



GOVT. OF NCT OF DELHI
DIRECTORATE OF HEALTH SERVICES
F-17, SWASTHYA SEWA NIDESHALYA BHAWAN, DELHI-32



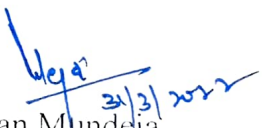
F.7(2199)/DHS/HQ/CC/Childrights/2022/ 121-125

Dated 31/3/2022

ORDER

1. To ensure uniformity in recording the medical history and examination of the victims under POCSO act, competent authority has approved the adoption of the proforma developed by AIIMS on the basis of GOI guidelines.

2. The proforma can be downloaded from the link:
http://health.delhigovt.nic.in/wps/wcm/connect/doi_health/Health/Home/Directorate+General+of+Health+Services/CHILD+CARE+AND+PROTECTION+CELL under the heading "Medico- Legal Form: Sexual Assault" (for POCSO cases).

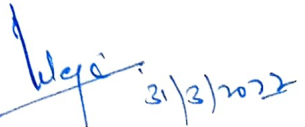

Dr. Nutan Mundeja
DGHS, GNCTD

F.7(2199)/DHS/HQ/CC/Childrights/2022/ 121-125

Dated 31/3/2022

Copy to:

1. All MD/ MS hospital .Central Govt./ Delhi Govt./ MCD/ NAMC/ Cantonment Board for compliance
2. MS Nursing Home for onward transmission to Private Hospitals for compliance
3. CMO, Computer Cell, DGHS(HQ) for uploading this order on the Website
4. PA to Chairman, DCPCR
5. PS to Pr. Secretary (H&FW, GNCTD) for information


Dr. Nutan Mundeja
DGHS, GNCTD

**MEDICO-LEGAL FORM: SEXUAL ASSAULT,
(For POCSO Cases)**

NAME OF THE HOSPITAL:

.....MLC No.....

Date and time of arrival to hospital.....

Name.....Age.....Sex.....

Address.....

.....

Identification Marks

1.....

2.....

Brought by: Self/ Police/ Relative (Details)

Name of Police Person.....PIS No.....

Police Station.....

Marital Status: Married/ Single/ Divorced.....

Accompanied by.....

Examined in Presence of / Nursing Staff (Female) (Name and Signature).....

.....

NAME OF THE HOSPITAL.....

CONSENT FORM

I..... (Name of person giving consent)

hereby give voluntary consent to

1. Examine and treat (Name of Victim/ Myself.
My/Relationship.....For the effects of sexual assault.

2. Be examined by a male gynaecologist.

3. Conduct a medico legal investigation for the purpose of assisting the police in apprehending and/ or prosecuting the persons who committed the assault. This investigation will include physical examination which may involve an examination of the mouth, breasts, vagina, anus, rectum, in addition it may include the removal and isolation of articles of clothing, scalp hairs, foreign substances from the body surface, saliva, pubic hair, samples taken from the vagina, anus, rectum and the collection of blood and urine specimen.

4. Inform the police the history as recorded and the findings of the examination and provide them with any substances collected during the course of medical investigation and/ or any information and observations that might assist them in apprehending and/ or prosecuting the person(s) who committed the assault.

I give my consent to the above fully and freely. I also understand that I was given the right to refuse either a medico legal investigation or information to be given to the police or both, and was told that my refusal will in no way result in denial of treatment for the effects of the assault.

I understand that I am free to revoke all or any part of this consent at any time during the examination. The consent of above is explained to me in the language which I understand and hence I sign/ affix my thumb:

Name and Signature of Witness
(Relation, Police, Hospital Staff):

.....

Name and Signature of Victim:

.....

Name and Signature of Guardian

.....

or

Relative of Victim (*Less than 12 years Age/Mentally Unsound*).....

Date, Place and Time

अस्पतालकानामः

सहमतिप्रपत्र

मैं (सहमतिदेनेवालेव्यक्तिकानाम)

एतद्द्वारानिम्नलिखितहेतुस्वैच्छिकसहमतिदेता/देतीहूँ -

1. सुश्री..... (पीड़ितकानाम)

स्वयं /

मेरी.....(संबंधकेयौनदुष्कर्मकेप्रभावोंकीजांचतथाउपचारकरनेसंबंधी।)

2. एकपुरुषस्त्रीरोगचिकित्सकद्वाराजांचकराएजानेहेतु

3. दुष्कर्मकरनेवालेकेउद्देश्यसेचिकित्साविधिकजांच-

पड़तालकरनेसंबंधी।इसजांचमेंशारीरिकपरीक्षणसम्मिलितहैजिसमेंमुंह, योनि, गुदा, मलद्वारकापरीक्षणहोसकताहै, इसकेसाथ-साथइसमेंवस्त्रोंकाहटानावअलगकरना, बालउतारना, शरीरकीत्वचाकेऊपरसेबाहरीत्वहटाना, लार, योनिकेबालहटाना, योनि, गुदा, मलद्वारसेनमूनेलेनातथारक्तएवंमूत्रकेनमूनेसंग्रहितकरनाभीसम्मिलितहैं

4.

रिकॉर्डकिएगएघटनाक्रमएवंजांचकेपरिणामोंकेबारेमेंपुलिसकोसूचितकरनाउनकोचिकित्साक्रमएवंजांचके परिणामोंकेबारेमेंपुलिसकोउपलब्धकरनाजोकिदुष्कर्मकरनेवालेव्यक्ति/योकोपकड़नेऔर/

अथवाउनपरमुकदमाचलानेमें पुलिसकीसहायताकरसकें।

मैंउपयुक्तकार्योहेतुस्वेच्छासेएवंपूर्णरूपसेअपनीसहमतिदेता/ देतीहूँ।मैंयहभीसमझतासमझती/

हूँकीमुझेचिकित्साविधिकजांचमें

मनाकरनेअथवापुलिसकोसुचनादेनेसेमनाकरनेअथवादोनोंकेलिएमनाकरनेकाअधिकारदियागयाथाऔर

मुझेयहभीबतायागयाथाकीमेरेइंकार करनेकेकारणदुष्कर्म

केप्रभावोहेतुउपचारसेबिलकुलभीइंकारनहींकियाजाएगा।

मैंयहभीसमझता/

समझती

हूँकिपरीक्षणकेदौरानकिसीभीसमयमेंइससहमतिकोपूराअथवाइसकेकिसीभागकोरद्दकरनेहेतुस्वतंत्रहूँ

उपयुक्तकीसहमतिकेबारेमेंमुझेमेरीसमझमेंआनेवालीभाषामेंसमझादियागयाहैऔरइसलिएमैंहस्ताक्षरकर

ता/ करतीहूँ/ अपनाअंगूठा लगा ता/ लगातीहूँ।

पीड़ितकानामएवंहस्ताक्षर

.....

...

गवाहकानामएवंहस्ताक्षर:.....

(सम्बन्धी, पुलिस, अस्पतालस्टाफ)

पीडिताकेअभिभावकअथवासम्बन्धीकेनाम:.....

(12 वर्षकेनीचे/ मानसिकरूपसेअस्वस्थ)

तारीख,

स्थानतथासमय:.....

NAME OF THE HOSPITAL.....

MEDICAL HISTORY

Relevant medical/surgical history.....

Past history of abuse/ allergy/ medication

Menstrual History:

Menarche..... Menstrual CycleLMP.....

Obstetric History:- G P A L

Contraception:-Yes/No.....Method used.....

Any sexual Intercourse within one week prior to assault? (Yes/No/Don't Know)

Any Vagina/Anal/Oral bleeding or discharge prior to assault?

SEXUAL ASSAULT HISTORY

(Narration of incident in survivors own words. In case narrator is some other person-details of the same)

Location of Assault.....

Date and Time of Assault.....

Number of persons involved and Names.....

.....(signature/thumb impression)

Whether Assailant Known or Unknown.....

If known, relationship with survivor.....

Verbal Threats (Yes/ No).....

Body Areas Touched.....

Physical Violence (Yes/ No).....

Weapons or objects used (or threatened with).....

Injuries inflicted on the Body of Assailant (Yes/ No).....If yes
Details.....

NAME OF THE HOSPITAL.....

Details regarding penetration (by penis,fingers or other objects)-Yes or No

Orifice	Attempted Penetration				Completed Penetration			Emission of semen		
	By Penis	By finger	By Object	Do not know	By Penis	By finger	By Object	Yes	No	Do Not know
Vagina										
Anus										
Mouth										

Other details:

	Yes	No	Don't Know
Oral Sex Performed			
Masturbation of Victim by assailant			
Masturbation of Assailant by Victim			
Did Ejaculation occur outside body orifice			
Location of Ejaculation			
Kissing, Licking or sucking of breasts or Other body Parts?			

Use of condom (Yes/ No/ Don't Know).....

If yes (Status of condom).....

Use of Lubricant (Yes/ No/ Don't Know).....

Penetration by object (Describe Object).....

Menstruation at the time of assault (Yes/ No).....

Menstruation at the time of examination (Yes/ No).....

NAME OF THE HOSPITAL.....

Activity of Victim between assault and Examination

	Yes	No	Don't Know
Bathe			
Douche			
Void Urine			
Defecate			
Use Spermicide			
Any Vagina/Anal/Oral bleeding or discharge after assault?			

1. Whether clothing's changed (Yes/No).....

2. Clothes Washed (Yes/No).....

2. History of Food Consumption, Fluid Intake, Smoking, Brushing of teeth, Gargles etc.....

FORENSIC EVIDENCE

Debris Collected on papers (to be kept in envelope)

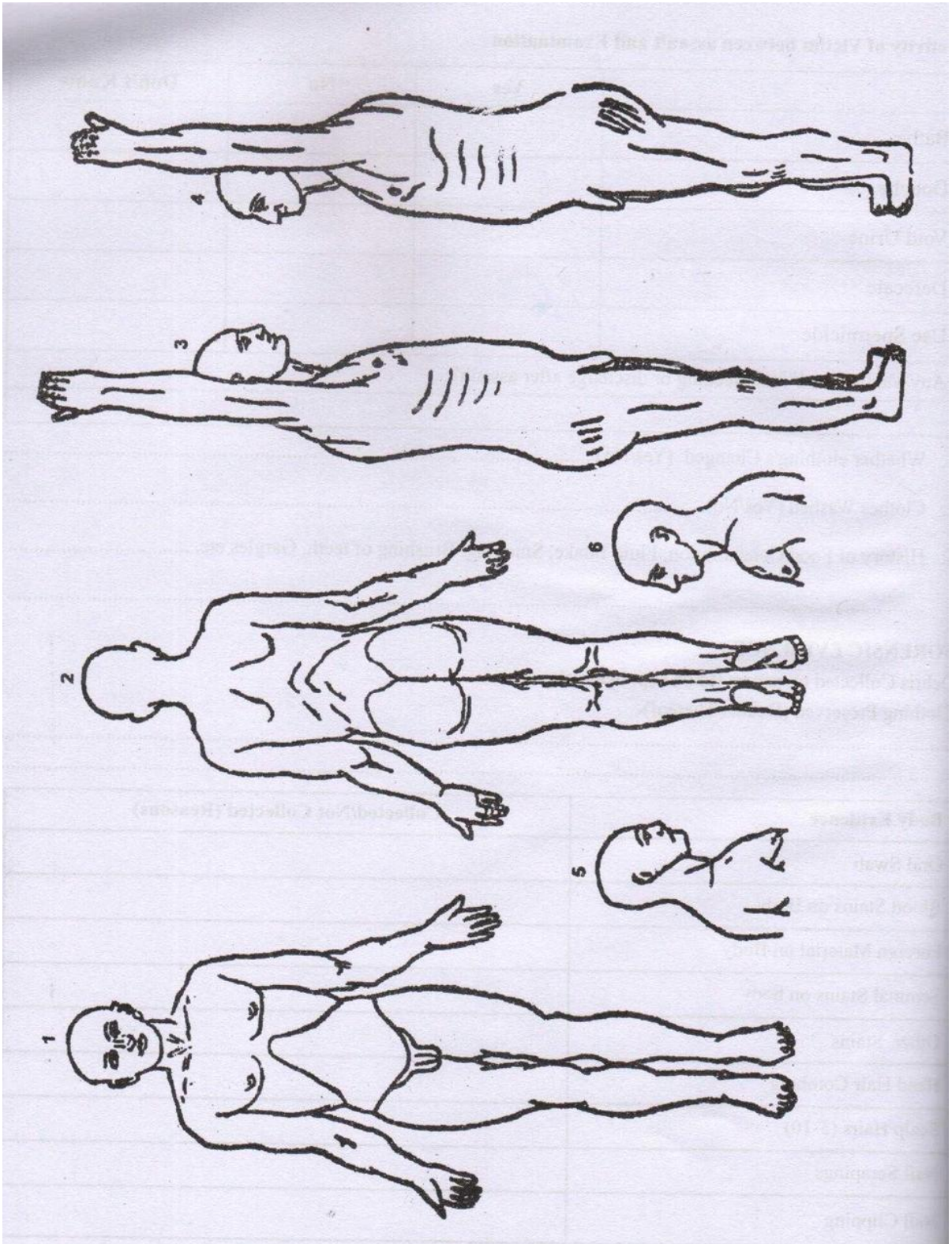
Clothing Preserved (Details Thereof)

.....

Body Evidence	Collected/Not Collected (Reasons)
Oral Swab	
Blood Stains on Body	

Foreign Material on Body	
Other Stains	
Head Hair Combing	
Scalp Hairs (5-10)	
Nail Scrapings	
Nail Clipping	

NAME OF THE HOSPITAL.....



NAME OF THE HOSPITAL.....

Blood for Grouping/Drug Estimation (Plain Vacutainer)	
Blood for Drug Estimation (Plain Vacutainer)	
Blood for Alcohol (NaF Vacutainer)	

Blood for DNA-FP (EDTA Vacutainer)	
1. Blood sample for VDRL & HIV-3ml. (HIV lab) 2. Blood samples for HBV & HCV: 2ml. (virology lab) (NOT TO BE SENT TO FSL)	

Genital and Anal Evidence (Use distil water if necessary)

Genital and Anal Evidence	Collected/Not Collected (Reasons)
Matted Pubic Hair	
Combing of Pubic hair (Shaved/Unshaved)	
Cutting of Pubic hairs (5-10)	
Vulval Swabs (1) & vulval smear	
Vaginal Swabs (1) & vaginal smear	
Anal Swab (2) Outer(1) Inner(1)	
Vaginal Smear (Sperm Detection)	
Urine sample for drug/specimen	

GENERAL EXAMINATION

General Mental Status.....

Physical Examination.....

NAME OF THE HOSPITAL.....

Gait.....

Scalp Examination.....

Facial/Orbital injuries/Tenderness.....

Petechial Haemorrhages in eyes.....

Lips/Gums/Buccal Mucosa.....

Neck, Shoulder, Breasts.....

Arms, Forearm and Wrists.....

Thighs and Buttocks.....

Any other findings.....

GENITAL EXAMINATION (please mark the diagram on the obverse side)

1 State of sphincters.....

2 Labia Majora.....

3. Labia Minora.....

4.Fourchette and Introitus.....

5. External Urethral Meatus.....

6. Hymen (only if relevant).....

7. Anus and Rectum.....

8.Findings of speculum Examination.....

9. Any other findings.....

SPECIMENS PRESEVED FOR

- 1. Sexually Transmitted Diseases (STD's) (Gonorrhoea, chlamydia, syphilis, HIV, Hepatitis B)
- 2. Pregnancy (In case UPT can be conducted, Write results here; in that case no need to preserve sample)

NAME OF THE HOSPITAL.....

PROPHYLACTIC TREATMENT GIVEN FOR

- 1. STD'S:

2. POST COITAL CONTRACEPTION:

3. TETANUS OR ANY OTHER:

REFERRAL SOUGHT FROM

1.

2.

Signature of examining doctor/doctors:

1.

2.

3.

NAME OF THE HOSPITAL.....

AGE ESTIMATION FORMAT

(To Be Done by Forensic Resident on call)

General Physical Examination

(Breasts, Axillary and Pubic hairs)

Dental Examination

Right

Left

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

Total Teeth

Temporary

Permanent

Radiological Examination

1. X rays advised
2. Observations

OPINION REGARDING AGE

After considering the findings of physical, dental and radiological examination, I am of the opinion that bone age of is Years,

Who will sign this age form

Signature of Doctor

Name of Doctor with Designation

Date

Time

Place

NAME OF THE HOSPITAL.....

REQUEST FORM FOR FORENSIC SCIENCE LABORATORY

Dated:

To,
The Director

Forensic Science Laboratory

.....
.....

Sub: Request for laboratory examination of material evidence collected

Sir/ Madam,

Submitted herewith material evidence collected from.....

Age.....Sex.....MLC

No.....

Dated.....

.....

Police Station

Please examine the following sealed contents and opine on

- 1.for evidence or.....Y/N
- 2.for evidence of.....
- 3.for evidence of.....
- 4.for evidence of.....
- 5.for evidence of.....
- 6.for evidence of.....
- 7.for evidence of.....
- 8.for evidence of.....
- 9.for evidence of.....
- 10.for evidence of.....

Yours Sincerely

Name and Signature of Doctor with Seal

Intact, Sealed and labelled samples along with sample of seal received by

Signature, Name and Designation of Police Officer with Belt No.

Police Station

Date

NAME OF THE HOSPITAL.....

REQUEST FORM FOR MICROBIOLOGY/LABORATORY MEDICINE

Dated:

To,

The Professor & Head

Department of

.....
.....

Sub: Request for laboratory examination of material evidence collected

Sir/ Madam,

Submitted herewith material evidence collected from.....

Age.....Sex.....MLC
No.....

Dated..... Case FIR No.....U/S.....
Police Station.....

Please examine the following sealed contents and opine on

1.for evidence of.....
2.for evidence of.....
3.for evidence of.....
4.for evidence of.....
5.for evidence of.....

Yours Sincerely

Name and Signature of Doctor with Seal

(In case Samples are to be submitted to Lab outside this hospital, hand it over to Police)

Intact, Sealed and labelled samples along with sample of seal received by

Signature, Name and Designation of Police Officer with Belt No.

Police Station

Date