

Dr. T D Dogra's Expert Evidence in trial of assassination of Late Mrs Indira Gandhi, Prime Minister of India (Witness No. PW 5)

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Introduction

At the trial, a witness in normal course is given a religious book "Geeta" to take oath "I swear by Almighty God that the evidence I shall give shall be the truth, the whole truth and nothing but the truth".

The Public Prosecutor for the party who has called a witness will then ask from this witness a series of questions to allow to give his/her evidence. This is called the "examination in chief".

The questions that a witness is asked at this stage are designed to guide the witness through the evidence so that witness can give his/her account of what happened in own words. Witness should carefully consider each question and answer it truthfully.

After the examination in chief, the defence lawyer for the other side asks this witness a series of questions. This is called the "cross-examination". The purpose of the cross-examination is to allow the other side to attempt to undermine or reduce the significance of the evidence.

Dr. TD Dogra, then Astd. Prof. in the department was called in the court of law as an expert. According to The Indian Evidence Act 1872 "A person or witness who helps the court to form an opinion upon a point of foreign law or of science or art, or as to identity of handwriting, the opinions upon that point of persons specially skilled in such foreign law, science or art are relevant facts and such persons are called experts".

Mrs Indira Gandhi most popular Prime Minister of India was assassinated by Sikh police personals posted as guards to the Prime Minister on 31/10/1984 at about 9.10 AM. She was brought to AIIMS at about 9.30 AM and was declared dead at 2.23 PM same day. Dr. TD Dogra headed the team of three doctors to conduct the post mortem examination and Dr. TD Dogra was summoned in the court of law at the time of trial as prosecution witness No.5. He started deposing his evidence on 15/7/85 which was concluded on 27/7/1985. The detailed cross examination was conducted by learned counsel Shri PN Lekhi and his associates. This lengthy cross examination was conducted in an open court where-in large number of media personals were present and they gave regular coverage of the cross examination raising many questions in the mind of public regarding this assassination. The defence counsel asked wide range of questions

in attempt to challenge the post mortem examination. Dr.TD Dogra, answered these questions as below.

However, this case was taken to High court and then to Supreme Court. This is a classic example of the situation how a medico legal report is helpful in establishing the crime. Other interesting fact in this case is that at the time of Post-mortem examination no one knew how many bullets have been fired and what kind of weapon has been used. The country also witnessed the unprecedented violence after the assassination of Mrs Indira Gandhi. It is creditable that the number of bullets entry wound and the bullets recovered at the scene matched with the bullet fired which were established after the examination of scene of crime and weapons including empty cartridge cases etc. by the investigating agencies, thus, perfectly correlating the circumstances. From the cross examination it looks that the defence counsel failed to achieve the intended benefits from (PW-5) Dr. TD Dogra. This cross examination is worth reading to learn the art of presenting facts in the witness box by a forensic expert. I am sure that the readers shall be benefitted by this presentation.

(Note: No correction of the spellings is made as it is a matter of record. We understand the readers will be able to understand the spirit of words without corrections)

Examination –in-Chief

15-7-85

P.W.5 on S.A

Dr. T.D. Dogra, Astdt. Professor, AIIMS, New Delhi

On 31-10-1984 at 2.50PM I received the dead body and inquest papers from Shri R.P Kocchar, Crime Branch, Delhi. I conducted the post mortem examination on the dead body of Smt. Indira Gandhi wife of late Shri Firoz Gandhi aged about 67 years, female r/o 1, Safdarjang Road, New Delhi. I started the post-mortem examination at 3PM. The dead body was identified by Shri R.P. Kocchar, Crime Branch, Delhi and by Shri Balram Nath, ACP (Security) Delhi. I was assisted by Dr. D.V. Saharan and Dr. P.C Dixit in connection with the post-mortem examination. The brief history of the case as per the inquest papers was allege to have been shot on 31-10-84 at about 9.10 AM and was brought to AIIMS at about 9.30AM and was declared dead on 31-10-84 at 14.23 PM. No post-mortem staining was present. No sign of decomposition, mouth closed, eyes closed, pupils dilated, face oedematous and cyanosed.

I found the following ante-mortem injuries:-

1. Fire arm bullet entry wound (stitched) on right side of chest. 6 cms x 0.7 cms without abrasion collar and 1 cm x 1.2 cm with abrasion collar. It was 14 cms below the tip of right shoulder and 8 cms lateral to mid line on right side. Margins inverted, oval in shape. No blackening, burning, signing or tattooing seen. There was lacerated perforation of subcutaneous tissue and intercostal muscles, partial plura and visceral pleura of 8 cms x 9 cms. Track was going towards hilum of right lung causing laceration of adjacent lung tissue, laceration of right bronchus and right pulmonary artery coming out on the posterior

aspect of hilum causing perforation of visceral and parietal pleura and laceration of adjacent lung tissue and intercostals muscle at the level of the 7th rib posteriorly on right chest. The bullet was found impacted and protruding from the wound of exit which was of 1.5 cm x 1 cm on right chest posteriorly 10 cms-lateral to midline and 20 cms below the top of right shoulder. Track of injury was antero-posterior medially downwards and laterally. All the injuries in the track were surgically repaired. Bullet was removed and preserved which was copper colour.

2. Fire arm bullet entry wound (stitched) of 1.5 cm x 7 cm in right iliac fossa without abrasion collar and 2 cm x 1 cm with abrasion collar. It was 7 cms lateral to midline on right side and 5 cms above the inguinal ligament. Margins inverted oval in shape. No burning, blackening, singeing and tattooing was seen. There was perforation and laceration of underneath subcutaneous tissue, muscles of a abdominal wall, peritoneum. Track was going towards common iliac vessels perforating the caecum, causing laceration of common iliac blood vessels and then causing multiple fracture of right iliac bone and track going to the soft tissue of right buttock, reaching to surface where the bullet was found protruding and just embedded in the exit wound of 1.8 cms x 1 cm on right gluteal region. It was 4 cms lateral to midline posteriorly and the direction of track was downwards, medially and backwards. All the injuries in the track were surgically repaired. A lead bullet was removed and preserved.
3. Fire arm bullet entry wound (stitched) of 6 cms x 0.6 cms without abrasion collar and 1.4 cms x 1.4 cms with abrasion collar on right hypochondria. It was 9.5 cms lateral to midline and 15.5 cms below right nipple and in line of it. Margins were inverted. It was present in the operative incision line. No blackening, burning, singeing and tattooing was seen. The underlying subcutaneous tissue and abdominal muscles were having perforation and laceration and perforation peritoneum, laceration of liver, part of liver was missing, laceration and perforation of right dome of diaphragm and pleura on right side then crossing to left and exit wound of 1.5 cms x 1 cm on left chest, 8 cms lateral to midline on left side and 16 cms from top of the left shoulder. Margins were irregular. All the injuries mentioned in the track were surgically repaired and direction of track was upwards, backwards, medially and crossing to left.

INJURIES ON RIGHT ARM

4. Fire arm bullet entry wound (stitched) of 1 cm x 1 cm without abrasion collar and 1.5 cms x 1.5 cms with abrasion collar on anterior aspects of right arm. It was 7 cms below the tip of right shoulder and 4 cms lateral to anterior axillary fold, margins inverted and circular in shape.
5. Fire arm bullet entry wound (stitched) of 0.6 cms x 1 cm on anterior aspects of right arm. It was 1.7 cm lateral to anterior axillary fold and 8.5 cms below the tip of right shoulder which was 2 cms below and medial to injury No.4. Margins were inverted and oval in shape.

6. Fire arm bullet exit wound (stitched) of 1.4 cms x 1.4 cms on right arm on its lateral aspects it was 7.5 cms below the tip of right shoulder Margins were everted and irregular in shape.
7. Fire arm bullet exit wound (stitched) of 1 cm x 1 cm on right arm on its posterior aspect were inverted.

INJURIES IN RIGHT AXILLA

8. Fire arm bullet wound (stitched) of 0.7 cm x cm in right posterior axillary fold. It was situated at 6 cms below the tip of right shoulder. Margins were inverted and circular in shape.
9. Fire arm bullet wound (stitched) of 0.7 cm x 0.7 cm in right posterior axillary fold. It was situated at 6 cms below the tip of right shoulder (posteriorly measured) and in vertical line to injury No.8 margins were inverted.
10. Fire arm bullet entry wound (stitched) of 0.6 cm x 0.6 cm in right posterior axillary fold. It was as 8.5 cms from tip of right shoulder (posteriorly measured) and in vertical line to injury No.9 .Margins were inverted.

INJURIES OF LEFT ARM

11. Fire arm bullet entry wound (stitched) of 0.6 cm x 0.6 cm without abrasion collar and 0.7 cm with abrasion collar on anterior aspect of left arm in the upper third. It was 13 cms from tip of left shoulder and 15 cms above the left cubital fossa. Margins were inverted.
12. Fire arm bullet exit wound (stitched) of 1 cm x 1 cm in its middle third on the posterior aspect of left arm. Margins were everted and irregular in shape.

INJURIES ON CHEST

13. Fire arm bullet entry wound (stitched) of 0.6 cm x 0.6 cm excluding abrasion collar and 0.7 cm x 0.7 cm including collar on left side of chest above and laterally to the nipple. It was situated 11 cms from top of left shoulder and 10.5 cms lateral from midline on left side of chest. Margins inverted and circular in shape.
14. Fire arm bullet entry wound (stitched) of 0.6 cm x 0.6 cm without abrasion collar and 0.7 cm x 0.7 cm with abrasion collar on left side of chest , 2 cms, medial and in line to left nipple. Margins were inverted and circular in shape.
15. Fire arm bullet entry wound (stitched) of 1 cm x 1.6 cm on right side of chest. It was 1 cm below and in vertical line of right nipple..It was 7.5 cms lateral to midline, margins were inverted .

16. Fire arm bullet entry wound (stitched) of 0.7 cm x 0.7 cm on lateral aspect of right chest in mid axillary line. It was 21 cms lateral to midline on right side and was in mid-axillary line. Margins were inverted .
17. Fire arm bullet entry wound (stitched) of 0.7 cm x 0.7 cm on lateral aspect of right chest in mid axillary line and was 22 cms lateral to midline and above the injury No. 16. Margins were inverted.
18. Fire arm bullet entry wound (stitched) of 0.7 cm x 0.7 cm on lateral aspect of right chest in mid axillary line. It was 23.5 cms lateral to midline and 1 cm above the injury No.17. Margins were inverted.
19. Fire arm bullet entry wound (stitched) of 1.4 cm x 1 cm on right chest in its lower part. It was 20 cms lateral to midline on right side. It was in anterior axillary line and was 16 cms lateral and inferior to the right nipple.
20. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on posterior aspect of right chest in scapular region. It was 12 cms lateral to midline and 3 cms below the highest line of shoulder and neck. Margins were everted.
21. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on posterior aspect of right chest in scapular region. It was 12 cms lateral to midline and 43 cms below the highest line of shoulder and neck.
22. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on posterior aspect of right chest in scapular region, 4 cms lateral to midline and 6 cms below the highest line of shoulder and neck. Margins were everted.
23. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on posterior aspect of right chest in scapular region, 11 cms lateral to midline and 7 cms below the highest line between neck and shoulder. Margins were everted.
24. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on posterior aspect of right chest in scapular region, 6.5 cms lateral to midline and 5 cms below the highest line between neck and shoulder. Margins were everted.
25. Fire arm bullet exit wound (stitched) of 1.5 cms x cm on posterior aspect of right chest, 2 cms x lateral to midline and 13 cms below the highest line between neck and shoulder. Margins were everted.
26. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on posterior aspect of left chest, 6.5 cms lateral to midline and 21 cms from top of left shoulder and margins were everted.
27. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on left chest on its posterior aspect. It was 12 cms lateral to midline and 16 cms from top of left shoulder. Margins were everted

INJURIES ON ABDOMEN

28. Fire arm bullet entry wound (stitched) of 1 cms x 1 cm on right abdomen and in line of stitched operation incision. It was 2 cms below the exit wound of injury No.3 and in line of it.
29. Fire arm bullet entry wound (stitched) of 1 cms x 1 cm on right abdomen and in line of stitched operation incision. It was 2 cms below the injury No.27 and in line of it.
30. Fire arm bullet entry wound (stitched) of 0.5 cm x 0.5 cm umbilical region 2.5 cms below and lateral to umbilicus on right side, 1.5 cms lateral to midline. Margins were inverted.
31. Fire arm bullet entry wound (stitched) of 0.5 cms x 0.5 cm in umbilical region, 3 cms lateral to midline on right side, 10 cms, above public symphysis. Margins were inverted.
32. Fire arm bullet entry wound (stitched) of 1 cm x 2 cms in umbilical region. It was 3 cms, lateral and in line of umbilicus. Margins were inverted.
33. Fire arm bullet entry wound (stitched) of 0.5 cms x 0.6 cm on lateral aspect of right lumbar region, 15 cms lateral to midline and 6.5 cms, above the highest point of right iliac crest. Margins were inverted.
34. Fire arm bullet entry wound (stitched) of 2 cms x 1.2 cm in right iliac fossa 1 cm, below the entry wound of injury No.2, 4 cms above right inguinal ligament. Margins were inverted.
35. Fire arm bullet exit wound (stitched) of 1.5 cms x 1.5 cm on posterior aspect of left lumbar region. It was 11 cms, lateral to midline and 7 cms from (above) highest point of iliac crest. Margins were inverted.
36. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on posterior aspect of left lumbar region. It was 9 cms, lateral to midline and 26 cms below top of left shoulder. Margins were inverted.
37. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on posterior aspect of left lumbar region. It was 7 cms, lateral to midline and 30 cms below top of left shoulder. Margins were everted.
38. Fire arm bullet exit wound (stitched) of 1.5 cms x 1 cm on posterior aspect of left lumbar region. It was 2cms, lateral to midline. Margins were everted.
39. Fire arm bullet exit wound (stitched) on back in midline on sacrum (lower region) of 1.5 cms x 1 cm at the starting of natal cleft.
40. Fire arm bullet exit wound (stitched) on left gluteal region posterior 6 cms lateral on left side from natal cleft of 1.5 cms x 1 cm.

41. Fire arm bullet exit wound (stitched) on left gluteal region posteriorly, 3 cms lateral to natal cleft on left side of 1.5 cms x 1 cm. 8 cms down wards and medially to injury No. 40.

INJURIES IN PERINEUM

42. Fire arm bullet entry wound (stitched) on mons pubis on right side 1.5 cms lateral to midline on right side of 1.5 cms x 1 cm. Margins were inverted.
43. Fire arm bullet entry wound (stitched) on labia majora in midline of 1 cm x 0.5 cms. Margins were inverted.
44. Fire arm bullet entry wound (stitched) on labia majora on right side. It was 2 cms lateral to midline and in middle third of labia majora. Margins were inverted.

INJURIES ON RIGHT LOWER LIMB

45. Fire arm bullet entry wound (stitched) on medial aspect of right thigh immediately near the labial fold of 1 cm x 0.5 cm. Margins were inverted.
46. Fire arm bullet entry wound (stitched) on right thigh in lower third on anterior aspect and was 0.5 cms above right patella. Margins inverted size was 1 cm x 0.5 cms.
47. Fire arm bullet entry wound (stitched) right thigh lower third on anterior aspect of 0.6 cm x 0.5 cm. It was 1 cm above and lateral to right patella.
48. Fire arm bullet entry wound (stitched) on right leg lateral aspect of 1.2 cm x 1.3 cm and it was 22 cm above the right heel.
49. Fire arm bullet exit wound (stitched) on right leg of 2 cms x 2 cms and was 12 cms above the lateral malleolus. Margins were everted.
50. Fire arm bullet exit wound (stitched) on posterior aspect of right thigh of 1.5 cms in the lower third. Margins were everted.
51. Fire arm bullet exit wound (stitched) on right leg of 2 cms x 2 cms and was 12 cms above the lateral malleolus. Margins were everted.

_____ On all the entry wounds no blackening, burning, signing or tattooing were seen.

_____ Surgical operative stitched wounds-Transversely below both the breasts on both sides of chest 35 cms in size, vertical in midline in abdomen of 20 cms, horizontal and lateral to umbilicus on right side of 9 cms-vertical on right abdomen on lateral side of 14 cms.

_____ Surgical emphysema in chest wall was present all over.

- _____ Contusion right chest on antero-lateral aspect just above the suture line in chest of 6 cms x 5 cms reddish in colour.
- _____ Contusion posterior aspect of right arm in its upper third of 6 x 4 cms and reddish in colour.
- _____ Fracture of left humerus in its middle third was present.
- _____ Fracture of right femur in its middle-third was present.
- _____ Fracture of right fibula in its middle-third was present.
- _____ Fracture of right iliac bone and right pubic bone was present.
- _____ Fracture of D 12 and L-1 spinal vertebra was present.
- _____ Fracture on ribs right side ribs from 3rd to 8th and left ribs 3,4 and 5th was present.

Blood and clotted blood was present in right pleural cavity. Laceration of lung and of upper lobe of left lung posterior aspect was present. Fluid and clotted blood was present in peritoneal cavity was present.

- A. Laceration of jejunum at the junction with eddeum of 1 cm in diameter was present surgically repaired
- B. Four ruptures 2 inch away from injury No A of 1 cm each in diameter along-with tear of mesentry.
- C. Rupture 1 cm 6 inches further to injury No. B.
- D. Rupture 1cm 6 inches further from injury No. C
- E. Rupture 1 cm 8 inches further to injury No.D
- F. Three ruptures in ilioacacal region with tear of mesentry.
- G. Two ruptures in the saccum 1 cm diameter.
- H. Five ruptures in ascending colon right half and transfer colon 1 cm diameter each.

Injuries were surgically repaired. Haematoma near the head of pancreas was present.

Perinephric hematoma right kidney was present.

The cause of death was haemorrhagic shock due to multiple fire arm bullet injuries. The injuries were ante-mortem in nature produced by fire arm. The injuries collectively were sufficient to cause death in ordinary course of nature. The injuries No.1 and 2 were individually sufficient to cause death in ordinary course of nature. The post-mortem was concluded at 5.30 PM and dead body was handed over back to Mr. R.P. Kocchar.

(Note:-To avoid further mutilation of the body the remaining bullets were not recovered).

Post-mortem report was written By Dr. D.V. Saharan in my presence under my directions and dictation. The post-mortem report is signed by me. It is Ex PW 5/A. The articles namely 17 inquest papers in sealed envelope, Post-mortem report in original in sealed envelope, 2. Sealed vials of sample of blood one vial containing cotton-soaked in blood; 6 sealed bottles containing

bullets, package of clothing's containing 1 saree, one blouse, one petticoat and one brassier were duly sealed. Sample of seal were handed over along with carbon copy of post-mortem report to Jia Lal Sawhney, D-799 on 7-11-84 as per details vide seizure Memo Ex PW 5/B which bears my signatures. The post mortem report is in two sheets and each page bears my signatures as also of my Assistants who assisted me in the post-mortem.
(It is 4.30 PM to be contd. Tomorrow at 1.15 PM) RO & AC

Stomach was empty and mucosa healthy. Ex PW5/C is the application received by me with a request for post-mortem. It bears my signatures at mark 'X' as also that of my Assistants. Another application Ex. PW 5/D for limited post-mortem of the body of the deceased was received which also bears my signatures as also of my Assistants at mark 'X'. I also received along there with Ex. PW 4/A and PW 4/B which also bear my signatures as also of my Assistants at mark "y". Ex PW 5/E was also received by me along there with and bears my initials at mark 'X'. I took the timings given in my post-mortem report Ex. PW5/A from Ex. PW5/E and from other documents.

Post-mortem report is correct and is the portion encircled red. Item Nos. 6 and 7 in Ex. PW5/B were handed over to Shri R.P. Kochar and the rest to Jia Lal Sahani. I did not detect any heart injury or brain injury, in the region of head or heart. There was no bullet entry wound on the back side of the body. There was no exit wound of the bullet on the front of the body-in the region of chest and abdomen. These bullet injuries mentioned in any post-mortem report could have been received by the deceased while she was standing or while she was in the process of falling or when she had fallen. The injuries referred to in the arm-pit could have been sustained when the deceased might have raised her arm. (At this stage six sealed parcels containing seals of CFSL have been opened in the court and out of these six parcels six bottles have taken out). I identify all these six bottles. Of these bottles two bear my signatures but all these bottles bear the seal of the department i.e department of forensics. These bottles are Ex. P 5 to P 10. These bottles contain bullets. Two of them namely P 9 and P 10 contain bullets removed from injury No.2 and injury No 1 respectively. The other bottles contain bullets removed from clothes of the deceased.

These bottles and bullets contain therein were handed over by me to the police after post-mortem and referred to in my post-mortem report.

(At this stage another sealed parcel bearing the seal of CFSL has been opened and it contains clothes). I can identify the clothes of the deceased which have been taken out of the sealed parcel and these bears tags which bear my signature. Ex P11 is the saree, Ex P12 is blouse, Ex P13 is petticoat; P14 is brassier. The cover of the cloth in which these were sealed by me is also before me and bears seals of my department as also my tags (Cloth cover has been exhibited as P15 and it was taken out of the sdame sealed parcel which contained the clothes of the deceased). Ex PW5 F & O Ex. PW5/G were received with inquest papers and bear my initials. Similarly, Ex PW1/G and PW 1/E were also received therewith and bear my signatures. Similarly, Ex PW1/A also bears my sigs and was received by me. Ex PW5/H, J and K were also similarly received with the inquest papers and they also bear my signatures. Along-with my sigs I have put the number also.

**xxxxxx by xxxx Ajay Burman for accd.
Kehar Singh and Balbir Singh-nil (opp, given)**

Xxxx by Sh P.N. Lekhi for accd. Satwant Singh

- Q. Please see Ex P6 and P 8 who had signed as autopsy surgeon?
Ans. Myself
- Q. Please see the writing encircled in red on the label of Ex.P8 and tell who has signed it at the place of autopsy surgeon?
Ans. Dr. Saharan my assistant had signed it to whom I had dictated my report.
- Q. Please see portion encircled red on P6 and mark 'X' and who had signed at place meant autopsy surgeon?
Ans. Dr. D.B. Saharan had signed it.
- Q. Is he the autopsy Surgeon?
Ans. All three of us xxxx are autopsy Surgeon. I was head of that team, being the senior most.
- Q. Has Dr. Saharan been appointed as autopsy surgeon u/s 174 Cr. P.C by the State Govt.?
Ans. All the doctors attached to the dept. Of Forensic of AIIMS are entitled to do post-mortem work.
- Q. Dr. You have not answered my question? Which I repeat?
Ans. Delhi Admn. Has authorised al the doctors as to the dept. Of Forensic medicine ro xxx conduct post-mortem.
- Q. Dr. Saharan is a student of MD in AIIMS?
Ans. It is correct that he is doing post-graduating in forensic medicines in the department of forensic medicines but he is a candidate from Haryana Civil Medical Services posted in the dept of Forensic Medicines in AIIMS. He is working there for three years and he is in service for the last 9/10 years as medical officer.
- Q. Is he in the service of AIIMS at the time of post-mortem?
Ans. At the time of post-mortem he was drawing his emoluments from the institute and as such he was an employee of the institute.
- Q. Did the governing body of Institute of the AIIMS or its directors issued any letter of appointment to Dr. Saharan?
Ans. I do not know
- Q. Have you seen the notification of Delhi Admn. Authorising a student of MD class enabling him to do post-mortem?
Ans. I have seen circular wherein they have mentioned that medical officer working in the department of forensic medicines are entitled to conduct post-mortem examination and this practise is being allowed at AIIMS since the day I joined the department.
- Q. Dr. You have not answered my question. I repeat the same.
Ans. It is not specifically mentioned that a student of MD working in the dept is also eligible to conduct post-mortem.
- Q. When was your M.L.C register bound?
Ans. I cannot say.

- Q. Is it not a fresh binding?
Ans. I cannot say.
- Q. Two Forensic surgeon the issue of the time of death and when the injury which caused death occurred are of crucial importance. What do you say?
Ans. It varies from case to case according to the request of the IO. For me it is important.
- Q. The post-mortem report is expected to answer 5 essential and vital questions namely who, when, what, which and why?
Ans. I have not understood the question.
- Q. In who you are expected to indicate name, sex, age, weight and height etc. of the dead body. Please look to this report. Have you given all the particulars?
Ans. I have given age and sex, name, address. I have not recorded height and weight.
- Q. In the mortuary the post-mortem table has scale to measure the height or length of the body?
Ans. Yes, it is.
- Q. Why have you not given?
Ans. Because the post-mortem was done by me in the operation theatre.
- Q. You have not given the weight which is essential and for which there are arrangements in the mortuary?
Ans. The same are not invariably recorded which may be of some relevance in an unidentified body. Since it was an identified body, I did not measure the weight or the height.
- Q. In the case of death by fire-arm, the height of the victim and the height of the alleged assailant are of vital importance. Is it correct?
Ans. In my view in causation of death by fire-arm height does not play any role.
- Q. In 'when; you are expected as an autopsy Surgeon to give an educated medical opinion as to the time of death?
Ans. Yes, I am expected to give time since death.
- Q. The time of death which you have given in the post-mortem report is taken from some source or document or is this a time which you independently arrived by your educated medical opinion?
Ans. I have taken this time from death certificate. However, it is relevant with the post-mortem findings. As body was in state of primary relaxation, no post-mortem staining was present therefore, death could have been within an hour of the start of post-mortem. Hence, it was consistent with the time of death given in the death certificate.
- Q. What is your view regarding the book by N.J. Modi entitled medical Toxicology and Jurisprudence?
Ans. It is a book on the subject.
- Q. Do you think the opinion given in this book are authoritative?
Ans. Yes.
- Q. How long have you been working as autopsy surgeon?
Ans. For the last 12 years and I must have done hundreds of post-mortems.
- Q. Could it be around two thousand post-mortem?
Ans. It could be one thousand.

- Q. You have got special training as autopsy surgeon. You are M.D?
Ans. Yes
- Q. Pancrease in the organ that shows signs and changes within 30 to 36 minutes after death because this organ has digestive enzymes that begin to act on the pancrease immediately after death?
Ans. It is correct
- Q. You did not examine the pancreas?
Ans. I examined them.
- Q. Please show it from your post-mortem book?
Ans. I have mentioned there was haematoma near the head of pancreas.
- Q. I am asking did you examine the damaged cause to the pancreas by the digestive enzymes?
Ans. No
- Q. Do you know there is a test called as sturner test?
Ans. I do not know.
- Q. Do you know it is scientifically possible for determining the time of death by taking level of potassium in the vitreous humours i.e the fluid contained in the inner chamber of the eye?
Ans. It is not reliable test.
- Q. Can you cite authority in support of your answer?
Ans. Chapter entitled Bio-chemical changes after death in a test book written by tedeschi on forensic medicines.
- Q. Is this test of checking the level of potassium in the vitereous humour considered and said to be unreliable in the book you have cited?
Ans. Yes.
- Q. Can you produce the book?
Ans. I can produce the book.
(The witness is directed to bring it on the next haring)
- Q. No photographs of the dead body were taken?
Ans. It is correct that no photographs were taken.
- Q. Would had it not been better if in this case photographs were taken?
Ans. It would not have been of any help to me for determining the cause of death. We do not take any photographs at the time of post-mortem examination in routine.
- Q. Is the taking of body temperature a reliable method of determining the time of death?
Ans. In European countries it is where the surrounding temperature of the atmosphere is less than the temperature of the body and the difference is marked but in our country where is difference is not much, the fall of temperature is not used as to determine the time since death.
- Q. Dr. In this case the body of deceased Smt. Indira Gandhi was in air conditioned room where the climate condition was identical with the preposition you have referred to ?
Ans. Insofar as I have not measured the temperature of that room where I conducted post-mortem on the body of deceased Smt. Indira Gandhi, therefore, I cannot give opinion.

Q. Was the room air-conditioned?

Ans. Yes

Q. In these circumstances the temperature test could have been conducted?

Ans. In my opinion no.

Q. Rigor mortis is also one of the method by which you get reasonable medical probability of the time which elapses between the wounds received and the death?

Ans. It is correct.

Q. If a person dies in a state of shock, like it happened as you have reported the rigor mortis develop immediately on account of shock?

Ans. Rigor mortis has not much relationship with the shock.

Q. Please refer to page 127 of Modi's Medical jurisprudence in this context?

Ans. It refers to cadaveric spasm not to Rigor mortis.

Q. Word cadaveric means pertaining to dead body?

Ans. Yes.

Q. Spasm means stiffness?

Ans. Yes, But cadaveric spasm is a definite term used for instantaneous rigor which is altogether different from a rigor mortis.

Q. Rigor mortis stiffness-mortic means death?

Ans. Yes.

Q. What is the difference between the two stiffness above –referred?

Ans. Immediately after death there is stage of primary relaxation which last for about one or to hours and then it is followed by the stage of rigor-mortis in which the muscles becomes stiff and it appears from above downwards while in cadaveric spasm right at the time of death there is instantaneous spasm of a group of muscles which are under excessive neuronal influence.

Q. Dr. Your latin term will not help you? The neuronal system means the brain effecting every muscle of every limb and part of the body?

Ans. In cadaveric spasm there is involvement of group of muscles like hand or other limbs.

Q. Was this situation of firing which you were informed by the various papers (inquest papers) not a situation in which such a spasm could take place?

Ans. No.

Q. What do you mean by Haemorrhage shock?

Ans. Loss of blood from circulatory system.

Q. Will it not cause instantaneous death?

Ans. There is nothing to suggest of instantaneous death as far as haemorrhage shock is concerned.

Q. My question was does not haemorrhage shock cause instantaneous death?

Ans. It may or may not.

Q. Now, what is in this post-mortem report which suggest that Smt. Indira Gandhi did not instantaneously died on receiving the bullet injuries?

Ans. Since the body was in primary stage of relaxation and no post-mortem staining was present. I can say that death may have occurred within an hour of the beginning of autopsy.

- Q. Dr. When the patient is put under anaesthesia and operated upon he also receives a shock?
- Ans. I cannot opinion
- Q. Have you brought the post-report No. 1342?
- Ans. No.
- Q. That post-mortem report has been expressly excluded from this register because it related to Beant Singh?
- Ans. The register is bound month wise, and 1340 is the last post-mortem report in this register for this month.
- Q. You performed the post-mortem of Beant Singh?
- Ans. Yes.
- Q. When you did?
- Ans. It was either 1st, 2nd or 3rd Nov., 84 but I do not remember correctly. (The witness is directed to bring the post-mortem report register regarding Beant Singh on the next date).
- Q. It is surprising that you took out only two bullets from the body of Beant Singh and only two bullets from the body of Indira Gandhi. Where you directed to do so or where you conducting farce?
- Ans. Neither I was asked to do it nor had I done any farce in this.
- Q. Then how did you decide that two bullets alone would be sufficient in both cases to complete the post-mortem?
- Ans. I do not remember about Beant Singh but in this case I was asked to conduct the post mortem examination to conclude the cause of death by in two tracks injury No. 1 & 2. I recovered two bullets and these were preserved I was able to conclude the cause of death by the examination performed.
- Q. Dr. You concealed vital evidence of other assailants by not extracting other bullets?
- Ans. It is wrong.
- Q. How do you know that there are two assailants?
- Ans. I did not know the number of assailants, if they were two.
- Q. There could be 30 persons firing 30 entry wounds?
- Ans. It is unlikely to be so when we look at the grouping of the injuries.
- Q. Please group the injuries and tell me the number of assailants?
- Ans. I cannot opine.
- Q. Therefore,, you acted contrary to medical ethic and in violation of your duties in extracting only two bullets and by allowing other bullets to remain in the body and thereby in this manner concealing the identity of assailants who fired on Mrs Gandhi?
- Ans. No.
- Q. On what basis do you support your negative answer to the earlier question?
- Ans. Because I was asked to perform the pos-mortem to determine the cause of death and to avoid mutilation and disintegration of the body and therefore to avoid great mutilation which was required to remove the bullets from the body, therefore, they were not removed. Many a times it is not possible to remove all the bullets from the body inspite of best efforts.

- Q. Out of the 30 entry wounds, please indicate how many could cause death individually?
Ans. Injury No 1 & 2 were sufficient to cause death individually.
- Q. The other injury Nos 3 to 30 were not individually sufficient to cause death?
Ans. Without co-relating the entry and exit wounds there were some injuries in the abdominal region which cannot be co-related with the entries and therefore, I cannot individually fix up the responsibility of each particular wound i.e 3 to 30.
- Q. Could injury No.3 individually cause death?
Ans. Yes.
- Q. Please show the book where your observation with regard to sturnel time of death has been stated to be not reliable?
Ans. At page 1050 of Forensic Medicine by Tdeschi Eekert Tedeschi referred to by me yesterday and has been brought me today it is mentioned that “ there was variation in the degree of correlation between the vitreous potassium concentration and post –mortem interval.”
- Q. It is not specifically mentioned in the book that sturner test was not reliable for determination of time of death?
Ans. Since it has been mentioned in the book that it is not co- related with the post –mortem interval it can be said that the sturner test was not reliable for fixing the time of death?
- Q. Is it possible Doctor from an Autopsy Surgeon to fix exact clock-wise time of Death?
Ans. No.
- Q. Please takeout other post – mortem book conducted by you during the month of October, 1984 and let me know if any of these post –mortem reports you have with clock- wise precision fixed the time of death?
Ans. I have not so done.
- Q. Dr. at 14.23 hours ,it was not that Mrs. Gandhi died, it is the time when your professional ethics died ?
Ans. It is incorrect.
- Q. Could you show me any post –mortem report in this register where you have scored the printed words time since death?
Ans. There is none.
- Q. Could you show me any entry in any of these post- mortem reports where you have given time of death?
Ans. None.
- Q. Who authorized you to change the format of the post –mortem report?
Ans. Since it was a certified death and the autopsy was started quite early and I have seen the death certificate and the finding too were consistent and, therefore, I gave time of death .I had departed from the printed format in this behalf of my own accord.
- Q. IS the time of death in the handwriting of Dr. Saharan in the post- mortem report and on your directions?
Ans. Yes, and it is encircled red marked ‘X’ in PW 5/A.
- Q. Show me the post –mortem report of Beant Singh. Was it also not a certified death?
Ans. It was not a certified death but a brought dead death.

Q. How many bullet injuries in this post-mortem report?

Order: The question has been objected to by Id.SSP. Shri Arora on the ground that it is not relevant . I have heard Shri Lekhi and I find that insofar as the case in hand relates to the murder of deceased Mrs. Indira Gandhi .the injuries of the No. of injuries suffered by Beant Singh deceased who happens to be one of the alleged assassins of deceased Mrs. Indira Gandhi I over- rule the objection.

Ans. There are 19 injuries in the post –mortem report of Beant Singh ,deceased.

Q. Dr. Saharan

Ans. Yes.

Q. Kindly produce copy of post –mortem report in regard to Beant Singh?

Order: The production of copy of the report is objected to by Arora. The objection is over-ruled on the grounds mentioned in my forgoing order.

Ans. I produce a copy Ex. PW 5/DA, thereof.

Q. Is this the register maintained in the mortuary?

Ans. No.

Q. Is this the register maintained in the Central Admission Officer?

Ans. May be.

Q. Look at injuries No. 4, 5, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 28, 29, 30,31, 32, 33, 34, 42, 43, 44, 45, 46, 47 and 48.These are according to you the entry- wound which one of these individually was sufficient to cause death?

Ans. Since these wound cannot be correlated with the exit wounds and there path-way, I cannot fix individually the responsibility of the wound.

Q. Dr. please see injury No. 6, 7, 12, 20, 21, 22, 23, 24, 25, 26, 27, 35, 36, 37, 38, 39, 40, 41, 49, and 50. These are according to you the exit wound s?

Ans. Yes.

Q. Dr. The entry wounds are 30. Is it correct?

Ans. Yes

Q. These you have shown in the diagram mark Y in PW5/A ?

Ans. It is correct.

Q. Who has signed under the diagram encircled Y in Ex. PW5/A?

Ans. Dr. Saharan has signed it and he has made these – these cross marks under my direction.

Q. The exit wounds are 20 in your report Is it correct?

Ans. No. They are 23.

Q. Please give the number of 23?

Ans. In addition to 20 exit wounds you are referred these are three mentioned in injury Nos. 1, 2and 3.

Q. Count the number of exit wounds in diagram mark ‘Z’ posterior aspect in Ex. PW5/A?

Ans. There are 21 but two are described in the diagram mark Y.

Q. Does it mean that those two wounds were fired from the back side?

Ans. It is incorrect.

Q. What is your basis of the opinion in this behalf?

Ans. One of them is on lateral side and other one is above downward side.

- Q. Could you show those exit wounds which are on the lateral side and above downward in the diagram marked 'Y'?
- Ans. These two wounds have been shown by letter 'E' in diagram mark 'Y' in Ex. PW 5/A.
- Q. Have you given the track of the two wounds which you have marked as exit wounds in the post-mortem report?
- Ans. No.
- Q. Then how doctor you say they are the exit wounds?
- Ans. By their margins and other features. Since their margins were exerted and there was no abrasion or contusion collar.
- Q. Can you co-relate them with their entry wounds?
- Ans. Possibly the entry wounds are mark 'F' in diagram 'Y' in PW 5/A. I am not sure above it.
- Q. Can you give the number of the injury in respect of these four wounds marked H and F by you from the post mortem report?
- Ans. These are 48 and 49 entry and exit wounds. The other entry and exit wounds are numbered 4 and 6 respectively.
- Q. Look at entry wound No. 48. Is it already stitched?
- Ans. Yes
- Q. How did you measure it for inversion and aversion?
- Ans. After opening it.
- Q. Have you mentioned in the post mortem report of opening of stitched injury anywhere?
- Ans. Not. But it is implied term in post mortem that that it would be opened for measuring.
- Q. Will not stitching of the injury disturb the tissues of the skin and it becomes impossible to determine. Whether there was any aversion or inversion of the skin tissue?
- Ans. It would only affect and start when the process of healing starts.
- Q. Please see one of the papers Ex. PW 4?A? Do the number of injuries mentioned in this paper tally with the injuries number which you have recorded?
- Ans. No.
- Q. This is one of the papers which you have signed?
- Ans. Yes.
- Q. You have received the body in the operation theatre after four hours operation was conducted on the body. Is it correct?
- Ans. Yes. But I cannot say after how many hours of operations or what was the duration of the operation.
- Q. Is it possible that clotted blood would be present on all the injuries as recorded in Ex. PW4/A which is also signed by you?
- Ans. May or may not.
- Q. What is the basis of your opinion?
- Ans. There is extravasations of blood from the margins after the stitches have been given along with extravasation of lymph or serum which may form a clot.

- Q. Have you mentioned the presence of clotted blood in margins in your post mortem report in respect of any of the injuries?
Ans. No.
- Q. Were there any directions to you to extract only two bullets from the two bodies' i.e of Smt. Indira Gandhi and Beant Singh who both died on 31-10-1984?
Ans. I extracted only one bullet from body of Beant Singh. There were no instructions with regard to extraction of particular number of bullets from any of their bodies.
- Q. Did you make on 13-11-84 any statement to Kali Ram ASI Crime Branch, Delhi?
Ans. I did not make any statement to him but he prepared a seizure Memo.
- Q. In the statement which Kali Ram is said to have recorded, you said that you gave two bullets which you had extracted from the body of Beant Singh?
Ans. One bullet was extracted from the body of Beant Singh and other was taken out of clothing's of Beant Singh and these were the bullets which were given to ASI Kali am.
- Q. It has been mentioned in statement marked PW5/DB at portion A to A?
Ans. It is incorrect.
- Q. How long would it take to start disintegration to begin in a body lying in air-conditioned room?
Ans. I could not understand the question.
- Q. What did you understand from the word disintegration in Ex. PW5/D?
Ans. I understood from it mutilation of the body and disintegration thereof due to post-mortem examination.
- Q. Was this application Ex. PW5/D addressed to you?
Ans. It was addressed to Medical Officer, AIIMS, New Delhi and as I was to conduct post-mortem, implied it was addressed to me.
- Q. By agreeing to act on application Ex PW5/D were you not surrendering your own best judgement?
Ans. No.
- Q. Would you kindly explain the procedure for submitting the body for post-mortem in AIIMS?
Ans. Papers are entered in Central Administration office and brought to forensic department to the Autopsy surgeon.
- Q. How many papers are usually received with the request for post-mortem?
Ans. It varies from case to case.
- Q. Would you give the description of essential papers which you usually get?
Ans. Usually we get the inquest report along with an application and few statements and MLC.
- Q. Is the application made by Police?
Ans. Yes.
- Q. This application is addressed to the Autopsy Surgeon and he endorses it and directs the application for being registered in CAO Enquiry. Is it correct?
Ans. Yes
- Q. Lease show that application in this case and your endorsement?
Ans. It is Ex. PW5/C and it bears my endorsement.

Order. At this stage counsel for the accused has drawn my attention purported to be a cyclostyled copy of application Ex.PW5/C and submitted that the endorsement encircled red b this PW is not given on the copy. Note has been kept to that effect.

Q. Please have a look at PW5/C when did you receive this.

Ans. I cannot say exact time when it was received by me as it is not mentioned therein.

Q. Please note that there is time given under the sigs of V Chauhan of CAO as 2.50 PM?

Ans. Yes, and the number of total sheets received in CAO is shown 15. There is an overwriting thereupon.

Q. Please see register of CAO. Is there any over writings thereupon?

Ans. Yes on the figure of sheets.

Q. Please have a look at the other application. How is 15 sheets becoming 17 in PW5/D?

Ans. As I received 17 sheets. 17 were endorsed thereupon.

Q. How long after the first application did you receive the second application PW5/D?

Ans. As soon as I started the post mortem I received two documents from Shri R.P. Kochar. One was PW5/D and other was MLC-Ex. PW5.E.

Q. Suppose the deceased had taken her breakfast at 8 AM and if she had died before 9.30 AM would the stomach be empty?

Ans. No.

Q. How much time would it take you to write this report?

Ans. I cannot give any rough estimate.

Q. How long would you take to copy this report?

Ans. I cannot give any estimate.

Q. I suggest that it would not take less than two and half hours to copy it out?

Ans. I cannot deny or affirm.

Q. How much time would you take to examine injury No. 1?

Ans. I cannot tell.

Q. How much time did you take in examining injury No.1?

Ans. I cannot give

Q. I suggest that it would take one and half hour?

Ans. Definitely not.

Q. Now let us have what is definetly yes?

Ans. I cannot give any estimate.

Q. Then how did you say definetly not?

Ans. Because the entire job was completed by me in two and half hours.

Q. This is all a fabrication?

Ans. No.

Q. How much time would you take to examine injury No.2?

Ans. I cannot give.

Q. This is also because you played a farce on recprd and prepared a false document and that is why you are unable to give the time?

Ans. No

Q. How many similar gun shots dead body during your about 1000 autopsies have you examined?

Ans. I do not remember.

Q. I suggest except for this case no other case of bullet injuries was post-mortemmed by you?

Ans. It is incorrect. I have examined some cases of gun shots, but I cannot give even rough numbers thereof.

Q. Can you explain why skull was not opened?

Ans. As I did not find any injury in the skull region and I was able to establish cause of death by examination performed.

Q. I suggest you in conspiracy to kill a person, the person can be drugged so that his reflexes are not sharp at the time of danger; therefore, examination of skull becomes important? Is it correct?

Ans. If a person is drugged his reaction to coming danger would depend upon nature of drug and the extent of drugging.

Q. That is why, it is essential rule of the post-mortem that all cavities of the body which include the skull should be examined/opened?

Ans. Usually all the cavities are opened.

Q. In this manner you concealed vital evidence with regard to the conspiracy of those who were gained by Mrs Indira Gandhi's death?

Ans. No.

Q. Please look at the register of post-mortem. Could you tell me whose post-mortem report is 1341?

Ans. Of one Mahabir S/o Chet Ram.

Q. Please look at the register mark 'X' at page 260 this contains the post mortem request registered between 29-10-84 to 1-11-84. Is it correct?

Ans. It does mention dates of entries with regard to request for post-mortem relating to 29th October 84, 30th October 84 and 1st November 84. On this page there is no entry with regard to request for post-mortem in respect of body of Smt. Indira Gandhi. It is correct that the last entry on this page relating to 1-11-84 is with regard to one Mahabir S/o Chet Ram.

Q. Dead body brought to AIIMS for purpose of treatment are not admitted in the hospital?

Ans. Yes. Rather they are sent to mortuary

Q. Do you state that Smt. Indira Gandhi was not admitted in AIIMS on 31-10-84?

Ans. I cannot say.

Q. With the experience explained by you of having conducted thousands post mortem you must be very familiar with the requirements of proper and valid seizure memo which are by law required to be prepared when police officers take possession from the autopsy surgeon the post mortem report, related papers connected with the post mortem and articles of case property pertaining to post-mortem. Please explain what are these requirements.

The Ld. SPP has objected to the question but in so far as it is this witness who have proved the seizure memo the question is allowed?

- Ans. I do not know.
- Q. Please see Ex. PW5 B, did Dr. Saharan sign this seizure memo at the same time when you put your signatures?
- Ans. Yes.
- Q. Please see the seizure memo again, does it bear the sigs of R.P Kochar, Inspector Crime branch acknowledging the receipt of items mentioned at Srl. no 697 referred to in the seizure memo?
- Ans. I do not find.
- Q. In whose handwriting is portion W of PW5/A?
- Ans. It is in the hand of Dr. Saharan.
- Q. Was it on your instructions?
- Ans. Yes.
- Q. Are the 17 sheets referred to be post mortem report also mention as 17 sheets on PW5/D?
- Ans. Yes. (The said writing has been encircled in red.).
- Q. This 17 sheets written on Ex. PW 5/D are in the same handwriting as written in Ex. PW5 /A?
- Ans. Yes.
- Q. Is the register mark 'X' of CAO at page 262 containing entry with regard to Mrs Indira Gandhi and the number of sheets mentioned therein are 15?
- Ans. Yes.
- Q. Is the handwriting of the entry in Mark 'X' same in which post-mortem report is written?
- Ans. Yes
- Q. Can you tell who had drawn the line beneath letters printed beneath W and at whose instruction?
- Ans. By Dr. Saharan and at my instructions.
- Q. In Ex. PW5/A you have underlined the words 'inquest papers'. What do you mean by it?
- Ans. This refers to the paper prepared by investigating officer regarding the body and submitted to us for post-mortem with the request for post-mortem.
- Q. The reference to inquest papers at W in PW5/A is to the 17 inquest papers referred to in PW5/D?
- Ans. Yes
- Q. Whom were these 17 papers handed over according to your record?
- Ans. These were handed over to Shri R.P. Kochar and Shri jia Lal Sahani.
- Q. Did you obtain under the column meant for additional remarks the signatures of the person namely R.P. Kochar to whom you handed over these 17 papers?
- Ans. As a detailed seizure memo was prepared it was not mentioned in PW5/A.
- Q. Why has the column under G was left blank with reference to the time of receipt of the inquest papers?
- Ans. Since seizure memo was prepared, it was not mentioned.

- Q. Can you cite any other post mortem reports in your register wherein you have similarly left blank similar entries therein?
- Ans. Yes there are quite few just as 12-14, 12-15, 12-16, 12-17, 12-18 etc. however entries no. 12-19, 12-20, 12-22, 12-23, 12-24, 12-25, 12-31, 12-32 to 12-34 bear the time.
- Q. Can you explain why reference on top of report Ex. PW 5/A is blank?
- Ans. I have forgotten to mention.
- Q. Can you show any other post-mortem report which does not bear the reference number?
- Ans. No.
- Q. This is because there was no post-mortem done on reference for post mortem?
- Ans. It is incorrect.
- Q. Did you on 17-11-84 make a statement before Sub-Inspector Jia Lal Sahani of the Crime branch?
- Ans. Yes.
- Q. Was that statement read over to you and you admitted it to be correct?
- Ans. Yes.
- Q. Did you in that statement say that items 6 & 7 mentioned in PW5/B, were handed over to R.P Kochar?
- Ans. Yes, I had said so. (Confronted with PW5/DC wherein it is not so mentioned).
- Q. Was the statement of Dr. Saharan also received in your presence on the same day i.e 7-11-84 in respect of the same seizure memo i.e Ex. PW5/B by Jia Lal Sahani, SI Crime Branch?
- Ans. I do not remember.
- Q. But you do remember the time of death of Mrs Indira Gandhi as 14-23 hrs?
- Ans. Yes. It is given in Ex PW5/A.
- Q. Please have a look of portion U of Ex. 5/A encircled red you have mentioned therein as declared dead?
- Ans. Yes.
- Q. Have you got that declaration with you?
- Ans. It is on the basis of death certificate.
- Q. Was that death certificate part of 15/17 papers received by you?
- Ans. I do not remember.
- Q. Can you remember or recall brought the death certificate to you?
- Ans. No.
- Q. Dr. There was neither any death certificate nor any declaration and this time was fixed for some administrative convenience?
- Ans. It is incorrect.
- Q. Now on 17-7-85 while deposing before this court you had stated that it was a certified death what do you imply by certified death?
- Ans. Where the death is certified by treating physician or doctor. It is a case of certified death.
- Q. Who was the treating doctor who had certified her death?
- Ans. I do not know

- Q. Are there uncertified deaths also?
Ans. Yes, persons who die without attendance of doctor or are brought dead or found dead are certified case of death.
- Q. Can you from, out of the 15-17 papers referred by you show the time of death given?
Ans. No. xxxxxxxx
- Q. You remember the death time so vividly but you are able to remember the time, you took to examine injury No. 1, 2 and 3 recorded in PW5/A?
Ans. I remember the time of death. It was so mentioned in Ex. PW5/A and as time taken in investigating the particular injuries is not so mentioned in Ex. PW5/A. I have not been able to give it.
- Q. In your statement recorded on 15-7-85, you have not given the time of starting of post-mortem although you have given the time when the post-mortem as finished.
Ans. I have given the time of starting of post-mortem as 3 PM at page 4 of my statement.
- Q. Is it correct that post-mortem table is different then the operation theatre?
Ans. Yes, and the former is provided with running water to drain away any blood and flash which were not available in the operation theatre.
- Q. Where were you when request for post-mortem was received by you?
Ans. I was on the 8th floor. I was in faculty room.
- Q. Your academic room is different from the faculty room?
Ans. Yes.
- Q. You are in room No 1054 the academic room?
Ans. Yes.
- Q. Dr. Dixit;s academic room is behind Dr. Rajinder Prasad Ophthalmic centre which is quite far away from your academic room?
Ans. That room is not very far away from my room.
- Q. Is it correct that Dr. Saharan's room was 10 minutes walk from your academic room?
Ans. I cannot say but it could be.
- Q. Who called you to the faculty place and when?
Ans. It was in pursuance of phone call at about 2.30 but I do not remember who had called as I did not ask him his name.
- Q. What was the precise message you received at that time?
Ans. I do not remember the precise message but it was for post-mortem.
- Q. Where was Dr. Saharan at that time?
Ans. He was sitting with me and so was Dr. Dixit per chance.
- Q. As per the medical record in my hand at 3 PM. 15 units of blood were administered to Indira Gandhi?
Ans. I cannot testify with regard to these papers.
- Q. Do you recognize the papers of AIIMS?
Ans. Yes, AIIMS is printed thereupon which is marked Y.

Q. Can you conduct post-mortem on a person who is on a drip of 15 units of blood which will take according to the papers in my hand 45 minutes to one hour to pass into the body?

Ans. Post-mortem is done after death.

Q. Can you say that there is only one register of admission of patients in AIIMS?

Ans. I cannot say.

Q. Do you know that according to the register of admission, while admission of Rameshwar Dayal is shown but not that of Mrs. Indira Gandhi.

Order.: the question has been objected to by Ld. SPP. The statement of the doctor is limited to post-mortem and as such the question cannot be said to be relevant and is disallowed.

Q. Please see Ex. PW 5/A mark V encircled red what was the number of remaining bullets in the body?

Ans. I cannot say

Q. How did you write remaining bullets have not been extracted in PW 5/A?

Ans. As X-ray examination was done which showed bullets in the body?

Q. Have you brought the X-ray which was done?

Ans. No.

Q. Did you do the radiological examination?

Ans. No. Radiology department did it.

Q. Of every X-ray taken the Radiologist prepares a report?

Ans. Yes.

Q. Did you read the X-ray or did you read the report?

Ans. I saw the report as well as the X-ray.

Q. How many bullets the radiologist mentioned in the report and how many you was in the X-ray picture?

Ans. I do not remember.

Q. How many film sheets or X-ray were there of the the body of the deceased?

Ans. I do not remember.

Q. In sequence of time the inquest report would be prepared before the post-mortem report?

Ans. Yes.

Q. There is no mention of time of death in the inquest report?

Ans. Yes. There is none.

Q. Except in unclaimed body the post-mortem report is always handed over along with the body?

Ans. It is not necessary.

Q. How you say it is not necessary?

Ans. Many a time the report is collected later on.

Q. In respect of claimed body in your register please indicate how many cases the post-mortem report was handed over after 7 days?

Ans. Report No. 12-15 was handed over after two months. Similarly , 12-17 in which it was handed over after four days.

- Q. What is the significance of writing abrasion collar?
Ans. It indicates entry wound.
- Q. Except for wounds No. 1, 2, 3, 4, 11, 13 and 14 in the post mortem report Ex. PW5/A you have not written any other wound having the abrasion collar?
Ans. Abrasion collar and contusion collar is the implied term of entry wound. Where there are super impose on the margins they are not separately measured. Therefore, wherever there are super-impose on the margins, there we do not separately mention abrasion collar term as it is impliedly contained in the words entry wound and therefore, in some of them it is not so mentioned.
- Q. It is not in some of them rather in most of them that abrasion collar is not mentioned?
Ans. It is possible
- Q. In the report you have given two types of measurements No.1 those with abrasion collar means entry wound then why two separate measurements?
Ans. I have already stated that where abrasion collar and contusion collars are contained within the margins we do not measure them separately but where they exceeds we measure them separately.
- Q. Would you kindly explain the answer?
Ans. I imply where-ever only the margins of wounds are contusions or abrasion. We do not measure them and if they are beyond the margins, we do measure them.
- Q. Can you say that where the firing is point-blank or comparatively from shorter distance, there would be a contusion on abrasion and where the firing is from a distance, these would not be there?
Ans. Distance of firing has no connection therewith.
- Q. You have not signed the portion encircled red on PW 5/A relating to handing over of articles?
Ans. It is correct.
- Q. The injury referred to in column 7 relating to lung under item No. C in PW5/A is not possible except by a bullet coming from the back-side?
Ans. No.
- Q. The laceration mentioned by you in this particular injury could only be caused by a bullet injury which would fracture the ends of the ribs?
Ans. May or may not.
- Q. I suggest that in case this injury were caused by a bullet coming from the front side, it would have damaged other parts of the body namely the aorta, superior venacava, total rupture of the left lung, and also injury to the pleura?
Ans. It is not necessary.
- Q. This particular injury to lung lobe has no corresponding track?
Ans. It has not been co-related with any track.
- Q. How could you give the conclusion?
Ans. Because the injuries is associated with fracture of 3rd, 4th and 5th ribs on left side of chest.

Q. Which part of the ribs?

Ans. I have not mentioned the same in my report.

Q. Was the injury to front, back or side of the ribs?

Ans. I have not so mentioned and, therefore, I cannot say?

Q. Insofar as you had not examined anything therefore you could not mention?

Ans. It is incorrect.

Q. Please refer to the description of contusions at page 3 of your report? Can you determine the directions of the fall of the body of Indira Gandhi after the firing?

Ans. No.

Q. I suggest that these contusions indicate that Mrs. Indira Gandhi had fallen forward on the lateral right side of the body and the whole body hitting the ground?

Ans. I cannot say.

Q. You have mentioned fracture of 12 dorsal and first lumbar spinal vertebrae. This also shows firing from the back side?

Ans. No.

Q. Has the firing been from the front side it was essential that inferior vena cava and intestine, the stomach, duodenum, spleen, pancreas and the right side along with supra renal glands would have first been injured before the injury No 1 and 2 could have been injured?

Ans. Not necessary.

Q. Injury No.8 also indicates firing from the backside because it is circular and in the area below the ribs describing by you as hypochondrium which is the soft part of the body and there is no hard tissues bones of organs to deflect the bullet?

Ans. It is from the front.

Q. Please see doctor injury No. 31, 32, 33, in PW 5/E and injury No.8, 9, 10 in PW 5/A. while in the first one the wounds are mentioned as exit wounds in the latter you have mentioned entry wounds?

Ans. I cannot explain Ex. PW 5/E but what I have described in my report is correct according to me.

Q. No post-mortem was conducted by you. It is entirely all a false?

Ans. It is wrong.