ONE YEAR PROSPECTIVE STUDY OF PROFILE OF POISONING CASES

By

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ABSTRACT

"Sickness squanders the true wealth of nations".

Not all sickness can be avoided or cured, but that due to poisoning, with which we are particularly concerned, is largely curable and preventable. Poisons have always been a source of fascination and curiosity for the mankind since the prehistoric times throughout the world. Poisoning, both accidental and intentional, is a significant contributor to mortality and morbidity throughout the world. Intentional poisoning worldwide is increasing day by day due to change in the life style and social behavior which are responsible for mortality and morbidity. Distress due to loss in the business, failure in love or differences with the intimate partner or relative, emotional disturbances, poverty, job security and chronic diseases are the common reasons for intentional poisoning. Acute insecticide poisoning is one of the most common causes of intentional deaths worldwide. The various bites and stings are responsible for accidental poisoning.

OBJECTIVES:

1. To know the most common type of poisoning in this area.
2. To study the socio demographic profile in this region.

METHODOLOGY:

Prospective study was conducted at BLDEUS Shri. B. M. Patil Medical College, Hospital and Research Centre, Bijapur, Karnataka from 1st Jan 2013 to 31st Dec 2013. Data was collected from all the poisoning cases reported in the emergency ward and medical wards at BLDEUS B M Patil Medical College Hospital & Research Centre Bijapur.

In the present study total 494 cases were examined and treated (from January 2013 to december2013) at BLDEUS Shri. B. M. Patil Medical College, Hospital and Research Centre, Bijapur.

RESULTS:

Maximum numbers of cases were due to poisoning by insecticides (41.3%) followed by snake bites (16%). Lice powder contributed (11.7%), medicinal tablets (6.5%), scorpion sting (4.9%), unknown bites (4.0%), Alcohols (1.4%), Good knight liquid (0.4%), and least one was Domex toilet cleaner (0.2%). Altogether animal bites (snake bite, scorpion sting, and unknown bites) contributed (24.9%).

Suicidal manner of poisoning was commonest (70.6%) as compared to accidental poisoning (29.4%) Male (57.7%) victims were more than females (43.3%). Consumption of poison by Oral route was most commonly found for (72.5%) followed by animal bites (24.9%) and inhalational route (2.6%). Literates (60.9%) suffered more than illiterates (39.1%). House wives contributed most (27.7%), followed by farmers (26.5) and students (24.7%). The least common occupation was government job holders.

Married persons (52.8%) were found more than unmarried (47.2%). Hindus (87.9%) were more than the Muslims (12.1%) Rural people (81.4%) contributed more as compared to urban people (18.6%). Most of the victims consumed poison in evening hour's (25.7%), followed by afternoon (21.5%) & in the morning (14.6%). 63.2% of cases reported directly to our hospital and (36.8%) were referred from other periphery hospitals. Mortality rate remains 4%.

CONCLUSION:

In the present study it was found that intentional poisoning is more common than accidental poisoning and animal bites. The most common abused poison was insecticides.

Key words: poisoning, intentional, insecticides, animal bites.

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INTRODUCTION

Poison is defined as any substance that causes a harmful effects when administered, either by accident or designed to a living organism.[1] Its dose related adverse effects caused due to exposures to chemicals, drugs or other xenobiotic, are responsible for morbidity and mortality which vary from country to country.[2, 3]

No one will embrace the death unless otherwise living is more painful than pangs and agony of death. Either intentional or unintentional consumption of poison, the accessibility and the feasibility of a given poison is not necessarily to be known by a person who consumes it. Due to advance science changes in trend and methodology of agriculture and horticulture, age old methods of storing food grains are adding burden of deciding the chemical nature of poison. Clinical examination and available medical lab techniques also not sufficient to detect the poison.

The chemical nature of poison depends upon the type of agricultural or horticultural activity that is more prevalent in that region. Hence it becomes inevitable for practicing physician in that locality to know poisons that are more commonly encountered for effective treatment ,management and prevention of such poisoning in near future.

Intentional poisoning worldwide is increasing day by day due to change in the life style and social behavior which are responsible for mortality and morbidity. Distress due to loss in the business, failure in love or differences with the intimate partner or relative, emotional disturbances, poverty, job security and chronic diseases are the common reasons for intentional poisoning. Acute pesticide poisoning is one of

the most common causes of intentional deaths worldwide. The various bites and stings are responsible for accidental poisoning.[4,5]

As per World Health Organization publication in 1990, around 3 million poisoning cases with 220,000 deaths occur annually.[4]

Recently some review articles reported that the number of intoxications with organophosphate pesticides was 3 million per year, and the number of deaths and casualties are 300,000 per year worldwide.[4, 6]

Agriculture pesticides are used in Asian region for self-poisoning particularly in rural areas with a fatality range of 10-20%. Majority of pesticide exposure are seen more in developing countries due to increased use/accessibility of agrochemicals in agricultural sector.[5]

Snake bite is a major public health problem throughout the world. Snake poison is oldest known poison to mankind. Most of the Indian population resides in rural places and their main occupation is agriculture. The incidence of snake bite and scorpion sting is due to climate which favors large population of snakes and scorpions.

There are very few published studies regarding the trends of poisoning in and around Bijapur, hence this study is undertaken to throw light upon as to profile of poisons in this region.

OBJECTIVES

The prospective study was undertaken in BLDEUS Shri. B. M. Patil Medical College, Hospital and Research Centre, Bijapur, Karnataka from 1st Jan 2013 to 31st Dec 2013, with the following objectives:

1. To know the most common type of poisoning in this area.
2. To study the socio demographic profile of poisoning in this region.

METHODOLOGY

Prospective study was conducted at BLDEUS Shri. B. M. Patil Medical College, Hospital and Research Centre, Bijapur, Karnataka from 1st Jan 2013 to 31st Dec 2013. Data was collected from all the poisoning cases reporting to the emergency ward and medical wards. Information was collected on a proforma about the type of poisoning, age and sex, marital status, religion, whether they belonged to rural or urban areas, mode of poisoning, occupation of the patient and the outcomes of the victims of poisoning. Data was documented and statistically analyzed.

Inclusion criteria:

1. All cases of acute poisoning reported to BLDEUS Shri. B. M. Patil Medical College, Hospital and Research Centre, Bijapur, Karnataka from 1st Jan 2013 to 31st Dec 2013.
2. All snake bite cases, scorpion sting, and bee's sting cases attending to Shri B. M. Patil Medical College and Research Centre, Bijapur, Karnataka from 1st Jan 2013 to 31st Dec 2013.

Exclusion criteria:

All the cases where diagnosis of poisoning was doubtful-(unconscious patient without proper history and signs of poisoning).

The final outcome in any case of poisoning will either be recovery or death. Hence the material for this present study included two groups, they were, a group comprising of poisoning cases that were hospitalized and discharged and the other

group comprising of poisoning cases that died in the hospital (both in casualty and wards) which were later subjected to medico legal autopsy in the same hospital.

Ethical clearance for the present study was obtained from the institutional Ethical Committee of the BLDE Medical College, Bijapur.

Written informed consent for collection of data gathered during the study and for taking photographs of findings observed during autopsy was obtained from the legal hirer of case if available.

Age of the deceased was estimated as to the nearest completed years. The age groups of victims were categorized in an interval of 10 years for easy analysis of master chart.

Category 1 - <10yeras

Category 2 - 11-20 years

Category 3 - 21-30 years

Category 4 - 31-40 years

Category 5 - 41-50 years

Category 6 - > 50 years.

The cases were classified based on the manner of poisoning as suicidal, homicidal and accidental on the basis of history given by patient and their relatives. Based on mode of administration as oral, inhaled, and bitten. Based on type of poison consumed as insecticides, medicinal drugs (Barbiturates, Benzodiazepines painkillers and antipyretics) alcohols and animal bites. Animal bites again are divided as snake bites, scorpion sting and unknown bites. Based on their occupation as farmers,

housewives, government job holders, working in private sectors and students. Based on their habitat as rural and urban. Based on their education as literates and illiterates. Those who are able to read and write in local language were considered as literates. In addition to these, the seasonal variation was also studied grouping February to May as summer season, June to September as rainy season and October to January as winter season. Examination of live or dead snake brought by the patient or the relative will be done accordingly for the poisonous snake, non-poisonous snake, species of the snakes and pattern of fangs.

In addition to all these sources, in those unfortunate victims who succumbed to death, a thorough and meticulous medico legal post-mortem examination was conducted at request of IO. Autopsy included a detailed external examination for any specific color changes of skin [postmortem hypostasis], peculiar odor, discharge from natural orifices, any hair and nail changes, etc. and a complete internal examination as per Lettule's technique, where ever possible. Internal examination especially stomach and duodenum for the quality, quantity, consistency and smell of contents. Mucosa examined for signs of poisoning and other internal organs for systemic changes.

The data so obtained from all the above said sources were recorded on a predesigned and pretested proforma (shown in annexure). Thus obtained results were later analyzed.

REVIEW OF LITERATURE

The early history of poison can be traced from different parts of the world. Poisons have been described in Indian Vedas and Shastras like Atharvaveda (1500BC) and Arthashastra of Kautilya (2nd century BC). They describe the art and science of poisoning as a separate branch which was used as an offensive and defensive measure against the enemy. Indian pioneer of surgery Susruta in 350 BC has described how the poisons were mixed with food and drink, medicines, bathing water, perfumes, etc. in his 'ShusrutaSamhita'. BhojaPrabhananda in 980 AD has a reference to the inhalation of medicaments before surgical operations and anesthetic called Sammohini.[7]

Contribution of Greek's in this regard is immense. A long list of poisons were added to the Greek medicine in 4th century BC by Hippocrates.[7]Dioscorides, a Greek physician, in his Materiamedica gave the 1st classification of poisons into animal, vegetable and mineral poisons, which remained as standard for 16 centuries.[8]

Egyptian papyri, the Ebers papyrus (1500 BC) contains information of more than 800 recipes containing poisons like hemlock, aconite, opium, lead, copper and antimony. Menes pharohs I records poisoning details in 3000 BC. The Italians brought the art of poisoning to its zenith in renaissance period in several parts of Europe where schools actually existed for teaching the art of poisoning. In 82 BC, Sulla issued the Lex Cornelia in Rome which became the first law against poisoning.[7]

Among the notorious poisoners in Italy, Madame GuiliaToffana killed more than 600 people with a solution of white arsenic which came to be called Aqua

Toffana.In France Marchioness de Brinvillers killed about 1676 people and Catherine Deshayes killed more than 2000 people by poisoning them.[8]

.Development of toxicology as a distinct specialty began in earnest in 18th and 19th centuries with the pioneering work of a French physician Matio Jose Bonaventura Orfila [1787-1853] who is regarded as father of modern toxicology. He advocated the practice of autopsy followed by chemical analysis of viscera to prove that poisoning had taken place. His treatises 'Traite des poisons' in 1814 and 'Lecons de Medicine' published in 1812 laid the foundations of forensic toxicology.[8]

In the annals of history prominent personalities have met their final encounter by poisons like,

1) Socrates was sentenced to death by administering Hemlock decoction [conine] for corrupting Athenian youths.
2) Napolean is alleged to have been killed by slow administration of arsenic.
3) Cleopatra is said to have committed suicide by getting bitten by a snake.
4) The serving of charnamrit to meera in a Golden goblet by King Rana is one of the earliest examples of homicidal use of poison in India.
5) Nazis used poisonous gases to kill people in mass in gas chambers.
6) Marilyn Monroe died due to overdose of Nembutal and chloral hydrate in 1962.[8,9]

DEFINITION OF POISON:

All chemicals even every day, benign substances, can produce an adverse effect at some level and duration of exposure. The adverse effect may be an alteration of normal function or even death. As Emil Mrak, chancellor at the University of

California at Davis, stated years ago, “there are no harmless substances; there are only harmless ways of using sabstances.”[10]

“A poison is a substance which acts on the body chemically and physiologically, consistently causing, in toxic doses, a disturbance of function which may result in illness or death”.[11]

“A poison is any substance which, when introduced into the living body or brought into contact with any part thereof, will produce ill effects or death by its local or systemic action or both”.[7, 12]

“Anything which when used internally or on the body surface, in a dose or in repeated doses, if acts chemically and physiologically, causing disturbance of body functions and leads to disease or death”.[13]

“The dose makes the poison” Paracelsus once said.[14]

DRUGS:

“Are natural or synthetic substances which are used to exert physiological or psychological effects in the consumer, used to sustain and prolong time, to get relief from the stress and strain of life, to get some additional pleasure or to end one’s life”.[13]

Thus any drug/ medicine can be poison and any poison given in small dose may be a medicine. Therefore in law, the real difference between a medicine and a poison is the ‘intent’ with which it is given. If the substance is given with the intention to save life, it is a medicine but if it is given with the intention to cause bodily harm, it is a poison.[15]

VARIOUS STUDIES ON PATTERN OF POISONING:

A study was conducted at Nehru Hospital of Postgraduate Institute of Medical Education and Research, Chandigarh from Jan 1970 to December 1979, on 312 patients admitted with diagnosis of acute poisoning. Out of these 212 cases were males and 100 females. Age group involved commonly was of 21-30 yrs. Mode of poisoning was suicidal in 71.79% cases, and accidental in 25.32% of cases. Overall mortality rate was 17.30%. Intake of Barbiturates was the commonest (30.12%) followed by organophosphorous (19.23%) and copper sulphate (12.82%).[16]

A retrospective analysis was carried out in PG institute of medical education and research, Chandigarh, between 1970-1989 on the patient's over 12 yrs of age, with respect to change in nature of toxic agents used over these 2 decades. In 1970-79, barbiturates (30%) were commonest agents followed by agrochemicals (22.5%). In 1980-1989 agrochemicals became the commonest agents (60.5%) followed by barbiturates. A total of 867 patients were admitted to the hospital. Among them, 585 patients were males and 282 females, ratio being 2: 1:: M : F. Commonest age group involved was between 21-30 yrs (46.14%). Mode of poisoning was suicidal in 700 cases, accidental in 156 and homicidal in 2.[17]

A 25 yr autopsy study (1972-1997) of acute poisoning deaths from post-graduate institute of Medical education and research, Chandigarh, revealed a steep increase in the incidence of acute poisoning since 1987. The majority (68%) of subjects was between the ages of 14 and 30 yrs and there was a male preponderance (69%). The proportion of suicidal deaths increased from 34% in the period from 1972 to 1977 to 77% in the period from 1992 to 1997, whereas accidental deaths decreased from 63% to 17% in the same period. Barbiturates (37%) and copper sulphate (22%)

were the most common poisons causing mortality between 1972-1977; organophosphates (46%) became the most common between 1977 and 1982. Since 1982, aluminium phosphide (65%) has been the most common poison. Motive behind poisoning was mainly suicidal.[18]

According to a study conducted at Government Medical College, Jammu, between January 1980 to June 1993, a total of 174 cases of poisoning were autopsied. Out of these, 125 were males and 49 females, male: female ratio being 2.5: 1. Majority, i.e. one third, of the total cases belonged to the age group of 21 to 25 yrs. A high incidence of over 50% fatalities were due to Agrochemical abuse consumed with the intention of suicide and alcohol, carbon monoxide and pharmaceutical products responsible for the rest.[19]

Department of Forensic Medicine and toxicology at Government Medical College Hospital, Jammu conducted a retrospective study of 21 yrs between 1980-2000, during which 357 cases of poisoning were autopsied. Out of 357 cases, 240 (67.23%) were males and 117 (32.77%) were females, Male: Female ratio being 2: 1. Young adults in the age group of 21-25 yrs formed the majority. Mode of poisoning was suicidal in 302 cases (84.06%). The commonest poison consumed was insecticide, accounting for 34.5% (123 cases) followed by Aluminium phosphide and alcohol.[20]

In a retrospective study of 4 yrs conducted between 1991-1995, at B.K. Hospital, Faridabad, Haryana, 189 case files of poisoning were analyzed. It revealed Male: Female ratio was 3: 1 and commonest age group involved was between 13-25 yrs (49.2%). The manner of poisoning, in maximum number of cases (56.08%) was

suicidal, the commonest agent used being Aluminium phosphide (70.73%) and farmers being highest victims (35.5%).[21]

As per a study conducted at Khonkaen Hospital, Thailand in 1992, the majority of poisoning cases to the hospital were of animal origin (28.2%) followed closely by agricultural chemical (27.2%). Among poisonings due to agrochemicals, majority were suicidal (35.4%). The most frequent age group affected was between 11-30 yrs (58.8%) and male to female ratio was 1: 1.2.[22]

In a 14 months study conducted in Rohtak medical College, between 11th March 1992 to 10th May 1993, there were 559 cases of acute poisoning admitted to the hospital. Out of these, 380 cases were males and 179 females, ratio almost being 2: 1 between males and females. The average age of males was 27 yrs while that of females was 28 yrs. Mode of poisoning was suicidal in 511 (91.4%) cases, accidental in 45 (8.1%) and homicidal in only 3 (0.5%) cases. Aluminium phosphide was the most commonly abused substance (67.7%) followed by organophosphorous in 13.9% cases. The mean time interval between intake of poison and death was 3 hrs. Another observation was that, about 95% cases came to the hospital directly without seeking any first aid treatment or were referred from Government, PHC/ Civil hospitals, private general practitioners without being given any preliminary treatment. The overall mortality rate was 35.82%, of which maximum were those cases of aluminium phosphide poisoning (67.6%).[23]

A one year study was conducted on 117 cases of acute poisoning at a rural hospital in Trichy district in 1993. Among 117 cases, 92 cases (78.6%) were females and 25 cases (21.3%) were males. Out of 92 females, 87.8% consumed vegetable

poisons and out of 25 males, 76.9% consumed organophosphorous poisons. Mode of poisoning was suicidal in majority (75.2%). Majority of the victims were in the age group of 11-30 yrs (74.3%).[24]

All India Institute of Medical Sciences, New Delhi, conducted a 6 months study between Jan 1993 to June 1993 which revealed a total of 235 patients with poisoning. Male : Female ratio was 1.6 : 1 and organophosphate/ carbamate was the most common poisoning (25.7%).[25]

The emergency department of S.N. Hospital, Agra, conducted a one year study between October 1994 to September 1995, during which 322 cases of poisoning were admitted. Out of these, 70% were males and majority (61.8%) were in the age group of 15 to 30 yrs. Celphos was the common poison consumed with the intention of suicide by 80 persons forming 33.3%, followed by rat poison, copper sulphate and insecticides. Only 37 expired out of 322 cases.[26]

A 6 year retrospective study conducted by department of Forensic Medicine and Toxicology at Government Medical College, Chandigarh, during 1994-2000, comprised 333 cases of poisoning autopsied. Out of these, 236 were males and 97 were females, thus male: female ratio being 2.5:1. 28.53% of the victims were young adults in age group of 21-25 yrs. Mode of poisoning was suicidal in majority, i.e. in 89.05% of cases. Aluminium phosphide was commonest poison consumed in 54.35%.[27]

In a study conducted at Rohtak during the year 1995, revealed 290 deaths due to poisoning. All these poisoning deaths were invariably suicidal in manner. Common

age group involved was between 11-20 yrs, constituting 35.2%. Males were majority group comprising 68.62%. Insecticides were commonly abused agents.[28]

A study was conducted at Berhampur, Orissa, between the year 1999 to 2001, on 306 cases with history of poisoning. Out of these 163 were males (53.3%) and 143 were females, thus male: female ratio being 1.14: 1. The age group commonly involved was between 21-30 yrs, the number of cases being 124 (40.5%). Commonest poison consumed was organophosphorous by 70 individuals (22.9%) followed by Snake bite (14.7%) and Benzodiazapines (10.1%). Mode of poisoning was suicidal. Maximum cases were seen during summer (March, April, May) = 31.7%. Out of 306 admitted cases, 62 expired .[29]

A 5 year retrospective study was conducted at Government Wenlock Hospital, Mangalore, from 1st Jan 1999 to 31st December 2003. A total of 546 cases were admitted due to acute poisoning during the study period. Out of 546 cases, 380 were males (69.6%) and 166 were females (30.4%). Mode of poisoning was suicidal in majority, in 361 cases (66.12%) followed by accidental in 184 cases (33.7%) and homicidal was seen in just one case. Majority of the victims were in the age group of 21-40 yrs (53%). Pesticides were the commonest agents abused, in 195 cases (35.7%). 19% of the victims of suicidal poisoning lost their lives whereas only 9.8% of the victims of accidental poisoning succumbed. In toto 15.7% of the total poisoning cases admitted to the hospital expired.[30]

A study was conducted at Kasturba Hospital, Manipal, Karnataka, between Jan 2001 to December 2002, and during this period 153 cases of OP poisoning were admitted to this hospital. Most common reason for admission was suicide (98.7%),

males outnumbering females (75.1%) and the commonest age group involved was between 21-30 yrs. Methyl parathion was the most common compound consumed. Mortality was 26.2% and 30% of the victims died within 24 hrs.[31]

Forensic medicine department of M.P. Shah Medical College, Jamnagar conducted a study on 132 cases of poisoning during 18-8-03 to 17-8-03. Out of these 62.1% were males and 37.9% were females. Most of them consumed poison with the intention of suicide, 90 cases (68.2%). Common age group involved between 21-30 yrs constituted 43.1%. Agrochemicals were the agents commonly consumed by 85 individuals (64.39%).[32]

In a study conducted at Jinnah post-graduate medical centre, out of 755 cases admitted, 39.7% were due to organophosphorous poisoning. Majority of those who consumed OP compounds were males in the age group of 21-30 yrs. and the intention was mainly suicidal. Out of 108 deaths of all poisoning cases, 67.6% were due to OP compounds.[33]

Mortality and morbidity rates, due to poisoning, were analyzed, at medico-legal institute, Colombo, Sri Lanka, for a period of 13 yrs. from 1975-1983. About 75% of such cases of poisoning were due to self-ingestion while accidental and occupational poisoning formed the balance. The male: female ratio was 2: 1, and the common age group involved was 15.39 yrs (75%). Organophosphates accounted for 57.6% of all cases of agrochemical poisoning, while parquet accounted for 21.2% of cases. One third of cases of agrochemical poisoning were dead on being brought to hospital.[34]

A study conducted over a period of 11 yrs between 1977 and 1987, by the Leeds department of forensic medicine, revealed 422 cases of fatal poisonings. Among them, 208 cases were males with mean age group of 51 years and 214 females with mean age of 45.4 yrs. The manner of poisoning was suicidal in 96.6% of cases, with 90% of males preferring carbon monoxide and 70% of females preferring barbiturates.[35]

A 10 year (1980-1989) retrospective analysis of poisoning admissions to the six major referral hospitals in Zimbabwe revealed 6018 cases. The majority of the patients were aged 0-5 yrs (35%) and 21-30 yrs (22.6%). The main agents associated with acute poisoning were traditional medicines (22.9%) followed by insecticides (14.8%). The overall morality was 15%.[36]

A study of 269 cases of fatal poisoning during the period January 1983 to May 1986 was carried out at the office of the Judicial Medical Officer, Columbo, out of which 81% were due to Agrochemical poisoning. The male: female ratio was 2: 1 and 75% of deaths were in the 15-39 year age group. The majority of them (78%) were suicides. Organophosphates accounted for 57.6% of all cases, while paraquat accounted for 21.2%. About 33% were dead on being brought to hospital, while 50% died within 2 hrs.[37]

In a two year study, from 1st January 1984 to 31st December 1985, conducted at a teaching hospital, Peradeniya, in Sri Lanka, 92 patients admitted with suspected OP insecticide poisoning were analyzed. The agent used for poisoning was known with certainty in 64 cases (70%), which included Dimethoate (16), Methamidophos (9), Malathion (8), monocrotophos (6) and Fenthion (6). Of those patient's, 91% were

under 30 yrs of age and 86% were males. Almost all of them consumed poison with suicidal intent. Overall mortality was 18%. The records from Medical Statistical Unit of Sri Lanka showed that during 1975-1980, 75% of cases were due to Organophosphates and 4% Organochloro compounds.[38]

A study was done in United States to provide a comprehensive analysis of morbidity and mortality from poisoning by agricultural and horticultural chemicals. Descriptive analysis of national mortality data from 1985 to 1990 were collected from American Association of Poison Control Centers. There were 3, 38,170 poison exposures reported for fungicides, pesticides, insecticides and rodenticides. Out of these, there were 341 fatalities of which 64% were suicides, 28% unintentional and 8% undetermined. Both deaths and hospitalizations occurred more frequently in males.[39]

According to a one year retrospective study, conducted in a southern district of Sri Lanka in 1988 on pattern of suicide, there were 223 cases of suicide, in which the most preferred method of suicide was by ingestion of a poisonous substance seen in 182 cases (81.8%). Commonest poison consumed was Agrochemicals, accounting for 161 cases (88.4%), followed by plant poisons (3.8%) and unknown poisons (5%). Largest number of suicides were seen in the age group of 15-24 yrs. Male to female ratio, in consumption of poison, was almost equal (81.5% : 81.8%).[40]

A retrospective study conducted at Sir Salimullah Medical College Mortuary, Dhaka, Bangladesh, from Jan 1st 1988 to Dec 31st 1997. A total of 2535 autopsies were carried out during this period out of which 273 deaths were due to poisoning (10.8%). Male were more in number (54.6%) than females (45.4%). Age group of

victims commonly affected was 13-24 yrs(48.4%). The urban incidence was 60.8%. Organochlorine compounds were the main killers (51.6%) followed by organophosphorous compounds (37.7%).[41]

According to a study conducted in Britain, in 2000, there were 1,00,000 cases admitted to British Hospitals with history of self-poisoning, out of which only 712 people died. Thus mortality being 0.712%. By contrast the case fatality for self-poisoning in rural Asia is 10-20%. A study from China reveals that 62% of suicidal deaths were due to pesticides and the total number was 1,75,000.[42]

Institute of Forensic Medicine at the Universityof Greifswald, Germany, conducted a study on autopsies done in last 50 yrs in that area. A total of 13318 autopsies were done out of which 1589 cases were due to poisoning (11.93%). Carbon monoxide was the most frequently abused agent (49%) followed by alcohol intoxications (21%) and medical drugs taking third place.[43]

A one year conducted at Civil Hospital, Belgaum, in 2000-2001, revealed a total of 290 cases admitted with history of poisoning. Out of these 151 cases (60.40%) were due to organophosphorous poisonings in which 47 expired (31.12%), followed by medicinal drugs (BZD's and Barbiturtes) 44 cases (17.06%) in which 6 cases (13.6%) expired. The commonest age group involved was 20-29 yrs. (40%). The male to female ratio was 2.8:1. Suicidal poisonings (67.74%) were commonest and largely seen among agriculturists (63.6%). The overall mortality was 30.69% and that due to agrochemicals was 72%.[44]

A study conducted at University Medical Unit in central Sri Lanka, from 1983 to 1985, revealed, 179 cases of acute poisoning. Among these 117 cases (65.36%) were due to agrochemicals (OP + parquet + rodenticides), in which 92 cases were due to OP compounds (51%) followed by 21 (12%) cases of kerosene oil and 14 cases (8%) of drugs. Manner of poisoning was suicidal in 97.21% of cases and accidental in only 2.79%. The commonest age group involved was 20-29 yrs. (54%) and males were maximum in number (72%). The mode of poisoning was oral in most cases. The overall mortality was 16%, and that due to OP was 58.6% and due to agrochemicals in toto was 93.1% and no mortality due to drugs.[45]

A study conducted at the Department of Forensic Medicine and Toxicology, Shri Vasantarao Naik Government Medical College, Yavatmal, India, from 1997-2001, revealed of all fatal cases, 67% were males and 33% females, 83% were rural and 17% urban. 63.4% were suicides and insecticides were the main causative agents for mortality (55.4%).[46]

Chapter XIX of International Statistical Classification of Diseases and Related Health Problems, classified poisoning under sections T_{36} to T_{50} as "poisoning by drugs, medicaments and biological substances".[47]

Banerjee RN states snakebite is a common acute medical emergency faced by rural populations in tropical and subtropical countries with heavy rainfall and humid climate.[48] Warrel DA says around 35,000–50,000 people die each year from snakebite, which is a common cause of morbidity and mortality in India.[49] According to Bawaskar HS & Bawaskar PH, Common venomous snakes found in the Mahad region of India are kraits and Echis carinatus.[50] According to Theakston RD, Kraits

are nocturnal in habit, they enter human dwellings during the night in search of prey such as rats, mice and lizards. The peak incidence of snakebite cases is reported during the paddy sowing and harvesting periods, June to November. The common krait, *Bunganrscaeruleus*, is regarded as the most dangerous species of venomous snake in the Indian subcontinent.[51]

Snakes are found all over the world except Arctic, New Zealand and Ireland. There are about 3000 species of snakes in the world known to date out of which 216 species are found in India alone, out of which 52 species are reported to be poisonous. Thus only about one-fourth of snakes are poisonous and this is the factor which boosts the success of the witch-craft in treating snake-bites in India.[52]

In India, no definite statistics are maintained of snake bites, leave alone of the snake-bite deaths. This is because of the fact that many of the victims, prefer to be treated by traditional healers, do not reach the hospitals. In a study in 1954 reported that about 2,00,000 people were bitten every year by snakes in India and about 15,000 of them died.[53] It is important to note that over half of the human victims bitten by potentially lethal venomous snakes escape with only slight or even no poisoning. It is believed that in India, the largest numbers of snake-bites are recorded in the states of West Bengal, Uttar Pradesh, Maharashtra, Tamilnadu and Kerala. It is usually at the beginning of the rainy season that the higher incidence of snake bite is seen.[54]

There are about 3500 species of snakes known amongst which about 350 species are venomous. In India about 216 species are found and amongst them, about 52 are poisonous.[55]

Poisonous snakes are divided into 5 families

1) Colubridae - African boomslanagsnake,twig snakes.
2) Alractaspididae - Mole vipers or adders.
3) Elapidae - Cobras, kraits, coral snake
4) Viperidade - Russell's viper, saw scaled viper.
5) Hydrophidae - Sea snakes.[55]

A study conducted at Shri. B.M. Patil Medical College, Bijapur in the year 2010 revealed that males were 52.67% and females were 47.5% of total poisoning cases. Most common age group suffered was 21-30 yrs (45.76%). Insecticides were most commonly used for the consumption (51.63%). Mortality rate was 5.55%. Hindus were 93.38% and Muslims were 6.61%. Rural population was 86.50% whereas urban population was 13.49%.[56]

RESULTS

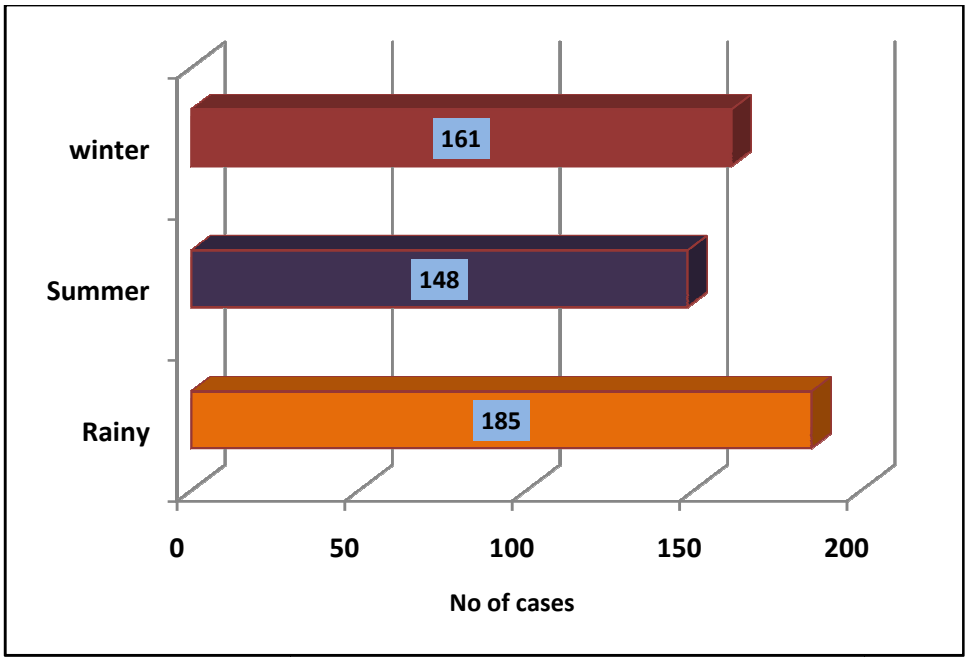
In the present study total 494 cases were examined and treated (from January 2013 to December 2013) at BLDEUS Shri. B. M. Patil Medical College, Hospital and Research Centre, Bijapur,

TABLE -1: MONTH WISE DISTRIBUTIONS OF REPORTED CASES:

MONTH	FREQUENCY	PERCENT
January	39	7.90%
February	26	5.30%
March	33	6.70%
April	36	7.30%
May	53	10.70%
June	50	10.10%
July	42	8.50%
August	48	9.70%
September	45	9.10%
October	**59**	**11.90%**
November	38	7.70%
December	25	5.10%
TOTAL	494	100.00%

In the present study, total of 494 cases of poisoning were reported. Maximum number of cases were reported in the month of October (11.9%) and least number of cases were found in the month of December (5.1%).

GRAPH NO- 1: SEASON WISE DISTRIBUTION OF CASES.



Above graph shows among 494 cases, maximum cases were found in the rainy season (37.4%), winter contributed (32.6%) and summer (30.0%).

TABLE NO – 2: DISTRIBUTION OF CASES IN RELATION TO TYPE OF POISON:

TYPE OF POISON	FREQUENCY	PERCENT
Insecticides	**204**	**41.30%**
Snake bite	79	16.00%
Lice powder	58	11.70%
Unknown compound	48	9.70%
Medicinal tablets	32	6.50%
Scorpion Sting	24	4.90%
Unknown bites	20	4.00%
Kerosene	19	3.80%
Alcohol	7	1.40%
Good knight liquid	2	0.40%
Domex	1	0.20%
Total	494	100.00%

Out of 494 cases, maximum numbers of cases were due to poisoning by insecticides (41.3%) followed by snake bites (16%). Lice powder contributed (11.7%),medicinal tablets(6.5%),scorpion sting(4.9%),unknown bites(4.0%), alcohols (1.4%), good knight liquid (0.4%),and least one found was domex toilet cleaner (0.2%). Altogether animal bites (snake bite, scorpion sting, unknown bites) contributed (24.9%).

TABLE NO- 3: DISTRIBUTION OF CASES IN RELATION TO MANNER OF POISONING:

MANNER	FREQUENCY	PERCENT
Suicidal	**349**	**70.60%**
Accidental	145	29.40%
Total	494	100.00%

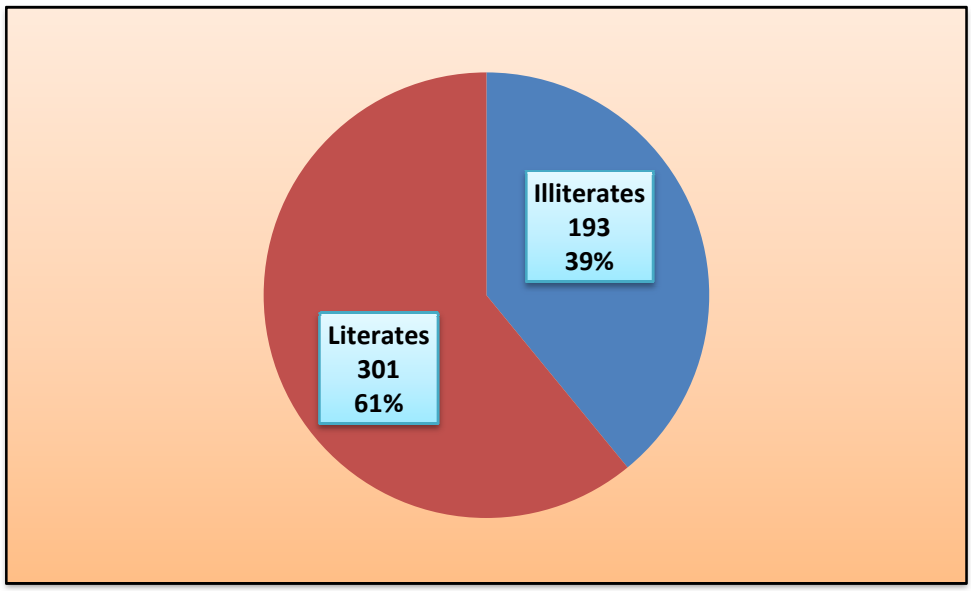
Among 494 cases, suicidal poisoning were maximum (70.6%) as compared to accidental poisoning (29.4%). No homicidal poisoning was reported in the study.

TABLE NO- 4: DISTRIBUTION OF CASES IN RELATION TO MODE:

MODE	FREQUENCY	PERCENT
Oral	**358**	**72.50%**
Bites	123	24.90%
Inhalational	13	2.60%
Total	494	100.00%

Among 494 cases, oral route was most commonly found for consumption of poison (72.5%) followed by animal bites (24.9%) and inhalational route (2.6%).

GRAPH NO-2: DISTRIBUTION OF CASES IN RELATION TO LITERACY:



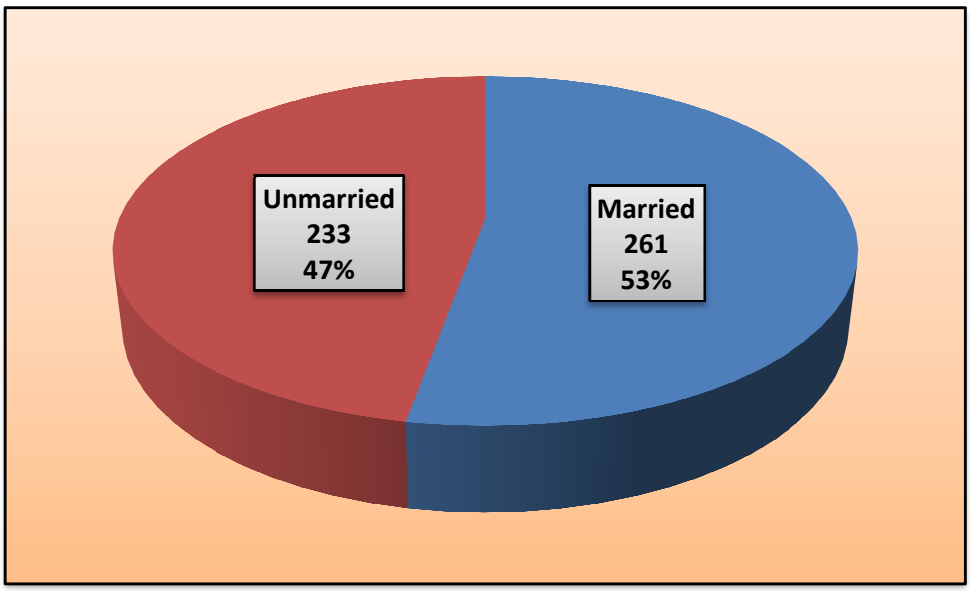
Among 494 cases, literates (61%) contributed more than illiterates (39%).

TABLE NO- 5: DISTRIBUTION OF CASES IN RELATION TO OCCUPATION:

OCCUPATION	FREQUENCY	PERCENT
Farmers	131	26.50%
Govt job holders	25	5.10%
House wives	**137**	**27.70%**
Not working	39	7.90%
Private job	40	8.10%
Students	122	24.70%
Total	494	100.00%

Among 494 cases, house wives contributed most (27.7%), followed by farmers (26.5) and students (24.7%). The least common found occupation was government job holders.

GRAPH NO- 3: DISTRIBUTION OF CASES IN RELATION TO MARITAL STATUS:



Among 494 cases, married persons (53%) were found more than unmarried (47%).

TABLE- NO 6: DISTRIBUTION OF CASES IN RELATION TO RELIGION:

RELIGION	FREQUENCY	PERCENT
Hindu	**434**	**87.9%**
Muslim	60	12.1%
Total	494	100.0%

Among 494 cases, Hindus (87.9%) were more than the Muslims (12.1%). Sikh and Buddha religion case was not reported in the study.

TABLE NO- 7: DISTRIBUTION OF CASES IN RELATION TO HABITAT:

HABITAT	FREQUENCY	PERCENT
Rural	**402**	**81.4%**
Urban	92	18.6%
Total	494	100.0%

Among 494 cases, rural people (81.4%) contributed more as compared to urban people (18.6%).

TABLE NO- 8: DISTRIBUTION OF CASES IN RELATION TO TIME OF CONSUMPTION:

TOC MOD	FREQUENCY	PERCENT
After noon (12PM TO 4PM)	106	21.50%
Evening (4PM TO 7PM)	**127**	**25.70%**
Forenoon (8AM TO 12PM)	98	19.80%
Morning (12AM TO 8AM)	72	14.60%
Night (7PM TO 12AM)	91	18.40%
Total	494	100.00%

Among 494 cases, most of the victims consumed poison in evening (25.7%), followed by afternoon (21.5%). During morning least consumption of poison was found (14.6%)

TABLE NO 9: DISTRIBUTION OF CASES IN RELATION TO TIME ELAPSED BETWEEN CONSUMPTION OF POISON AND GASTRIC LAVAGE:

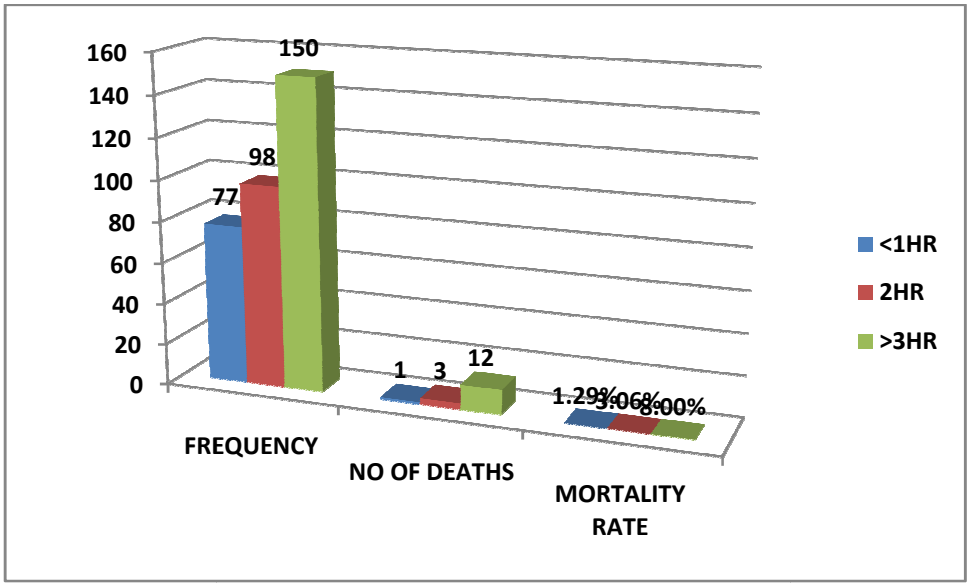
GLA	FREQUENCY	PERCENT
30MIN	3	0.60%
40MIN	1	0.20%
1HR	73	14.80%
2HR	98	19.80%
3HR	72	14.60%
4HR	32	6.50%
5HR	31	6.30%
6HR	8	1.60%
8HR	4	0.80%
10HR	3	0.60%
ND	169	34.20%
Total	494	100.00%

Out of 494 cases, (19.8%) cases underwent gastric lavage after 2hrs of consumption of poison, followed by 1hrs (14.8%) of consumption, 3hrs of consumption (14.6%), 4hrs of consumption (6.5%). those who didn't underwent gastric lavage were the patients of animal bites and inhalational poisoning by insecticides (34.2%).

TABLE NO 10: DURATION BETWEEN POISON CONSUMPTION & FIRST AID GIVE IN REFERENCE TO MORTALITY:

GLA(FIRST AID)	FREQUENCY	NO OF DEATHS	MORTALITY RATE
<1HR	77	1	1.29%
2HR	98	3	3.06%
>3HR	150	12	8.00%

GRAPH NO 4: DURATION BETWEEN POISON CONSUMPTION & FIRST AID GIVEN IN REFERENCE TO MORTALITY:



The observation in the above table shows that 77 cases had first aid given within an hour of consumption of poison and one individual died while on treatment (1.29%). 98 cases were brought around 2 hours after poison consumption, among which 3 deaths have occurred (3.06%). 150 cases were brought after 3 hours of poison consumption among which 12 died (8.0%).

TABLE NO- 11: DISTRIBUTION OF CASES IN RELATION TO ARRIVED DIRECTLY OR REFERRED:

DIRECT/ REFERRED	FREQUENCY	PERCENT
Direct	**312**	**63.2%**
Referred	182	36.8%
Total	494	100.0%

Among 494 cases, (63.2%) cases came directly to our hospital without seeking treatment from any other hospital and (36.8%) were referred from other periphery.

TABLE NO- 12: DISTRIBUTION OF CASES IN RELATION TO OUTCOME:

OUT COME	FREQUENCY	PERCENT
Discharged fit	**474**	**96.0%**
Expired	20	4.0%
Total	494	100.0%

Among 494 cases, (96%) cases discharged fit after getting treatment, whereas (4%) cases expired which were autopsied and viscera was preserved for chemical analysis.

TABLE NO- 13: DISTRIBUTION OF CASES IN RELATION TO TYPE OF POISON AND AGE:

TOP												
AGE – CAT	**ALC**	**DOMEX**	**GN**	**INS**	**K**	**LP**	**SB**	**SS**	**TAB**	**UB**	**UC**	**TOTAL**
<10yrs.	0	0	0	1	0	0	11	15	0	3	0	30(6.0%)
11-20yrs	0	0	0	37	3	21	22	3	7	15	5	113(22.8%)
21-30yrs	5	1	2	98	14	23	34	0	8	1	29	215(43.5%)
31-40yrs	0	0	0	28	0	13	8	0	12	0	8	69(13.9%)
41-50yrs	0	0	0	18	0	0	1	2	3	1	4	29(5.8%)
>50yrs	2	0	0	22	2	1	3	4	2	0	2	38(7.6%)
TOTAL	7	1	2	204	19	58	79	24	32	20	48	494

TOP - Type of poison

ALC - Alcohol

GN - Good night

INS - Insecticides

K - Kerosene

LP - Lice powder

SB - Snake bite

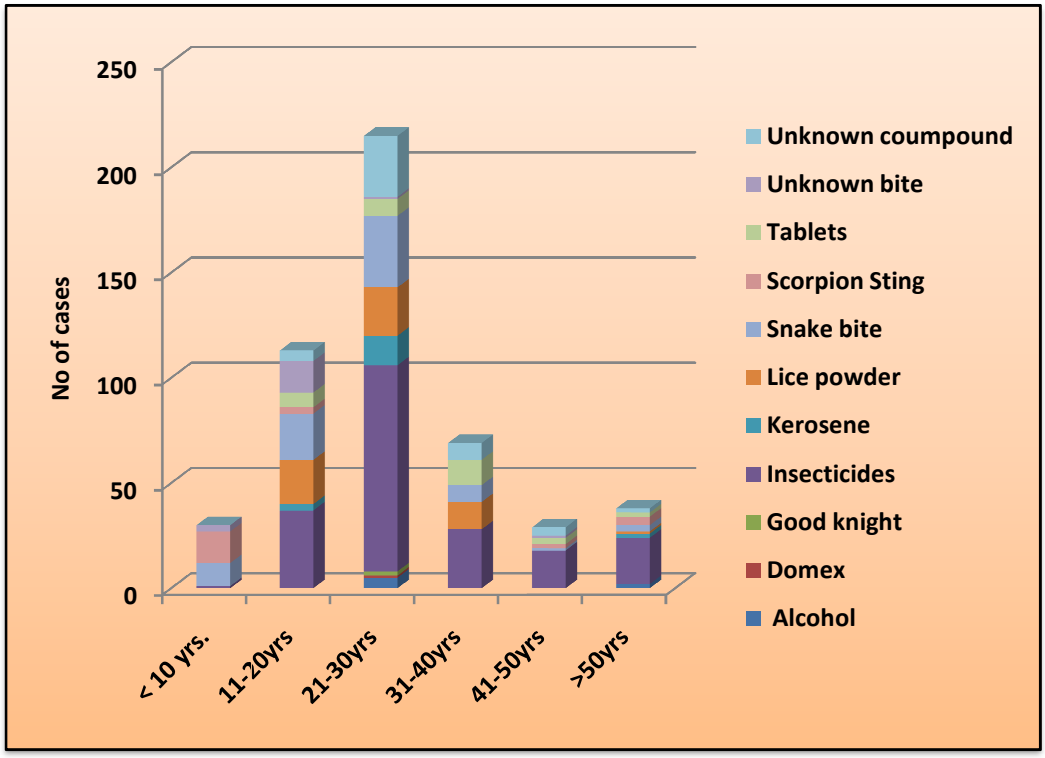
SS - Scorpion sting

TAB - Tablets

UB - Unknown bite

UC - Unknown compound

GRAPH NO-5: DISTRIBUTION OF CASES IN RELATION TO TYPE OF POISON AND AGE:



In the age range of 0-10 yrs., accidental poisoning by animal bites found more common (29 of total 30 cases). In 11-20 yrs. age range insecticides (37 cases) followed by snake bites (22cases) were found more common. In 21-30 yrs. age range insecticides (98 cases) followed by snake bites (22cases) were found more common. Insecticides found to be common in all the age groups except age less than 10 yrs., where accidental poisoning was more common.

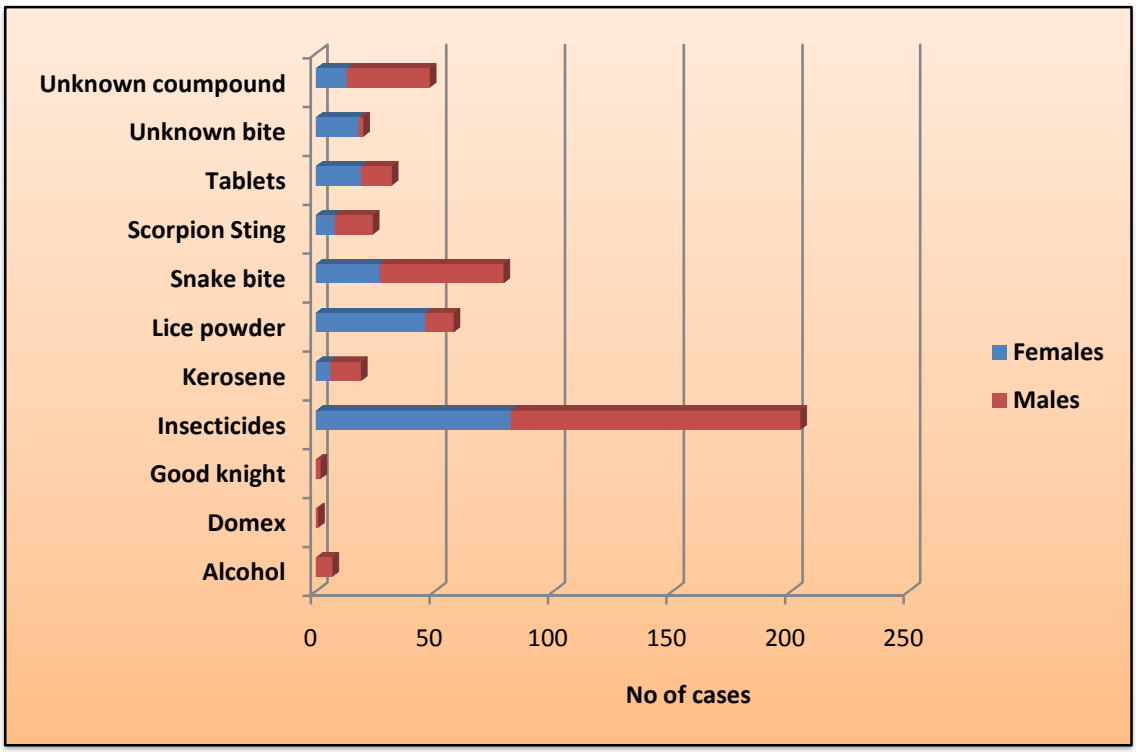
Chi-square	df	Probability
282.2859	50	0.0000

The association between type of poison and age was found statistically significant.

TABLE NO- 14: DISTRIBUTION OF CASES IN RELATION TO TYPE OF POISON AND SEX:

TOP												
SEX	**ALC**	**DOMEX**	**GN**	**INS**	**K**	**LP**	**SB**	**SS**	**TAB**	**UB**	**UC**	**TOTAL**
Females	0	0	0	82	6	46	27	8	19	18	13	219
Males	7	1	2	122	13	12	52	16	13	2	35	275
TOTAL	7	1	2	204	19	58	79	24	32	20	48	494

GRAPH NO-6: DISTRIBUTION OF CASES IN RELATION TO TYPE OF POISON AND SEX:



Insecticides found most common in both the sexes (122 males and 82 females) followed by snake bite in males and lice powder poisoning in females. Medicinal tablet poisoning was found more common in females as compared to males (19 females and 13 males). Lice powder consumption was most common in females as compared to males (46 females and 12 males). Snake bite poisoning found more common in males as compared to females (52 males and 27 females). Alcohol poisoning was found in males (7cases) no alcohol poisoning was found in females. 2 cases of good knight liquid poisoning and one case of domex toilet cleaner poisoning was found in males. Unknown bite was more prevalent females (18 females and 2 males) and unknown compound consumption was more common in male (35 males and 13 females).

Single Table Analysis

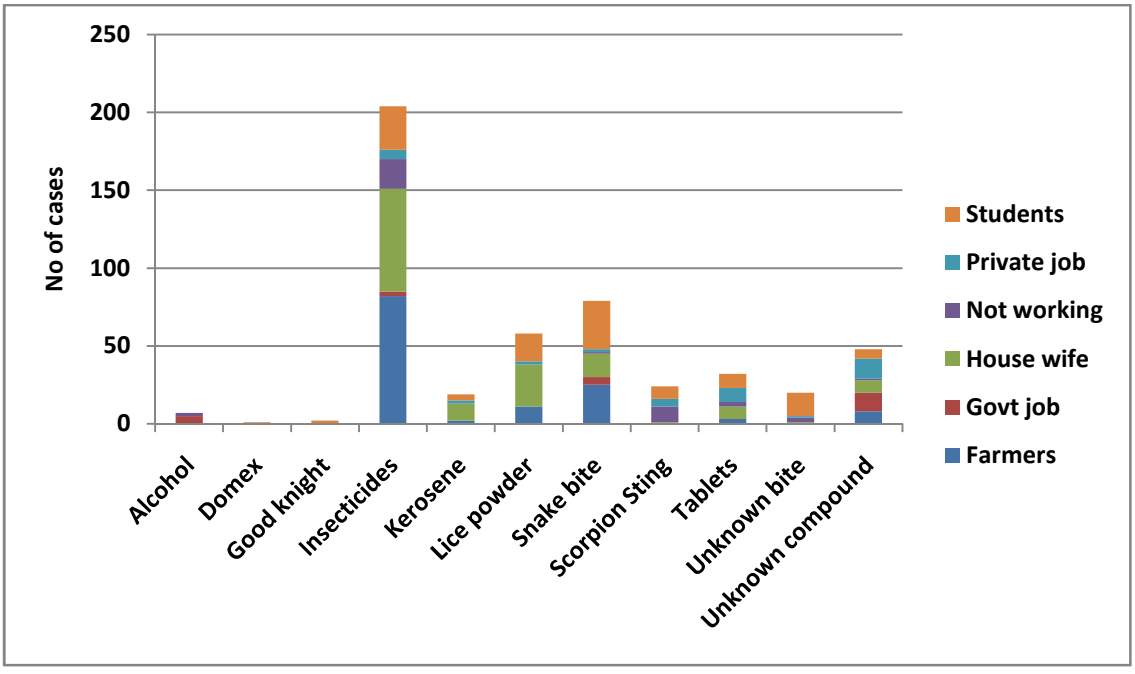
Chi-square	df	Probability
69.4842	10	0.0000

The association between type of poison and sex was found statistically significant.

TABLE NO- 15: DISTRIBUTION OF CASES IN RELATION TO TYPE OF POISON AND OCCUPATION:

TOP												
OCCUPATION	ALC	DOMEX	GN	INS	K	LP	SB	SS	TAB	UB	UC	TOTAL
Farmers	0	0	0	82	2	11	25	0	3	0	8	131
Govt job	5	0	0	3	0	0	5	0	0	0	12	25
House wife	0	0	0	66	11	27	15	1	8	1	8	137
Not working	2	0	0	19	0	0	1	10	3	3	1	39
Private job	0	0	0	6	2	2	2	5	9	1	13	40
Students	0	1	2	28	4	18	31	8	9	15	6	122
TOTAL	7	1	2	204	19	58	79	24	32	20	48	494

GRAPH NO- 7: DISTRIBUTION OF CASES IN RELATION TO TYPE OF POISON AND OCCUPATION:



In farmers, out of 121 cases maximum were insecticides (82), followed by snake bites (25). In out of 25 government job holders, maximum were unknown compound poison (12) followed by snake bites. Out of 137 house wives maximum were insecticide poisoning(66), followed by lice powder consumption(27), insecticides were common among those who are not doing any particular job(19 cases). Unknown compound poisoning was more prevalent in the private job holders (13 cases). Out of 122 students maximum were of snake bite cases (131cases) followed by insecticides consumption (28 cases) and lice powder consumption (18 cases).

Single Table Analysis

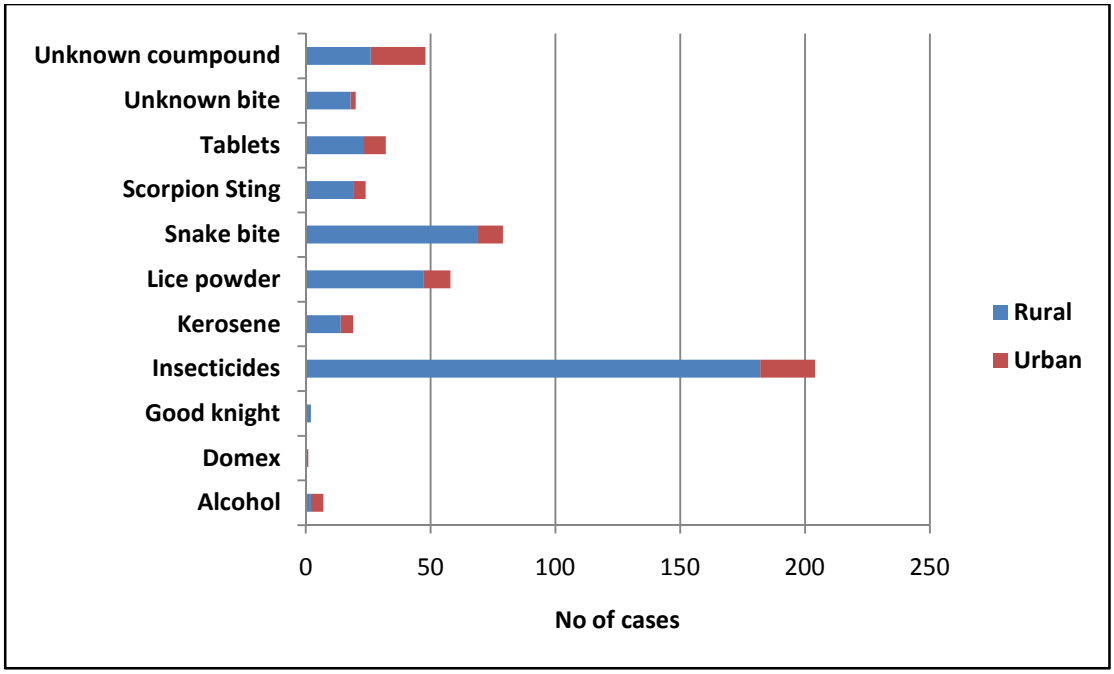
Chi-square	df	Probability
338.9867	50	0.0000

The association between type of poison and occupation was found statistically significant.

TABLE NO- 16: DISTRIBUTION OF CASES IN RELATION TO YYPE OF POISON AND HABITAT:

TOP												
UR/RU	**ALC**	**DOMEX**	**GN**	**INS**	**K**	**LP**	**SB**	**SS**	**TAB**	**UB**	**UC**	**TOTAL**
Rural	2	0	2	182	14	47	69	19	23	18	26	402
Urban	5	1	0	22	5	11	10	5	9	2	22	92
TOTAL	7	1	2	204	19	58	79	24	32	20	48	494

GRAPH NO-8: DISTRIBUTION OF CASES IN RELATION TO YYPE OF POISON AND HABITAT:



Out of 494 cases, 402 were rural victims and 92 were urban victims. Among the rural victims insecticide (182 cases) was most common followed by snake bite (69 cases), and lice powder consumption (47). Among urban victims again insecticides remain first(22 cases), followed by unknown compound consumption(22 cases) and lice powder consumption(11cases).

Single Table Analysis

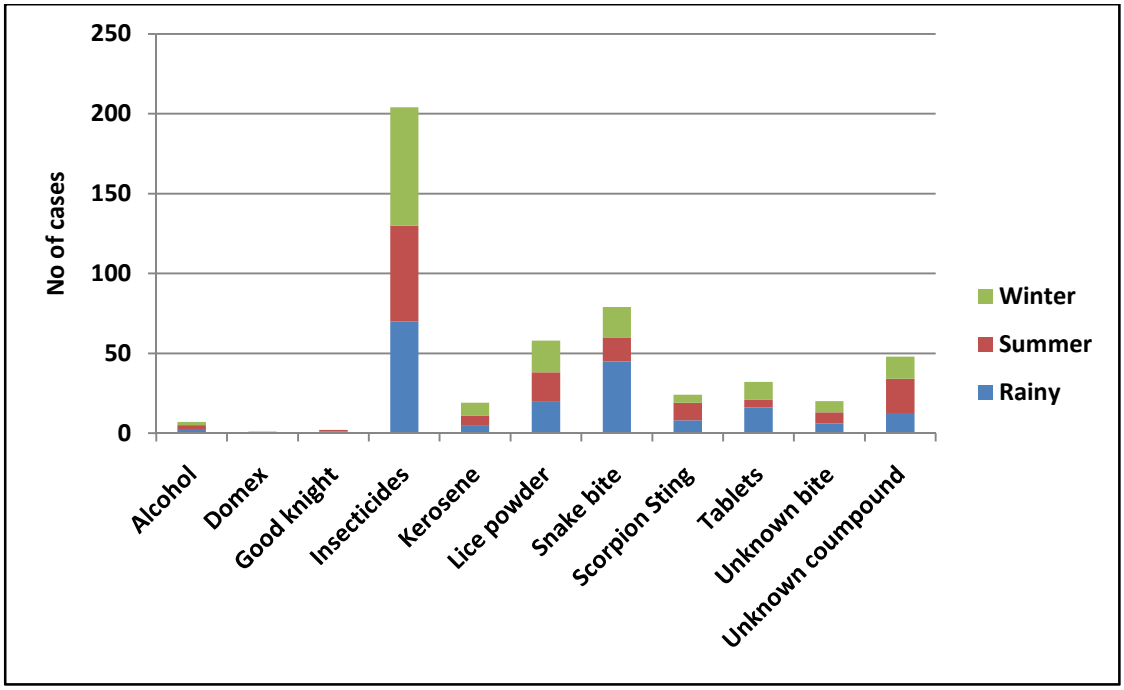
Chi-square	df	Probability
54.9942	10	0.0000

The association between type of poison and habitat was found statistically significant.

TABLE NO- 17: DISTRIBUTION OF CASES IN RELATION TO TYPE OF POISON AND SEASON:

TOP												
SEASON	**ALC**	**DOMEX**	**GN**	**INS**	**K**	**LP**	**SB**	**SS**	**TAB**	**UB**	**UC**	**TOTAL**
Rainy	2	0	1	70	5	20	45	8	16	6	12	185
Summer	3	0	1	60	6	18	15	11	5	7	22	148
Winter	2	1	0	74	8	20	19	5	11	7	14	161
TOTAL	7	1	2	204	19	58	79	24	32	20	48	494

GRAPH NO -9: DISTRIBUTION OF CASES IN RELATION TO TYPE OF POISON AND SEASON:



Out of 494 cases, 185 cases were reported in rainy season, 148 cases in summer season, 161 cases in winter season,. In all the seasons maximum were insecticide poisoning (70 cases, 60 cases, 74 cases in rainy, summer, and winter season respectively). Snake bite poisoning was more common in rainy season (45 cases) as compared to summer (15 cases) and winter (19) season. Scorpion sting was more common in summer (11cases) than rainy (8cases) and winter (5cases) seasons.

Single Table Analysis

Chi-square	df	Probability
32.8333	20	0.0352

The association between type of poison and season was found statistically significant.

TABLE NO -18: REPRESENTATION OF CASES AUTOPSIED IN RESPECT TO THEIR CAUSE OF DEATH:

CAUSE OF DEATH	NO OF CASES
Poisoning	**16**
RTA	14
Sudden death	07
Burns	08
Drowning	08
Hanging	07
Snake bite	04
Assault	04
Electrocution	03
Others	04

OTHERS -

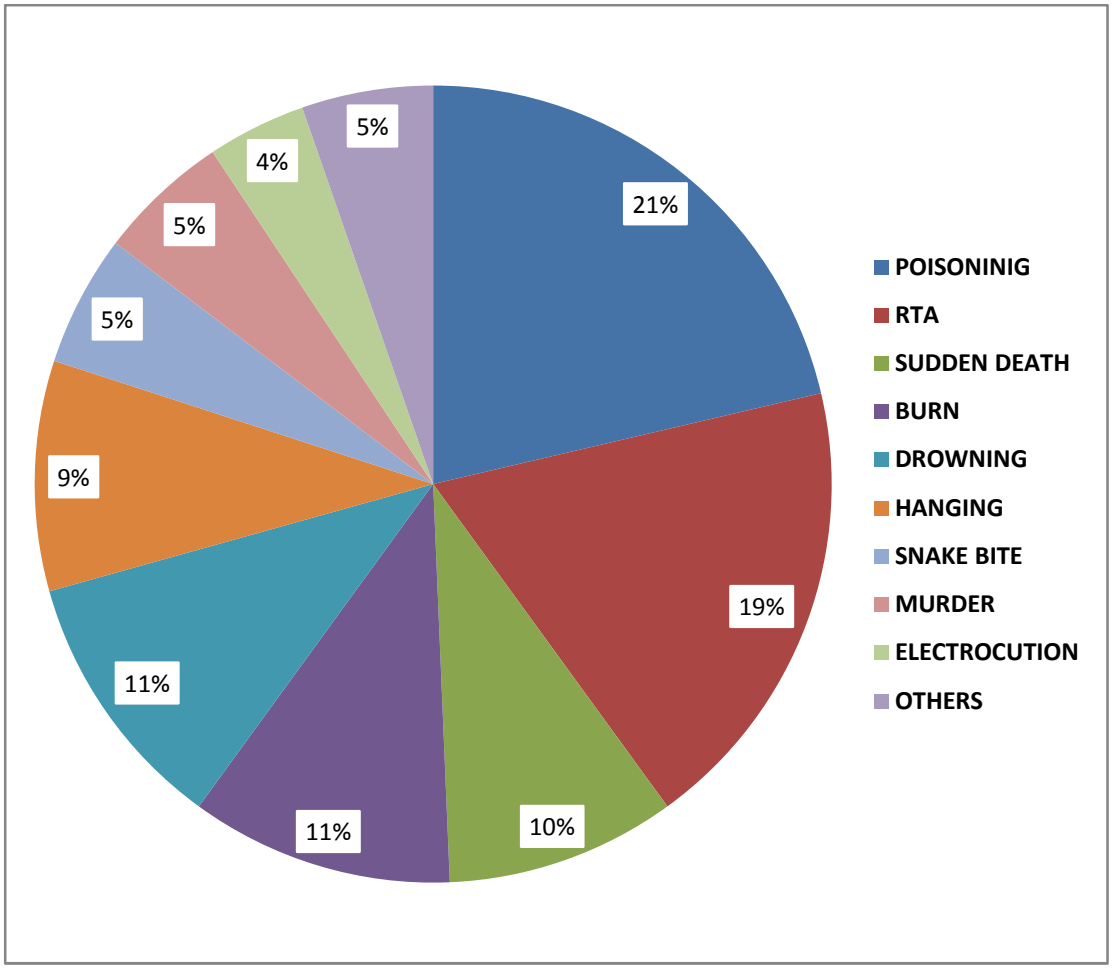
Obscure autopsy- 1

Fall from height- 1

Lightening- 1

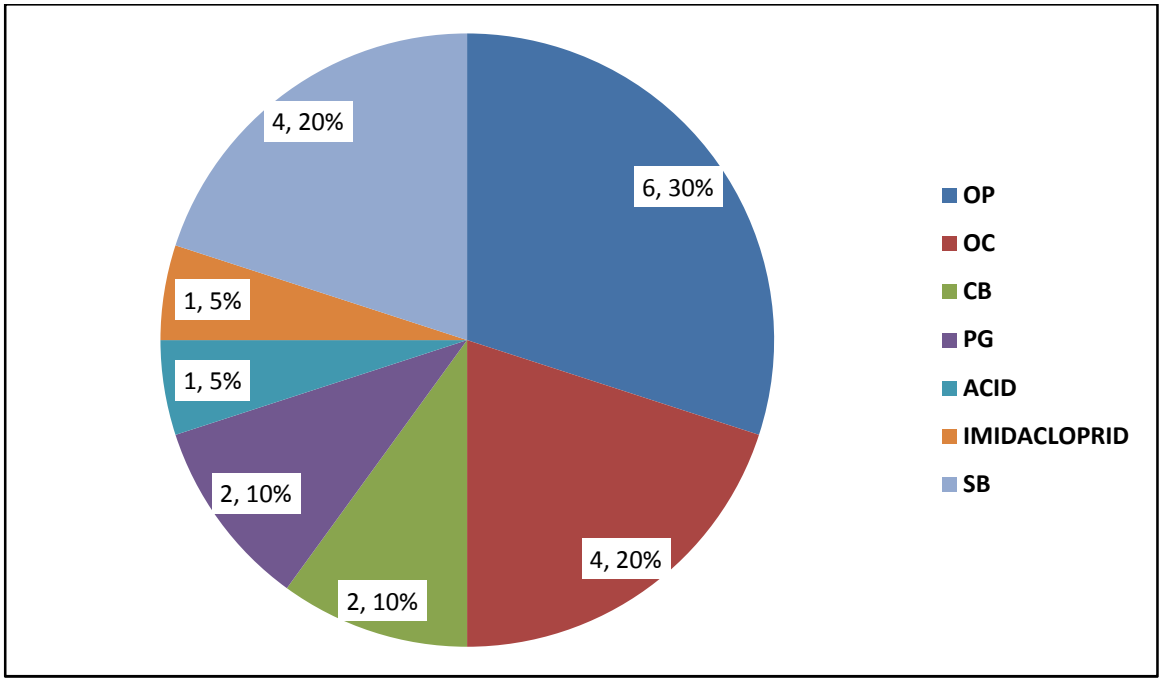
Stampede- 1

GRAPH NO -10: REPRESENTATION OF CASES AUTOPSIED IN RESPECT TO THEIR CAUSE OF DEATH:



Total 75 post mortem examinations were done in year 2013. Out of which 21 %(16) deaths were due to poisoning other than snake bite. Snake bites contributed 5 %(4) to total post mortem examination.19%(14) were the death due to road traffic accident, 10%(7) sudden natural deaths, 11%(8) death due to burns, 11%(8) due to drowning, 9%(7) due to hanging, 5%(4)death due to assault, and 4%(3) due to electrocution. One death was due to lightening, one from fall from height, and one due to stampede. One autopsy remains obscure.

GRAPH NO-11:DISTRIBUTION OF INDIVIDUAL POISONINIG AMONG AUTOPSIED CASES:



Out of 20 deaths due to poisoning 30% (6) deaths were due to organophosphates, 20% (4) deaths were due to organochlorocoumpounds, 10%(2) deaths were due to carabmates,10%(2) deaths were due to pyrethroid group, 5%(1) due imidacloprid, 5%(1) due to acid and 20%(4) deaths were due to snake bite.

PHOTOGRAPHS

Photo 1: POISONING PATIENT ON VENTILATOR

Photo 2: INSECTICIDE BOTTLE -1

Photo 3: INSECTICIDE BOTTLE -2

Photo 4: INSECTICIDE BOTTLE -3

Photo 5 : INSECTICIDE BOTTLE -4

Photo 6: FANG MARK OF SNAKE OVER LATERAL ASPECT OF RIGHT FOOT

Photo 7: FANG MARK OF SNAKE OVER MEDIAL ASPECT OF RIGHT FOOT

Photo 8: FANG MARK OF SNAKE OVER SHIN OF LEG

Photo 9: **ANTI LICE POWDER**

DISCUSSION

IN RELATION TO TYPE OF POISON:

In the present prospective study for a period of 1 year, total 494 cases were examined and treated at BLDEUS Shri. B. M. Patil Medical College, Hospital and Research Centre, Bijapur. Out of these, the maximum numbers of cases were due to insecticides (41.30%).

The findings of the present study are similar to study conducted by government medical college Jammu where majority of (34.5%) poisoning cases were due to insecticides[20], all India institutes of medical sciences Delhi it was (25.7%)[25], M.P. Shah Medical College, Jamnagar it was (64.39%) [32], In a study conducted at Jinnah post-graduate medical Centre it was (39.7%)[33], study at office of the Judicial Medical Officer, Colombo it was (81%)[37],studty conducted in a southern district of Sri Lanka it was (84.4%)[40], a study conducted at University Medical Unit in central Sri Lanka it was (65.3%)[45], a study conducted at the Department of Forensic Medicine and Toxicology, Shri Vasantarao Naik Government Medical College, Yavatmal it was (55.4%)[46], in a study conducted 2010 at B.M.Patil Medical college Bijapur it was (51.63%)[56].

The findings of the present study are in contrast with study conducted by Nehru hospital PIME and research Centre, Chandigarh where barbiturate poisoning was dominant (19.33%).[16]It is also in contrast with study conducted by B. k. Hospital Faridabad, where aluminum phosphides were most dominant poisoning(70.73%)[21,] study conducted at khonkaen hospital ,Thailand where animal poison was

commonest(28.2%)[22], Rohtaak medical college, where aluminum phosphides were most dominant poisoning(67.7%)[23] , the emergency department of S.N. Hospital, Agra where celphos was most common[26], department of Forensic Medicine and Toxicology at Government Medical College, Chandigarh where aluminium phosphide was most common(54.35%)[27] Leeds department of forensic medicine, revealed with 90% of males preferring carbon monoxide and 70% of females preferring barbiturates.[35] and many other studies had the result in contrast with our study [,36,43].

Insecticides are the agents commonly abused, as seen in the present study. This can be attributed to a number of factors, like, easy availability as they are sold in open market without strict vigil and also much cheaper. The occupation of most of the victims being agriculture, house wives and students, these insecticides are almost always present in home and farmhouse and are readily accessible for consumption. The contrast results can be attributed to place of study, people's knowledge about poisons, social practices and environment in which they reside. As in Leeds and Germany, the people are sophisticated, more knowledgeable, most own cars and thus carbon monoxide was the common poison abused.

IN RELATION TO AGE:

In our study the most common age group of poisoning was between 21-30 yrs. (72.5%). The findings of the present study are similar to study conducted by Nehru hospital PIME and research Centre, Chandigarh[16],Similar to study conducted at government medical college Jammu[20], A study was conducted at Berhampur, Orissa it was (40.5%)[29], Kasturba Hospital, Manipal, Karnataka[31], M.P. Shah Medical College, Jamnagar it was (43.1%)[32], In a study conducted at Jinnah post-graduate medical centre[33], in a study conducted at Civil Hospital, Belgaum it was (40%)[44], A

study conducted at University Medical Unit in central Sri Lanka it was (54%)[45],in a study conducted in 2010 at B.M.Patil Medical college Bijapur it was(45.76%).[56]

The findings of the present study are in contrast with study conducted at Rohtak during the year 1995 where age group between 11-20 yrs was most common(35.2%)[28],in a study at referral hospitals in Zimbabwe 0-5yrs was most common age group(35%).[36]

Our study along with many other studies, it gives the picture that it is the youth between the ages of 21-30 years who are more prone for poisoning. In most of these youths, it is suicidal intent rather than accidental, which is a big loss to any society or nation. Reasons seem to be many, mental instability and inability to face adverse eventualities in life like unemployment in spite of being graduates, love failures, repeated failures in exams among students, failure of crops among farmers, family disputes, poverty and so on.

DISCUSSION IN RELATION TO SEX:

In our study majority of patients were males (55.7%).The findings of the present study are similar to study conducted by Nehru hospital PIME and research Centre, Chandigarh (67.9%)[16], similar to government medical college Jammu(67.23%)[20], B. K. Hospital, Faridabad where male to female ratio was(3:1)[21], Rohtaak medical college, where male to female ratio was (2:1)[23], all India institutes of medical sciences where male to female ratio was(1.6 to 1)[25], The emergency department of S.N. Hospital, Agra it was (70%)[26], department of Forensic Medicine and Toxicology at Government Medical College, Chandigarh where male to female ratio was(2.5:1)[27], in a study conducted at Rohtak during the year 1995 it was (68.62%)[28], in a study was conducted at Berhampur, Orissa it was (53.3%)[29],

Government Wenlock Hospital, Mangalore it was (69.12%)[30], Kasturba Hospital, Manipal, Karnataka(75.1%)[31] and many other studies had the result of favor of our study with varying percentages[,34,37,38,41,44,46,56.].

The findings of the present study are in contrast with study conducted by khonkaen hospital, Thailand where male to female ratio was (1:1.2)[22], rural hospital, Trichywhere majority of patients were females (78.6%) [24], study conducted at Leeds department of forensic medicine females' outnumbered males[35].

It is evident from present study and most other studies, that males are doubly (or even more) prone for poisoning. Females are well guarded from adversities of life, starting from childhood up to old age, as daughter by parents, as wife by husband and as mother by son. The Indian society, traditionally and culturally, is sympathetic to women which boosts their morality and self-confidence in life. Men being the bread earner of the family in our country, all transactions go in his name. If failed to fulfill the basic requirements for the family, due to frustration many end their lives.

IN RELATION TO ROUTE OF ENTRY:

In our study it was found that ingestion of poison orally was more common (72%). Our findings in relation to route of entry are similar to study conducted in a southern district of Sri Lanka (81.8%) [40], a study conducted at University Medical Unit in central Sri Lanka[45].

IN RELATION TO MANNER:

In our study it was found that suicidal ingestion of poison was more common (70.60%), not even a single case of homicidal poisoning was reported in our study. Accidental poisoning was common only with animal bite and inhalational poisoning.

Inhalational poisoning was during spraying the insecticides in the months of September, October and November.

The findings of our study are similar to study conducted by by Nehru hospital PIME and research Centre, Chandigarh where it was (71.79%) [16]. Similar to government medical college Jammu where it was (84.06%) [20], B. K. Hospital Faridabad where it was (56.08%) [21], khonkaen hospital, Thailand (35.4%)[22], Rohtak medical college(91.4%)[23],rural hospital, Trichy (75.2%)[24], department of Forensic Medicine and Toxicology at Government Medical College, Chandigarh(89.08%)[27], Government Wenlock Hospital, Mangalore, (66.12%)[30], Kasturba Hospital, Manipal, Karnataka(98.7%)[31], M.P. Shah Medical College, Jamnagar (68.2%)[32,] In a study conducted at Jinnah post-graduate medical Centre[33] and many other studies had the results similar to findings of our study with varying percentages.[34,37,38,39,44,45,46]

It is evident from the present study as well as from other studies in reference, that in most of the poisoning cases, suicide is the main intention, in both developing and developed countries. Insecticides are the most commonly used agents in developing countries like India, Srilanka and Bangladesh. This can be attributed to the fact that, even for trivial problems, people have found suicide as best solution by agrochemicals which are accessible feasible and are relatively cheaper.

IN RELATION TO WHETHER CAME DIRECTLY OR REFERRED AFTER CONSUMPTION OF POISON :

In our study, it was found that Out of 494 cases, 63.2% cases came directly to our hospital without seeking treatment in any other hospital after consumption of poison.

The findings of our study are similar to study conducted by Rohtak medical college, where 95% of cases came directly without seeking treatment in any other hospital[23].

IN RELATION TO SEASON:

Though no appreciable difference was found in seasonal variation, inn our study it was found that in rainy season maximum cases (37.40%) as compared to winter (32.60%) and summer (30%).

The findings of our study are in contrast to study conducted at Berhampur; Orissa maximum cases were seen in summer (31.7%). [29]

RURAL AND URBAN DISTRIBUTION:

In our study out of 494 cases, rural people (81.4%) contributed more as compared to urban people (18.6%). The findings of our study are similar to a study conducted at the Department of Forensic Medicine and Toxicology, ShriVasantarao Naik Government Medical College, Yavatmal, where rural cases were dominant(83%).[46]

The findings of our study are in contrast with study conducted at Sir Salimullah Medical College Mortuary, Dhaka, Bangladesh, where urban victims contributed (60.8%) more.[41]

IN RELATION TO MORTALITY:

In our study out of 494 poisoning cases 20 deaths have occurred. Mortality rate remains 4%. The findings of our study does not correlate with most of the studies like Study conducted by Nehru hospital PIME and research Centre, Chandigarh

showed mortality rate of (17.30%)[16,] study conducted in Rohtak medical College showed mortality rate of(35.82%)[23], the emergency department of S.N. Hospital, Agra showed mortality rate of (11%)[26] ,a study was conducted at Berhampur, Orissa showed mortality rate of(20%)[29], a study conducted at a teaching hospital, Peradeniya, in Sri Lanka showed mortality rate of (18%)[38], study conducted in Britain, British hospitals showed mortality rate of (0.712%)[42], case fatality rate in rural Asia is (10-20%)[42], study conducted at Civil Hospital, Belgaum showed mortality rate of (30.69%)[44], study conducted at University Medical Unit in central Sri Lanka showed mortality of (16%)[45].in a study conducted 2010 at B.M. Patil Medical college Bijapur it was(5.55%).[56]

IN RELATION TO OCCUPATION:

Out of 494 cases, house wives contributed most (27.7%), followed by farmers (26.5%) and students (24.7%). No appreciable difference was found between house wives, farmers and students. In this region insecticides are equally accessible house wives as to farmers. The reason being most of families stay in the farm house where house wives too work in the farm. That's why insecticides remain first in both house wives and farmers.

In contrast to our study, study conducted at Civil Hospital, Belgaum showed agriculturists dominated among all the occupation (63.6%). [44]

IN RELATION TO SNAKE BITE:

In our study out of 494 poison cases 79 were snake bite cases, of which 4 have died. Mortality rate of snake bite poisoning remains 5.06%.

In our study, It was found that males were bitten more by the snakes (57 cases). Students, farmers and house wives are more bitten by snakes (31, 25, 15 cases respectively).Snake bite cases were more in rural population as compared to urban population. Students, first in position are mainly because most of the families in this region stay in the farm house, and they will be working in farm whenever necessary. The snake bite cases are more reported in rainy season as compared to winter and summer season (45, 19, 15 cases respectively). All the reported cases of snake and insect bite in our study were accidental in nature involving more number of male victims.

In a study in 1954 reported that about 2, 00,000 people were bitten every year by snakes in India and about 15,000 of them died, mortality rate remains (7.5%) [53].

POISONING AND RELIGION:

In our study Hindus reported more (87.9%) as compared to Muslims (12.1%). The marginal decrease in reporting of Muslims could be, most of the Muslims reporting to All Amen Medical College, which is a Muslim minority college.

The findings are similar to a study conducted in 2010 at B.M. Patil Medical College Bijapur where Hindus were (93.38%) and Muslims were (6.61%).[56]

POISONING AND LITERACY:

Literates reported more (60.90 %,) as compared to illiterates (39.10%).

This relationship between poisoning and literacy has not been commented upon in other studies reviewed.

POISONING AND MARITAL STATUS:

Married subjects reported more (52.80%), as compared to unmarried (47.20%).

This relationship between poisoning and marital status, has not been commented upon in other studies reviewed.

POISONING AND TIME OF CONSUMPTION:

Most of the victims consumed poison in evening (25.7%), followed by afternoon (21.5%). During morning least consumption of poison was found (14.6%). This diurnal variation can be referred after sleep freshness and decision making to die oneself is not common in morning hours.

This relationship between poisoning and time of consumption has not been commented upon in other studies reviewed.

TYPE OF POISON AND MORTALITY:

Out of 20 deaths due to poisoning 30% (6)deaths were due to organophosphates,20%(4) deaths were due to organochlorocoumpounds, , 10%(2) deaths were due to carabmates,10%(2) deaths were due to pyrethroid group, 5%(1)due imidacloprid, 5%(1) due to acid and 20%(4) deaths were due to snake bite.

Study conducted at a teaching hospital, Peradeniya, in Sri Lanka,75% of deaths were organophosphates and 4% were due organochloro compounds[38]. Study conducted at Sir Salimullah Medical College Mortuary, Dhaka, Bangladesh, 51.6% deaths were due to organochloro compounds and 37.7% deaths were due to organophosphate compounds[41].

SUMMARY

494 poisoning cases reported to BLDEUS Shri. B.M. Patil Medical College, Hospital and Research Centre, Bijapur during January 2013 to December 2013 were studied prospectively for the various parameters like prevalence of poisoning, commonest type of poison encountered, the common age group involved, and the seasonal variation, the manner of poisoning and mortality rate, association of poisoning in relation to literacy, religion and marital status

1. Maximum numbers of cases were due to poisoning by insecticides (41.3%) followed by snake bites (16%). Lice powder contributed (11.7%), medicinal tablets (6.5%), scorpion sting (4.9%), unknown bites (4.0%), Alcohols (1.4%), Good knight liquid (0.4%), and least one was Domex toilet cleaner (0.2%). Altogether animal bites (snake bite, scorpion sting, and unknown bites) contributed (24.9%).
2. Suicidal manner of poisoning was commonest (70.6%) as compared to accidental poisoning (29.4%)
3. Male (57.7%) victims were more than females (43.3%).
4. Consumption of poison by Oral route was most commonly found for (72.5%) followed by animal bites (24.9%) and inhalational route (2.6%).
5. Literates (60.9%) suffered more than illiterates (39.1%).
6. House wives contributed most (27.7%), followed by farmers (26.5) and students (24.7%). The least common occupation was government job holders.
7. Married persons (52.8%) were found more than unmarried (47.2%).
8. Hindus (87.9%) were more than the Muslims (12.1%)
9. Rural people (81.4%) contributed more as compared to urban people (18.6%).

10. Most of the victims consumed poison in evening hour's (25.7%), followed by afternoon (21.5%) & in the morning (14.6%).
11. 63.2% of cases reported directly to our hospital and (36.8%) were referred from other periphery hospitals.
12. 96% of cases were discharged fit, after treatment, whereas 4% (20 cases)cases died while on treatment.
13. Out of 20 deaths due to poisoning 30% (6cases)deaths were due to organophosphates, 20% (4cases) deaths were due to organochlorocoumpounds, 10%(2cases) deaths were due to carabmates, 10%(2) deaths were due to pyrethroid group, 5%(1cases) due imidacloprid, 5%(1cases) due to acid and 20%(4cases) deaths were due to snake bite.
14. Children were more susceptible to poisoning due to animal bite than intentional poisoning.
15. Out of 494 cases, 123 animal bite cases were reported
16. Out of 123 animal bite cases, 79 due to snake bite,24 scorpion sting and 20 were unknown bite were reported.
17. Out of 123 animal bite cases maximum were reported in rainy season (59 cases).
18. Maximum number of cases were reported in the month of October (11.9%) and least number of cases were found in the month of December (5.1%).
19. Out of 494 cases, in rainy season (37.4%) cases, winter (32.6%) and in the summer (30.0%) were reported.
20. Homicidal poisoning cases were not reported in our study.
21. No mortality due to medicinal drugs was found (out of 32 cases).

CONCLUSION

1. Insecticides were most commonly abused poisons in this study (41.3%).
2. Common manner of poisoning is suicidal (70.6%).
3. Mortality rate remains 4%.
4. Consumption of poisons by males (57.7%) is found more than females (43.3%).
5. Maximum cases were reported in rainy season (37.4%)
6. Most common accidental poisoning was due to animal bite (24.8%)
7. Earlier the medical aid (< 1hour) lesser the mortality rate.

   < 1 Hr – 1.29% mortality rate

   2 Hr - 3.06 % mortality rate

   > 3 Hr 8.0 % mortality rate

SUGGESTIONS

1. Active involvement of agrochemical manufacturing industries in educating people regarding the handling and management of any eventuality involving hazardous substance and strict vigil by international agencies like WHO and FAO, may help in reducing incidence of acute poisoning deaths.
2. There should be specific laws and regulations governing the handling, storage, dealing, dispensing and disposal of various toxic agents including insecticides, drugs and chemicals
3. Educational campaigns should be organized with regard to proper storage and use of pesticides.
4. Early detection and first aid measures at the site of poisoning need to be stressed.
5. The treating physician should take the help of clinical toxicologist and analytical toxicologist for complicated task of investigations, diagnosis and treatment.
6. Public education to keep toxic substances out of reach of children is important.
7. Using the masks while spraying the insecticide and washing the hands after spraying may reduce the chances of accidental poisoning, mortality and morbidity.
8. Counter sale of medicinal drugs without prescription of registered medical officer should be avoided.
9. Creating awareness as to faster transport of poisoning case by use of 108 services starting of emergency medical treatment.

10. Clinically it will be better if the snake which has bitten would have brought either living or dead snake before initiating anti snake venom treatment to decide whether the snake is poisonous or non-poisonous.

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ANNEXURE-I

SAMPLE OF INFORMED CONSENT FORM

I undersigned NAME…… AGE……..

R/O…….……do hereby voluntarily state that Dr……of

BLDE hospital has informed me that Department of Forensic Medicine and Toxicology has assigned a dissertation study on "profile poisoning cases reporting to BLDEUS Shri. B. M. PatilMedical College, Hospital and Research Centre, Bijapur," and this study needs meticulous, examination and history of poisoning.

It is further informed to me that such an examination will be done in concurrence with lifesaving medical measures. By such an examination, there is a very remote chance of any harm to patient.

By knowing nature of study and its objectives and other details, under my full senses I give my consent at this time……..and date…… to get examined and to collect the data for dissertation purpose only.

Place: …… Date and time:
……

Signature of victim: …… Signature of doctor:
……

PROFORMA

- Name :
- Age :
- Sex :
- Date of admission: OPD/IPD NO Date of discharge:
- Date and time of examination:
- Consent for examination:
- Native: Urban Rural
- Identification marks: 1]
  2]
- Alleged h/o case:

- Education:
- Occupation:
- Marital status: Married Unmarried
- Religion: Hindu Muslim Others

- Place of poisoning:
- Time of poisoning:
- Manner of poisoning: Suicidal Homicidal Accidental
- Type of poison :
- Primary treatment taken at:
- Time of admission at BLDE:

- Gastric lavage after: Hours
- Sample collected : Yes No
- Time of collection:
- Sample sent to FSL to know the type of poison: Yes No
- Outcome of the patient:

1. Discharged fit
2. Dead

ETHICAL CLEARANCE CERTIFICATE

Institutional Ethical Committee
BIJAPUR-586 103.
OUTWARD
No. 046/12
Date 18/10/12
B.L.D.E.U's Shri B.M. Patil Medical College.

B.L.D.E. UNIVERSITY'S
SHRI.B.M.PATIL MEDICAL COLLEGE, BIJAPUR-586 103
INSTITUTIONAL ETHICAL COMMITTEE

INSTITUTIONAL ETHICAL CLEARANCE CERTIFICATE

The Ethical Committee of this college met on 18-10-2012 *at* 3-30pm *to scrutinize the Synopsis of Postgraduate Students of this college from Ethical Clearance point of view. After scrutiny the following original/corrected & revised version synopsis of the Thesis has been accorded Ethical Clearance.*

Title Prospective study of profile of poisoning cases admitted to Shri. B.M. Patil Medical college and Hospital Bijapur.

Name of P.G. student Dr. Bhuyyar Chandrashekhar
Forensic Medicine

Name of Guide/Co-investigator Dr Dharmaraya Ingale
Prof & HOD. Forensic Medicine

DR.TEJASWINI. VALLABHA
CHAIRMAN
INSTITUTIONAL ETHICAL COMMITTEE
BLDEU'S, SHRI.B.M.PATIL
MEDICAL COLLEGE, BIJAPUR.

Following documents were placed before E.C. for Scrutinization
1) Copy of Synopsis/Research project.
2) Copy of informed consent form
3) Any other relevant documents.

ABBREVIATIONS USED AND KEY TO MASTER CHART:

Sl no.	-	Serial number.
AGE CAT	-	Age category
D.O.A.	-	Date of admission
T.O.P.	-	Type of poison
T.O.C	-	Time of consumption
T.O.C MOD	-	Time of consumption (modified)
GLA	-	Gastric lavage after
D.F	-	Discharged fit or expired
FSL	-	Chemical analysis report from forensic science laboratory
C.O.D.	-	Cause of death
M	-	Male
F	-	Female
GJ	-	Government job
PJ	-	private job
FR	-	Farmers
ST	-	Students
HW	-	House wife
NW	-	Not working
R	-	Rural
U	-	Urban
H	-	Hindu

MS	-	Muslim
INS	-	Insecticides
Tab	-	Medicinal tablets
		(antidepressants & antiepileptics &pain killers)
ALC	-	Alcohol
K	-	Kerosene
OP	-	Organophosphates
OC	-	Organochloro compounds
CB	-	Carbamates
PG	-	Pyrethroid group
IMD	-	Imidacloprid
LP	-	Lice powder
GN	-	Good night liquid
UC	-	Unknown compound
SB	-	Snake bite
SS	-	Scorpion sting
UB	-	Unknown bite
S	-	Suicidal
A	-	Accidental
O	-	Oral
IN	-	Inhalational
B	-	Bitten (snakes, scorpion sting, unknown bites)
IL	-	Illiterates

L	-	Literates
D	-	Direct cases
R	-	Referred cases
M	-	Morning
F	-	Forenoon
A	-	Afternoon
E	-	Evening
N	-	Night
Y	-	Yes, discharged fit.
E	-	Expired.
R.F	-	Respiratory failure.
CRF	-	Cardiorespiratory failure.
NA	-	Not applicable
ND	-	Not done
HR	-	Hour

MASTER CHART

Sl. No.	Name	Age (Yrs)	Age - cat	Sex	D.O.A.	Month	TOP	Manner	Mode	Literacy	Occupation	M/U	R	UR/RU	TOC	TOC MOD	GLA	Direct/ Referred	D .F	FSL	C.O.D.
1	DSN	16Y	2	F	1/1/2013	Jan	K	S	O	L	ST	U	H	R	7-30 AM	M	ND	D	Y	-	-
2	VHH	22Y	3	M	2/1/2013	Jan	DOMEX	S	O	L	ST	U	H	UR	6-30PM	E	30MIN	D	Y	-	-
3	NDK	31Y	4	F	3/1/2013	Jan	LP	S	O	IL	ST	U	H	R	4-30PM	E	2HR	R	Y	-	-
4	GDM	58Y	6	M	5/1/2013	Jan	INS	S	O	IL	FR	M	H	R	1O-30AM	F	2HR	D	Y	-	-
5	KMR	42Y	5	F	5/1/2013	Jan	UC	S	O	IL	HW	M	H	R	3PM	A	3HR	D	E	Acid	SHOCK
6	MSU	21Y	3	M	6/1/2013	Jan	TAB	S	O	IL	NW	U	H	R	1PM	A	2HR	R	Y	-	-
7	NDK	9Y	1	F	7/1/2013	Jan	SB	A	B	IL	ST	U	H	R	5pm	E	ND	R	Y	-	-
8	ARB	38Y	4	F	7/1/2013	Jan	UC	S	O	L	HW	M	H	R	7-30PM	N	2HR	D	Y	-	-
9	RCD	58Y	6	M	7/1/2013	Jan	INS	S	O	IL	FR	M	H	R	2PM	A	40MIN	R	Y	-	-
10	SP	26Y	3	F	7/1/2013	Jan	INS	S	O	L	HW	M	H	R	12-15PM	A	2HR	R	Y	-	-
11	LP	19Y	2	F	7/1/2013	Jan	TAB	S	O	L	ST	U	H	R	10AM	F	4HR	D	Y	-	-
12	JBK	26Y	3	F	14/1/2013	Jan	INS	S	O	IL	HW	M	H	R	12AM	M	4HR	D	E	OP	RF
13	LRM	38Y	4	F	15/1/2013	Jan	INS	S	O	L	HW	M	H	R	5AM	M	1HR	D	Y	-	-
14	RB	6Y	1	F	16/1/2013	Jan	SS	A	B	IL	ST	U	MS	R	6PM	E	ND	D	Y	-	-
15	RRB	20Y	2	F	16/1/2013	Jan	TAB	S	O	IL	ST	U	H	R	4-30PM	E	10HR	D	Y	-	-
16	SNN	32Y	4	M	18/1/2013	Jan	INS	S	O	L	FR	M	H	R	5PM	E	3HR	R	Y	-	-
17	SH	26Y	3	M	19/1/2013	Jan	LP	S	O	L	FR	M	H	R	9AM	F	5HR	R	Y	-	-
18	KI	25Y	3	M	21/1/2013	Jan	INS	S	O	IL	NW	U	H	R	8AM	M	2HR	R	Y	-	-
19	SNS	28Y	3	F	23/1/2013	Jan	INS	S	O	L	HW	U	H	R	11-30AM	F	3HR	D	Y	-	-
20	BBA	25Y	3	M	23/1/2013	Jan	K	S	O	IL	HW	M	H	R	5PM	E	ND	D	Y	-	-
21	RH	30Y	3	M	24/1/2013	Jan	INS	S	O	L	FR	M	MS	R	12PM	A	1HR	D	Y	-	-
22	SIO	22Y	3	M	26/1/2013	Jan	INS	S	O	L	NW	U	H	R	10AM	F	6HR	D	Y	-	-
23	BMB	15Y	2	M	26/1/2013	Jan	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
24	PPD	25Y	3	M	27/1/2013	Jan	ALC	A	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
25	ABS	22Y	3	F	28/1/2013	Jan	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
26	SAG	16Y	2	F	28/1/2013	Jan	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
27	CSM	25Y	3	M	29/1/2013	Jan	UC	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
28	SC	55Y	6	M	29/1/2013	Jan	INS	S	O	IL	FR	M	H	R	4PM	E	3HR	D	Y	-	-
29	SNB	19Y	2	M	29/1/2013	Jan	INS	S	O	L	ST	U	H	R	2PM	A	2HR	R	Y	-	-
30	RCR	36Y	4	M	29/1/2013	Jan	SB	A	B	IL	ST	U	H	R	1AM	M	ND	R	Y	-	-
31	SMH	20Y	2	F	29/1/2013	Jan	LP	S	O	L	HW	M	H	R	5-30PM	E	2HR	D	Y	-	-
32	TS	28Y	3	F	30/1/2013	Jan	SB	A	B	L	HW	U	MS	R	9-30PM	N	ND	D	Y	-	-
33	GSB	24Y	3	F	30/1/3013	Jan	INS	A	IN	L	HW	M	H	R	5pm	E	ND	D	Y	-	-
34	SMS	20Y	2	F	30/1/2013	Jan	INS	S	O	L	HW	U	H	R	11AM	F	5HR	R	Y	-	-
35	DHB	30Y	3	M	30/1/2013	Jan	SB	A	B	L	FR	M	H	R	12-30PM	A	ND	D	Y	-	-
36	NYH	30Y	3	M	31/1/2013	Jan	INS	S	O	L	FR	M	H	R	2PM	A	1HR	R	Y	-	-
37	PSS	35Y	4	F	31/1/2013	Jan	TAB	S	O	L	HW	M	H	R	7-30PM	N	1HR	D	Y	-	-
38	PAB	33Y	4	F	31/1/2013	Jan	TAB	S	O	L	PJ	M	H	UR	7PM	N	2HR	D	Y	-	-
39	HRM	50Y	5	M	31/1/2013	Jan	INS	S	O	IL	FR	M	H	R	6PM	E	4HR	D	Y	-	-
40	SRB	19Y	2	F	1/2/2013	Feb	INS	S	O	L	ST	U	H	R	9PM	N	2HR	D	Y	-	-
41	JGB	30Y	3	M	3/2/2013	Feb	UC	S	O	L	FR	M	H	R	8PM	N	2HR	D	Y	-	-
42	TSS	9Y	1	F	4/2/2013	Feb	SB	A	B	IL	HW	M	H	R	10-30PM	N	ND	D	E	NA	SB
43	BBB	27Y	3	F	5/2/2013	Feb	SB	A	B	IL	FR	U	H	UR	6PM	E	ND	D	Y	-	-
44	JKG	21Y	3	F	8/2/2013	Feb	UC	S	O	L	ST	U	H	R	2PM	A	3HR	R	Y	-	-
45	BDH	24Y	3	M	8/2/2013	Feb	UC	S	O	L	FR	U	H	R	3PM	A	4HR	D	Y	-	-
46	BVB	46Y	5	M	9/2/2013	Feb	TAB	S	O	L	PJ	M	H	UR	12-30PM	A	3HR	D	Y	-	-
47	ASB	20Y	2	F	10/2/2013	Feb	INS	S	O	L	HW	U	H	R	11-30PM	F	4HR	D	Y	-	-
48	BDH	24Y	3	M	10/2/2013	Feb	UC	S	O	L	GJ	M	H	R	7PM	N	3HR	D	E	OP	RF
49	ADS	38Y	4	F	11/2/2013	Feb	INS	S	O	L	HW	M	H	R	5AM	M	1HR	D	Y	-	-
50	GHY	6Y	1	F	12/2/2013	Feb	SS	A	B	IL	ST	U	H	R	6PM	E	ND	D	Y	-	-
51	RRB	20Y	2	F	14/2/2013	Feb	LP	S	O	IL	ST	U	H	R	4-30PM	E	10HR	D	Y	-	-
52	BDH	24Y	3	M	17/2/2013	Feb	INS	S	O	L	FR	M	H	R	5PM	E	3HR	R	Y	-	-
53	SPP	26Y	3	M	19/2/2013	Feb	LP	S	O	L	FR	M	H	R	9AM	F	5HR	R	Y	-	-
54	LMB	5Y	1	M	21/2/2013	Feb	SS	A	B	IL	NW	U	H	R	8AM	M	ND	R	Y	-	-

Sl. No.	Name	Age (Yrs)	Age - cat	Sex	D.O.A.	Month	TOP	Manner	Mode	Literacy	Occupation	M/U	R	UR/RU	TOC	TOC MOD	GLA	Direct/ Referred	D .F	FSL	C.O.D.
55	SNS	28Y	3	F	21/2/2013	Feb	INS	S	O	L	HW	U	H	R	11-30AM	F	3HR	D	Y	-	-
56	GYH	25Y	3	M	23/2/2013	Feb	K	S	O	IL	HW	M	H	R	5PM	E	ND	D	Y	-	-
57	RH	30Y	3	M	24/2/2013	Feb	INS	S	O	L	FR	M	H	R	12PM	A	1HR	D	Y	-	-
58	SIO	22Y	3	M	24/2/2013	Feb	INS	S	O	L	NW	U	H	R	10AM	F	4HR	D	Y	-	-
59	BSG	15Y	2	M	25/2/2013	Feb	INS	S	O	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
60	HKE	28Y	3	M	26/2/2013	Feb	LP	S	O	IL	FR	U	H	UR	6AM	M	3HR	R	Y	-	-
61	DSN	16 Y	2	F	27/2/2013	Feb	K	S	O	L	ST	U	H	R	7-30 AM	M	ND	D	Y	-	-
62	DHU	45Y	5	F	27/2/2013	Feb	INS	S	O	IL	HW	U	H	UR	6-30PM	E	1HR	D	Y	-	-
63	NDK	31Y	4	F	28/2/2013	Feb	LP	S	O	L	ST	U	H	R	4-30PM	E	2HR	R	Y	-	-
64	GDM	58Y	6	M	28/2/2013	Feb	INS	S	O	IL	FR	M	H	R	1O-30AM	F	2HR	D	Y	-	-
65	FLO	35Y	4	F	28/2/2013	Feb	LP	S	O	IL	HW	M	MS	R	3PM	A	3HR	D	Y	-	-
66	PRP	25Y	3	M	1/3/2013	Mar	INS	S	O	IL	FR	M	H	R	2AM	M	4HR	D	E	OP	RF
67	GKH	45Y	5	M	2/3/2013	Mar	INS	S	O	IL	FR	M	H	R	4PM	E	2HR	R	Y	-	-
68	BMC	15Y	2	M	2/3/2013	Mar	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
69	LKS	25Y	3	M	3/3/2013	Mar	UC	S	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
70	KSR	22Y	3	F	5/3/2013	Mar	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
71	KTS	16Y	2	F	5/3/2013	Mar	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
72	LID	25Y	3	M	6/3/2013	Mar	UC	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
73	DGP	55Y	6	M	7/3/2013	Mar	INS	S	O	IL	FR	M	H	R	4PM	E	3HR	D	Y	-	-
74	POU	19Y	2	M	9/3/2013	Mar	INS	S	O	L	ST	U	H	R	2PM	A	ND	R	Y	-	-
75	WHS	40Y	4	M	10/3/2013	Mar	SB	A	B	IL	ST	U	H	R	1AM	M	ND	R	Y	-	-
76	LJD	20Y	2	F	11/3/2013	Mar	LP	S	O	L	HW	M	H	R	5-30PM	E	2HR	D	Y	-	-
77	BSG	28Y	3	M	13/3/2013	Mar	SB	A	B	IL	FR	U	MS	R	9-30PM	N	ND	D	Y	-	-
78	MSG	24Y	3	F	13/3/2013	Mar	INS	S	O	L	HW	M	H	R	5pm	E	ND	D	Y	-	-
79	NKN	20Y	2	F	13/3/2013	Mar	INS	S	O	L	HW	U	H	R	11AM	F	5HR	R	Y	-	-
80	KRL	30Y	3	M	14/3/2013	Mar	SB	A	B	L	FR	M	H	R	12-30PM	A	ND	D	Y	-	-
81	PRP	30Y	3	M	15/3/2013	Mar	INS	S	O	L	FR	M	H	R	2PM	A	1HR	R	Y	-	-
82	NUD	35Y	4	F	16/3/2013	Mar	TAB	S	O	L	HW	M	H	R	7-30PM	N	1HR	D	Y	-	-
83	KSD	33Y	4	F	16/3/2013	Mar	LP	S	O	L	PJ	M	H	UR	7PM	N	2HR	D	Y	-	-
84	MJD	50Y	5	M	16/3/2013	Mar	INS	S	O	IL	FR	M	H	R	6PM	E	4HR	D	Y	-	-
85	KTD	26Y	3	M	17/3/2013	Mar	INS	S	O	IL	FR	M	H	R	4-30PM	E	2HR	D	Y	-	-
86	KHU	30Y	3	M	18/3/2013	Mar	INS	S	O	IL	FR	M	H	R	2PM	A	1HR	R	Y	-	-
87	JHU	25Y	3	F	18/3/2013	Mar	LP	S	O	L	HW	U	MS	UR	6PM	E	1HR	R	Y	-	-
88	JRG	25Y	3	M	19/3/2013	Mar	INS	S	O	L	ST	U	MS	R	9-30PM	N	2HR	R	Y	-	-
89	GRD	40Y	4	M	20/3/2013	Mar	UC	S	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
90	KSR	22Y	3	F	21/3/2013	Mar	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
91	KDG	20Y	2	F	23/3/2013	Mar	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
92	LJD	25Y	3	M	24/3/2013	Mar	K	S	O	IL	PJ	M	H	UR	12AM	M	ND	D	Y	-	-
93	UYE	38Y	4	M	25/3/2013	Mar	INS	S	O	IL	PJ	M	H	R	4PM	E	3HR	D	Y	-	-
94	JND	19Y	2	M	27/3/2013	Mar	INS	S	O	L	ST	U	H	R	2PM	A	ND	R	Y	-	-
95	LUD	8Y	1	M	28/3/2013	Mar	SB	A	B	IL	ST	U	H	R	1AM	M	ND	R	Y	-	-
96	YFE	35Y	4	F	30/3/2013	Mar	LP	S	O	IL	HW	M	H	R	5-30PM	E	2HR	D	Y	-	-
97	NMH	28Y	3	M	31/3/2013	Mar	SB	A	B	IL	FR	U	MS	R	9-30PM	N	ND	D	Y	-	-
98	MGH	26Y	3	F	31/3/2013	Mar	INS	A	IN	L	HW	M	H	R	5PM	E	ND	D	Y	-	-
99	HUF	25Y	3	F	1/4/2013	Apr	LP	S	O	L	HW	U	H	R	8PM	N	1HR	D	Y	-	-
100	MLO	6Y	1	M	1/4/2013	Apr	SS	A	B	IL	ST	U	H	R	6PM	E	ND	D	Y	-	-
101	NJD	20Y	2	F	2/4/2013	Apr	LP	S	O	IL	ST	U	H	R	4-30PM	E	2HR	D	Y	-	-
102	YHP	24Y	3	M	2/4/203	Apr	INS	S	O	L	FR	M	H	R	5PM	E	3HR	R	Y	-	-
103	RB	6Y	1	M	3/4/2013	Apr	SS	A	B	IL	ST	U	MS	R	6PM	E	ND	D	Y	-	-
104	GHG	20Y	2	F	4/4/2013	Apr	TAB	S	O	IL	ST	U	H	R	4-30PM	E	10HR	R	Y	-	-
105	SNN	32Y	4	M	5/4/2013	Apr	INS	S	O	L	FR	M	H	R	5PM	E	3HR	R	Y	-	-
106	GLL	26Y	3	M	7/4/2013	Apr	LP	S	O	L	FR	M	H	R	9AM	F	5HR	R	Y	-	-
107	NRT	4Y	1	M	7/4/2013	Apr	SS	A	B	IL	NW	U	H	R	8AM	M	ND	R	Y	-	-
108	SNS	28Y	3	F	7/4/2013	Apr	INS	S	O	L	HW	U	H	R	11-30AM	F	3HR	D	Y	-	-
109	BBA	25Y	3	M	8/4/2013	Apr	K	S	O	IL	HW	M	H	R	5PM	E	ND	D	Y	-	-
110	RH	30Y	3	M	9/4/2013	Apr	INS	S	O	L	FR	M	MS	R	12PM	A	1HR	D	Y	-	-

Sl. No.	Name	Age (Yrs)	Age - cat	Sex	D.O.A.	Month	TOP	Manner	Mode	Literacy	Occupation	M/U	R	UR/RU	TOC	TOC MOD	GLA	Direct/ Referred	D .F	FSL	C.O.D.
111	SIO	22Y	3	M	10/4/2013	Apr	INS	S	O	L	NW	U	H	R	10AM	F	6HR	R	Y	-	-
112	BMB	15Y	2	M	11/4/2013	Apr	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
113	PPD	25Y	3	M	14/4/2013	Apr	ALC	A	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
114	ABS	22Y	3	F	15/4/2013	Apr	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
115	SAG	16Y	2	F	16/4/2013	Apr	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
116	RB	40Y	4	M	16/4/2013	Apr	INS	S	O	IL	FR	M	H	UR	6AM	M	1HR	D	Y	-	-
117	GKH	45Y	5	M	16/4/2013	Apr	INS	S	O	IL	FR	M	H	R	4PM	E	2HR	R	Y	-	-
118	BMC	15Y	2	M	17/4/2013	Apr	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
119	LKS	25Y	3	M	17/4/2013	Apr	UC	S	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
120	KSR	22Y	3	F	18/4/2013	Apr	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
121	KTS	16Y	2	F	19/4/2013	Apr	INS	S	O	L	ST	U	H	R	11AM	F	2HR	R	Y	-	-
122	LID	25Y	3	M	20/4/2013	Apr	UC	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
123	GDR	55Y	6	M	21/4/2013	Apr	INS	S	O	IL	FR	M	H	R	4PM	E	3HR	D	Y	-	-
124	POU	19Y	2	M	22/4/2013	Apr	INS	S	O	L	ST	U	H	R	2PM	A	1HR	R	Y	-	-
125	WHS	25Y	3	M	23/4/2013	Apr	INS	S	O	IL	ST	U	H	R	1AM	M	1HR	R	Y	-	-
126	LJD	20Y	2	F	24/4/2013	Apr	LP	S	O	L	HW	M	H	R	5-30PM	E	2HR	D	Y	-	-
127	BSG	28Y	3	M	25/4/2013	Apr	SB	A	B	IL	FR	U	MS	R	9-30PM	N	ND	D	Y	-	-
128	MSG	24Y	3	F	25/4/2013	Apr	INS	A	IN	L	HW	M	H	R	5pm	E	ND	D	Y	-	-
129	NSG	20Y	2	F	25/4/2013	Apr	INS	S	O	L	HW	U	H	R	11AM	F	5HR	R	Y	-	-
130	KHD	30Y	3	M	26/4/2013	Apr	SB	A	B	L	FR	M	H	R	12-30PM	A	ND	D	Y	-	-
131	RAL	40Y	4	M	27/4/2013	Apr	INS	S	O	L	FR	M	H	R	10AM	F	2HR	R	Y	-	-
132	SDG	20Y	2	F	28/4/2013	Apr	UB	A	B	L	ST	M	H	R	11AM	F	ND	R	Y	-	-
133	NIR	22Y	3	M	29/4/2013	Apr	UC	S	O	IL	PJ	M	MS	UR	12AM	M	2HR	D	Y	-	-
134	LIB	38Y	4	M	30/4/2013	Apr	INS	S	O	IL	PJ	M	H	R	5PM	E	1HR	D	Y	-	-
135	LJU	14Y	2	M	1/5/2013	May	INS	S	O	L	ST	U	H	R	5PM	E	4HR	R	Y	-	-
136	RMG	21Y	3	M	1/5/2013	May	INS	S	O	L	ST	U	H	R	12NOON	M	4HR	D	Y	-	-
137	DSO	11Y	2	M	3/5/2013	May	INS	S	O	L	ST	U	H	R	11PM	F	2HR	D	Y	-	-
138	SDN	30Y	3	M	3/5/2013	May	UB	A	B	L	PJ	M	H	UR	10-30PM	N	ND	D	Y	-	-
139	LCK	24Y	3	F	4/5/2013	May	K	S	O	L	ST	U	H	UR	12-30AM	A	ND	D	Y	-	-
140	UMM	30Y	3	M	4/5/2013	May	INS	S	O	IL	FR	M	H	R	8-30PM	N	2HR	D	Y	-	-
141	GS	25Y	3	F	5/5/2013	May	UC	S	O	L	HW	M	H	UR	10AM	F	8HR	D	Y	-	-
142	MGP	28Y	3	F	6/5/2013	May	INS	S	O	L	HW	M	H	R	7-30PM	N	2HR	D	Y	-	-
143	SAK	20Y	2	M	6/5/2013	May	SS	A	B	IL	NW	U	H	R	7AM	M	ND	D	Y	-	-
144	KS	55Y	6	M	6/5/2013	May	SS	A	B	IL	PJ	M	MS	UR	3PM	A	ND	D	Y	-	-
145	SAP	24Y	3	F	6/5/2013	May	TAB	S	O	L	HW	M	H	UR	12PM	A	1HR	D	Y	-	-
146	PMW	18Y	2	M	7/5/2013	May	UC	S	O	L	ST	U	H	R	11AM	F	3HR	D	Y	-	-
147	HKD	38Y	4	M	7/5/2013	May	UC	S	O	L	PJ	U	H	R	4-30PM	E	4HR	R	Y	-	-
148	BSR	18Y	2	F	7/5/2013	May	INS	S	O	IL	NW	U	H	UR	7-50PM	N	3HR	R	Y	-	-
149	LSK	16Y	2	F	8/5/2013	May	LP	S	O	L	ST	U	H	R	4-30PM	E	8HR	R	Y	-	-
150	GCK	20Y	2	F	8/5/2013	May	UC	S	O	IL	HW	M	H	R	8-15AM	M	8HR	D	Y	-	-
151	MGM	82Y	6	M	8/5/2013	May	UC	S	O	IL	NW	M	H	R	11AM	F	3HR	R	Y	-	-
152	DIM	31Y	4	F	9/5/2013	May	LP	S	O	IL	HW	M	H	R	1-15AM	F	3HR	R	Y	-	-
153	HAN	55Y	6	F	9/5/2013	May	SS	A	B	IL	HW	M	MS	R	7AM	M	ND	R	Y	-	-
154	RLC	35Y	4	M	9/5/2013	May	INS	S	O	L	GJ	M	H	UR	11-30AM	F	2HR	R	Y	-	-
155	PSM	21Y	3	F	9/5/2013	May	TAB	S	O	L	ST	U	H	R	6PM	E	5HR	R	Y	-	-
156	TRP	26Y	3	M	10/5/2013	May	GN	S	O	IL	ST	U	MS	R	11-50AM	F	1HR	D	Y	-	-
157	KND	18Y	2	F	10/5/2013	May	UC	S	O	L	ST	U	H	R	6PM	E	5HR	R	Y	-	-
158	GSS	22Y	3	M	11/5/2013	May	UC	S	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
159	KSR	22Y	3	F	12/5/2013	May	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
160	JFT	19Y	2	F	12/5/2013	May	LP	S	O	L	ST	U	H	R	11AM	F	1HR	R	Y	-	-
161	LID	25Y	3	M	12/5/2013	May	UC	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
162	SBS	65Y	6	M	13/5/2013	May	INS	S	O	IL	FR	M	H	R	4PM	E	3HR	D	E	OC	RF
163	PHS	19Y	2	M	13/5/2013	May	INS	S	O	L	ST	U	H	R	2PM	A	ND	R	Y	-	-
164	MMH	28Y	3	F	14/5/2013	May	SB	A	B	L	HW	M	H	R	7-30PM	N	ND	D	Y	-	-
165	ABS	65Y	6	M	14/5/2013	May	ALC	A	O	IL	NW	M	H	R	7AM	M	1HR	D	Y	-	-
166	KST	55Y	6	M	15/5/2013	May	SS	A	B	IL	PJ	M	MS	UR	3PM	A	ND	D	Y	-	-

Sl. No.	Name	Age (Yrs)	Age - cat	Sex	D.O.A.	Month	TOP	Manner	Mode	Literacy	Occupation	M/U	R	UR/RU	TOC	TOC MOD	GLA	Direct/ Referred	D .F	FSL	C.O.D.
167	SAP	24Y	3	F	15/5/2013	May	LP	S	O	L	HW	M	H	UR	12PM	A	1HR	D	Y	-	-
168	PMW	18Y	2	M	16/5/2013	May	UC	S	O	L	ST	U	H	R	11AM	F	3HR	D	Y	-	-
169	DHK	38Y	4	M	17/5/2013	May	UC	S	O	L	PJ	U	H	R	4-30PM	E	4HR	R	Y	-	-
170	BSR	18Y	2	F	18/5//2013	May	INS	S	O	IL	NW	U	H	UR	7-50PM	N	3HR	R	Y	-	-
171	LSK	16Y	2	F	19/5/2013	May	LP	S	O	L	ST	U	H	R	4-30PM	E	8HR	R	Y	-	-
172	HGD	30Y	3	M	19/5/2013	May	INS	S	O	L	FR	M	MS	R	12PM	A	1HR	D	Y	-	-
173	ASB	62Y	6	M	20/5/2013	May	INS	S	O	L	NW	M	H	R	10AM	F	6HR	D	E	OP	RF
174	BMB	15Y	2	M	21/5/2013	May	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
175	THS	25Y	3	M	22/5/2013	May	ALC	A	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
176	SKG	22Y	3	F	23/5/2013	May	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
177	SAG	16Y	2	F	24/5/2013	May	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
178	RB	56Y	6	M	25/5/2013	May	UC	S	O	IL	FR	M	H	UR	6AM	M	1HR	D	Y	-	-
179	UKS	45Y	5	M	26/5/2013	May	INS	S	O	IL	FR	M	H	R	4PM	E	2HR	R	Y	-	-
180	LCK	60Y	6	F	27/5/2013	May	K	S	O	L	FR	M	H	UR	12-30AM	A	ND	D	Y	-	-
181	UMM	45Y	5	M	27/5/2013	May	INS	S	O	IL	FR	M	H	R	8-30PM	N	3HR	D	Y	-	-
182	BGL	42Y	5	M	27/5/2013	May	INS	S	O	L	FR	M	H	UR	10AM	F	2HR	D	E	OP	RF
183	JDP	28Y	3	F	28/5/2013	May	SB	A	B	L	HW	M	H	R	7-30PM	N	ND	D	Y	-	-
184	SAK	20Y	2	M	29/5/2013	May	SS	A	B	IL	NW	U	H	R	7AM	M	ND	D	Y	-	-
185	KJF	50Y	5	M	29/5/2013	May	SS	A	B	IL	PJ	M	MS	UR	3PM	A	ND	D	Y	-	-
186	SAP	45Y	5	F	30/5/2013	May	UB	A	B	L	HW	M	H	UR	12PM	A	ND	D	Y	-	-
187	ABV	38Y	4	F	30/5/2013	May	UC	S	O	L	HW	M	H	R	11AM	F	3HR	D	E	OP	RF
188	RH	30Y	3	M	1/6/2013	Jun	INS	S	O	L	FR	M	MS	R	12PM	A	1HR	D	Y	-	-
189	SIO	23Y	3	M	1/6/2013	Jun	INS	S	O	L	NW	U	H	R	10AM	F	6HR	D	Y	-	-
190	DHY	15Y	2	M	1/6/2013	Jun	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
191	PPD	24Y	3	M	2//6/2013	Jun	SB	A	B	L	GJ	U	H	UR	3PM	A	ND	D	Y	-	-
192	ABS	22Y	3	F	3/6/2013	Jun	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
193	SAG	16Y	2	F	3/6/2013	Jun	UB	A	B	L	ST	U	H	R	11AM	F	3HR	R	Y	-	-
194	CSM	25Y	3	M	4/6/2013	Jun	UC	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
195	CSK	55Y	6	M	4/6/2013	Jun	TAB	S	O	IL	FR	M	H	R	4PM	E	3HR	D	Y	-	-
196	SNB	19Y	2	M	4/6/2013	Jun	INS	S	O	L	ST	U	H	R	2PM	A	ND	R	Y	-	-
197	RCR	8Y	1	M	5/6/2013	Jun	SB	A	B	IL	ST	U	H	R	1AM	M	ND	R	Y	-	-
198	SMH	20Y	2	F	5/6/2013	Jun	LP	S	O	L	HW	M	H	R	5-30PM	E	2HR	D	Y	-	-
199	TS	28Y	3	F	5/6/2013	Jun	SB	A	B	L	HW	U	MS	R	9-30PM	N	ND	D	Y	-	-
200	GSB	24Y	3	F	6/6/2013	Jun	LP	A	O	L	HW	M	H	R	5pm	E	ND	D	Y	-	-
201	SMS	20Y	2	F	6/6/2013	Jun	LP	S	O	L	HW	U	H	UR	11AM	F	5HR	R	Y	-	-
202	DHB	30Y	3	M	7/6/2013	Jun	SB	A	B	L	FR	M	H	R	12-30PM	A	ND	D	Y	-	-
203	NYH	30Y	3	M	7/6/2013	Jun	INS	S	O	L	FR	M	H	R	2PM	A	4HR	R	Y	-	-
204	PSS	35Y	4	F	7/6/2013	Jun	TAB	S	O	L	HW	U	H	R	7-30PM	N	2HR	D	Y	-	-
205	PRB	33Y	4	F	8/6/2013	Jun	TAB	S	O	L	PJ	M	H	UR	7PM	N	2HR	D	Y	-	-
206	LOF	50Y	5	M	10/6/2013	Jun	INS	S	O	IL	FR	M	H	R	6PM	E	4HR	D	Y	-	-
207	SRB	19Y	2	F	11/6/2013	Jun	SB	A	B	L	ST	U	H	R	9PM	N	ND	D	Y	-	-
208	JRP	30Y	3	M	12/6/2013	Jun	UC	S	O	L	FR	M	H	R	8PM	N	2HR	D	Y	-	-
209	TSS	17Y	2	F	12/6/2013	Jun	SB	A	B	IL	HW	M	H	R	10-30PM	N	ND	D	Y	-	-
210	BBB	27Y	3	F	13/6/2013	Jun	SB	A	B	IL	FR	U	H	UR	6PM	E	ND	D	Y	-	-
211	LPO	21Y	3	F	13/6/2013	Jun	UC	S	O	L	ST	U	H	R	2PM	A	3HR	R	Y	-	-
212	BDH	37Y	4	M	13/6/2013	Jun	UC	S	O	L	FR	U	H	R	3PM	A	4HR	D	Y	-	-
213	SSC	46Y	5	M	13/6/2013	Jun	TAB	S	O	L	PJ	M	H	R	12-30PM	A	3HR	D	Y	-	-
214	UTE	36Y	4	F	14/6/2013	Jun	INS	S	O	L	HW	U	H	R	11-30PM	F	4HR	D	Y	-	-
215	JUY	24Y	3	M	14/6/2013	Jun	UC	S	O	L	GJ	M	H	R	7PM	N	3HR	D	Y	-	-
216	ADS	38Y	4	F	14/6/2013	Jun	SB	A	B	L	HW	M	H	R	5AM	M	ND	D	Y	-	-
217	GHY	6Y	1	M	15/6/2013	Jun	SS	A	B	IL	ST	U	H	R	6PM	E	ND	D	Y	-	-
218	RRB	20Y	2	F	15/6/2013	Jun	LP	S	O	IL	ST	U	H	R	4-30PM	E	2HR	D	Y	-	-
219	BDH	26Y	3	M	16/6/2013	Jun	INS	S	O	L	FR	M	H	R	5PM	E	3HR	R	Y	-	-
220	SRH	26Y	3	M	17/6//2013	Jun	LP	S	O	L	FR	U	H	R	9AM	F	5HR	R	Y	-	-
221	LMB	29Y	3	F	18/6/2013	Jun	INS	A	IN	IL	NW	U	H	R	8AM	M	ND	R	Y	-	-
222	SNS	28Y	3	F	19/6/2013	Jun	INS	S	O	L	HW	U	H	UR	11-30AM	F	3HR	D	Y	-	-

Sl. No.	Name	Age (Yrs)	Age - cat	Sex	D.O.A.	Month	TOP	Manner	Mode	Literacy	Occupation	M/U	R	UR/RU	TOC	TOC MOD	GLA	Direct/ Referred	D .F	FSL	C.O.D.
223	EHY	25Y	3	M	20/6/2013	Jun	K	S	O	IL	HW	M	H	R	5PM	E	ND	D	Y	-	-
224	SPP	35Y	4	F	21/6/2013	Jun	INS	S	O	L	HW	M	H	R	12PM	A	5HR	D	E	OC	RF
225	SIO	22Y	3	M	22/6/2013	Jun	INS	S	O	L	NW	U	H	R	10AM	F	4HR	D	Y	-	-
226	BSG	15Y	2	M	23/6/2013	Jun	INS	S	O	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
227	HKE	27Y	3	M	24/6/2013	Jun	LP	S	O	IL	FR	U	H	UR	6AM	M	2HR	R	Y	-	-
228	ROG	16 Y	2	F	25/6/2013	Jun	INS	S	O	L	ST	U	H	R	7-30 AM	M	3HR	D	Y	-	-
229	DHU	55Y	6	F	26/6/2013	Jun	INS	S	O	IL	FR	M	H	UR	6-30PM	E	2HR	D	Y	-	-
230	NDK	32Y	4	F	27/6/2013	Jun	LP	S	O	L	ST	U	H	R	4-30PM	E	2HR	R	Y	-	-
231	MKD	58Y	6	M	27/6/2013	Jun	INS	S	O	IL	FR	M	H	R	1O-30AM	F	2HR	D	Y	-	-
232	FLO	35Y	4	F	28/6/2013	Jun	INS	S	O	IL	HW	M	MS	R	3PM	A	3HR	D	Y	-	-
233	JUF	40Y	4	M	29/6/2013	Jun	SB	A	B	IL	FR	M	H	UR	6AM	M	ND	D	Y	-	-
234	GKH	45Y	5	M	29/6/2013	Jun	INS	S	O	IL	FR	M	H	R	4PM	E	2HR	R	Y	-	-
235	BMC	15Y	2	M	29/6/2013	Jun	SB	A	B	L	ST	U	H	R	9-30PM	N	ND	R	Y	-	-
236	SJU	25Y	3	M	30/6/2013	Jun	UC	S	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
237	KD	22Y	3	F	30/6/2013	Jun	INS	S	O	IL	HW	M	H	R	10AM	F	2HR	R	Y	-	-
238	DSN	16 Y	2	F	1/7/2013	July	TAB	S	O	L	ST	U	H	R	7-30 AM	M	ND	D	Y	-	-
239	VHH	22Y	3	M	2/7/2013	July	TAB	S	O	L	ST	U	H	UR	6-30PM	E	30MIN	D	Y	-	-
240	NDK	32Y	4	F	2/7/2013	July	LP	S	O	IL	ST	U	H	R	4-30PM	E	2HR	R	Y	-	-
241	GDM	58Y	6	M	3/7/2013	July	INS	S	O	IL	FR	M	H	R	1O-30AM	F	2HR	D	Y	-	-
242	KMR	42Y	5	F	5/7/2013	July	UC	S	O	IL	HW	M	MS	R	3PM	A	3HR	D	Y	-	-
243	SGTW	28Y	3	M	6/7/2013	July	TAB	S	O	IL	NW	U	H	R	1PM	A	ND	R	Y	-	-
244	NDK	9Y	1	F	7/7/2013	July	SB	A	B	IL	ST	U	H	R	5pm	E	ND	R	Y	-	-
245	JT	38Y	4	F	8/7/2013	July	SB	A	B	L	HW	M	H	R	7-30PM	N	ND	D	Y	-	-
246	LYD	58Y	6	M	9/7/2013	July	INS	S	O	IL	FR	M	H	R	2PM	A	30MIN	R	Y	-	-
247	SP	26Y	3	F	10/7/2013	July	INS	S	O	L	HW	M	H	R	12-15PM	A	2HR	R	Y	-	-
248	LP	19Y	2	F	11/7/2013	July	TAB	S	O	L	ST	U	H	R	10AM	F	4HR	D	Y	-	-
249	JK	26Y	3	F	12/7/2013	July	INS	S	O	IL	HW	M	H	R	12AM	M	ND	D	Y	-	-
250	LRM	38Y	4	F	13/7/2013	July	INS	S	O	L	HW	M	H	R	5AM	M	3HR	R	Y	-	-
251	JUD	5Y	1	F	15/7/2013	July	UB	A	B	IL	NW	U	H	R	6PM	E	ND	D	Y	-	-
252	LOL	20Y	2	F	16/7/2013	July	TAB	S	O	IL	ST	U	H	R	4-30PM	E	2HR	D	Y	-	-
253	SNN	32Y	4	M	16/7/2013	July	INS	S	O	L	FR	M	H	R	5PM	E	3HR	R	Y	-	-
254	SRH	25Y	3	M	16/7/2013	July	LP	S	O	L	FR	M	H	R	9AM	F	4HR	R	Y	-	-
255	LGT	9Y	1	M	17/7/2013	July	SS	A	B	IL	NW	U	H	R	8AM	M	ND	R	Y	-	-
256	SNS	28Y	3	F	17/7/2013	July	INS	S	O	L	PJ	U	H	R	11-30AM	F	3HR	D	Y	-	-
257	BAB	25Y	3	M	17/7/2013	July	K	S	O	IL	HW	M	H	R	5PM	E	ND	D	Y	-	-
258	LPE	30Y	3	M	18/7/2013	July	INS	S	O	L	FR	M	MS	R	12PM	A	1HR	D	Y	-	-
259	SIO	22Y	3	M	19/7/2013	July	INS	S	O	L	NW	U	H	R	10AM	F	3HR	D	Y	-	-
260	BMB	15Y	2	M	19/7/2013	July	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
261	GDR	25Y	3	M	19/7/2013	July	SB	A	B	L	GJ	U	H	UR	3PM	A	ND	D	Y	-	-
262	ABS	22Y	3	F	20/7/2013	July	INS	S	O	IL	HW	M	H	R	10AM	F	1HR	R	Y	-	-
263	SAG	16Y	2	F	20/7/2013	July	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
264	CSM	25Y	3	M	20/7/2013	July	UC	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
265	BHD	55Y	6	M	20/7/2013	July	INS	S	O	IL	FR	M	H	R	4PM	E	4HR	D	Y	-	-
266	SNB	55Y	6	M	21/7/2013	July	INS	S	O	L	ST	U	H	R	2PM	A	1HR	R	Y	-	-
267	KJF	8Y	1	F	22/7/2013	July	SB	A	B	IL	ST	U	H	R	1AM	M	ND	R	Y	-	-
268	SMH	20Y	2	F	22/7/2013	July	LP	S	O	L	HW	M	H	R	5-30PM	E	3HR	D	Y	-	-
269	LCB	28Y	3	F	23/7/2013	July	SB	A	B	L	PJ	U	H	R	9-30PM	N	ND	D	Y	-	-
270	GSB	24Y	3	F	24/7/2013	July	INS	S	O	L	HW	M	H	R	5pm	E	2HR	D	Y	-	-
271	SMS	20Y	2	F	24/7/2013	July	INS	S	O	L	HW	U	H	UR	11AM	F	4HR	R	Y	-	-
272	KS	32Y	4	M	24/7/2013	July	SB	A	B	L	FR	M	H	R	12-30PM	A	ND	D	Y	-	-
273	NYH	30Y	3	M	27/7/2013	July	INS	S	O	L	FR	M	H	R	2PM	A	4HR	R	Y	-	-
274	YPB	35Y	4	F	28/7/2013	July	TAB	S	O	L	HW	M	H	R	7-30PM	N	1HR	D	E	PG	RF
275	SRB	33Y	4	F	29/7/2013	July	TAB	S	O	L	PJ	M	H	R	7PM	N	2HR	D	Y	-	-
276	KGD	53Y	6	M	29/7/2013	July	INS	S	O	IL	FR	M	H	R	6PM	E	3HR	D	Y	-	-
277	LOR	19Y	2	F	30/7/2013	July	INS	S	O	L	ST	U	H	R	9PM	N	2HR	D	Y	-	-
278	JRP	30Y	3	M	31/7/2013	July	INS	S	O	L	GJ	M	H	R	8PM	N	1HR	D	Y	-	-

Sl. No.	Name	Age (Yrs)	Age - cat	Sex	D.O.A.	Month	TOP	Manner	Mode	Literacy	Occupation	M/U	R	UR/RU	TOC	TOC MOD	GLA	Direct/ Referred	D .F	FSL	C.O.D.
279	THL	18Y	2	F	31/7/2013	July	SB	A	B	IL	HW	M	MS	R	10-30PM	N	ND	R	Y	-	-
280	TRP	26Y	3	M	1/8/2013	Aug	GN	S	O	IL	ST	U	MS	R	11-50AM	F	1HR	D	Y	-	-
281	KND	18Y	2	F	1/8/2013	Aug	INS	S	O	L	ST	U	H	R	6PM	E	5HR	D	Y	-	-
282	GSS	32Y	4	M	2/8/2013	Aug	UC	S	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
283	KSR	22Y	3	F	3/8/2013	Aug	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
284	JFT	16Y	2	F	4/8/2013	Aug	SB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
285	LID	25Y	3	M	4/8/2013	Aug	INS	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
286	KGA	30Y	3	M	4/8/2013	Aug	INS	S	O	IL	FR	M	H	R	4PM	E	3HR	D	Y	-	-
287	PHS	19Y	2	M	5/8/2013	Aug	INS	S	O	L	ST	U	MS	R	2PM	A	ND	R	Y	-	-
288	BMB	28Y	3	F	5/8/2013	Aug	SB	A	B	L	HW	M	H	R	7-30PM	N	ND	D	Y	-	-
289	ABS	65Y	6	M	6/8/2013	Aug	ALC	A	O	IL	NW	M	H	R	7AM	M	1HR	D	Y	-	-
290	KS	55Y	6	M	7/8/2013	Aug	SS	A	B	IL	PJ	M	H	UR	3PM	A	ND	D	Y	-	-
291	SAP	24Y	3	F	8/8/2013	Aug	LP	S	O	L	HW	M	H	UR	12PM	A	1HR	D	Y	-	-
292	PMW	18Y	2	M	8/8/2013	Aug	SB	A	B	L	ST	U	H	R	11AM	F	ND	D	Y	-	-
293	DHK	19Y	2	M	9/8/2013	Aug	UC	S	O	L	PJ	U	H	R	4-30PM	E	4HR	R	Y	-	-
294	BSR	18Y	2	F	10/8/2013	Aug	INS	S	O	IL	NW	U	H	UR	7-50PM	N	3HR	D	Y	-	-
295	LSK	16Y	2	F	10/8/2013	Aug	LP	S	O	L	ST	U	H	R	4-30PM	E	2HR	D	Y	-	-
296	HGD	30Y	3	M	10/8/2013	Aug	SB	A	B	L	FR	M	MS	R	12PM	A	ND	D	Y	-	-
297	SIO	21Y	3	M	11/8/2013	Aug	INS	S	O	L	NW	U	H	R	10PM	N	6HR	D	Y	-	-
298	BMB	15Y	2	M	11/8/2013	Aug	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
299	THS	25Y	3	M	12/8/2013	Aug	ALC	A	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
300	SKG	23Y	3	F	13/8/2013	Aug	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
301	SAG	16Y	2	F	14/8/2013	Aug	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
302	RB	56Y	6	M	15/8/2013	Aug	INS	S	O	IL	FR	M	H	UR	6AM	M	1HR	D	Y	-	-
303	UKS	40Y	4	M	15/8/2013	Aug	INS	S	O	IL	FR	M	MS	R	4PM	E	2HR	R	Y	-	-
304	LCK	60Y	6	F	16/8/2013	Aug	K	S	O	L	FR	M	H	UR	12-30AM	A	ND	D	Y	-	-
305	BSS	30Y	3	M	17/8/2013	Aug	INS	S	O	IL	FR	M	H	R	8-30PM	N	3HR	D	E	IMD	RF
306	LJU	25Y	3	F	17/8/2013	Aug	INS	S	O	L	HW	M	H	UR	10PM	N	2HR	D	Y	-	-
307	MMH	28Y	3	F	18/8/2013	Aug	SB	A	B	L	HW	M	H	R	7-30PM	N	ND	D	Y	-	-
308	SAK	20Y	2	M	18/8/2013	Aug	SS	A	B	IL	NW	U	H	R	7AM	M	ND	D	Y	-	-
309	KJF	45Y	5	M	19/8/2013	Aug	SS	A	B	IL	PJ	M	H	UR	3PM	A	ND	D	Y	-	-
310	SAP	45Y	5	F	20/8/2013	Aug	INS	S	O	L	HW	M	H	UR	12PM	A	1HR	R	Y	-	-
311	SVG	52Y	6	F	20/8/2013	Aug	INS	S	O	L	HW	M	H	R	11AM	F	3HR	D	E	PG	RF
312	RH	30Y	3	M	21/8/2013	Aug	INS	S	O	L	FR	M	H	R	12PM	A	1HR	D	Y	-	-
313	SIO	23Y	3	M	22/8/2013	Aug	INS	S	O	L	NW	U	H	R	10PM	N	6HR	D	Y	-	-
314	DHY	15Y	2	M	23/8/2013	Aug	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	D	Y	-	-
315	PPD	24Y	3	M	23/8/2013	Aug	SB	A	B	L	GJ	U	H	UR	7PM	N	ND	D	Y	-	-
316	ABS	22Y	3	F	23/8/2013	Aug	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
317	SAG	18Y	2	F	24/8/2013	Aug	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
318	CSM	25Y	3	M	24/8/2013	Aug	UC	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
319	SC	55Y	6	M	25/8/2013	Aug	TAB	S	O	IL	FR	M	H	R	4PM	E	3HR	D	Y	-	-
320	SNB	19Y	2	M	25/8/2013	Aug	INS	S	O	L	ST	U	H	R	2PM	A	1HR	R	Y	-	-
321	RCR	9Y	1	M	26/8/2013	Aug	SB	A	B	IL	ST	U	H	R	1AM	M	ND	R	Y	-	-
322	SMH	20Y	2	F	27/8/2013	Aug	LP	S	O	L	HW	M	H	R	5-30PM	E	2HR	D	Y	-	-
323	TS	28Y	3	F	28/8/2013	Aug	SB	A	B	L	HW	U	MS	R	9-30PM	N	ND	D	Y	-	-
324	GSB	26Y	3	F	29/8/2013	Aug	INS	A	IN	L	HW	M	H	R	7-30PM	N	ND	D	Y	-	-
325	SMS	20Y	2	F	30/8/2013	Aug	INS	S	O	L	HW	U	H	UR	11AM	F	5HR	R	Y	-	-
326	DHB	23Y	3	M	31/8/2013	Aug	SB	A	B	L	FR	M	H	R	12-30PM	A	ND	D	Y	-	-
327	BYL	30Y	3	M	31/8/2013	Aug	INS	S	O	L	FR	M	H	R	2PM	A	4HR	R	Y	-	-
328	MFW	32Y	4	M	1/9/2013	Sep	SB	A	B	L	FR	M	H	R	5PM	E	ND	R	Y	-	-
329	NKO	26Y	3	M	1/9/2013	Sep	LP	S	O	L	FR	M	H	R	9AM	F	5HR	R	Y	-	-
330	LMB	3Y	1	F	2/9/2013	Sep	SS	A	B	IL	NW	U	H	R	8AM	M	ND	R	Y	-	-
331	SNS	28Y	3	F	3/9/2013	Sep	LP	S	O	L	HW	U	H	R	11-30AM	F	3HR	D	Y	-	-
332	BBA	25Y	3	M	3/9/2013	Sep	K	S	O	IL	HW	M	H	R	5PM	E	ND	D	Y	-	-
333	RH	32Y	4	M	5/9/2013	Sep	INS	S	O	L	FR	M	MS	R	12PM	A	1HR	D	Y	-	-
334	BHU	23Y	3	M	6/9/2013	Sep	INS	S	O	L	NW	U	H	R	10PM	N	6HR	D	Y	-	-

Sl. No.	Name	Age (Yrs)	Age - cat	Sex	D.O.A.	Month	TOP	Manner	Mode	Literacy	Occupation	M/U	R	UR/RU	TOC	TOC MOD	GLA	Direct/ Referred	D .F	FSL	C.O.D.
335	BMB	15Y	2	M	7/9/2013	Sep	LP	S	O	L	ST	U	MS	R	9-30PM	N	1HR	R	Y	-	-
336	SST	25Y	3	M	8/9/2013	Sep	SB	A	B	L	GJ	U	H	UR	3PM	A	ND	D	E	NA	SB
337	ABS	22Y	3	F	10/9/2013	Sep	INS	S	O	IL	HW	M	H	R	10AM	F	5HR	R	Y	-	-
338	LUY	18Y	2	F	11/9/2013	Sep	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
339	CSM	25Y	3	M	12/9/2013	Sep	TAB	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
340	JUD	55Y	6	M	12/9/2013	Sep	SB	A	B	IL	FR	M	H	R	4PM	E	ND	D	Y	-	-
341	SRM	55Y	6	M	13/9/2013	Sep	SB	A	B	IL	FR	U	H	R	2PM	A	ND	R	E	NA	SB
342	RCR	8Y	1	F	14/9/2013	Sep	SB	A	B	IL	ST	U	H	R	1AM	M	ND	R	Y	-	-
343	SMH	20Y	2	F	14/9/2013	Sep	LP	S	O	L	HW	M	H	R	5-30PM	E	2HR	D	Y	-	-
344	GT	27Y	3	F	14/9/2013	Sep	SB	A	B	L	HW	U	MS	R	9-30PM	N	ND	D	Y	-	-
345	GSB	24Y	3	M	15/9/2013	Sep	INS	S	O	L	FR	M	H	R	5pm	E	3HR	D	Y	-	-
346	SMS	20Y	2	M	15/9/2013	Sep	SB	A	B	L	FR	U	H	R	11AM	F	ND	R	Y	-	-
347	SDGY	30Y	3	M	16/9/2013	Sep	SB	A	B	L	FR	M	H	R	12-30PM	A	ND	D	Y	-	-
348	NYH	30Y	3	M	16/9/2013	Sep	INS	S	O	L	FR	M	H	R	2PM	A	4HR	R	Y	-	-
349	PSS	35Y	4	F	17/9/2013	Sep	TAB	S	O	L	HW	M	H	R	7-30PM	N	1HR	D	Y	-	-
350	PAB	32Y	4	F	18/9/2013	Sep	TAB	S	O	L	PJ	M	H	UR	7PM	N	2HR	D	Y	-	-
351	KSS	50Y	5	M	19/9/2013	Sep	INS	S	O	IL	FR	M	H	R	6PM	E	4HR	D	Y	-	-
352	SGTW	19Y	2	F	19/9/2013	Sep	INS	S	O	L	ST	U	H	R	9PM	N	2HR	D	Y	-	-
353	JRP	28Y	3	M	20/9/2013	Sep	UC	S	O	L	FR	M	H	R	8PM	N	2HR	D	Y	-	-
354	VSJ	82Y	6	M	21/9/2013	Sep	SB	A	B	IL	FR	M	H	R	10-30PM	N	ND	D	E	NA	SB
355	BBB	28Y	3	F	22/9/2013	Sep	SB	A	B	IL	FR	U	H	UR	6PM	E	ND	D	Y	-	-
356	JKG	21Y	3	F	24/9/2013	Sep	SB	A	B	L	ST	U	H	R	2PM	A	ND	R	Y	-	-
357	BDH	24Y	3	M	24/9/2013	Sep	TAB	S	O	L	FR	U	H	R	3PM	A	ND	D	Y	-	-
358	SSC	45Y	5	M	24/9/2013	Sep	SB	A	B	L	PJ	M	H	UR	12-30PM	A	ND	D	Y	-	-
359	ASB	20Y	2	F	25/9/2013	Sep	INS	S	O	L	HW	U	H	R	11-30PM	F	4HR	D	Y	-	-
360	BDH	24Y	3	M	25/9/2013	Sep	SB	A	B	L	GJ	M	H	R	7PM	N	ND	D	Y	-	-
361	ADS	37Y	4	F	26/9/2013	Sep	INS	S	O	L	HW	M	H	R	5AM	M	2HR	D	Y	-	-
362	GHY	6Y	1	M	26/9/2013	Sep	SS	A	B	IL	ST	U	H	R	6PM	E	ND	D	Y	-	-
363	MJF	20Y	2	F	26/9/2013	Sep	LP	S	O	IL	ST	U	H	R	4-30PM	E	5HR	D	Y	-	-
364	BDH	24Y	3	M	27/9/2013	Sep	INS	S	O	L	FR	M	H	R	5PM	E	3HR	R	Y	-	-
365	JDT	26Y	3	F	27/9/2013	Sep	LP	S	O	L	HW	M	H	R	9AM	F	5HR	R	Y	-	-
366	KWO	8Y	1	F	28/9/2013	Sep	SS	A	B	IL	NW	U	H	R	6AM	M	ND	R	Y	-	-
367	SNS	30Y	3	F	28/9/2013	Sep	INS	S	O	L	HW	U	H	R	11-30AM	F	3HR	D	Y	-	-
368	GYH	25Y	3	M	29/9/2013	Sep	K	S	O	IL	HW	M	H	R	5PM	E	ND	D	Y	-	-
369	MKI	30Y	3	M	30/9/2013	Sep	SB	A	B	L	FR	M	H	R	12PM	A	ND	D	Y	-	-
370	BGR	22Y	3	M	30/9/2013	Sep	SB	A	B	L	NW	U	H	R	8PM	N	ND	D	Y	-	-
371	BSG	15Y	2	M	30/9/2013	Sep	INS	S	O	L	ST	U	MS	R	6PM	E	5HR	D	Y	-	-
372	VFY	28Y	3	F	30/9/2013	Sep	LP	S	O	IL	HW	U	H	UR	6AM	M	3HR	R	Y	-	-
373	YS	40Y	4	F	1/10/2013	Oct	INS	S	O	L	PJ	U	H	UR	7-30 AM	M	2HR	D	E	OC	RF
374	LKH	35Y	4	M	1/10/2013	Oct	INS	A	IN	IL	FR	M	H	R	5PM	E	ND	D	Y	-	-
375	LOP	32Y	4	F	1/10/2013	Oct	LP	S	O	IL	ST	U	H	R	2PM	A	2HR	D	Y	-	-
376	YUN	60Y	6	M	2/10/2013	Oct	INS	S	O	IL	FR	M	H	R	1O-30AM	F	2HR	D	Y	-	-
377	MKU	42Y	5	F	2/102013	Oct	UC	S	O	IL	HW	M	H	R	3PM	A	2HR	D	Y	-	-
378	MBH	29Y	3	M	3/10/2013	Oct	TAB	S	O	IL	NW	U	H	R	2PM	A	ND	R	Y	-	-
379	NDK	8Y	1	F	4/10/2013	Oct	SB	A	B	IL	ST	U	H	R	5pm	E	ND	R	Y	-	-
380	ARB	38Y	4	F	4/10/2013	Oct	UC	S	O	L	HW	M	H	UR	7-30PM	N	3HR	D	Y	-	-
381	MKI	58Y	6	M	5/10/2013	Oct	INS	S	O	IL	FR	M	H	R	2PM	A	2HR	R	Y	-	-
382	DGT	26Y	3	F	5/10/2013	Oct	INS	A	IN	IL	FR	M	H	R	12-15PM	A	ND	R	Y	-	-
383	LP	19Y	2	M	7/10/2013	Oct	INS	S	O	L	ST	U	H	R	7PM	N	2HR	D	Y	-	-
384	MJK	26Y	3	F	8/10/2013	Oct	INS	S	O	IL	HW	U	H	R	12AM	M	ND	D	Y	-	-
385	MG	39Y	4	F	8/10/2013	Oct	INS	S	O	L	HW	M	H	R	4-30PM	E	1HR	D	Y	-	-
386	DF	6Y	1	M	8/10/2013	Oct	SS	A	B	IL	ST	U	MS	R	6PM	E	ND	D	Y	-	-
387	RRB	20Y	2	F	10/10/2013	Oct	LP	S	O	IL	ST	U	H	R	4-30PM	E	3HR	D	Y	-	-
388	SNN	33Y	4	M	11/10/2013	Oct	INS	S	O	IL	FR	M	H	R	5PM	E	3HR	R	Y	-	-
389	SRH	26Y	3	M	11/10/2013	Oct	LP	S	O	L	FR	M	H	R	9AM	F	2HR	R	Y	-	-
390	MLO	4Y	1	F	11/10/2013	Oct	SS	A	B	IL	NW	U	H	R	9AM	F	ND	R	Y	-	-

Sl. No.	Name	Age (Yrs)	Age - cat	Sex	D.O.A.	Month	TOP	Manner	Mode	Literacy	Occupation	M/U	R	UR/RU	TOC	TOC MOD	GLA	Direct/ Referred	D .F	FSL	C.O.D.
391	CDE	30Y	3	F	12/10/2013	Oct	INS	S	O	L	HW	U	H	R	11-30AM	F	3HR	D	Y	-	-
392	BBA	25Y	3	M	12/10/2013	Oct	K	S	O	IL	HW	M	H	R	5PM	E	ND	R	Y	-	-
393	RH	30Y	3	M	13/10/2013	Oct	INS	S	O	L	FR	M	MS	R	11AM	F	3HR	D	Y	-	-
394	NJR	22Y	3	M	13/10/2013	Oct	INS	S	O	L	NW	U	H	R	10PM	N	6HR	D	Y	-	-
395	SEF	15Y	2	M	14/10/2013	Oct	SB	A	B	IL	ST	U	MS	R	9-30PM	N	ND	R	Y	-	-
396	NLO	25Y	3	M	14/10/2013	Oct	INS	S	O	L	GJ	M	H	R	2PM	A	2HR	D	Y	-	-
397	NJT	21Y	3	M	15/10/2013	Oct	INS	S	O	IL	HW	M	H	R	10AM	F	2HR	R	Y	-	-
398	MHT	16Y	2	F	15/10/2013	Oct	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
399	CSM	25Y	3	M	16/10/2013	Oct	UC	S	O	L	PJ	M	H	UR	12AM	M	2HR	D	Y	-	-
400	DGK	55Y	6	M	16/10/2013	Oct	INS	A	IN	IL	FR	M	H	R	3PM	A	ND	D	Y	-	-
401	SNB	18Y	2	M	17/10/2013	Oct	INS	S	O	L	ST	U	H	R	2PM	A	2HR	R	Y	-	-
402	RCR	8Y	1	M	17/10/2013	Oct	SB	A	B	L	ST	U	H	R	6AM	M	ND	R	Y	-	-
403	BHU	20Y	2	F	18/10/2013	Oct	LP	S	O	L	HW	M	H	R	5-30PM	E	1HR	D	Y	-	-
404	NGT	29Y	3	F	18/10/2013	Oct	SB	A	B	L	HW	U	MS	R	9-30PM	N	ND	D	Y	-	-
405	CHU	24Y	3	F	19/10/2013	Oct	INS	S	O	L	HW	M	H	UR	5pm	E	1HR	D	Y	-	-
406	CGT	20Y	2	F	19/10/2013	Oct	INS	S	O	L	HW	U	H	R	11AM	F	3HR	R	Y	-	-
407	DHB	30Y	3	M	20/10/2013	Oct	SB	A	B	L	FR	M	H	R	12-30PM	A	ND	D	Y	-	-
408	KLE	30Y	3	M	20/10/2013	Oct	INS	A	IN	IL	FR	M	H	R	2PM	A	ND	R	Y	-	-
409	GYR	35Y	4	M	21/10/2013	Oct	TAB	S	O	L	HW	M	H	R	7-30PM	N	1HR	R	Y	-	-
410	MKI	33Y	4	F	21/10/2013	Oct	TAB	S	O	IL	PJ	M	H	UR	7PM	N	2HR	D	Y	-	-
411	HRM	50Y	5	M	21/10/2013	Oct	INS	S	O	IL	FR	M	H	R	6PM	E	4HR	D	Y	-	-
412	SRB	19Y	2	F	22/10/2013	Oct	INS	S	O	L	ST	U	H	R	9PM	N	1HR	D	Y	-	-
413	LA	30Y	3	M	23/10/2013	Oct	UC	S	O	L	FR	M	H	R	7PM	N	2HR	D	Y	-	-
414	MHT	17Y	2	M	23/10/2013	Oct	SB	A	B	IL	HW	M	H	R	10-30PM	N	ND	D	Y	-	-
415	BBB	25Y	3	F	24/10/2013	Oct	SB	A	B	IL	FR	M	H	UR	6PM	E	ND	D	Y	-	-
416	JKG	21Y	3	F	24/10/2013	Oct	UC	S	O	L	ST	M	H	R	2PM	A	2HR	R	Y	-	-
417	NGT	24Y	3	M	24/10/2013	Oct	UC	S	O	L	FR	U	H	UR	3PM	A	2HR	R	Y	-	-
418	CDR	46Y	5	M	25/10/2013	Oct	TAB	S	O	L	PJ	M	H	UR	12-30PM	A	2HR	D	Y	-	-
419	ASB	21Y	3	F	25/10/2013	Oct	INS	S	O	IL	HW	U	H	R	11-30PM	F	4HR	D	Y	-	-
420	NHU	24Y	3	M	25/10/2013	Oct	UC	S	O	IL	GJ	M	H	R	7PM	N	1HR	D	Y	-	-
421	ADS	38Y	4	F	26/10/2013	Oct	INS	S	O	L	HW	M	H	R	6AM	M	1HR	D	Y	-	-
422	GHY	6Y	1	F	26/10/2013	Oct	SS	A	B	IL	ST	U	H	R	6PM	E	ND	D	Y	-	-
423	NHR	25Y	3	F	26/10/2013	Oct	LP	S	O	L	ST	U	H	R	4-30PM	E	2HR	D	Y	-	-
424	VHE	24Y	3	M	27/10/2013	Oct	INS	S	O	L	FR	M	H	R	5PM	E	3HR	R	Y	-	-
425	SRH	26Y	3	F	27/10/2013	Oct	LP	S	O	L	HW	M	H	R	9AM	F	5HR	R	Y	-	-
426	LMB	3Y	1	F	28/10/2013	Oct	INS	A	IN	IL	NW	U	H	R	8AM	M	ND	R	Y	-	-
427	SNS	28Y	3	F	28/10/2013	Oct	INS	S	O	L	HW	U	MS	R	11-30AM	F	3HR	D	Y	-	-
428	BJI	25Y	3	M	29/10/2013	Oct	K	S	O	IL	HW	U	H	R	5PM	E	ND	D	Y	-	-
429	RH	30Y	3	M	29/10/2013	Oct	INS	S	O	L	FR	M	H	R	12PM	A	2HR	D	Y	-	-
430	SIO	22Y	3	M	31/10/2013	Oct	INS	S	O	L	NW	U	H	R	10PM	N	4HR	D	Y	-	-
431	BSG	16Y	2	M	31/10/2013	Oct	INS	S	O	L	ST	U	MS	R	8AM	M	1HR	R	Y	-	-
432	LJY	28Y	3	M	1/11/2013	Nov	LP	S	O	IL	FR	U	H	UR	6AM	M	3HR	D	Y	-	-
433	DSN	16 Y	2	F	2/11/2013	Nov	K	S	O	L	ST	U	H	R	7-30 AM	M	ND	D	Y	-	-
434	KTH	45Y	5	F	2/11/2013	Nov	INS	S	O	IL	HW	M	H	UR	6-30PM	E	1HR	D	Y	-	-
435	NDK	35Y	4	F	3/11/2013	Nov	LP	S	O	L	ST	U	H	R	4-30PM	E	1HR	R	Y	-	-
436	HUF	60Y	6	M	3/11/2013	Nov	INS	S	O	IL	FR	M	H	R	1O-30AM	F	1HR	D	Y	-	-
437	JR	35Y	4	M	4/11/2013	Nov	LP	S	O	IL	HW	M	H	R	2PM	A	2HR	D	Y	-	-
438	RB	40Y	4	M	5/11/2013	Nov	INS	S	O	L	FR	M	H	UR	2AM	M	1HR	D	Y	-	-
439	GKH	45Y	5	M	6/11/2013	Nov	INS	S	O	IL	FR	M	H	UR	4PM	E	1HR	R	Y	-	-
440	HFR	14Y	2	M	7/11/2013	Nov	SB	A	B	L	ST	U	H	R	9-30PM	N	ND	D	Y	-	-
441	LKS	25Y	3	M	8/11/2013	Nov	UC	S	O	L	GJ	U	H	UR	3PM	A	1HR	D	Y	-	-
442	JFT	26Y	3	F	9/11/2013	Nov	INS	S	O	IL	HW	M	H	R	9AM	F	3HR	D	Y	-	-
443	KTS	16Y	2	F	10/11/2013	Nov	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
444	LID	25Y	3	M	11/11/2013	Nov	UC	S	O	L	PJ	U	H	UR	12AM	M	1HR	D	Y	-	-
445	KUP	55Y	6	F	12/11/2013	Nov	LP	S	O	IL	FR	M	H	R	2PM	A	3HR	D	Y	-	-
446	POU	45Y	5	M	13/11/2013	Nov	INS	A	IN	L	FR	M	H	R	2PM	A	ND	R	Y	-	-

Sl. No.	Name	Age (Yrs)	Age - cat	Sex	D.O.A.	Month	TOP	Manner	Mode	Literacy	Occupation	M/U	R	UR/RU	TOC	TOC MOD	GLA	Direct/ Referred	D .F	FSL	C.O.D.
447	GAS	32Y	4	M	14/11/2013	Nov	INS	S	O	IL	FR	U	H	R	1AM	M	2HR	R	E	OC	RF
448	KFT	20Y	2	F	15/11/2013	Nov	LP	S	O	L	HW	M	H	R	5-30PM	E	1HR	D	Y	-	-
449	BSG	28Y	3	M	16/11/2013	Nov	SB	A	B	IL	FR	U	MS	R	9-30PM	N	ND	D	Y	-	-
450	LSJ	20Y	2	F	17/11/2013	Nov	INS	S	O	L	HW	M	H	R	4PM	E	3HR	D	E	CB	RF
451	AEL	20Y	2	F	19/11/2013	Nov	INS	S	O	L	HW	U	H	R	12PM	A	3HR	D	Y	-	-
452	KHD	33Y	4	M	19/11/2013	Nov	SB	A	B	L	FR	M	H	R	12-30PM	A	ND	D	Y	-	-
453	TSK	50Y	5	M	20/11/2013	Nov	INS	A	IN	IL	FR	M	H	UR	2PM	A	ND	R	Y	-	-
454	SRJ	35Y	4	M	21/11/2013	Nov	TAB	S	O	L	HW	M	H	R	7-30PM	N	2HR	D	Y	-	-
455	RRP	33Y	4	F	22/11/2013	Nov	LP	S	O	L	PJ	M	H	UR	7PM	N	2HR	D	Y	-	-
456	FRT	51Y	6	M	23/11/2013	Nov	INS	S	O	IL	FR	M	H	R	6PM	E	4HR	D	Y	-	-
457	KTD	26Y	3	F	24/11/2013	Nov	INS	S	O	IL	FR	M	H	R	4-30PM	E	1HR	D	Y	-	-
458	KHU	30Y	3	M	25/11/2013	Nov	INS	S	O	IL	FR	M	H	R	3PM	A	2HR	R	Y	-	-
459	LIE	25Y	3	F	26/11/2013	Nov	LP	S	O	L	HW	M	MS	UR	2AM	M	2HR	R	Y	-	-
460	JRG	15Y	2	M	26/11/2013	Nov	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	D	Y	-	-
461	GRD	42Y	5	M	27/11/2013	Nov	UC	S	O	L	GJ	U	H	UR	3PM	A	1HR	R	Y	-	-
462	KSR	22Y	3	M	27/11/2013	Nov	INS	S	O	IL	HW	M	H	R	8AM	M	3HR	R	Y	-	-
463	LKI	20Y	2	F	28/11/2013	Nov	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
464	LJD	26Y	3	M	29/11/2013	Nov	K	S	O	IL	PJ	M	MS	UR	12AM	M	ND	D	Y	-	-
465	UYE	38Y	4	M	29/11/2013	Nov	INS	S	O	IL	PJ	M	H	R	4PM	E	3HR	D	Y	-	-
466	HUR	19Y	2	M	30/11/2013	Nov	INS	S	O	L	ST	M	H	R	2PM	A	1HR	R	Y	-	-
467	LUD	8Y	1	M	30/11/2013	Nov	SB	A	B	IL	ST	U	H	R	1AM	M	ND	R	Y	-	-
468	YFE	35Y	4	F	30/11/2013	Nov	LP	S	O	IL	HW	M	H	R	5-30PM	E	1HR	R	Y	-	-
469	KYG	30Y	3	M	30/11/2013	Nov	INS	A	O	IL	FR	U	MS	R	9-30PM	N	1HR	D	Y	-	-
470	MGH	26Y	3	F	1/12/2013	Dec	INS	A	IN	L	HW	M	H	R	5PM	E	ND	D	Y	-	-
471	HUF	25Y	3	F	2/12/2013	Dec	LP	S	O	L	HW	U	H	R	6PM	E	1HR	D	Y	-	-
472	BOJ	5Y	1	M	4/12/2013	Dec	UB	A	B	IL	NW	U	H	R	4AM	M	ND	D	Y	-	-
473	NJD	20Y	2	F	5/12/2013	Dec	LP	S	O	L	ST	U	H	R	4-30PM	E	1HR	D	Y	-	-
474	YHP	24Y	3	M	5/12/2013	Dec	INS	S	O	L	FR	U	H	R	5PM	E	3HR	R	Y	-	-
475	RB	5Y	1	F	6/12/2013	Dec	UB	A	B	IL	NW	U	MS	R	6PM	E	ND	D	Y	-	-
476	BGR	20Y	2	F	7/12/2013	Dec	TAB	S	O	IL	ST	U	H	R	4-30PM	E	4HR	D	Y	-	-
477	SNN	32Y	4	M	8/12/2013	Dec	INS	S	O	L	FR	M	H	R	5PM	E	2HR	R	Y	-	-
478	SRH	26Y	3	F	9/12/2013	Dec	LP	S	O	L	HW	M	H	R	8PM	N	5HR	R	Y	-	-
479	MNK	7Y	1	F	12/12/2013	Dec	SS	A	B	IL	NW	U	H	R	8AM	M	ND	D	Y	-	-
480	SNS	28Y	3	F	13/12/2013	Dec	INS	S	O	L	HW	U	H	R	11-30AM	F	3HR	D	Y	-	-
481	BBA	26Y	3	M	14/12/2013	Dec	K	S	O	IL	HW	M	H	R	5PM	E	ND	D	Y	-	-
482	RH	30Y	3	M	15/12/2013	Dec	INS	S	O	L	FR	M	MS	R	6PM	E	2HR	D	Y	-	-
483	SIO	34Y	4	F	18/12/2013	Dec	INS	S	O	L	NW	U	H	UR	10PM	N	3HR	D	Y	-	-
484	LGR	15Y	2	M	20/12/2013	Dec	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	D	Y	-	-
485	PPD	25Y	3	M	21/12/2013	Dec	ALC	A	O	L	GJ	M	H	UR	3PM	A	2HR	D	Y	-	-
486	ABS	22Y	3	F	22/12/2013	Dec	INS	S	O	IL	HW	M	H	R	10AM	F	3HR	R	Y	-	-
487	SIT	15Y	2	F	24/12/2013	Dec	UB	A	B	L	ST	U	H	R	11AM	F	ND	R	Y	-	-
488	RB	40Y	4	M	26/12/2013	Dec	INS	S	O	IL	FR	M	MS	R	2AM	M	2HR	D	Y	-	-
489	GKH	45Y	5	M	26/12/2013	Dec	INS	S	O	IL	FR	M	H	R	4PM	E	2HR	D	Y	-	-
490	ITD	15Y	2	M	27/12/2013	Dec	SB	A	B	L	ST	U	MS	R	9-30PM	N	ND	D	Y	-	-
491	LKS	25Y	3	F	28/12/2013	Dec	UC	S	O	L	GJ	U	H	R	4PM	E	2HR	D	Y	-	-
492	SBB	30Y	3	F	30/12/2013	Dec	INS	S	O	IL	HW	M	H	R	10AM	F	3HR	R	E	CB	CRF
493	POP	26Y	3	M	31/12/2013	Dec	K	S	O	IL	HW	U	H	R	5PM	E	ND	D	Y	-	-
494	HHR	30Y	3	M	31/12/2013	Dec	INS	S	O	L	FR	M	H	R	1PM	A	2HR	R	Y	-	-