

LEGAL / MEDICO-LEGAL CASE (MLC) WOUND

CERTIFICATE FORMAT

Hospital Name & Address: Sunshine Medical Center Main Branch, 456 Park Avenue

MLC No.: MLC-2025-0001

Police Station: jd c

Date & Time of Examination: 12/12/2025, 11:17:50

Patient Details

Name: sdc sesc

Age: 11

Gender: Male

Address:

Brought by: jv,

History (As alleged)

Date & Time of Incident:

Alleged Cause/Weapon:

jgvj

Examination Findings

Opinion

Nature of Injuries: Dangerous to Life

Danger to Life: No

Age of Injuries:

Treatment Given:

Remarks:

Dr. doc 1

Reg No.: asdegaergeg

Signature & Hospital Seal

POLICE-USE WOUND CERTIFICATE FORMAT

Police Station: jd c

Patient Name: sdc scsc

Injuries Certified

Opinion for Investigation

Nature of Injuries: Dangerous to Life

Weapon Used:

Whether injuries possible as alleged: Yes / No

Dr. doc 1

Signature & Seal