

1143

# HEALTH UNIT SAONER Medico Legal Certificate

ANNO.

Date and Time of Examination: 14/12/17 08:21 PM  
Doctor's Name (Block Letters): Dr. Rajiburye

No.	Name of Injured	Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station
	Wijay Udassam Amre	Sai Muralis Sames	30y	M	Scabb mark over R arm	P.C. Dinesh 1426	PS - Kelabad
	lacerated wound over contused lacerated wound on R hand	lacerated wound over R leg 4x4cm contused lacerated wound 3x4cm on R hand					

Signature of Medical Officer  
[Signature]

1142

# HEALTH UNIT SAONER Medico Legal Certificate

A/NO.

Date and Time of Examination 14/12/17 6:16 P.m. Doctor's Name (Block Letters) Dr. Gayatriye.

Name of Injured	Address	Age	Sex	Identification Mark	Brought by P.C.	Police Station
Yash Vijay Amne.	Sai mandar Saoner.	11 yrs	MCh.	male over lt side of neck region	P.C. Dinesh 1426	P.S. Saoner Kelwood

Sr.No.	Name of Injury	Dimension and Situation of Wounds	Time of Injury	Simple or Grievous	Nature of Object
	lacerated wound over Rt leg over medial aspect & over elbow joint of Rt. hand	<del>lacerated</del> CW over Rt leg. 4x1cm in size and over elbow joint of Rt hand. 3x2cm.		Simple	Blunt

Dr. Gayatriye  
Signature of Medical Officer