

HEALTH UNIT SAONER Medico Legal Certificate

A/No. 110

Date and Time of Examination 4/3/18 at 5:30 a.m. Doctor's Name (Block Letters) Dr. GASBHIYE.

Name of Injured		Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station
Abdul Kalim Abdul Majid		Bada Tajbeg Nagpur.	28y	M	mark on left side of chest -	H.G 1708 Mamraj	P.S. Saoner
Sr. No.	Name of Injury	Dimension and Situation of Wounds			Time of Injury	Simple or Grievous	Nature of Object
	Abraction Lacerated wound on scalp.	$\frac{1}{2} \times \frac{1}{2}$ cm in size.			Fresh	Simple	Hard & Blunt

HEALTH UNIT SAONER Medico Legal Certificate


A/No. 123

Date and Time of Examination 13/11/8 at 5:10^{a.m.} Doctor's Name (Block Letters) Dr. GAJBHILY G.

Name of Injured	Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station
Mohammad Shoeb	Bade Tajbag.	22yrs	M	male on. lower lip	H.G. 1708 Manoj	P.S. Saoner.

Sr. No.	Name of Injury	Dimention and Situation of Wounds	Time of Injury	Simple or Grievous	Nature of Object
	Swelling on and Abrasion 2cm	rt side of hand. on rt side leg. in size.	fresh	simple	Blunt

Receiver Name & Sign.


 वैद्यकीय अधिकारी,
 Health Unit Saoner
 Signature of Medical Officer

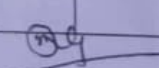
HEALTH UNIT SAONER Medico Legal Certificate

A/No. 127

Date and Time of Examination 4/3/18 at 5:30 a.m. Doctor's Name (Block Letters) Dr. GAJBMIYE

Name of Injured	Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station
Mohammad Sadis	Bada Tajbag Nagpur.	23 1/2	M	mark on rt chest	H.4.1708 NAGPUR manoj	P.S. Saoner
Sr. No.	Name of Injury	Dimension and Situation of Wounds		Time of Injury	Simple or Grievous	Nature of Object
	No external injury seen. Abrasion on left side of back.			fresh	Simple	Hard & Blunt

Receiver Name & Sign.


 Signature of Medical Officer
प्राथमिक चिकित्सक


HEALTH UNIT SAONER Medico Legal Certificate

A/No. **126**

Date and Time of Examination 4/3/18 at 5:25 a.m. Doctor's Name (Block Letters) Dr. GATBUIYE

Name of Injured		Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station
Sheikh Saibay		Bada Tajbag Nagpur.	1978	M	mole on lt side of nose.	H. G. 1708 NAGPUR Manoj	P.S. Saoner.
Sr. No.	Name of Injury	Dimension and Situation of Wounds			Time of Injury	Simple or Grievous	Nature of Object
		NO external injury seen. contusion on lower lip. Abrasion.				Simple.	Hard & Sharp

Receiver Name & Sign.


 Signature of Medical Officer
 पंचक्रोम अस्पताल,
 पामिण अरिच प्रामिण केन्द्र
 सावनेर

HEALTH UNIT SAONER Medico Legal Certificate

124

A/No.

Date and Time of Examination <u>4/3/18 at 5:15 a.m.</u>		Doctor's Name (Block Letters) Dr. <u>GAJBHAYE</u>			Police Station			
Name of Injured		Address	Age	Sex	Identification Mark	Brought by P.C.		
<u>Sheikh Nafid Sheikh Sultan</u>		<u>Bada Tajbag Nagpur.</u>	<u>22y</u>	<u>M</u>	<u>male on lt side of hand</u>	<u>H.G. 1708 manoj</u>		
Sr. No.		Name of Injury			Dimention and Situation of Wounds	Time of Injury	Simple or Grievous	Nature of Object
		<u>No external injury seen Tenderness on lt side of neck & hand.</u>			<u>1 fash</u>	<u>simple</u>	<u>blunt</u>	

Receiver Name & Sign.

[Signature]
Signature of Medical Officer

HEALTH UNIT SAONER Medico Legal Certificate

Date and Time of Examination		4/3/18 at 5:30 P.M.		Doctor's Name (Block Letters) Dr. GAJBHLYE -		A/No. 120	
Name of Injured		Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station
Abdul kalim Abdul majid.		Buda Tajbag Nagpur.	26yr	M.	mole on rt side of cheek.	H.G 1708 manoj	P.S. Saoner
Sr. No.	Name of Injury	Dimention and Situation of Wounds		Time of Injury	Simple or Grievous	Nature of Object	
		Abrasion on rt side of cheek.		fresh	Simple	Hard & Blunt	

Receiver Name & Sign.


Signature of Medical Officer
 मर्मिण आरोग्य प्राशिक्षण केंद्र

HEALTH UNIT SAONER

Medico Legal Certificate

A/No.

9 AJBAIYE

Date and Time of Examination 4/3/18 at 5:10 A.M. Doctor's Name (Block Letters) Dr. _____

Name of Injured	Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station	
Jayesh Pradnakar Bhoyar	Subhedar lay out Nagpur.	22 1/2	M.	tattoo mark on Lt hand.	H.G. 1708 manoj	P.S. Saoner.	
Sr. No.	Name of Injury	Dimension and Situation of Wounds			Time of Injury	Simple or Grievous	Nature of Object
		Swelling over Lt side periorbital region and Lt side of cheek & lip.			fresh	Simple	Blunt

Receiver Name & Sign.
[Signature]
MOS

Signature of Medical Officer
[Signature]
MOS