

**GOVERNMENT OF MEGHALAYA  
HEALTH & FAMILY WELFARE DEPARTMENT**

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**PERFORMA FOR AGE DETERMINATION**

M.L.C. \_\_\_\_\_

Requisition from \_\_\_\_\_ of \_\_\_\_\_

Vide letter No. \_\_\_\_\_ Date \_\_\_\_\_

1. **Name of the individual:** \_\_\_\_\_

2. **Sex:** \_\_\_\_\_

3. **Father's or Guardian's name:** \_\_\_\_\_

4. **Address:** \_\_\_\_\_

5. **Age:**

(i) \_\_\_\_\_ (as stated by the police)

(ii) \_\_\_\_\_ (as stated by the individual)

6. **Brought and Identified by:** \_\_\_\_\_

7. **Place of examination:** \_\_\_\_\_

8. **Date and time of examination:** \_\_\_\_\_

9. **Consent for examination:** I hereby give my full consent for medical examination and report after the matter is fully explained to me: \_\_\_\_\_  
\_\_\_\_\_

10. **In the case of minors consent of the guardian and his/her signature or left thumb impression:** \_\_\_\_\_

11. **Name of the male/ female attendant/nurse present at the time of examination:** \_\_\_\_\_  
\_\_\_\_\_

12. **Identification Marks:**

i) \_\_\_\_\_

\_\_\_\_\_ i

i) \_\_\_\_\_

\_\_\_\_\_

13. **General Examination**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Chest girth at the level of the nipples: \_\_\_\_\_

Abdominal girth at the level of naval \_\_\_\_\_

General built & appearance: \_\_\_\_\_

**14. Hair:**

Scalp: \_\_\_\_\_ Beard & Moustache: \_\_\_\_\_

Chest: \_\_\_\_\_ Axilla: \_\_\_\_\_

Pubic: \_\_\_\_\_

**15. Dental Formula:**

Permanent	S	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	S
Dentition	S	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	S

Temporary	55	54	53	52	51	61	62	63	64	65
Dentition	85	84	83	82	81	71	72	73	74	75

16. Development of Breast: \_\_\_\_\_

17. Date of menarche: \_\_\_\_\_ Regularity of menses: \_\_\_\_\_

Duration: \_\_\_\_\_ Last menstrual period: \_\_\_\_\_

18. Development of genitals: \_\_\_\_\_

19. Any other findings: \_\_\_\_\_

20. Report of Radiological examination with date: \_\_\_\_\_

X-Ray Advice	X – Ray Plate No & Date	Observation

21. Opinion of the medical officer: Based on the above physical, dental and radiological findings I am of the opinion that the age of the subject identified as

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Name of M.O. \_\_\_\_\_

(Seal)