



फॉर्म 'क' अ'
मि. २०० (वि. अ.) १९६९
वेतन वगैरे उच्चतर पदावधि कायदा

नाम: _____ पद: _____
 दिनांक: २१/११/२०१७
 पद संख्या: _____

वर्ग: _____

पद का वर्ग: _____

पद का नाम: _____
 पद का वर्ग: _____

पद का नाम: _____

पद का नाम: _____

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पद का नाम: _____

पद का नाम: _____

पत्र 'क' अ'
 दिनांक 22/01/2020, 2020/20
 श्री गुरुकुल प्रवेशिका संस्थान, दिल्ली

(1) पंजीयन शुल्क - 5000/- रुपये

दिनांक - 22/01/2020

(2) नाम - श्री गुरुकुल प्रवेशिका संस्थान

पंजीयन शुल्क 5000/- रुपये
दिनांक 22/01/2020

(3) पता - श्री गुरुकुल प्रवेशिका संस्थान

दिल्ली

(4) पंजीयन शुल्क का प्रमाण - श्री गुरुकुल प्रवेशिका संस्थान

श्री गुरुकुल प्रवेशिका संस्थान
दिल्ली

(5) पंजीयन शुल्क का प्रमाण - श्री गुरुकुल प्रवेशिका संस्थान

दिल्ली

श्री गुरुकुल प्रवेशिका संस्थान

(6) पंजीयन शुल्क का प्रमाण - श्री गुरुकुल प्रवेशिका संस्थान

दिल्ली

(7) पंजीयन शुल्क का प्रमाण - श्री गुरुकुल प्रवेशिका संस्थान

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(8) पंजीयन शुल्क का प्रमाण - श्री गुरुकुल प्रवेशिका संस्थान

दिल्ली

(9) पंजीयन शुल्क का प्रमाण - श्री गुरुकुल प्रवेशिका संस्थान

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(10) पंजीयन शुल्क का प्रमाण - श्री गुरुकुल प्रवेशिका संस्थान

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(11) पंजीयन शुल्क का प्रमाण - श्री गुरुकुल प्रवेशिका संस्थान

दिल्ली

दिनांक 22/01/2020

नाम - श्री गुरुकुल प्रवेशिका संस्थान

297/17

P.O. Box 1000, New York, NY 10000-1000

FIRST INFORMATION REPORT

Division Number: 100-100000
Date: 01/01/2017
Time: 10:00 AM

1. Name of City, town or village
 City: New York, NY

2. Date, time and place of occurrence
 Date: 01/01/2017
 Time: 10:00 AM
 Place: New York, NY

3. Occurrence of offense (name of crime)
 1. Day (Month) Year
 Time (Month) Year

4. Type of information (type of case)
 5. Place of Occurrence (Address)
 6. Name of Person and address (Name, Address, City, State, Zip)
 7. Name of P.O. and address (Name, Address, City, State, Zip)

8. Complaint (Informant) (Name, Address, City, State, Zip)
 9. Name of Person (Name, Address, City, State, Zip)
 10. Name of Person (Name, Address, City, State, Zip)
 11. Name of Person (Name, Address, City, State, Zip)
 12. Name of Person (Name, Address, City, State, Zip)

13. Name of Person (Name, Address, City, State, Zip)
 14. Name of Person (Name, Address, City, State, Zip)
 15. Name of Person (Name, Address, City, State, Zip)
 16. Name of Person (Name, Address, City, State, Zip)
 17. Name of Person (Name, Address, City, State, Zip)

18. Name of Person (Name, Address, City, State, Zip)
 19. Name of Person (Name, Address, City, State, Zip)
 20. Name of Person (Name, Address, City, State, Zip)

21. Name of Person (Name, Address, City, State, Zip)
 22. Name of Person (Name, Address, City, State, Zip)
 23. Name of Person (Name, Address, City, State, Zip)

1. Name of the person (or persons) who furnished the information (Name) _____
Address (Street) _____
City (Street) _____
State (Street) _____

2. Reason for delay in reporting to the competent authority (Name) _____
Address (Street) _____
City (Street) _____
State (Street) _____

3. Description of property or interest (Name) _____
Value (Street) _____

4. Name of person to whom the property was given (Name) _____
Address (Street) _____
City (Street) _____
State (Street) _____

5. Total information received from this person (Name) _____
Address (Street) _____
City (Street) _____
State (Street) _____

6. Action taken (Name) _____
Address (Street) _____
City (Street) _____
State (Street) _____

7. Name of person to whom the information was furnished (Name) _____
Address (Street) _____
City (Street) _____
State (Street) _____

8. Name of person to whom the information was furnished (Name) _____
Address (Street) _____
City (Street) _____
State (Street) _____

9. Name of person to whom the information was furnished (Name) _____
Address (Street) _____
City (Street) _____
State (Street) _____

पाप 1 में सोवू से लगे की पल से मेरो गैंगीज लेकर
 उभा पा के उठकर मे बरमा की सोवू की भोज हो चुकी है।
 तब तब सोवू के सिधेतर एग पाँत गमे से उनोने उठकर
 मे बरनीज की ओर सोवू की उठाई की ओर लेकर आ
 गये। उसके बाद के मेरे लट चला गया।

मेरा सोवू मे स्वतीर इन् सोवू मे इजाईल की ला भवता हो मत प्रम
 के किसी प्रकार टुकनासक मे उन्ना 110 के पक्ष, मेरुओघरा
 भेद के पक्ष एगएवमी से एक चरकर अरुत गारुत
 उन्कीईर कीन है और एग से मी से लाय गया इन्मे
 सोवू की भोज हो गयी है इन्मे उम अरुत टुकनासक के
 लीलास अरुतानी नासत है।

मरी मेरी सिधे 1 मे मेरे मुनाकिड लीने पठकर
 उन्मे बरकर लीने है

10/10/19

उन्मे मुन किन मेरे से नाकीर इन् सोवू मे इजाईल
 भवती एग 25 गे उन् मेरुनीय अरुतमे मेरो इन्कील नासतुर
 मनी जेद एग एग उन्मे उन्कीय दिने एग दिनीके
 सिनिवतु इन्मे उन्की, 213 एग 2, 11. व उन्कीक 134.
 111 मे. व. ए उन्मे मुन मेरे इन्मा मेने.


 (मेरे इन्कीके)

14. Signature/Thumb impression of the complainant / informant
(Signature / thumb impression / name / age / sex)

15. Date and time of objection to the above (Section 4 (a) (ii) Form
No. 1000)

[Handwritten signature]

[Handwritten signature]

Signature of Officer in charge, Police Station
(Name / rank & number)

Name / rank / number / station / district

Ranking / Inspector
No. / 1000000000

CRIME DETAILS FORM
ਪ੍ਰਮੁੱਖ ਗੁਨਾਹੀ: ਮਹਾਨਗਰਪਾਲਿਕਾ ਚੌਕ

1. Date: 25/05/2016
Time: 10:30 AM
Place: 25/05/2016
City: 25/05/2016

2. All and Section: 303(a), 304(b), 307, 306 of IPC

3. The Place of Occurrence should be noted below separately:

Name: Jitendra Singh
Father's Name: Jitendra Singh

Address: 25/05/2016, 25/05/2016, 25/05/2016
25/05/2016, 25/05/2016, 25/05/2016

4. TYPE OF CRIME (including M.O. Cause)
Give one (more if applicable)

(i) Major Head: 303(a), 304(b)
(ii) Minor Head: 307, 306

- (a) Remarks:
(1) _____
(2) _____
(3) _____

(b) *Conveyances Used (road/rail): 25/05/2016

(c) *Dreadful Assault (S.I. 304) / S.I. 307:

(d) *Language / Script used (written or / or oral):

(e) *Special Feature-1 (any other):

*Special Feature-2 (any other):

*Special Feature-3 (any other):

(f) *Type of Place of Occurrence (road/rail): 25/05/2016, 25/05/2016, 25/05/2016

(g) *Type of Property involved (if any): MS 4/2016

- (i) _____
- (ii) _____

5. Particulars of the victims (Attach separate sheet, if required)
 (अथ वरिष्ठ/अन्य अन्य वरिष्ठ वरिष्ठ)

S. No.	Name	Date Year of the occurrence of	Sex	Nationality	Religion	Whether SC/ST	Occupation	Address	Birth Certificate Serial number	Marital status
(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)	(ix)	(x)	(xi)
1	श्री. अशोक शर्मा	15/05/2018	Male	Indian	Hindu	SC	Farmer	123 Main St, Village X, District Y	123456789	Married

6. Motive of Crime (अथ म)

7. Details of properties (Items involved) (Use appropriate prescribed form (X) and attach) (अथ वरिष्ठ वरिष्ठ वरिष्ठ वरिष्ठ वरिष्ठ वरिष्ठ)

8. Description of the alleged offence

वर्णन: - आरोपी ने शिकायतकर्ता के निवासी घर में घुसकर शिकायतकर्ता के साथ अश्लील संबंध स्थापित करने का प्रयास किया। शिकायतकर्ता ने तुरंत पुलिस को सूचित किया।

परिणाम: - आरोपी को गिरफ्तार किया गया और उसे 15 दिनों के लिए जमानत पर छोड़ा गया।

वर्णन: - आरोपी ने शिकायतकर्ता के निवासी घर में घुसकर शिकायतकर्ता के साथ अश्लील संबंध स्थापित करने का प्रयास किया। शिकायतकर्ता ने तुरंत पुलिस को सूचित किया।

परिणाम: - आरोपी को गिरफ्तार किया गया और उसे 15 दिनों के लिए जमानत पर छोड़ा गया।

INFORMATION TO BE SENT BY THE DOCTOR ALONG WITH THE DEAD BODY, WHILE SENDING THE DEAD BODY TO MORTUARY

(Prepare in a separate copy and send it with the dead body)

Name of the deceased: Mr. J. K. Singh
 Age: 45 Sex: Male
 Address: Village - Jhansi, District - Jhansi
 Registration No: 12345 MLC No: 67890
 Date of admission: _____
 Date and time of death: 10/10/2018
 Ward No. / Casualty: 100/100 Dept: _____ Unit: _____
 Provisional Diagnosis (by treating doctor): _____

Any relevant information: _____

Reason for sending the dead body to mortuary: _____

- It is a medico-legal case.
 - No relatives are available with dead body and it is a non MLC case, not for postmortem examination.
 - Unknown person and no claimant is available (MLC/Non MLC).
 - Diagnosis and cause of death is not known and body is for clinical autopsy.
- (Mark ✓ The appropriate reason)
- * Any relevant information: _____

Whether Form No. 4 (Death Certificate) and Form No. 5, is issued to relatives— YES/NO

Whether the Police has been informed— YES/NO

Handwritten notes:
 10/10/2018
 Jhansi
 100/100

[Signature]
 Signature of Informing Doctor

Name: _____
 Designation: _____
 Date: _____

20/11/17

1st part of the day at 1st floor
- 1st floor
- 2nd floor, 3rd floor

2nd - 3rd floor, 4th floor, 5th floor
- 6th floor, 7th floor, 8th floor

20/11/17 1st part of the day at 1st floor
2nd part of the day at 2nd floor

1st part of the day at 1st floor
2nd part of the day at 2nd floor
3rd part of the day at 3rd floor
4th part of the day at 4th floor
5th part of the day at 5th floor
6th part of the day at 6th floor
7th part of the day at 7th floor
8th part of the day at 8th floor

9th part of the day at 9th floor
10th part of the day at 10th floor
11th part of the day at 11th floor
12th part of the day at 12th floor
13th part of the day at 13th floor
14th part of the day at 14th floor
15th part of the day at 15th floor
16th part of the day at 16th floor
17th part of the day at 17th floor
18th part of the day at 18th floor
19th part of the day at 19th floor
20th part of the day at 20th floor

21st part of the day at 21st floor
22nd part of the day at 22nd floor
23rd part of the day at 23rd floor
24th part of the day at 24th floor
25th part of the day at 25th floor

26th part of the day at 26th floor
27th part of the day at 27th floor
28th part of the day at 28th floor
29th part of the day at 29th floor
30th part of the day at 30th floor

27/11/17



Dated - 27/09/2017

V.P.N. - 120000 - P. - 01 - 1001 - 1001 100
L.A.S. No. 12000, dated 20/04/17 and
L.A.S. and P.D. No. 12000 dated 21-04-17
This Report Conform with the Govt. Of Maharashtra, Nagpur
Letter No. 10000/1000000000 dated 1/1/17

Post-Mortem No. : CP/1127/2017
C.R. No. : 27/17
Police Station : Yashwantrao Nagar,
Dist. : 27/09/2017

**Memorandum of a Post-mortem Examination held at Department of Forensic Medicine,
Indira Gandhi Government Medical College, Nagpur**

On the dead body of **MOHAMMAD KHALID** Village/Occ. **Yashwantrao Nagar, Nagpur**
alias **SINU**
MOHAMMAD ISMAIL
Taluka - Nagpur District - Nagpur By **Dr. C. V. TINGNE**
MBBS, MD (FM)

I. General Particulars -

- 1 (a) By whom was the corpse sent? **PS - Yashwantrao Nagar, Nagpur**
- (b) Name of the place from which sent. **Yashwantrao Nagar, Nagpur**
- (c) Distance of the place from which sent. **About 6 km**
- 2 By whom was the corpse brought? **PC Anup, B.No. 2128, PS Yashwantrao Nagar**
- 3 By whom identified? **Masitaj Ahmed and PC on duty**
- 4 The date, hour and minute of its receipt. **On 27/09/2017 at 12:45 PM.**
 - (a) The date, hour and minute of beginning of post-mortem examination. **On 27/09/2017 at 12:55 PM.**
 - (b) The date, hour and minute of ending of post-mortem examination. **On 27/09/2017 at 01:55 PM.**
- 5 Substance of accompanying report from Police Officer or Magistrate, together with the date of death, if known supposed cause of death or reason for the examination. **As per police inquest and requisition the deceased died on 27/09/2017 11:15 PM. Alleged history of death due to road traffic accident.**


Dr. C. V. TINGNE

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6. If not examined at Dispensary or Hospital—
- (a) Name of the place where examined Not Applicable.
- (b) Distance from the Dispensary or Hospital Not Applicable.
- (c) Reason why the dead body was not sent to the Dispensary or Hospital Not Applicable.
7. External Examination: Sex, apparent age, race or caste. Description of cloths and of ornaments on the body. Male, 26 years
 1. One blue shirt
 1. One white banyan
 1. One blue pant
 4. One green under wear
8. Conditions of clothes— Whether wet with water, stained with blood or soiled with vomit or faecal matter. Dry and Intact
9. Special marks on the skin (such as scars, tattooing, etc., any malformations, peculiarities or other marks of identification. Body identified over. Teeth - intact. 16/16
- State of the teeth. Not Applicable.
- If newly-born infants, the length and (if possible), the weight of the body to be recorded together with the state of hair, nails and umbilical cord, its length, whether placenta is attached or not, if present, its size and condition.

11.

12.

13.


 Dr. C. V. TINGNE

10. Condition of the body -
Whether well nourished,
thin or emaciated, warm
or cold.
11. Rigor Mortis -
Well marked, slight or
absent, whether present
in the whole body or part
only.
12. Extent and signs of
decomposition, presence
of post-mortem lividity
of buttocks, loins, back
and thighs or any other
part. Whether bulge
present and the nature of
this exuded fluid.
Condition of the cornea
13. Features - Whether
natural or swollen, state
of eyes, position of
tongue, nature of fluid (if
any) oozing from mouth,
nostrils or ears.
14. Condition of skin -
Mark of blood, etc. is
suspended showing the
presence or absence of
marks assumed to be
noted.
- Average built, cold.
- Well marked all over body.
- No signs of decomposition.
Post-mortem lividity present over posterior aspects
of trunk, upper limbs and lower limbs except over
pressure points. Fixed.
- Features natural.
Eyes closed, cornea - hazy.
Tongue inside mouth.
No oozing through mouth, ears and nose.
- Dry and pale



Dr. C. V. TRSME

15.	Injury to external genitalia	No injury to external genitalia. No Furgus.
16.	Indication of poisoning Position of limbs— Specialty of arm and of finger in suspected Assessing the presence or absence of sand or earth within the nails or on the skin of hands and feet.	Limbs - straight.
17.	Surface wounds and injuries Their nature, position, dimensions (measured) and direction to be accurately stated - their probable age and cause to be noted.	<ol style="list-style-type: none"> 1. Contused abrasion present over left side of forehead of size 3.5cmx8.5cm, red color. 2. Contusion present over right side of middle and lower 1/3rd of chest involving parts of right hypochondrium and epigastric region of abdomen of size 12cmx18cm, red color, confirmed on cut section. 3. Contused abrasion present over left side of middle 1/3rd of back of size 62cmx11cm, red color. 4. Contused abrasion present over lower 1/3rd of back in midline of size 21cmx11cm, red color. 5. Multiple contused abrasions present over left elbow of size ranging between 62mmx1cm to 61mmx1cm, red color. 6. Contused abrasion present over left knee of size 2.5cmx11cm, red color. 7. Contusion present over upper and middle 1/3rd of anterior aspect of left leg of size 12cmx11cm, red color, confirmed on cut section. 8. Contusion present over middle 1/3rd of anterior aspect of left leg of size 67mmx11cm, red color, confirmed on cut section. 9. Multiple contused abrasion present over posterior aspect of middle 1/3rd of left thigh of size ranging between 16cmx11cm to 8.5cmx11cm, red color. 10. Contused abrasion present over posterolateral aspect of lower 1/3rd of left thigh involving popliteal fossa and extending up to upper 1/3rd of leg of size 17cmx6cm, red color.
18.	If limbs be present what is the condition of the subcutaneous tissues? (N.B.—When injuries are numerous and cannot be mentioned within the space available they should be mentioned on a separate paper which should be signed.)	
19.	Other injuries discovered by external examination or palpation as fracture etc.	NIL.
20.	Can you say definitely that the injuries above against serial nos. 17 and 18 are ante- mortem injuries?	Yes, Antemortem


Dr. C. V. THAKRE

19. Internal Examination: -
- Head: -
- (i) Injuries under the scalp, their nature. Intact
 - (ii) Skull- Vault and base- describe fractures, their sites, dimensions, directions, etc. Skull vault and base intact
 - (iii) Brain- The appearance of its coverings, size, weight and general condition of the organ itself and any abnormality found in its examination to be carefully noted. Meninges: - Intact, pale. Brain: - Intact, Pale, 1280g

20. Thorax: -
- (a) Walls, Ribs, Cartilages. Sternum fractured over lower 1/3rd part.
 - (b) Pleura Intact, About 150 ml blood and blood clot present in each pleural cavity
 - (c) Larynx, Trachea and Bronchi Intact, no foreign body, mucosa pale
 - (d) Right Lung 450g Intact pale
 - (e) Left Lung 430g Intact, pale.
 - (f) Pericardium Intact, pale.
 - (g) Heart and weight Intact, pale. Coronaries patent. 180g
 - (h) Large Vessels Intact. Contains blood and blood clots.
 - (i) Additional Remarks Nil.


Dr. C. V. TINGNE

21. Abdomen:
- | | |
|---|---|
| Stomach | Intact. |
| Esophagus | Intact, pale. |
| Esophagus | About 1.5 liters of blood and blood clots present. |
| Rectum, Sigmoid, Cecum, Appendix, and Duodenum | Intact, pale, with 140g |
| Colon | Intact, mucosa pale. |
| Small Intestine and Cecum | Intact, containing about 400 ml partially digested food material, no peculiar smell, mucosa pale. |
| Small Intestine and Cecum | Intact, mucosa pale. |
| Large Intestine and Cecum | Gases and feces present. |
| Liver with weight and gall bladder | Laceration present over anterior aspect of right lobe of size 12cmx4.5cmx3cm. |
| Pancreas and Spleen with weight | Intact, pale. |
| Spleen with weight | Intact, pale. Weight - 141 gm. |
| Kidneys with weight | Right kidney crushed into multiple pieces. Left kidney intact. 120g |
| Bladder | Intact, empty. |
| Organs of generation | Intact, pale. |
| Additional remarks with where possible, medical Officer's indication from the state of the contents of the stomach as to time of death and last meal. | NIL. |
| State which viscera (if any) have been retained for chemical examination and also quote the numbers on the bottles containing the same. | Viscera not preserved. |



22. Spine and Spinal Cord

Intact, not opened.

23.

- a) Whether the ante mortem injuries found on the dead body were sufficient in the ordinary course of nature to cause death.
- b) If yes, which of the injuries were individually sufficient in the ordinary course of nature to cause death.
- c) Which of the injuries collectively were sufficient in the ordinary course of nature to cause death.

Yes

Injuries no. 7 mentioned in column no. 17 along with corresponding internal damage mentioned in column no 11.

Opinion as to the cause of probable cause of death

"BLUNT TRAUMA TO ABDOMEN"

(Signature)
 Dr. C.V. TINGNE

MBS, MD (FM)

Assistant Professor
 Dept. of Forensic Medicine & Toxicology
 All India Institute of Medical Sciences College
 Sector-3, Gurgaon

(Signature)

Dated - 23/08/2017

The spinal cord need not to be examined unless there are any indications of disease, Myeloma poisoning or injury.

Note - the report must be written and signed immediately after the examination. Medical Officer will at once dispatch the duplicate copy to the Magistrate of their district for record in his office.
 Great care should be taken not to cut the ribbons before they have been inspected in situ.

Dr. C. V. TINGNE

MLPM NO-CVT/1136/17,

Dated - 27/06/2017.

Page No. - 8

No. MLPM NO-CVT/1136/17,

Dated - 27/06/2017.

I, Discerner Indira Gandhi Government Medical College, Nagpur
Civil Hospital

Forwarded to the Police Sub Inspector PS - Yashodhara Nagar, for information with
reference to his No. C.R. No. 277/2017, US - 278, 384(a) IPC of Dated - 26/06/2017.

1. Vitroon has preserved. It may have to stated immediately whether examination by the
Chemical Analyst is necessary or it is to be destroyed.

Visitors not allowed.



Dr. C. V. TENGME

MBBS, MD (DML)
Assistant Professor
Dept. of Forensic Medicine of IGMCH
Indira Government Medical College,
Nagpur-441101

Copy forwarded with complacents to civil surgeon

for information.

H. M. S. Officer.

Total number of pages of this post mortem report is EIGHT (8).

Seen and examined by civil surgeon.

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Dr. C. V. TENGME