

HEALTH UNIT SAONER

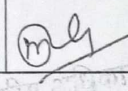
Medico Legal Certificate

A/No. 142

Date and Time of Examination 13/3/18 at 5:30 P.M. Doctor's Name (Block Letters) Dr. GAJBHIVE

Name of Injured	Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station
Mangesh Subhash Chape	Heli Chawk Saoner	21yrs	M.	Black mole on rt shoulder.	A.G. 1686 Sonpatke	P.S. Saoner
Sr. No.	Name of Injury	Dimention and Situation of Wounds		Time of Injury	Simple or Grievous	Nature of Object
	Abrasion on lt eyebrow. Abrasion below ll eyebrow cheek eyeball. Abrasion on rt finger. 1x1cm in size.			Inst	Simple	Hard blunt

Dr. G. 1686/18
Receiver Name & Sign.


Signature of Medical Officer