

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DELHI, HOSPITAL**  
 SHRI AUROBINDO MARG, GANDHI NAGAR, SOUTH DELHI, DELHI 110019 GOVT. OF N.C.T  
 OF DELHI

Emergency Reg. No.

MLC No. 201      Name **PANKAJ GUPTA**      Son / Daughter / Wife of **LT. BRJESH GUPTA**      Age **36**      Yrs      Sex **Male**      Occupation **Wholesaler**  
 Year **2019**      Residential Address **H.NO. A - 44, BLOCK G - 3, MALVIYA NAGAR, SOUTH DELHI, DELHI, 110017**      Date of examination **09/09/2019**

Date and hour of arrival **09/09/2019 23:00 HRS**

Name of the Police Station **MALVIYA NAGAR**  
 Name and No. of I/O **SACHIN NAGAR 564372**

Date of admission **09/09/2019**

If Admitted

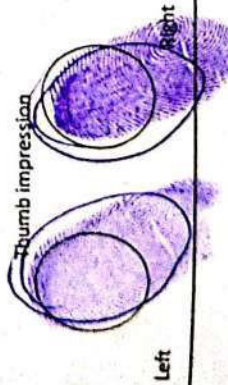
Date of discharged **16/09/2019**

MLC received by

Name      Designation      Date      Time

Ct. Sureab No. **1109**      **16/09/2019 14:00 HRS**

Any mark of identification.....



*Pisunt C*

According to this report of the hospital, the victim was brought in the hospital who was in a very grave and dangerous position. The police brought the victim to the hospital for the treatment of the victim named PANKAJ GUPTA. According to this report, I Dr. ASHOK SHUKLA ; do hereby certify that the above mentioned victim had a deep cut in his left hand (forearm) it was a hopeless situation for him due to major blood loss he almost died. The wound of the victim was treated and it was found that the cut was given by a sharp knife.)

Nature of injuries      Grave And  
 Dangerous Injuries

*Pisunt D*

Remarks (if any)

*Ashok*  
 Signature of Casualty Medical Officer (CMO)  
 Dr. ASHOK SHUKLA

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