

13

Primary Health Center, Kelwad

A/No. 171

Medico Legal Certificate

Date and Time of Examination... 1/10/12 Doctor's Name (Block Letters) D.R. NISHA PANDE

| Name of Injured | Address | Age | Sex | Identification Mark | Brought by P.C. | Police Station | |
|-------------------------------|--|--|-----|---------------------|-----------------|--------------------|------------------|
| Palash Saurindra Kahate | Saoner | 16 | m | | 2339 | Kelwad | |
| Sr. No. | Name of Injury | Dimension and Situation of Wounds | | | Time of Injury | Simple or Grievous | Nature of Object |
| | No Pain at restricted movement 9 # | at (L) leg unable to move femur neck Pt refer to CMC Nagpur for X-Ray & Expert manage final opinion will be given from CMC Nagpur | | | | | |

H.S. [Signature]

Signature of Medical Officer [Signature]
P. H. C. Kelwad
Ta : Saoner