachable separately.
- 18) Intimation of preservation of material objects during medico-legal examinations - in a book form with original perforated to make detachable for forwarding to the officer who requested the medico-legal examination, and duplicate to be retained as office copy on which the dated signature of the police constable who receives the intimation should be obtained.
- 19) Report of examination of age - in a book form with Original (perforated to make detachable) for issuing to the Police / Judicial Officer and duplicate (perforated to make detachable) to be issued to the person examined or a person nominated by him when the examination is conducted as per the provisions of Sec.54 of Cr.P.C. and triplicate to be retained as office copy.
- 20) Requisition for X-ray examination of the subject brought for certification of age.
- 21) Mortuary Register – to serially record the details of every dead body kept in the mortuary, in a calendar year-wise manner.
- 22) Register of Postmortem Examinations – to serially record the details of all postmortem examinations, conducted in every institution, in a calendar year-wise manner.
- 23) Receipt for dead body for postmortem examination.
- 24) Postmortem detailed notes – Each detailed note separately in a book form with at least eight pages. One such book should be used for every postmortem examination.
- 25) Postmortem certificate – To be typewritten in the prescribed format in quadruplicate - Original for issuing to the concerned Court, duplicate for issuing to Investigating police officer, triplicate to be retained as office copy and quadruplicate to be issued to the legal heirs of the deceased on a No Objection Certificate from the Investigating police officer.

- 26) Requisition for Histo-pathological examination of specimens preserved during postmortem examination.
- 27) Label to be attached to material objects sent for chemical analysis (Preserved during postmortem examination) - in a book form with original perforated to make detachable and further perforated to make each label detachable separately and duplicate perforated to make detachable as a single sheet, for attaching to the report forwarded with the material objects..
- 28) Report to be forwarded with material objects sent for chemical analysis (Preserved during postmortem examination).
- 29) Label to be affixed on the sealed packet for Chemical Analysis of Viscera and other material objects, preserved from a case of postmortem examination, sent to Chemical Examiner.
- 30) Final Postmortem Certificate (Final Opinion as to Cause of Death) – To be typewritten in the prescribed format in quadruplicate with Original for issuing to the concerned Court, duplicate for issuing to the Investigating police officer, triplicate to be retained as office copy and quadruplicate to be issued to the legal heirs of the deceased on a No Objection Certificate from the Investigating police officer.
- 31) Ambulance / Burial / Cremation / Embalming Certificate.
- 32) Format for referring a case for postmortem examination by a Police Surgeon through the Executive Magistrate or Police Officer who held the inquest – To be written in triplicate in a book form with Original (perforated to make detachable) for issuing to the Magistrate or Investigating Police Officer, who held the inquest in the case, duplicate (perforated to make detachable) for issuing to the Police Surgeon to whom the case is referred, through the charge Head or Police constable and triplicate to be retained as office copy.
- 33) Form of Application cum No Objection Certificate for issue of the quadruplicate copy of the Postmortem Certificate.
- 34) Format for Application cum Certificate of authenticity of the copy of Postmortem certificate, for the purpose of Insurance claim.

D. General Guidelines for examination and certification of medico-legal cases

- 1) Every medical officer undertaking medico-legal examination should make a complete and thorough examination as is required in each type of such examination. He

should record his findings elaborately. No column in the prescribed format should be left blank. He should strike off whichever is not applicable, in the concerned prescribed format.

- 2) He shall not use abbreviations (like Ab. for abrasion, LW for lacerated wound) while writing the certificate. He shall not use symbols like # for fracture and should use simple terms instead of complicated medical terms as far as possible. He shall do the recording in a neat and legible manner and shall use capital letters when writing the name, address etc.
- 3) Physical examination of a person without his consent is assault except in situations specified by the Law. Hence consent should be obtained before conducting any medico-legal examination on the body of the person except in situations where the injured person directly comes to or is brought by anyone for treatment of injuries, poisoning etc. Whenever a medico-legal examination is conducted on the body of a person under arrest and up on a written requisition from a Judicial Officer or Police officer not below the rank of a Sub Inspector of police, consent from the subject is not necessary. When a request is made by a Police Officer of and above the rank of a Sub Inspector for the examination of an arrested accused, it shall be lawful for the doctor to use such force as is reasonably necessary for that purpose (This is in conformity with amended Sec.53(1) Cr.P.C.). If the arrested accused is a female the examination shall be made only by or under the supervision of a female doctor (This is in conformity with the amended Sec52 (2) Cr.P.C.).
- 4) Consent should be written informed consent. The subject should write his name and put his signature in continuation to consent written by him. When the subject is illiterate, the doctor should write the sentence of informed consent and should read over the same to the subject. Then the subject should sign or put his thumb impression. Whenever a person not under arrest refuses consent, he should be asked to write the informed refusal and sign the same.
- 5) Whenever an accused person under arrest is brought for the conduct of a medico-legal examination with a requisition from a police officer not below the rank of a Sub Inspector of police, and such person refuses consent for the said medico-legal examination, the medical officer should examine the person even using reasonable force, as per provisions of Sec.53 of Cr.P.C. Whenever a female accused is

examined under this section, the examination shall be made only by, or under the supervision of a female registered medical practitioner.

- 6) Whenever a person below the age of twelve years is to be examined up on the written requisition of a Judicial / Police officer, consent should be obtained from the parents of the subject or person who have the lawful guardianship of the subject at the material time. Though a person above twelve years can give valid consent for a physical examination, it is ideal to obtain the consent of the parent or guardian also when the subject is below the age of eighteen years.
- 7) Whenever a medico-legal examination is conducted up on the written requisition from a Judicial / Police officer, police intimation of such cases is not necessary.
- 8) Medico-legal examination and certification undertaken by Government institutions shall only be conducted in institutions with prescribed facilities enlisted hereafter and not in places like residential quarters of doctors or in places without the prescribed facilities. All types of medico-legal examinations should be undertaken in all the institutions authorized by this code, except in situations specified later.
- 9) All certificates should be printed in at least 30x21cm (A 4 Size) paper with good quality. In the case of smaller formats like Police Intimation, Receipt for dead body for Postmortem examination, Ambulance / Cremation / Burial certificate etc, two or three formats may be printed in one page with original of each detachable separately. Whenever certificates having duplicate and triplicate copies are printed in book form, the paper of the original should be white in colour, duplicate light red and triplicate light blue. While printing the registers, the heading need not be printed in each page. It may be printed on the cover page of the register. (e.g., Medico-legal Register for the year, Mortuary Register for the year..... etc.,)
- 10) The Head of Institutions should ensure the uninterrupted supply of all necessary medico-legal formats to Medical Officers for use in the institutions under their control. In Medical colleges and Institutions of Health Services Department, which are directly under control of the Government, the cost of printing should be met from the Hospital Development / Management Committee Funds on a top priority basis. When such fund is deficient to meet the requirement for this purpose, the Head of the institution should obtain the necessary funds for this from the concerned department on an emergency basis. In institutions under the control of Local Bodies,

the cost for printing the medico-legal formats should be met from the Hospital Development / Management Committee funds. In institutions where such fund is deficient or lacking, the Local Bodies in control of those institutions should provide adequate funds to meet the printing cost, on a top priority basis. The Head of the institution should take adequate steps for the printing the formats sufficiently early to avoid exhaustion of the stock of formats in the institution.

- 11) The stock of formats for medico-legal certification should be under the custody of the Head of the institution. He may depute an office staff working under him to handle the issue of these formats to the various departments using such formats, on sanction from the Head of the institution. The staff so deputed may be instructed to intimate the need for printing any format, at least three months prior to the anticipated exhaustion of stock of that format.
- 12) In all the institutions authorized to undertake medico-legal work, the head of the institution (in case of Medical Colleges and Institutions directly under control of the Government) or the Local Bodies having control of the institution, should ensure the establishment of all necessary facilities to undertake such work. This should include the formats for certification, space and equipments to undertake the various examinations, adequate supporting staff, facilities and equipments for the collection and preservation of material objects relevant in each type of cases, materials necessary for the forwarding of such evidences etc. The controlling officer of the institution/Department should ensure the service of the staff, including doctors, for undertaking the medico-legal work in the institutions authorized to undertake it. In institutions undertaking postmortem examination, the head of the institution should ensure the establishment of facilities for the preservation of dead bodies, appropriate protection devices for doctors and staff conducting autopsy in par with specifications of Universal Precautions, adequate drainage and other waste management facilities, facilities required for the storage, preservation and forwarding of the viscera and other material objects and the facilities for the typewriting of the postmortem certificate.
- 13) In Government sector, all Medical Colleges under the Medical Education Department and all General Hospitals, District Hospitals, Taluk Head Quarters Hospitals and Community Health Centers under the Health Services Department will be specified

as authorized institutions under Government of Kerala, for undertaking medico-legal work. All Government Hospitals and Health Centres where round the clock service is provided are also authorized to undertake medico-legal work. All other Government Hospitals, Primary Health Centres and other institutions under Health Services department, where round the clock service is not provided and are functioning at specified hours of the day, and which are currently undertaking medico-legal work are authorized to undertake medico-legal work at all the time the institution is open for work and a registered medical practitioner is on duty in such institution

14) All Primary Health Centers where round the clock services are not provided and which are currently not undertaking medico-legal work are exempted from undertaking medico-legal work provided there is an institution under Government of Kerala which is authorized to undertake medico-legal work as detailed above, within a radius of sixteen kilometers of the location of the Primary Health Center. Registered Medical Practitioners working in such Primary Health Centers can refer the request for all medico-legal examination from a Judicial / Police officer to the nearest institution under Government of Kerala and authorized to undertake medico-legal work as per this code, provided the institution to which the request is referred is within sixteen kilometers of the Primary Health Center.

15) No doctor working in such institutions as specified to be undertaking medico-legal work by this code and on duty in the particular institution shall refuse to undertake medico-legal work. However, he can refer any medico-legal examination when

- The medico-legal certification requested is to be done by a specialist or medical officer of one gender other than him and the particular specialist or medical officer from that gender is not on duty at the particular time and he is reasonably sure that the service of the particular specialist or medical officer from that gender cannot be arranged within a reasonable time and also he is reasonably sure that such referral will not cause loss of any evidence due to decomposition or other reasons.
- Upon doing or having completed the medico-legal work requested, he, on the basis of available data, reasonably feel that there are findings of the nature demanding the handling of the case by an expert in a specialty and such specialist is not on duty in that institution at that particular time and he is reasonably sure that the service of the particular specialist cannot be arranged within a reasonable time.

- 16) First aid to any injured person, with the objective of saving life is the primary responsibility of any qualified medical practitioner. This should not be denied to any person in any institution, whether Government or Private, opened on work at that time with a registered medical practitioner on duty, for any reason. The doctor on duty at that institution should provide adequate first aid fulfilling its objective and without modifying the wounds, if the doctor cannot provide curative management to the patient on justifiable grounds, such as lack of facility etc. The doctor should record the wound certificate, in the manner prescribed hereafter and also should intimate the police, regarding the arrival of such person with injury. Then he should refer the injured person to the nearest institution with medico-legal certification facility, mentioning the treatment given by him in the reference letter. If the doctor feels that the injured person requires such expert treatment as available in tertiary centers like Medical Colleges, he can directly refer the patient to such institution. He should specifically write in the reference letter, the fact that wounds were not described in detail, in the Wound Certificate. This will avoid further problems, if the injured person directly goes to some other institutions with a tertiary status. This approach should also be adopted in the case of victim of recent sexual assault, in an injured or unconscious state, brought for treatment.
- 17) Also, every doctor practicing Modern Medicine is bound to examine, without any delay, a female victim of sexual assault brought to or coming to the doctor and to record the findings of such examination, in the manner required by the Law and conforming to the Supreme Court Order in this regard, except in situations where the victim refuses consent for such examination. The doctor is also bound to preserve all the available material objects which may be of help in the further investigation of the case (e.g. Clothes, Vaginal swab, etc), with a view to avoid loss of findings due to delay in collection and preservation. The victim has the right to exercise the choice of Examiner's gender, and consent should be obtained before beginning the examination proper. The doctor shall not, under any circumstances, disclose the identity of the victim or the findings of his examination, to anyone other than the Investigating Officer or the Hon'ble Court. As far as possible, the examination of a victim of rape should be done by a lady medical officer. This principle regarding the treatment and fulfillment of medico-legal responsibility to the injured and victim of

sexual assault, is also applicable to all medical institutions in Co-operative and Private sector, which is open for work and with a registered medical practitioner, on duty at the particular time.

- 18) Whenever a person accused of rape is brought for examination to a registered medical practitioner employed in a hospital run by Government or by a local body or in the absence of such a practitioner within the radius of sixteen kilometers from the place where the offence has been committed, to any other registered medical practitioner, the registered medical practitioner should conduct the examination without any delay and prepare a report immediately. The report should conform to the conditions laid down as per the provisions of Sec. 53A of Cr.P.C. The report should be immediately forwarded to the investigating officer.
- 19) Examination by a Specialist Medical Officer / Team of Specialists should be done in the Government Medical Colleges of the state. However, this can be done in a General or District Hospital, if the particular one or all specialist doctor(s) needed is present and is on duty in the particular hospital / or can be arranged, at the time of making such request for examination.
- 20) For examination and certification of age, the radiological examination should only be done in the Radiology Department or X-ray unit of the institution to which the doctor(s) conducting the age examination is attached.
- 21) Postmortem examinations shall be undertaken only in Institutions with a Mortuary attached. In view of the comments made by various Courts and in the light of concepts related to Human Rights, postmortem examination should only be undertaken inside a mortuary, in all possible cases. No doctor shall open or dismember a human dead body, for the purpose of a complete medico-legal postmortem examination, in front of the relatives of the deceased, public or any such person who is not authorized to be present during postmortem examination, as per the specifications or authorizations of the Government of Kerala.
- 22) All medico-legal examinations should be serially numbered. Numbering is essential for the purpose of future tracing of a particular certificate and also for identification of the material objects, analyzed chemically or otherwise, at centers other than that of their collection. The present method of serially numbering the wound certificates, drunkenness certificates and postmortem examinations separately in each institution

should be continued. For all other medico-legal examinations, identified so by this code, the system of numbering ML / Serial Number / Abbreviation of Type of Examination / Year, should be followed. For examination of a male accused in sexual offence, including the examination of his potency examination, the abbreviation should be MASO, for examination of a female victim of sexual assault FVSA, for examination of a victim of unnatural sexual offence VUSO, for examination of a female to look for signs of recent delivery it should be SRD, for examination of a victim alleged to have drugged it should be VAD, for physical examination of a person by a medical officer / specialist, it should be PES, for collection of material objects from the body of a person up on the requisition from a Judicial / Police officer, it should be CMO, for age determination AGE and for all other examinations it should be abbreviation of Subject Examination SE. Whenever these medico-legal examinations are undertaken, they should be entered in the Medico-legal Register in the prescribed form. Police Surgeons should maintain a separate Medico-legal Register in their office. In institutions where one type of examination is exclusively undertaken in one department, like examination of female victim of sexual assault in the Gynecology department of Medical Colleges or District Hospitals, they can maintain a separate Medico-legal register in that department.

23) All medico-legal certificates should be duly signed by the medical officer who conducts the examination and certification. The name of the medical officer should be legibly recorded under the signature. Qualifications, registration number and designation of the medical officer should also be recorded. In all medico-legal certificates, office seal must be present.

24) Lack of space should not be the limiting factor in recording the findings in any medico-legal certificate. The doctor should write the findings in the maximum elaborate manner, using additional sheets as required. When additional sheets are used, at the bottom end of the original format and all subsequent additional sheets except the last one, it should be written that 'continued in next page'. Each such additional sheet should bear page number in a serial manner. Each additional sheet should contain the serial number of the medico-legal examination, date, name, age and address of the person examined at the top and should be signed at the bottom. The name of doctor, name of institution and office seal should also be present at the

bottom of each page. If no additional sheets are added, write nil in the column provided in the wound certificate. As far as possible, no recording should be done on the back page of the certificate.

25) Whenever any material object is collected from the body of a person as per the request from a Judicial or Police Officer, who makes the request for collection of material objects either as part of requisition for a medico-legal examination or solely for the collection of such material objects, all such material objects collected should be packed, labeled and sealed immediately and handed over to the officer accompanying the person examined. When a medico-legal examination is undertaken up on the written request from a Judicial or Police officer and if the doctor think that examination chemically or otherwise by an agency authorized by Government for that purpose, of any material object(s) collected from the body of the person examined will have to be depended up on for arriving at a correct conclusion, the doctor can collect such material object(s) even though the same is not requested in the requisition for medico-legal examination. Such material objects are also to be handed over immediately in the manner prescribed above. The officer, who bring or accompany the person to be examined, shall not refuse to receive such material objects and the requisition for their examination. Requisition for the concerned examination should also be given with the sealed and labeled packet of material objects when the material objects are sent to Chemical Examiner to Government. For material objects sent to Forensic Science Laboratory, requisition need not be given. The Investigating Officer should take over the material objects on a seizure mahasser and shall forward it to FSL through the concerned Court.

26) When material objects are preserved during any medico-legal examination, conducted without requisition from the Judicial or police officer (e.g., Stomach aspirate from cases of poisoning brought for treatment), the doctor should record the details of such material objects preserved in the certificate and also intimate the same to concerned investigating police officer. The investigating officer, if he feels that the examination of such material objects is necessary for the purpose of investigation of the case, shall make arrangements for the transportation of such material objects to the destination of their examination chemically or otherwise within two weeks of the date of preservation. The doctor is not, in any case bound to

preserve such material objects beyond a period of three months of their date of preservation. In all cases, the label to be affixed on the individual bottles/packets of material objects should be written in duplicate, using carbon paper. The carbon copy should be attached to the requisition for chemical analysis sent to the Chemical examiner to Government. Separate registers of the viscera and other material objects dispatched and that of the reports of their analysis received should be maintained in the office of the Police Surgeon / Institution, as the case may be.

27) In all instances where a patient with an injury is admitted to and treated to complete recovery in the same hospital, the duplicate copy of the Wound Certificate entitled to the injured, should be attached to the case sheet so that the treating doctor can peruse the same during the course of treatment and also while recording the discharge certificate. In such cases, the duplicate copy of the wound certificate and discharge certificate may be issued together at the time of discharge. The injured, except when examined as per provisions of sec.53 of Cr.P.C. has a right to get the duplicate copy of the wound certificate and discharge certificate, within seven clear working days of his discharge from the hospital. When an arrested accused person is examined at his request and on the orders of a Magistrate, the doctor shall furnish to him or his nominee a copy of the certificate and obtain his acknowledgement (This is in conformity with amended Sec.54(2) Cr.P.C.). When an injured person is referred to a higher center, the duplicate copy of the wound certificate should be issued immediately along with the reference letter. The treating doctor at the higher center has a right to get the duplicate copy of the wound certificate, for keeping along with the case sheet. However, he is bound to return the same, with the duplicate copy of the treatment / discharge certificate.

28) Wound Certificates (except in situations where the duplicate is issued to the injured person when he is referred to another center and in cases where the injured was brought with a requisition from the Police or Judicial Officer), Discharge Certificate in continuation to Wound Certificate (except in cases where the injured was brought with a requisition from the Police or Judicial Officer) fourth copy of the postmortem certificate which is given to the legal heirs of the deceased (on a No Objection Certificate from the Investigating Officer) should be issued through the office of the institution, on a written requisition for the same. In institutions where there is a

medical record library functioning, the issue of these certificates should be done by the Officer in charge of it. In institutions without a medical record library, a clerk or such officer may be put in charge of the issue of certificates. In institutions where Police Surgeons are working, the issue of medico-legal certificates prepared by them will be the responsibility of the Police Surgeon. Separate requisition for the issue of any medico-legal certificate is not necessary when the medico-legal examination is conducted on a written requisition from a Judicial or Police Officer since the requisition for the medico-legal examination contains the request for certificate also.

- 29) However, on a written requisition for the immediate issue of any medico-legal document, from a Police or Judicial Officer, the immediate issue of such medico-legal document should be done by the Medical Officer on duty in that Institution and in temporary custody of such documents at that particular time.
- 30) Certificate of drunkenness, Certificate of Potency, Certificate of examination of a victim of Sexual Assault, Certificate of examination by a Medical Officer / Specialist / Team of Specialists and any such medico-legal certificate with the exception of postmortem certificate, prepared on a written requisition from a Police or Judicial Officer, should be issued immediately. Acknowledgement of receipt should be obtained on the back of office copy of the certificate. The Officer receiving the medico-legal certificate should put his signature, write his name, designation, address and date on the space provided at the bottom end of the office copy of the certificate or on its back side.
- 31) Before the issue of the book containing the proforma of such medico-legal certificates which are to be issued immediately up on completion of the examination, official seal of the institution should be put at the space marked on every original and duplicate of the certificate. This will ensure the immediate issue of the certificate bearing office seal.
- 32) When any medico-legal examination including postmortem examination is conducted on the written requisition from a Judicial or Police Officer, and when such examination is not as per the provisions of Sec.54 Cr.P.C., the person examined or a person authorized by such person examined or the legal heirs of the examined in the event of the death of the person who was examined, are entitled to have a copy of

the Certificate of examination only on a No Objection Certificate from the Judicial or Police officer who has requested such examination.

- 33) An arrested person examined as per Sec.54 of Cr.P.C., is entitled to have a copy of the certificate of examination of his body. However, he is not entitled to have the copy of the certificate of examination of the victim in the criminal act in which the person stands accused and was arrested. Only the victim is entitled to have a copy of the certificate of examination of the victim.
- 34) All the written requests for examination and certificate should be kept safely, as a separate file. On exhaustion of the pages in the book containing the relevant format, the book with the office copies of the certificate and concerned requisitions should be handed over to the Officer in charge of medical record library in institutions where such a facility is present. In institutions without a medical record library attached to them, all such documents should be handed over to the office of the institution and a clerk or such other staff should be entrusted with the custodianship of these documents on behalf of the Head of the institution. In institutions where Police Surgeons are working, they will continue to be in charge of the custodianship of the medico-legal documents handled by them as part of their duty.
- 35) In all institutions where postmortem examinations are undertaken, a Typist should be deputed for typewriting the postmortem certificate. The Head of the institution should provide the service of a Typist / Confidential Assistant to the Police Surgeon working in that institution. The honorarium for typewriting the postmortem certificate shall only be sanctioned to the Typist / Confidential Assistant, who had actually typewritten the certificate.
- 36) Medico-legal certificates may contain highly personal and confidential data regarding the physical findings on the body of a person, like description of private parts of a female, condition of vagina and hymen, details of male genitalia etc. Revelation of such findings to anyone other than the Investigating Police Officer in the particular case, The Hon'ble Court considering the case the person examined or the person authorized by the person examined, will be violation of right to privacy of the person. If, during the course of investigation of the particular case, these documents reach the hands of any person having some vested interest in helping a suspect or accused, that can affect the process of investigation. The doctor who conducts the

examination or the institution, in which the examination is undertaken, may not be aware of the stage of investigation of the case in all instances. Also, certificates like postmortem certificate can be misused by persons other than the legal heirs of the deceased or injured, to falsely claim Insurance and the like. The doctor who conducts the examination or the institution in which the examination is undertaken does not have the facility for verification of the actual status of any applicant for a copy of the certificate, regarding his legal heirship in relation to the deceased or injured. That was why a No Objection Certificate from the Investigating Police Officer was insisted for the issue of the fourth copy of postmortem certificate, to the legal heirs of the deceased, as per G.O. No.18626/G2/69/Health dated 01-07-1969. In any case, it can be seen that every medico-legal certificate or its copy will pass through the hands of and will remain in the hands of an Investigating Police Officer or Magistrate. When requests are made for the copy of any medico-legal certificate, by persons other than the injured or persons other than those who are lawfully entitled to receive it on behalf of the injured or persons other than those who bear the legal heirship of the deceased, and when those requests are as per the Right To Information Act, such requests should be made to the Investigating Police Officer or Magistrate, who are having such certificate under their custody. In the event of tracing of such certificates becoming impossible from their office, due to any reason, the Police Officer or Magistrate can direct the doctor or head of the institution having the office copy of the certificate under their custody, to issue an attested copy/copies of the certificate to the Police Officer or Magistrate, which can be issued to the claimant by the Police Officer or Magistrate. Information regarding the medico-legal examination and certification by a doctor or institution, other than the copy of the medico-legal certificates and their contents, like the number of postmortem examinations, types of cases attended to, numbers of persons attended to with history of assault or accident etc, should be furnished by the head of the institution, as per the provisions of the Right to Information Act.

- 37) Office copy of the medico-legal certificates and all documents related to it should be kept in the office of the institution or police surgeons / medical record library for unlimited time. Destruction of these documents should not be made by any person for any reason.

- 38) Fee any, if fixed by the Government for the issue of these certificates, such fee should be collected only through the office of the institution. Issue of the certificates may be done by officers specified above after verifying the receipts for the payment of such fee.
- 39) Police Surgeons should be provided with a separate office in the Institution to which they are attached. The Head of the institution should provide adequate facilities like the service of assisting staff including a Confidential Assistant / Typist / Clerk, furniture, a computer, facilities for keeping the medico-legal records under safe custody etc and the materials necessary for the smooth maintenance of medico-legal work. Office of the Police Surgeon should have an Office Seal and a metallic seal for making the immediate handing over of the Medico-legal Certificates in necessary cases, for the immediate forwarding of the viscera and other material objects and for making the immediate handing over on seizure mahessar, of material objects for examination at FSL, material objects for DNA fingerprinting etc, so that the chain of custody of such material objects will not be disputed in the Court of Law.
- 40) Police surgeons will be exempted from all routine hospital work including ward work, work in casualty, out-patient department etc. However, they will continue to provide advice on medico-legal matters to all other doctors in the institution and also doctors working in areas specified as under the jurisdiction of police surgeons. All routine medico-legal work except postmortem examination will be undertaken by routine duty/casualty Medical Officers or specialists to be specified hereafter. Routine medico-legal work like collection of blood or other material objects for the purpose of DNA profiling or chemical analysis etc at the request of Judicial or Police officers will be done by routine duty/casualty Medical Officers. Only such medico-legal work which requires the examination and interpretation of findings by a qualified medico-legal expert should be sent to Police Surgeons.
- 41) Access to the medico-legal data in the computer in the office of the Police Surgeons should be limited to Police Surgeons and the Clerk / Typist allotted to Police Surgeons. Access to such data should be protected by password.
- 42) The honorarium for conducting postmortem examination should be disbursed on a monthly basis. The clerk / typist who typewrite the postmortem certificate should prepare the monthly statement of this honorarium, to be disbursed to the eligible

doctors / staff, indicating the number of cases attended to by each category of doctors / staff and the amount to be disbursed to each of them. The head of the institution, after proper verification, should sanction the same without any delay.

- 43) Medico-legal examinations including postmortem examination, which are undertaken on any person or on the dead body of any person, on the written requisition from a Police or Judicial Officer who is lawfully authorized to issue such requisition, is a strictly legal affair and the medical officer who has conducted such medico-legal examination shall not communicate with anyone other than the Investigating Officer and the Executive or judicial Magistrate, regarding the findings of such examination or the interpretation thereof, without permission from the Investigating Officer or the Magistrate. Such communications should be according to any of the provisions of the I.P.C., Cr.P.C. or Indian Evidence Act. However, the Medical Officer who has undertaken the medico-legal examination can certify the authenticity of the certificate of such examination, its contents and opinion furnished thereon, issued by them, on production of the copy of such certificate only if such copy was issued by the police Officer or Magistrate and also if issued by the Medical Officer himself or by the institution to which he is attached where such issue is in accordance to the norms prescribed earlier.
- 44) For the continued maintenance of quality of medico-legal work, a committee consisting of representatives of Government from the Health, Law and Home Departments, Director of Health Services, Director of Medical Education and senior most Medico-legal experts from Health Services and Medical Education Departments should be formed. Periodic revision of the code should be undertaken by the committee, at least on a yearly basis.
- 45) Departmental training in medico-legal matters should be arranged regularly to medical officers and all staff of Health Services and Medical Education Departments and also to Officers of the Police Department. A copy of this code should be published in arogyakeralam.com, the official website of Health Department.

E. Additional guidelines : The following additional guidelines are also prescribed for the requirements, examination, documentation and maintenance and issue of certificates, in various types of Medico-Legal certifications.

I. WOUND CERTIFICATION

The code prescribes adequate stock, in the institution, of the following medico-legal and allied formats, appended in Annexure – I to this code, as the essential pre-requisites for the fulfillment of duties in relation to wound certification.

- a) Accident Register cum Wound Certificate
- b) Police intimation
- c) Proforma for recording Dying Declaration by a Registered Medical Practitioner.
- d) Treatment/Discharge Certificate in continuation to Wound Certificate.

The code identify, apart from the mechanical, thermal, chemical, firearm and such other injuries, cases of Poisoning also as injury and wound certificate should be written in all cases of alleged poisoning. The code identifies the poison as the injurious agent or weapon in such cases. Medical Officers should be aware of the importance of preserving the material objects like stomach aspirate, vomitus particles, blood, urine etc, the examination of which may help to identify such weapon or injurious agent, in cases where such facts may have to be established in a Court of Law at a later stage. In a case of alleged homicidal poisoning, if the victim survives for weeks in the hospital and dies due to delayed effects or complications of poisoning, the particular poison may not be detected by the chemical analysis of the viscera collected during postmortem examination. If the stomach aspirate or blood of the victim is subjected to chemical analysis, at the time of admission, the chance of detection of the poison will be definitely more. Hence, it is also prescribed that in institutions which undertake treatment of such cases of poisoning, adequate facilities for the collection, preservation and forwarding for chemical analysis of such material objects, described in the following parts of this code, should be available.

a) Accident Register cum Wound Certificate

1. The doctor working in any institution and who attends the injured person first, should write the wound certificate, at the time he examines the person. Even in situations where the patient is immediately referred to a higher center, the doctor

should write the certificate, briefly mentioning the critical condition in the space for recording the injuries. In continuation to that, he should add that detailed description of injuries was not made in the wound certificate.

2. History and alleged cause of injury in column No.8, should be written in the injured person's own words, in all possible cases. Instead of just writing RTA, assault etc, a brief history of what has happened should be recorded, at least with reference to the manner of infliction and time of occurrence. When the injured person is unconscious or otherwise unable to give exact details of what has happened, the version of the person accompanying the injured person should be recorded, specifying the name of person giving the history.
3. While recording the injuries, the prescribed method is in the order of type of injury, size of injury, placement, site and distance from anatomical landmarks.
4. The duplicate copy should be issued to the injured person or to those authorized by him or to those who are lawfully entitled to receive it on his behalf up on a written requisition for the same. When the patient is referred to a higher center for further or expert management, the duplicate copy may be issued immediately along with the referral letter. In situations where the patient is severely injured or unconscious and is unable to receive the wound certificate copy himself or to authorize someone to receive it and when there are no persons lawfully entitled to receive the copy on the injured person's behalf, the doctor need not issue the same to the available bystanders. In such situations the doctor should incorporate the relevant points in the wound certificate in the referral letter.

b) Police Intimation

1. The Doctor is legally bound to intimate the Police, any unlawful act which comes to his notice during consultation, examination, investigations, treatment or during any such phase of interaction within the context of a doctor-patient relationship, when such unlawful act comes under the purview of any of the sections of I.P.C. which are applicable to offences concerning human body and also when such unlawful act has actually caused or contributed in the causation of or if the victim of the unlawful act or any person who is interested in the welfare of the victim has reasons to think that the unlawful act has actually caused or contributed in the causation of any of the factors that made the victim of such unlawful act to either

directly approach the doctor or made someone else to take the victim of such unlawful act to the doctor. The doctor need not take the consent of the injured or the victim of unlawful act or of those who brought the injured or victim of unlawful act to the doctor or that of his or her parents or legal guardians when the injured or victim of unlawful act is a minor.

2. Police intimation should be given immediately after recording the wound certificate, in all possible instances.
3. This should be specifically followed in cases of death intimations and in situations where the patient is referred to another hospital or treated as outpatient only. In all other instances, the doctor/institution has a responsibility to transmit the intimation within 24hours of recording the wound certificate.
4. When immediate transmission of the written intimation is not practical in any situation, over phone intimation should be made and the same should be recorded in the written intimation.
5. Intimation should be written in duplicate. The original should be issued to the police and the receipt of the same may be acknowledged on the office copy by the Officer receiving the same.
6. All cases of natural deaths should be intimated to the Local Body, which is maintaining the Register of births and deaths. All cases of unnatural deaths should be intimated to Police. In all cases where the doctor is not able to decide between death due to natural causes and unnatural deaths, e.g., person brought dead to hospital, intimation should be given to Police and the dead body should be kept in the mortuary. In any such cases, if the concerned Police Officer, after making necessary enquiries, gives a written requisition for the release of a body, that should be complied with, immediately.
7. In cases where the doctor has given death intimation to the Police, he need not give further intimation to the Local Body/Authority, which is maintaining the Register of births and deaths. Since the inquest is enquiry into cause of death and the objective of postmortem examination is to find out the cause of death, the doctor cannot certify a cause of death as required in the prescribed form of intimation to Local Body/Authority, which is maintaining the Register of births, and

deaths. In all such cases, the Police Officer shall give the intimation to Local Body/Authority, which is maintaining the Register of births and deaths.

**c) Proforma for recording Dying Declaration
by a Medical Practitioner**

Dying declaration should be recorded by the treating or attending doctor when he has reasons to believe that the condition of the patient is critical, death may occur at any time thereafter and there is not enough time to inform the Magistrate through Police and arrange the recording of the dying declaration by the Magistrate. All columns should be carefully filled in. Original of the dying declaration should be forwarded to the Magistrate in a sealed cover and duplicate should be retained as office copy, as a highly confidential report. The doctor shall not disclose anything recorded in the dying declaration, to anyone other than the Investigating Officer or any Officer legally authorized by the Investigating Officer.

Whenever a Judicial Magistrate is recording the dying declaration, the Investigating Officer who has requested the recording of the same has a duty to be physically present throughout the period of recording the dying declaration. It shall be the duty of a Medical Officer to comply with the direction of the Magistrate to examine to examine a person brought or admitted in the hospital and to issue a certificate as to the fitness of his condition to make a dying declaration (This is a legal responsibility of a Medical Officer).

**d) Treatment / Discharge Certificate in continuation to
Wound Certificate**

1. Treatment / Discharge certificate in continuation to Wound Certificate should be written only after perusing the relevant points in the wound certificate.
2. The doctor who actually treated the injured person or the doctor under the charge of whom the injured person was being treated as inpatient should write the treatment / discharge certificate in continuation to Wound Certificate, in spite of other specialists being consulted during the treatment. When an injured person is transferred from one department to another during the course of treatment of injuries, the doctor who discharges the person on completion of treatment should write the treatment / discharge certificate in continuation to Wound Certificate. When such transfer of the injured person to another department is for the

treatment of illness other than the injuries or any of the complication of such injuries, the doctor who treated the injury should write the treatment / discharge certificate in continuation to Wound Certificate.

3. The treatment / discharge certificate in continuation to Wound Certificate should be written on the day of discharge of the injured person from the hospital. In any case the doctor who has treated the person has a responsibility to write the treatment / discharge certificate in continuation to Wound Certificate within seven clear working days of discharging the injured person.

II. DRUNKENNESS CERTIFICATION

The code prescribes adequate stock, in the institution, of the following formats, appended in Annexure – I to this code and also the materials and facilities enlisted hereafter, as the essential pre-requisites for the fulfillment of duties in relation to drunkenness certification.

- 1) Format for certification of drunkenness and the formats of labels and forwarding note for dispatching the material objects collected during examination.
- 2) Facilities and equipments for a proper physical examination, including recording of blood pressure.
- 3) Facilities and equipments for collection of blood and urine.
- 4) An adequate stock of Sodium Fluoride.
- 5) Facilities and equipments for the packing and sealing of blood and urine samples, including a metallic seal for affixing on melted wax, on the bottles and packet forwarded for chemical analysis.

Certificate of Drunkenness

- 1) Smell of alcohol, which percolates through atmosphere, from the breath of the subject and identifiable by the examiner at a distance of 30cm from the nose of the subject may be taken as positive. Ceiling or table fans should be switched off while looking for the smell of alcohol. The examiner should not smell the nose or mouth of the subject and the subject should not be asked to blow his breath forcefully, for the purpose of this examination. This smell should be persistent and should be present at the beginning and at the end of examination.
- 2) Persistent smell of alcohol in breath, if present, opinion should be given that the person has consumed alcohol. When higher functions or muscular co-ordination is

impaired and there is persistent smell of alcohol in breath, opinion that the person has consumed alcohol and is under the influence of alcohol should be furnished.

- 3) When blood is being preserved for chemical analysis, spirit should not be used as the disinfectant to clean the skin before vene-puncture.
- 4) Whenever blood is preserved for chemical examination, it is ideal that urine is also preserved. The subject should be asked to void urine before the onset of examination and the sample for analysis should be collected from urine voided after the examination. 5ml each of blood and urine should be preserved and Sodium Fluoride should be added as preservative. (50mg of Sodium Fluoride for 10ml of blood).
- 5) In all cases of alleged drunken driving, preservation of blood is mandatory.

III. EXAMINATION & CERTIFICATION OF A MALE ACCUSED IN SEXUAL OFFENCE INCLUDING THE EXAMINATION OF POTENCY

The code prescribes adequate stock, in the institution, of the following formats, appended in Annexure – I to this code and also the materials and facilities enlisted hereafter, as the essential pre-requisites for the fulfillment of duties in relation to examination of male accused in sexual offence, including the examination of potency

- 1) Format for report of examination of a male accused in sexual offence, including the examination of his potency and the formats of labels and forwarding note for dispatching the material objects collected during examination.
- 2) Facilities and equipments for a proper physical examination in adequate privacy.
- 3) Equipments for measuring height, weight and for recording blood pressure.
- 4) Facilities and equipments for collection, packing and sealing of penile swabs and washings, including cotton, normal saline and a metallic seal for affixing on melted wax, on the bottles and packet forwarded for chemical analysis.

Examination and Certification of a male accused in sexual offence, including the examination of potency

- 1) The examination of a male accused in rape should be done conforming the conditions stipulated as per Section 53A of cr.P.C.
- 2) Examination of a male accused in sexual offence, including the examination of potency should be attended to, by all Medical Officers, irrespective of the gender of

the doctor, who are on duty in the particular institution authorized to undertake medico-legal certification, on that day.

- 3) When there is a request to look for recent sexual act, the examination should be done without any delay. Preservation of penile swabs and penile washings is mandatory in such cases.
- 4) Preservation of the relevant material objects is mandatory in all cases when the accused person is brought for examination within 72 hours of the alleged incident. When the accused person is brought after a period of seven days of the alleged incident, the doctor need not preserve the material objects. However, he should preserve material objects like blood for DNA profiling, hairs etc, if the same is requested for.

IV. EXAMINATION AND CERTIFICATION OF A FEMALE VICTIM OF SEXUAL ASSAULT

The code prescribes adequate stock, in the institution, of the following formats, appended in Annexure – I to this code and also the materials and facilities enlisted hereafter, as the essential pre-requisites for the fulfillment of duties in relation to examination and certification of a female victim of sexual assault.

- 1) Format for report of examination of a female victim of Sexual Assault and the formats of labels and forwarding note for dispatching the material objects collected during examination
- 2) An examination table, preferably the one on which the victim can be examined in the lithotomy position.
- 3) Facilities and equipments for a proper physical examination in adequate privacy and under proper conditions of light.
- 4) Equipments for measuring height, weight and for recording blood pressure and a systematic medical examination.
- 5) Facilities and equipments for collection, packing and sealing of vaginal swabs, smears, pubic hair combings, clothes and any such material object, the examination of which may have a bearing on the case, including cotton, glass slides etc and a metallic seal for affixing on melted wax, on the bottles and packet forwarded for chemical analysis.

- 6) There should also be facilities for collection and preservation of blood and urine samples, as may be necessary in cases of sexual assault on the female victim intoxicated with drugs, alcohol etc.

Examination and Certification of a female victim of Sexual Assault

- 1) Whenever a female victim of alleged Sexual Assault directly come to or is brought to a doctor, the doctor should, after obtaining her consent, immediately examine the victim, intimate police and preserve all possible evidence for examination. In institutions where at least two Gynecologists are working on call duty basis, the examination of a victim of sexual assault should be undertaken by the Gynecologist on call duty on that day. As far as possible, the examination should be done by a female medical officer.
- 2) A proper history should be obtained in the victim's own words and should be recorded as such. All columns should be carefully filled in. Care should be taken to strike off whichever is not applicable in the findings and opinion parts. When there are injuries to the genitalia and/or on the body, they should be described in detail and the age of the injuries (whether fresh or of age assessed by appearance) should be noted.
- 3) When vaginal swab is preserved in cases of Sexual Assault in recent past, at least two swabs should be properly preserved, so that DNA profiling can be done in the second swab, on detection of spermatozoa in the first swab.
- 4) The doctor shall not order tests like that for HIV testing on his own and which has no relevance as far as the recording of injuries or their treatment is concerned. However, the doctor shall convince the victim, of the importance of these tests and with informed written consent from the victim, shall send her to the nearest I.C.T.C. or such other centers.
- 5) The original of the certificate should be issued to the Investigating officer and the triplicate should be retained as the office copy. When the victim directly comes to the doctor, she has a right to get the duplicate copy of the certificate. Care should be taken to maintain secrecy of the details regarding the identity of the victim of sexual assault and the examination findings.
- 6) The following material objects may be preserved for examination from a female victim of sexual assault –

- Vaginal swabs – at least two swabs for examination to look for semen and one for DNA profiling
 - Vaginal smear to look for spermatozoa
 - Nail clippings to look for foreign fibers, particles, hairs, epithelial cells etc.
 - Loose hair combings from pubic region to look for foreign hairs.
 - Pubic hair (cut) samples for comparison.
 - Clothes
 - Urine for pregnancy test.
 - Blood for chemical analysis
 - Urine for chemical analysis
 - Any other, as the nature of the case demands.
- 7) Preservation of all the material objects is mandatory in all cases when the female victim of sexual assault is brought for examination within 72 hours of the alleged incident. When the victim is brought after a period of seven days of the alleged incident, the doctor need not preserve the material objects. However, he should preserve material objects like blood for DNA profiling, hairs etc, if the same is requested by the investigating officer. He should send the urine for pregnancy test if pregnancy is suspected..

V. EXAMINATION AND CERTIFICATION OF A VICTIM OF UNNATURAL SEXUAL OFFENCE

The code prescribes adequate stock, in the institution, of the following formats, appended in Annexure – I to this code and also the materials and facilities enlisted hereafter, as the essential pre-requisites for the fulfillment of duties in relation to examination and certification of a victim of unnatural sexual offence.

- 1) Format for report of examination of a victim of Unnatural Sexual Offence and the formats of labels and forwarding note for dispatching the material objects collected during examination.
- 2) Facilities and equipments for a proper physical examination in adequate privacy and under proper conditions of light.
- 3) Equipments for measuring height, weight and for recording blood pressure.
- 4) Facilities and equipments for collection, packing and sealing of buccal swabs, anal swabs, clothes and any such material object, the examination of which may have a

bearing on the case, including cotton, glass slides etc and a metallic seal for affixing on melted wax, on the bottles and packet forwarded for chemical analysis.

- 5) There should also be facilities for collection and preservation of blood and urine samples, as may be necessary in cases of victim of unnatural sexual offences intoxicated with drugs, alcohol etc.

Examination and Certification of a victim of Unnatural Sexual Offences

- 1) Whenever a victim of Unnatural Sexual Offences directly come to or is brought by anyone other than a Police Officer, to a doctor working in an institution and on duty, the doctor should, after obtaining his consent, immediately examine the victim, intimate the police and preserve all possible evidence for examination.
- 2) When a victim of unnatural sexual offence is brought with a requisition from a Police or a Judicial Officer, intimation is not necessary.
- 3) A proper history should be obtained in the victim's own words and should be recorded as such. All columns should be carefully filled in. Care should be taken to strike off whichever is not applicable in the findings and opinion parts. When there are injuries to the oral cavity, anus, genitalia and/or on other parts of the body, they should be described in detail and the age of the injuries (whether fresh or of age assessed by appearance) should be noted.
- 4) The doctor shall not order tests like that for HIV testing on his own and which has no relevance as far as the recording of injuries or their treatment is concerned. However, the doctor shall convince the victim, of the importance of these tests and with informed written consent from the victim, shall send him to the nearest V.C.T.C. or such other centers.
- 5) Care should be taken to maintain secrecy of the details regarding the identity of the victim and the examination findings.
- 6) The following material objects may be preserved for examination from a victim of unnatural sexual assault –
 - a. Buccal swabs – at least two swabs for examination to look for semen and one for DNA profiling.
 - b. Anal swabs
 - c. Swab from skin of thighs, with cotton soaked in normal saline.
 - d. Nail clippings to look for foreign fibers, particles, hairs, epithelial cells etc.

- e. Loose hairs from anal region and buttocks.
 - f. Pubic hair (cut) samples for comparison.
 - g. Clothes
 - h. Blood for chemical analysis
 - i. Urine for chemical analysis
 - j. Any other, as the nature of the case demands.
- 7) Preservation of all the material objects is mandatory in all cases when the victim of unnatural sexual assault is brought for examination within 72 hours of the alleged incident. When the victim is brought after a period of seven days of the alleged incident, the doctor need not preserve the material objects. However, he should preserve material objects like blood for DNA profiling, hairs etc, if the same is requested by the investigating officer.

VI. EXAMINATION OF A FEMALE TO LOOK FOR SIGNS OF RECENT DELIVERY

The code prescribes adequate stock, in the institution, of the following formats, appended in Annexure – I to this code and also the materials and facilities enlisted hereafter, as the essential pre-requisites for the fulfillment of duties in relation to examination of a female to look for signs of recent delivery

- 1 Format for report of examination for signs of recent delivery and the formats of labels and forwarding note for dispatching the material objects collected during examination.
- 2 An examination table, preferably the one on which the victim can be examined in the lithotomy position.
- 3 Facilities and equipments for a proper physical examination in adequate privacy and under proper conditions of light.
- 4 Equipments for measuring height, weight and for recording blood pressure and a systematic medical examination.
- 5 Facilities and equipments for collection, packing and sealing of material objects

Examination and Certification of a female to look for signs of recent delivery

- 1 Whenever a female with history of recent delivery or complaints suggestive of recent delivery where the death of the newborn baby is reported in a suspicious manner or those who bring the female gives such a suspicious history or no history regarding the newborn baby is known or available and when such a female directly come to or

is brought by anyone other than a Police Officer, to a doctor working in an institution, the doctor should, after obtaining her consent, immediately examine the female to look for signs of recent delivery, intimate the police and preserve all possible evidence for examination.

- 2 When a female is brought for examination to look for signs of recent delivery, with a requisition from a Police or a Judicial Officer, intimation is not necessary and consent is mandatory.
- 3 In institutions where at least two Gynecologists are working on call duty basis, the examination to look for signs of recent delivery should be undertaken by the Gynecologist on call duty on that day. When a Gynecologist is not there in the institution, the examination should be undertaken preferably by or under the supervision of a lady medical officer.
- 4 The female has a right to exercise choice regarding the gender of the examining doctor. When there is only a male medical officer on duty, he should arrange for the examination of the female by a lady medical officer, at the earliest. When the life of the female is in danger, e.g., profuse bleeding, the first priority will be to save the patient and the doctor attending the patient is bound to examine and institute appropriate treatment.
- 5 A proper history should be obtained in the subject's own words and should be recorded as such. Specific history in relation to gestational period, attempted criminal abortion etc should be taken. All columns should be carefully filled in. Care should be taken to strike off whichever is not applicable in the findings and opinion parts. When there are injuries to the genitalia and/or on the body, they should be described in detail.

VII. EXAMINATION & CERTIFICATION OF VICTIM ALLEGED TO HAVE BEEN DRUGGED

The code prescribes adequate stock, in the institution, of the following formats, appended in Annexure – I to this code and also the materials and facilities enlisted hereafter, as the essential pre-requisites for the fulfillment of duties in relation to examination and certification of a victim alleged to have been drugged.

- 1) Format for report of examination of a victim alleged to have been drugged and the formats of labels and forwarding note for dispatching the material objects collected during examination.

- 2) Facilities and equipments for a proper physical examination in adequate privacy and under proper conditions of light.
- 3) Equipments for measuring height, weight and for recording blood pressure and a systematic medical examination.
- 4) Facilities and equipments for collection, packing and sealing of material objects, the examination of which may have a bearing on the case, including cotton, glass bottles etc and a metallic seal for affixing on melted wax, on the bottles and packet forwarded for chemical analysis.

Examination and Certification of a victim alleged to have been drugged.

- 1) Whenever a victim alleged to have been drugged directly come to or is brought by anyone other than a Police Officer, to a doctor working in an institution and on duty, the doctor should, after obtaining his consent, immediately examine the victim, intimate the police and preserve all possible evidence for examination.
- 2) A proper history with specific attention to the mode of administration, loss of consciousness etc., should be obtained in the victim's own words and should be recorded as such, in all possible cases. When there are injuries to the oral cavity, circum oral regions, injection marks, and/or injuries on other parts of the body, they should be described in detail and the age of the injuries (whether fresh or of age assessed by appearance) should also be noted.
- 3) The following material objects may be preserved for examination from a victim alleged to have been drugged –
 - a. Nasal swabs – to look for narcotic, sedative, anesthetic or other such drugs
 - b. Vomit particles
 - c. Blood.
 - d. Urine.
 - e. Any other, as the nature of the case demands.
- 4) Preservation of the relevant material objects is mandatory in all cases when the victim alleged to have been drugged is brought for examination within 72 hours of the alleged incident. Preservation is not necessary when the victim is brought for examination after seven days of the alleged incident.

VIII. CERTIFICATE OF PHYSICAL EXAMINATION BY A MEDICAL OFFICER

- 1) This examination should be done on the written requisition from a Police or Judicial Officer. It is ideal to obtain consent before beginning the examination.
- 2) Whenever a female accused under arrest is examined, the examination shall only be conducted by or under the supervision of a Lady Medical Officer.
- 3) When done on persons before their admission to jail, history of any torture should be specifically asked for.
- 4) The medical officer shall not, except in life saving situation for the person brought for examination, admit the person, without the written permission from the officer who issued the request for such examination.
- 5) Suggestions or comments regarding the condition of the person or treatment should be written in the column provided.
- 6) In emergency situations where the medical officer has reasons to believe that the person brought for examination, requires immediate in-patient treatment, under direct supervision of a doctor, to save the life of the person, he should immediately issue the certificate of physical examination to the officer who requested such examination, recording his suggestions regarding the necessity of urgent treatment. He can retain the patient under his care, till he gets a written permission or refusal for his suggestion, from the officer who issued the request for examination.

XI. POSTMORTEM EXAMINATION

The code prescribes adequate stock, in the institution, of the following medico-legal and allied formats, appended in Annexure – I to this code and also the facilities and materials enlisted hereafter, as the essential pre-requisites for the fulfillment of duties in relation to Postmortem examination.

- 1) Mortuary Register.
- 2) Register of Postmortem Examinations.
- 3) Receipt for dead body for postmortem examination.
- 4) Postmortem detailed notes.
- 5) Postmortem certificate (To be typewritten in the prescribed format).
- 6) Requisition for Histo-pathological examination of specimens preserved during postmortem examination
- 7) Intimation of preservation of viscera and other material objects.

- 8) Label to be attached to material objects sent for chemical analysis (Preserved during postmortem examination).
- 9) Report to be forwarded with material objects sent for chemical analysis (Preserved during postmortem examination).
- 10) Label to be affixed on the sealed packet for Chemical Analysis of Viscera and other material objects sent to Chemical Examiner
- 11) Final Postmortem Certificate (Final Opinion as to Cause of Death – To be typewritten in the prescribed format).
- 12) Ambulance / Burial / Cremation / Embalming Certificate.
- 13) Format for referring a postmortem examination to a Police Surgeon through the Executive Magistrate or Police Officer who held the inquest.
- 14) Form of Application cum No Objection Certificate for issue of the quadruplicate copy of the Postmortem Certificate.
- 15) Format for Application cum Certificate of authenticity of the copy of Postmortem certificate, for the purpose of Insurance claim.

There should be the following facilities and adequate stock of materials, necessary for the proper undertaking of medico-legal postmortem examination and its allied works.

- 1) A fully equipped mortuary.
- 2) Continuous water supply and Electricity to the mortuary.
- 3) A Generator for use in case of failure of power supply.
- 4) Adequate stock of all materials necessary for use of personnel taking part in the postmortem examination, in par with the specifications prescribed as part of Universal Precautions, including -
 - a) Latex Gloves, Facemasks and Surgeon's caps.
 - b) Cotton gowns / disposable surgeon's gowns and plastic aprons.
 - c) Gumboots, goggles and such other materials as may be necessary for conducting postmortem examination on HIV Positive or decomposed dead bodies.
- 5) Adequate stock of all materials necessary for the proper conduct of medico-legal postmortem examination, including -
 - a) Surgical blades, Suturing needles, Nylon threads for suturing etc

- b) Cotton, bandage cloth, adhesive plaster etc
 - c) Postmortem kits containing all prescribed instruments.
- 6) Adequate stock of all materials necessary for cleaning and disinfection of the mortuary and equipments - Bleaching powder, Phenol, Savlon, Soap etc.
- 7) Adequate stock of all materials necessary for preservation, packing and forwarding the viscera and other material objects, as may be necessary in different types of cases, including -
- a) Glass / plastic containers for collection of viscera and other material objects.
 - b) Preservatives like common salt, sodium fluoride, formaldehyde etc.
 - c) Cotton and jute threads, metal seal for affixing on the bottles and packets etc.

Postmortem Examination

- 1) All Police Surgeons and Medical Officers in Health Services and Medical Education Departments, appointed by Government of Kerala and Post Graduate Students in the Department of Forensic Medicine of Government Medical Colleges, are authorized to undertake Medico-legal Postmortem examinations, in addition to those authorized by the Government of Kerala, vide Government Orders, issued till date, in this regard.
- 2) Postmortem examinations shall only be conducted in institutions authorized to undertake medico-legal work and with a Mortuary facility.
- 3) From now on, while selecting the location of mortuary, it should be with a view to avoid the difficulties to patients and the Public, caused by the smell of decomposed dead bodies kept and examined in the mortuary.
- 4) Every mortuary and its associated buildings should have a compound wall to restrict the entry of unwanted persons and also to control the accompanying persons, in situations where they turn out in large numbers.
- 5) The mortuary should have at least four rooms, one at least 20x20feet size where postmortem examinations can be done, another room for storing the dead bodies, third one for storing the viscera and material objects and one room to be used as office. There should be a verandah of minimum 6 feet width and an open space of at least 40x30 feet size in front of the mortuary building.
- 6) The blood and other waste products of postmortem examination, under any circumstances, should not be allowed to flow in to the common drainage. The

postmortem table should have a drainage line directly from it and leading to a tank constructed in the similar manner as that of septic tank. A soak pit may be constructed to drain the effluent fluid from the tank. The size of the tank may be in accordance to the number of postmortem examinations conducted in the particular mortuary, in every year. The site of the tank should be behind the mortuary building. Only water used to clean the floor of the mortuary and its premises should be allowed to drain to the common drainage.

- 7) The mortuary should have adequate facilities for lighting and ventilation. Exhaust fans should be installed, in such a way that the patients and public are not in direct exposure to the air from inside the mortuary.
- 8) There should be an inquest room of at least 20x20feet size, just outside the compound wall of the mortuary, preferably near the main gate of the mortuary compound. It should have electricity and water supply and minimum one table like raised platform, for placing the body for inquest. The same platform can be used by the relatives for packing the body, after postmortem examination.
- 9) Head of the institution / Local body in control of the institution has the responsibility for the construction and maintenance of such buildings meeting the requirements. Wherever possible, freezer facility (Cold Room type) should be provided to the mortuary. In institutions where medico-legal postmortem examination is currently undertaken, lack of any one or most of the facilities mentioned above should not be taken as a reason to stop undertaking medico-legal postmortem examination. The Head of such institutions and Local Bodies in control of such institutions should make all possible efforts to see that all such facilities are established in the institution within a reasonable time frame.
- 10) The custodianship of dead body, of which the inquest is over and is kept for postmortem examination, will be the responsibility of the Resident Medical Officer of the institution. The custodianship of dead bodies kept for postmortem examination on which inquest is not over, unclaimed dead bodies and those kept in mortuary awaiting the arrival of relatives, will continue to be vested on the Resident Medical Officer.
- 11) The security of the dead body, of which the inquest is over and kept in a mortuary will be the responsibility of the charge police constable deputed for the purpose.

The security of the dead body kept in a mortuary for which inquest is not over or not needed, should be ensured by the Head of the Institution and Local body in control of the institution by making appropriate arrangements for the same.

- 12) The mortuary building should be constructed with a view to prevent animal or other such type of action on the dead body kept there. The R.M.O. should inform the possibility of such mishaps if any, to the head of the institution. The head of the institution has the responsibility to make arrangements to prevent such incidents by ensuring prompt action by the Local Bodies in control of the institution.
- 13) The Head of the institution / Local body in control of the institution has the responsibility for ensuring the availability of the materials necessary for the conduct of postmortem examinations, keeping the mortuary and equipments used in them clean and disinfected in the proper way and collection, packing and sealing of the viscera and other material objects. The public should not be made to buy any material necessary for the conduct of postmortem examination or any of its allied works.
- 14) In institutions where Police Surgeons are working, they will conduct all postmortem examinations. In other institutions the Resident Medical Officer of the institution will post the Medical Officers on a rotation basis for the conduct of postmortem examination. In institutions with only one Police Surgeon attached to it and on days on which the Police Surgeon is on leave or out of station due to Court duty or other reasons, the Resident Medical Officer of the institution will post Medical Officers, on a rotation basis for the conduct of the postmortem examination.
- 15) As far as possible, postmortem examinations should only be conducted inside a mortuary with prescribed facilities. In exceptional situations and only when it becomes absolutely necessary, all such postmortem examinations at site and examination of exhumed dead bodies should be done by the Police Surgeons. All requests for site postmortem examinations should be signed by the Police Officer in charge of the Police Sub Division where the body is found, specifying the reason for making such request. There should be adequate ground to believe that some sort of foul play has occurred in the case, which can only be solved by the police surgeon visiting the body at the scene. Decomposed state of the dead body to any extent should not be the sole reason for making a request for postmortem

examination at site. In any case, the police surgeon has a right to ask the police officer in charge of the body to make arrangements for the body to be transferred to the mortuary of the nearest institution authorized to undertake postmortem examination, for detailed examination of the case, under adequate facilities. In any situation, when only one Police Surgeon is available, like on holidays, he should not be asked to leave the mortuary unmanned and without any staff, for the sake of a postmortem examination at site or scene examination. The investigating officers should make alternative arrangements or postpone such examinations to the next working day, so as to avoid delay in conducting postmortem examinations on bodies brought to the mortuary on that day.

- 16) All cases of murder, suspicious deaths (should be recorded as suspicious in column No.7 of requisition for postmortem examination in KPF 102), complicated cases, cases where no obvious cause of death is revealed at inquest as per column No.8 of KPF 102 and all cases where inquest was held by a Magistrate, as per Sec.176 of Cr.P.C., should be done by the police surgeons. Medical officers working in institutions authorized to undertake medico-legal postmortem examination will have the right to refer or redirect the requisition for postmortem examination in all such cases to the nearest Police Surgeon.
- 17) The time for conducting postmortem examinations is fixed between 09.00am and 05.00pm. The minimum time required to conduct one medico-legal postmortem examination is one hour. When there is more than one case of postmortem examination in an institution, the requisition for which was received first should be begun first. Except in situations where postmortem examinations are being done so that all the tables are occupied and other cases waiting or the Police Surgeon / Medical Officer is engaged in other unavoidable emergency official duty, postmortem examination for which requisition is received should be begun immediately. A delay of more than one hour to begin the postmortem examination should be avoided at any cost. Since the minimum time required for conducting one postmortem examination is one hour, no medical officer shall accept requisition for postmortem examination after 04.00pm. However, postmortem examinations may be undertaken at any time in the following situations –

1. In mass casualties where more than five persons died in one accident and a Government Order, based on the decision of a Special Cabinet meeting with at least two Ministers of the State Government taking part in the meeting, instructing the nearest Police Surgeon / Medical Officer, to undertake the postmortem examination of the persons died in the particular incident, beyond the prescribed time limit.
2. In Law and Order situations where, based on the report of the Superintendent of Police or District Magistrate of the particular district where such situation prevails, a Special Cabinet meeting with at least two Ministers of the State Government taking part in the meeting, instructing the nearest Police Surgeon / Medical Officer, to undertake the postmortem examination of the person(s), beyond the prescribed time limit.

The presence of two Ministers of the State Government at the scene of such casualty and both concurring on the necessity for the immediate disposal of dead bodies to avoid Law and Order or other such adverse consequences, and that opinion transmitted to the District Magistrate or District Superintendent Police will also suffice for the purpose of Special Cabinet Decision. In all such situations, the doctor who has conducted such postmortem examination(s) will be exempted from the burden of substantiating the reasons for violating the rules of the State Government, in this regard.

- 18) Before beginning postmortem examination, the medical officer should issue the body receipt to the charge police constable. He should then fill in the details in the relevant columns of the Postmortem detailed Notes and should get the signature of the charge police constable to the effect of identifying the dead body as to be that of the deceased person involved in the particular crime and for which the requisition is obtained.
- 19) Medico-legal postmortem examination is a complete autopsy and the medical officer should follow the prescribed procedure to ensure completeness in the examination. He should do the dissection himself. He should note all the external findings and the findings of the dissection in the detailed notes. On completion of the postmortem examination the medical officer shall release the dead body to the charge police constable and should obtain his signature to that effect in the

postmortem detailed notes. A detailed description regarding the guidelines for conducting the postmortem examination, incorporating those prescribed as per G.O. (MS) 122/84, Home (H) Department, Dated 04-09-1984 and with necessary modifications is appended as Annexure – II to this code. Medical Officers should follow those guidelines, for the conduct of medico-legal postmortem examinations.

- 20) Apart from the cases mentioned as to be done by the Police Surgeons, a medical officer can refer a case of postmortem examination to a police surgeon, based on any finding that makes him convinced that the examination of the body by a specialist is mandatory to arrive at a correct conclusion. He should then consult the Head of the institution. With his concurrence, he can refer the case to a police surgeon, in the prescribed format. In such cases, the head of the institution should provide free ambulance service at the cost of the funds at his disposal, for the transportation of the body to the nearest police surgeon's unit.
- 21) The medical officer should give a statement to the investigating police officer, incorporating the relevant positive findings in the case and his interpretations. This statement should be taken in writing by the investigating police officer. The medical officer shall not sign this statement, taken as per the provisions of Section 161 of Cr.P.C. (162 Statement) Since the Police Surgeons / Medical Officers doing postmortem examination are expert witness in the official capacity, a copy of the statement may be given to them for future reference before appearing in the Court to give evidence.
- 22) Viscera and other material objects collected at the time of postmortem examination should be kept under safe custody till the same is forwarded to the Chemical Examiner. Ideally, this should be done immediately upon completion of the postmortem examination and through the charge police constable. Police surgeons should have an office seal and a metallic seal in their office, prescribed for them as part of this code. In all instances where such immediate forwarding of the viscera and other material objects is not possible, the fact that viscera and other material objects are preserved should be intimated to the investigating officer. On receipt of such information, the investigating officer should depute a police constable for transporting the viscera and other material objects to the laboratory. If he feels that the chemical analysis of such viscera is not required for the further investigation of

the case, he may inform the medical officer the same. In any case, the medical officer is not bound to preserve the viscera in the mortuary for more than three months from the date of postmortem examination. The medical officer, then can arrange for the disposal of the viscera and other material objects. In the case of material objects which have to be forwarded to the Forensic Science Laboratory or those for DNA profiling etc., such material objects should be immediately handed over to the Investigating Officer in sealed and labeled packets. The Investigating Officer should take such packets on a seizure mahessar, preferably citing the staff assisting postmortem examination as witness to the seizure.

- 23) The head of the institution should ensure the typewriting of the postmortem certificate in quadruplicate. The head of the institution should ensure the postal dispatching of the original of such certificates to the concerned Courts and duplicate copy to the investigating officer of the case. However, the issue of the postmortem certificates to the Courts and Police officers may be done by the police surgeon / medical officer, at any time on a written requisition for the immediate issue of the same.
- 24) The quadruplicate should be issued to the legal heirs of the deceased person, on a No Objection Certificate from the investigating police officer. In any case, the quadruplicate copy should not be issued before the Court and the investigating officer had received the certificate. Whenever the authenticity of the copy of postmortem certificate is required to be certified for the purpose of insurance claim, it should be done in the prescribed form of application cum certificate of authenticity of the copy of postmortem certificate.
- 25) The triplicate copy of the certificate, requisition in KPF 102, detailed notes in the case, copy of the statement given to the police officer and any other document in the case should be made into a file, stapled or tied at the top left corner. All such files of postmortem examinations should be kept in serial order. Police surgeons will keep those files in their office. The files of postmortem examinations attended to by other doctors will be kept in the medical record library or in the office as specified earlier. A doctor who had conducted a postmortem examination has the right to refer to the files of postmortem examination conducted by him, for the

purpose of any reference as part of official duty, including giving evidence in the case in the Court of Law.

- 26) The Honorarium for conducting postmortem examination should be disbursed on a monthly basis. The head of the institution should sanction the amount to the doctor and assisting staff who had actually conducted the postmortem examination. In cases where postmortem examination was referred to the police surgeon, the doctor who referred is not eligible for the honorarium. In cases where a team of doctors attended to one postmortem examination, the doctor who led the team is only eligible for the honorarium. Between the two assisting staff, higher amount of the honorarium should always be given to the lower category of staff. Honorarium for typewriting the postmortem certificate should only be sanctioned to the staff who have actually typewritten the certificate.
- 27) In cases where viscera and other material objects were sent for chemical analysis, the report of chemical analysis should be immediately transmitted to the doctor who conducted postmortem examination in the case, on receipt of it by the institution. The doctor should prepare the draft of the final postmortem certificate, incorporating his final opinion regarding the case in the prescribed format. The Typist / Confidential Assistant assigned with the job of typing the postmortem certificate should typewrite the final postmortem certificate in quadruplicate. The issue of these certificates will be made in the same line as that of the postmortem certificates.