

POCSO Case Detail

UPDATE		BACK (index.php?page=pocso_case_list)
MSCPS : POCSO CASE DETAIL		
SN	Particulars	Output
	<u>Case Record Date</u>	2025-05-26
Victim Related Info		
1	Name of Child	Jerusalemthari
2	Sex	Female ▼
3	Date of Birth	26.07.2009
	Age	14
4	RD Block	Aibawk ▼
	Rural/Urban	Rural ▼
	Address	Lamchhip
5	No of Accused	1

6	Details of incidence	Frequency	Once
		One-Time incident	
		Date of incidence	5.11.2023
		Repeated incident	
		Date of first incidence	5.11.2023
		Date of last incidence	5.11.2023
		Time & Place of incidence	
		Time of incidence	Morning
		Happens at the child official address (hometown or not)	Hometown
		Place of incidence	Victim residence
If Others, specify			
7	Relationship with accused	Relationship	Cousin
	If Others, specify	NA	
8	Whether living in same household with accused?	Yes	

9	Family status, life style, living conditions and social life of victim and family	Marital status of victim's parents	Divorced			
		Family Structure	Joint Family with Parents			
		No of Siblings				
		Type of housing	Owned			
		If others, specify				
		Involvement of family in church	Attend regularly			
		Participation of family in CBO	Participate regularly			
		Involvement of child in church	Attend regularly			
10	Family Details:					
Name & Relationship	Age	Sex	Education	Occupation	Health Status	Addictions
R.Lalchhuanamawm		M ▼	Class V ▼	Daily W ▼	G ▼	None ▼
Lalramhmuaki (Moth)		F ▼	Class V ▼	Unemp ▼	G ▼	None ▼
R.Lalnunthara		F ▼	Class X ▼	Studen ▼	G ▼	None ▼
Jerusalemthari		F ▼	Class V ▼	Studen ▼	G ▼	None ▼
Lalnunfela		M ▼	Class V ▼	Studen ▼	G ▼	None ▼
Elizabeth Lalhmachl		F ▼	Class X ▼	Others ▼	G ▼	None ▼
Lalmuankima		M ▼	Class X ▼	Daily W ▼	G ▼	None ▼
		▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼
11	Migrants - from other states/districts of victim and family			Local		

12	Economic status of victim and family		<input type="text"/>
13	Education of victim	Education Level	Class VI
		If Drop-Out, specify reasons	<input type="text"/>
14	History of offence committed by victim, if any		<input type="text"/>
15	Does the child have any history as victim under "crime against children", specify	Yes/No	<input type="text"/>
		If Yes, specify	<input type="text"/>
16	History of Institutionalisation of the child, if any	Yes/No	<input type="text"/>
			If Yes, specify (name of institution and year and duration)

Accused Related Info

17	Name of accused		Benjamin Zoramsanga
18	Gender of accused		Female
19	Age of accused		20
20	Complete official address of the accused	RD Block	Aibawk
		Rural/Urban	Rural
		Address	Chawilung

21	Family status, life style, living conditions and social life of accused and family	Marital status of accused	Never Married			
		Family Structure	Joint Family with Parents			
		No of Siblings				
		Type of housing				
		If others, specify				
		Involvement of accused in church				
		Participation of accused in CBO				
22 Family Details:						
Name & Relationship	Age	Sex	Education	Occupation	Health Status	Addictions
		▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼
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		▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼
		▼	▼	▼	▼	▼
23	Migrants from other states/districts					
24	Economic status of accused and family					

25	Education of accused	Education Level	▼
		If Drop-out, specify reasons	/
26	History of offence committed by accused, if any	/	
27	History of Institutionalisation of the accused, if any.	Yes/No	▼
		If Yes, specify (name of institution and year and duration)	/

Case Proceeding - I (Pre-Trial)

28	Whether FIR is filed	Yes	▼
29	Who filed FIR	Filed by	By Father
		If Others, specify	/
30	FIR No with date	FIR No	49/2023
		FIR Date	7/11/2023
31	POCSO section under which the accused is booked	POCSO Section	6 POCSO Act
		If r/w (IPC)	376(3) IPC
		If r/w (BNS)	/
32	Date of arrest of accused.	Date of Arrest	7.11.2023
		If No, specify	/
33	Location of accused	Location	Jail (Convicted)
		If Others, specify	/

34	Whether medical exam is being conducted for victim.	Yes/No	Yes
		If Yes, date of medical	7.11.2023
		If Yes, summary of medical report	
35	Whether medical exam is being conducted for accused.	Yes/No	Yes
		If Yes, date of medical	7.11.2023
		If Yes, summary of medical report	