

5. Certificate of test of sample blood.—The Testing Officer shall on receipt of the sample blood, test it and shall certify the result of his test in Form ‘C.’ The Testing Officer shall send the certificate in duplicate to the registered medical practitioner by whom the blood was forwarded to him for test and retain a copy thereof on his record. On receipt of the certificate from the Testing Officer, the registered medical practitioner shall forward the original copy of the certificate to the Police Officer or the Prohibition Officer concerned. The duplicate copy of the certificate shall be kept by him on his record.

FORM ‘A’

(See rule 3)

Certificate by a registered medical practitioner showing whether a person examined by him has or has not consumed an intoxicant.

Serial No. (Name and location of the Dispensary or Hospital)

Certified that Shri/Smt./Kumari.
of was brought to this hospital/dispensary by
.....(here state name and designation of the Officer) on.

20 at..... a. m./p. m. and was examined by me on.
20 at..... a. m. /p. m.

A clinical examination of the above-named person disclosed the following :

Age	..	
Weight	..	
Breath	..	<u>Smelling.</u> Not smelling
alcohol/opium/charas/ganja/bhang		
Speech	..	<u>Incoherent</u> Normal
Gait	..	<u>Unsteady</u> Steady
Pupils	..	<u>Dilated</u> Normal

additional remarks, if any.

I find that the above named person has consumed alcohol/opium/charas/ganja/bhang.
has not consumed any intoxicant.

I also find that he is under the influence of alcohol.
is not

N. B.—(Blood from the body of the above named $\frac{\text{was}}{\text{was not}}$ collected by me for chemical examination).

Dated20 . (Signature)
 Designation.

Signature/Thumb-impression of the person examined.
 Marks of identification of the person examined in case he refuses to give his signature or thumb-impression.

FORM 'B'
 [See rule 4 (2)]

No.

From
 (Name , designation and address of the registered medical practitioner.)
 To,
 (Name , designation and address of the Testing Officer.)

Dated20 .

Sir,

I, forward herewith by post/with Shri*
 of a phial bearing serial No.
 containing c. c. o. venous blood collected by me on.
 ata.m./p.m. of who was
 produced before me for medical examination †and/or collection of blood from his/her
 body ‡ by and request
 you to test the blood and issue a certificate (in duplicate) regarding the result of the test.

Yours faithfully,

Signature and designation of the registered medical practioner.

Facsimile of the seal or monogram used for sealing the phial containing the blood.

* Here specify the name, designation and address of the messenger with whom the phial containing the blood is forwarded for delivery to the Testing Officer.
 † Strike off, if these words are not required.
 ‡ Here state the name and designation of the officer by whom the said person was produced for collection of blood.