

**M.C.O.C. SPECIAL CASE NO. 21 OF 2006****DATE: 8TH FEBRUARY 2012****EXT. NO.2195****DEPOSITION OF WITNESS NO.183 FOR THE PROSECUTION**

I do hereby on solemn affirmation state that:

My Name : Dr. Udaykumar Dnyandevrao Yelkar

Age : 47 years

Occupation : Medical officer of health

Res. Address :B-602, Namdeo Appt., Mithagar Road, Mulund(E),  
Mumbai-81.

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**Examination-in-chief by SPP Raja Thakare for the Statement**

1. I am working as medical officer and Sub-Registrar in 'T' ward, Mulund. I was attached to Bhabha Hospital at Bandra in 2006. Dr. Mrs. Bharti Thakkar was my colleague medical officer at that time. Bhabha Hospital is a municipal hospital like KEM, Sion, Cooper. The OPD case paper form of all these hospitals is the same. The findings of examination of custody patients are written in the medico-legal register that I have brought to court. The OPD case papers are kept below the page of the register below a carbon and sometimes rubber stamp is used on both. When police bring a custody patient with a memo, we take the patient inside and ask the police to wait outside.

We take history from the patient. The entries in the medico-legal register are made in the official course of our work.

2. (Learned SPP asks the witness to go through the MLC books and state about the entries). The entry at sr. no. 15962 shows that the patient by name Mohd. Majid Mohd. Shafi was brought on 25/10/06 by PC-29346 of Matunga at around 10.25 a.m. I had examined him. He was brought for general physical examination. He himself gave the history. He was asymptomatic. No history of assault or trauma. On examination he was conscious, oriented, afebrile, pulse rate 80, BP 120/80, no external injuries fresh or old, systemic, respiratory, cardio vascular, central nervous and gastro intestinal – NAD. The contents of the attested true photocopy of the entry are as per the contents of the entry in the original register. The name and the findings are in my handwriting and it bears my signature. (It is marked as **Ext.2196**).

3. The entry at sr. no. 1490 shows that the patient by name Kamal Mohd. Ahmed Ansari was brought on 03/10/06 by PC-23005 of Bandra at around 7.25 p.m. Dr. Mrs. Bharati Thakkar had examined him. He was brought for general physical examination. He himself

gave the history. He had no complaints. No history of assault, he was conscious, oriented, afebrile, pulse rate 80, BP 110/80, no external injuries seen, systemic, respiratory, cardio vascular, central nervous and gastro intestinal – NAD. Patient on query stated about renal trauma from KEM. Papers of KEM not brought. The contents of the attested true photocopy of the entry are as per the contents of the entry in the original register. The name and the findings are in the handwriting of Dr. Mrs. Thakkar and it bears her signature. (It is marked as **Ext.2197**).

**Cross-examination by Adv Wahab Khan for A2, 7, 10 & 13**

4. (Learned advocate shows the Health Screening Sheet of the Byculla District Prison that he has produced along with his application Ext. 2198 to the witness). The injury of swelling on right foot is mentioned in it. It is also mentioned that there is tenderness in both thighs. (Learned advocate requests that the documents be exhibited. The forwarding letter from the Information officer of the BDP is marked as **Ext. 2199** and the Health Screening Sheet of the A5 is marked as **Ext. 2200**). Ext. 2200 is in respect of the same patient whom I examined on 25/10/06. It is true that we have to obtain the

thumb impression or signature or write the identification marks of a person in our record for the purpose of identification. This is done for general patients, but not for patients who are brought by police. Thumb impressions or signatures of patients are not taken as they are examined in the casualty where there is a line and as we have less time. There are always 15-20 patients in line. Patients are examined in the examination room. Few patients in the line stay in the room and remaining wait outside. There are beds for indoor patients, who are kept under observation. There is a workload for the casualty medical officer, but not overburdened. Only one medical officer works at one time. Examination room is separate and isolated. Patient is examined there. No outsider is allowed to remain present in it during our examination. I am not aware about the different types of police torture and the procedure of healing the marks of torture. A custody patient who comes for examination gives the history of assault or trauma and even we ask about it. If he does not give history then we make general examination. It is not true that irrespective of whether the patient makes any complaint, we have to examine his person by asking him to remove his clothes. Police bring

the custody patients for general examination as to whether he is sick or for any reason and whether he has any complaints. It may be that custody patients are produced before medical officers for examination to keep check on police torture. I have come across patients who have complained about assault by police. It is not true that I did not notice the injuries mentioned in Ext. 2200 on the patient Mohd. Majid when I examined him on 25/10/06 as I did not examine him by asking him to remove his clothes. It is true that in Ext. 2196 in the column about 'Information self/police constable', the relevant word is not struck off to indicate as to who had given the information. However, in the column 'complaint of' I have written asymptomatic. (Learned advocate asks the witness to go through page 93 of the MLC register). It is true that specific findings are not mentioned in the rubber stamp of the findings in the two entries, but only NAD is written. Rubber stamp is used for some entries and some entries are by hand. (Learned advocate asks the witness to see the entry at sr. no. 14598 in the MLC register). It is true that name of the patient is mentioned, but the finding is not mentioned as the paper is sent for MLC again as previous MLC done at no. 14541 on 24/09/10 and

patient was examined on 24/09/06. (Learned advocate asks the witness to see the entry at sr. no. 14561 in the MLC register). It is not true that findings are not written in it, because 'Clinically NAD' is written. (Learned advocate asks the witness to go through page 198 of the MLC register). It is true that both the entries on this page are canceled. (Learned advocate asks the witness to see the entries at sr. nos. 15877 to 15880, 15889 and 15890, 15911 and 15912, 15897 and 15898 in the MLC register). The patient in sr. no. 15877 was examined at 1.24 a.m., in sr. no. 15878 at 1.23 a.m., in sr. no. 15879 at 2.03 a.m. and in sr. no. 15880 at 2.02 a.m., in sr. no. 15889 at 12.41 p.m. and in sr. no. 15890 at 12.40 p.m., in sr. no. 15911 and 15912 at 11.11 a.m., in sr. no. 15897 at 4.44 p.m. and in sr. no. 15898 at 4.45 a.m. It is not true that all the entries in the registers are made without examining the patients. Witness volunteers that he wants to clarify about the timings of examination of patients. First the custody patient is taken by the police to the record assistant where case paper is written and issued. The date and time is written there and it is copied by the doctor who examines the patient. It may be that the papers are not kept serially in the bunch that is placed before us. The

timings mentioned in the case papers are not the timings at which the patients are examined. Examination of a custody patient in the casualty requires about 5-7 minutes. Writing of the findings is going on side by side or it takes some more time. I cannot say about EMS. Dr. Mrs. Thakkar is available. She is on duty at present. The patient Kamal Ahmed was not examined in my presence. Bandra Police Station is 2-5 minutes distance by vehicle from hospital and about 10 minutes on foot. There is no endorsement in Ext.2197 about asking the police to bring the case papers of KEM hospital. Reason for the renal trauma was not asked to the patient. The reason for the endorsement about renal trauma may be as the patient might have informed about it and also that he is taking treatment from the KEM Hospital. Renal trauma is covered under the examination of per abdomen. It is true that on that day no renal trauma was found in the general examination as it must not have been there at that time. The findings also show that there are no complaints. I do not know whether this patient was suffering from renal trauma due to police torture. I cannot say whether the patient was suffering from spermatic cord haematoma. For finding this clothes of the patient are required

to be removed. It is not true that the entry of this patient is made without examining him, that both entries are made as per the dictates of the police.

**Cross-examination by Adv Wahab Khan h/f Rasal for A1 & 4 to 6**  
**and Shetty for for A3, 8, 9, 11 and 12**

5. Declined.

No re-examination.

R.O.

**Special Judge**

**Date:-08/02/2012**

**(Y.D. SHINDE)**  
**SPECIAL JUDGE**  
**UNDER MCOC ACT,99,**  
**MUMBAI.**

“ Taken before me and signed by me in the presence of the accused, to whom the deposition was explained and opportunity given to cross examine”.

**Special Judge**

**Date:-08/02/2012**

**(Y.D. SHINDE)**  
**SPECIAL JUDGE**  
**UNDER MCOC ACT,99,**  
**MUMBAI.**