

Gujarat Ayurved University, Jamnagar

Name of the College:

Department of Agadtantra-Vyavahar Ayurved Evum Vidhivaideyak

“Examination of Injured Person (Injury Report)”

To,

The Investigating Officer _____ N.A. _____ Police Station _____ N.A. _____

Ref: Your Letter No _____ N.A. _____ Dated _____ N.A. _____

I have Honor to forward herewith the result of my examination of

Mr./Mrs./Ku. _____

Son/Daughter/Wife of _____

Resident of _____ Tehsil _____ District _____

1.	2.	3.	4.	5.	6.	7.	8.
Sr. No	Nature of Injury	Size of Injury	Situation on Body	Simple or Grievous	Kind of Weapon	Age of Injury	Remark

Consent for Examination:

Taken/Not-taken

Oral/Written

Question asked: 1.

Replies given: 1.

2.

2.

3.

3.

Place: _____

Date: _____

Time: _____

Teacher's Signature

Students Signature