


S 	MEDICO-LEGAL REPORT				
	Department of Forensic Medicine, Dr. B. R. Ambedkar State Institute of Medical Sciences, S. A. S. Nagar				
MLR No:	Dated Date	Name:	S/D/W of:	Age (Years)	Sex
Address:		Brought by:	History/Offence:	P.S.-	
Date/Time of Arrival Examination Date/Time		Observations (<i>Description of Injuries / condition etc.</i>)		OPINION Nature of Injuries K/U/O.	
Police information Immediately after				Probable Duration of Injuries	
Consent: I am willing for my medico-legal examination for the injuries / body condition. I have not been examined for this earlier by any other doctor. ਮੈਂ ਆਪਣੀਆਂ ਹਿਰਾਸਤਾਂ / ਸਰੀਰਕ ਹਾਲਤ ਸਬੰਧੀ ਮੈਡੀਕਲ ਮੁਆਇਨਾ ਕਰਾਉਣ ਲਈ ਰਜ਼ਾਮੰਦਗੀ ਅਤੇ ਇਸ ਤੋਂ ਪਹਿਲਾਂ ਕਿਸੇ ਡਾਕਟਰ ਤੋਂ ਇਸ ਸਬੰਧੀ ਮੁਆਇਨਾ ਨਹੀਂ ਕਰਵਾਇਆ					
Signature / Thumb Impression Io advised to collect medleapr copy later					
Identification marks 1. 2.					
MLR Fee Rs.310 Receipt No. / Date					
Place of examination: Emergency AIMS Mohali		Signature & Seal of Examining Medical Officer (Regn.No) DR.,Resident, Forensic Medicine Deptt, AIMS Mohali			