

MEDICO-LEGAL CASE REGISTER FORMAT

Serial No.	Month	Date	Name of Survivor	Address	Age (As reported)	MLC No.	Police Station (Where case registered)	MLC registered under Any other Section of POCSO/TPC/	MLC No. of examining Doctor	Date & time of arrival in hospital	Date & time of examination	Evidence to Police from forensic examination	Date of handing over forensic evidence report from FSL	Date of handing over final medico-legal examination report to survivor or parents / guardian, in case survivor is minor	LAMA/death of survivor/ case of referral/dischARGE/ base of referral/	In case of referral, name of referral health institution	Signature of examining Doctor					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

Signature of Head of the Health Institution

Name:

Date:

Note: At the end of every month the administrative head of the health institution is to verify the Medico-Legal Register i.e. Superintendent of the MCH/Capital Hospital BBSR/RGH, RKL, ADMO(Medical) of DHH, SDMO of SDH, MO(I/C) of CHC.

Reporting Format of Medico-Legal Cases for Health Institutions

(All MCH/DHH/SDH/CHC shall submit monthly report to the Superintendent/CDMO by the 5th of every month.
 Compiled report of Medico- Legal Cases shall be forwarded by the Superintendent / CDMO to the Director, Family Welfare by the 10th of every quarter)

State:..... **District:**.....

Reporting Period:..... **Date:**.....

Name of the health institution:.....

Srl. No.	Items	Total	
1	No. of MLC cases		
2	Sex		
a.	Male		
b.	Female		
c.	Others		
3	Age		
a.	Below 18		
b.	18-35		
c.	36-60		
d.	Above 60		
4	Cases Booked		
a.	Under POCSO		
b.	Under IPC		
c.	Others		
5	Outcome		
a.	Discharge		
b.	Referral		
c.	Left against medical advise (LAMA)		
d.	Death		
6	Human Resource	Sanctioned	In Place
a.	Medical Officer		
b.	Staff N		
7	Human Resource Trained	MO	SN
a.	GBV		
b.	Child Sexual Abuse		
c.	Guidelines /Protocols of Sexual Violence		
8	SAFE Kit	Opening Balance	SAFE Kit Used
a.			Remaining Balance

Note: Hospital Managers at the MCH/DHH/SDH and the MO (I/C) at the CHC are responsible for monthly /quarterly reporting, as applicable.

Remarks:

Signature

Name & Designation

Date