



IN THE HIGH COURT OF KARNATAKA AT BENGALURU

DATED THIS THE 29TH DAY OF APRIL, 2025

BEFORE

THE HON'BLE MR JUSTICE M.NAGAPRASANNA

WRIT PETITION NO. 10453 OF 2025 (GM-RES)

R

BETWEEN:

SANDYA ANILKUMAR
W/O DR. ANIL KUMAR
AGED ABOUT 55 YEARS
RESIDING AT, NO.1421/12TH CROSS
RAJAJINAGAR, MAHALAKSHMIPURAM LAYOUT
BENGALURU - 560 086.

...PETITIONER

(BY SRI H.VENKATESHA DODDERI, ADVOCATE)

AND:

1. THE CHIEF SECRETARY
GOVERNMENT OF KARNATAKA
VIDHANA SOUDHA
BENGALURU - 560 001.
2. THE BRANCH MANAGER
STATE BANK OF INDIA
M.S. BUILDING
BENGALURU - 560 001.
3. THE BRANCH MANAGER
STATE BANK OF INDIA
SAGARA ROAD BRANCH
SHIVAMOGGA P.B. NO. 07.



4. THE BRANCH MANAGER
INDIAN OVERSEAS BANK
NO. 1335, NALINA COMPLEX
2ND STAGE, 11TH CROSS, 7TH MAIN
MAHALAKSHMIPURAM LAYOUT
BENGALURU – 560 086.

...RESPONDENTS

(BY SRI SHAMANTH NAIK, HCGP FOR R1;
SMT. DIVYA PURANDAR, ADVOCATE FOR R2
SRI KEERTHI KUMAR D. NAIK, ADVOCATE FOR R4)

THIS WP IS FILED UNDER ARTICLES 226 AND 227 OF THE CONSTITUTION OF INDIA PRAYING TO APPOINT THE PETITIONER AS A GUARDIAN OF HER HUSBAND DR. ANIL KUMAR H.V., WHO IS STILL LYING IN A I.C.U FOR MORE THAN 9 MONTHS AND CANNOT WRITE AND SIGN ANY PAPERS, COMATOSE STATE AN INTENSIVE CARE UNIT ON MECHANICAL VENTILATION.

THIS PETITION, COMING ON FOR PRELIMINARY HEARING, THIS DAY, ORDER WAS MADE THEREIN AS UNDER:

CORAM: **HON'BLE MR JUSTICE M.NAGAPRASANNA**

ORAL ORDER

The petitioner is before this Court seeking the following prayers:

- "i. To appoint the Petitioner as Guardian of her husband Dr. Anil Kumar H.V., who is still lying in a I.C.U for more than 9 months and cannot write and sign any papers, comatose state an intensive care unit on mechanical ventilation.
- ii. Issue a writ in the nature of mandamus against Respondents N.2 to 4 allow the Petitioner to draw the money for day-today- treatment and for their livelihood.



- iii. Pass such other order or direction as this Hon'ble Court deems fit in the circumstances of the case in the interest of justice and equity."

2. Heard Shri H. Venkatesh Dodderi, learned counsel appearing for the petitioner; Shri Shamanth Naik, learned High Court Government Pleader appearing for respondent No.1; Smt. Divya Purandar, learned Additional Government Advocate appearing for respondent No.2 and Shri Keerthi Kumar D. Naik, learned counsel appearing for respondent No.4.

3. Facts in brief germane are as follows:

The petitioner's husband, one Dr. Anil Kumar H.V. on 12.11.2024 is said to have retired from service on attaining the age of superannuation. Just prior to his retirement, it is averred in the petition that the husband of the petitioner developed certain illness and had to be admitted to the hospital. It is from 23.06.2024, he is said to be in intensive care and on a ventilator. On 29.11.2024, the Doctors at the Bangalore Medical College and Research Institute, Bengaluru of the Neurology Department certifies that the husband of the petitioner is suffering from Guillain Barre Syndrome and he has to continue to be on mechanical ventilation. The certificate



issued by the Doctors are appended to the petition. Between 22.02.2025 to 18.03.2025, the Doctors at the hospital have housed the husband of the petitioner in the Intensive Care Unit, as the requirement of the support of the ventilator appeared to have become permanent. With all these factors, he is now unable to write and sign.

4. The husband of the petitioner has his account in respondents No. 2 to 4 - Banks. The petitioner submitted a representation to each of the Banks quoting the account number, permitting the petitioner to operate the account, the petitioner being the wife. All certificates necessary were submitted to the Banks. The Banks have not acted and the petitioner has not been able to draw money to meet the day-to-day expenses of the treatment and the livelihood of the family. It is therefore, the petitioner is at the doors of this Court directing the petitioner to be permitted to operate the account, as the guardian of Dr. Anil Kumar H.V., her husband.

5. Shri H. Venkatesh Dodderi, learned counsel appearing for the petitioner would vehemently contend that the petitioner is the wife of the account holder. The account holder



is still lying down in the Intensive Care Unit, now more than nine months, he is unable to write and sign any papers. He is in a comatose state and is in the Intensive Care Unit, now on ventilation, throughout. Therefore, a direction is sought to respondents No.2 to 4 - Banks to allow the petitioner to draw money for day-to-day treatment and for their livelihood.

6. Learned counsel appearing for the respondent - State would not object the same, owing to the situation in which the husband of the petitioner is.

7. Learned counsels for respondents No.2 to 4 - Banks would submit that if a direction is issued by the Court, it could be as the account has been inoperative for some time.

8. I have given my anxious consideration to the submissions made by the respective learned counsel and have perused the available material on record.

9. The afore-narrated facts are not in dispute. The relationship between the petitioner and the account holder - Dr. Anil Kumar H.V., is husband and wife. Just before the retirement, the husband develops Guillain Barre Syndrome,



which necessitates a patient of that syndrome to be on ventilator and results in ebbing mental prowess. The patient would become incapacitated to write and sign. This appears to have resulted in no money being permitted to withdrawn or transferred from all the three Banks - respondents No.2 to 4 leading to impecuniosity. The petitioner is the sole dependent of the account holder. The medical certificates have been appended to the petition. The condition of the petitioner is as follows:

i) The medical certificate issued by Bangalore Medical College and Research Institute - BMCRI, Department of Neurology is as follows:

"TO WHOMSOEVER IT MAY CONCERN

This is to inform you that Dr. Anil Kumar H V, aged 59 years (Hosp. No. MH013576491) has been admitted in Manipal Hospital, Millers Road, Bengaluru from 23/06/2024. He has been diagnosed to have Guillain Barre Syndrome, as a result of which he has weakness of all limbs and is unable to move his limbs. He is bed bound and is completely dependent for all activities. He is also on mechanical ventilator. At present, he requires continued in patient care.

This certificate is being issued at request for pension purpose and not for any legal purposes."

(Emphasis supplied)



ii) The medical certificate issued by Manipal Hospital, is as follows:

"TO WHOMSOEVER IT MAY CONCERN

This is to inform you that Dr. H V Anil Kumar, aged 60 years (Hosp. no. MH013576491) has been admitted in Manipal Hospital, Millers Road, Bengaluru from 23/06/2024. He has been diagnosed to have Guillain Barre syndrome as a result of which he has weakness of all limbs and is presently in ICU requiring ventilator support. He will require long term in patient care and rehabilitation. He is presently unable to write/sign in view of limb weakness. He is mentally sound condition at the time of issuing this letter.

Thank you and Regards"

(Emphasis supplied)

The two are the medical certificates that are issued by the hospitals at Bengaluru, which have treated the husband of the petitioner. Both the certificates are in unison holding that the petitioner would be unable to write and move his limbs, as there is severe weakness in all the limbs, due to Guillain Barre Syndrome.

10. The certificates are not disputed by the respondents. The condition is of the husband of the petitioner. The livelihood of the family is now put to jeopardy, as the averment in the petition is for nine months, the family is unable



to meet both the ends, as no money can be drawn from the accounts, one of which also holds the pension of the husband of the petitioner. Owing to these peculiar facts, I deem it appropriate to permit the petitioner, the wife of Dr. Anil Kumar H.V. to operate the account and draw money, as the petitioner is not a stranger in relationship to the account holder, she is the wife.

11. It becomes apposite to notice the judgments rendered by the division benches of the High Courts of Allahabad and Kerala. The High Court of Kerala in the case of **SHOBHA GOPALAKRISHNAN Vs. STATE OF KERALA¹**, has held as follows:

"14. The primary question to be considered is whether there is any enabling provision for appointment of a Guardian to a patient lying in 'comatose state' under any statute in India. Incidentally, it has to be answered whether the finding of the learned Single Judge in WP(C)37278 of 2018 holding that it will come within the purview of **Local Level Committee (LLC for short)** constituted under Section 13 of the National Trust Act, in turn giving a direction to have the same considered and finalised by the said Body, is correct or sustainable. If there is no provision, what are the parameters to be mentioned as 'guidelines' while dealing with such matters by this Court till appropriate

¹ 2019 SCC OnLine Ker 739



legislative provisions are incorporated in the relevant statutes by the law makers; form the last question.

15. As mentioned already, there is no dispute as to the plight of the patients/victims concerned, who are living in 'comatose state' as prisoners in their own body, unable to respond to any stimuli and the world around. The entire family is effected because of the agony, stress and depression finding their dearest one in 'permanent vegetative state and coma', leaving themselves in an utter state of despair, isolation and abandonment. They have borrowed amounts from different corners and find no other alternative source to tap, having exhausted all their financial resources. Bleak future and helplessness in meeting the huge expenses for medical care and treatment of their dear one, besides the difficulty in meeting their day-to-day needs, being jobless pester them much, even questioning their existence. They are only ordinary individuals who cannot be expected to be Arthur Ashe, the evergreen Tennis legend, who reportedly did not ask the God, "why to me" when he was made known that he was inflicted with AIDS (from blood transfusion during the Heart Bypass surgery). Their emotional breakdown because of the anxiety, depression, uncertainty to future and as to the condition of the patient cannot be treated/resolved, particularly when the patient was the sole bread winner of the family, nor is there any welfare provision in India (but for some personal health insurance coverage, if any) as it prevails in other welfare Countries, where there is an alternative mechanism, whereby the said countries would support the cause of the citizen through adequate insurance or otherwise. In the instant case, despite the fact that the patient/victim is having some properties in his name, the petitioners are not in a position to deal with the same and to raise funds for his treatment, upkeep and also for their living, because of the legal



hurdles and for want of any clear legislative provision in this regard.

16. In the above background, it will be worthwhile to have a survey of the various legislations in India, to see whether any of such statutes does contain a provision for appointment of 'Guardian to patients lying in comatose state'. The only legislations governing the field, connected with appointment of Guardian for minors or persons with mental illness or physical disability are:

1. The Guardian and Wards Act, 1890
2. The Mental Health Act, 1987 (repealed)
3. The National Trust Act for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999
4. Persons With Disabilities (Equal Opportunities, protection of Rights and Full Participation Act, 1995 (repealed)
5. The Mental Health Care Act, 2017
6. The Rights of persons with Disabilities Act, 2016.

17. The **Guardians and Wards Act**, 1890 is an enactment for appointment of **guardian for minors**. As it stands so, the said Act is not applicable for appointing Guardian to a person lying in comatose state.

18. The Mental Health Act, 1987 provided for appointment of guardian for 'mentally ill' persons under Section 52 of the said Act, conferring the power upon the District Court to pass an order under Section 53 and for appointing a Manager under Section 54 of the said Act. However, the term "mentally ill person" is defined under Section 2(1) of the said Act, which reads as follows:

*"(1) "**mentally ill person**" means a person who is in need of treatment by reason of any mental disorder other than mental retardation".*



19. From the above, it is quite evident that it is in respect of a person who needs treatment for mental illness, whereas there is no treatment for a patient/victim lying in 'comatose state' and the condition of the patient is without any response to any stimuli, because of serious neurological breakdown. This being the position, the Mental Health Act, 1987 is also to be ruled out as having no application apart from the fact that the said statute stands repealed as per Section 126 of the Mental Health Care Act, 2017.

20. Coming to the Mental Health Care Act, 2017, there is provision for appointment of a 'nominated representative'. In fact, the preamble shows that the said statute was enacted pursuant to the Convention on Rights of Persons with Disabilities and its optional Protocol adopted on 13th December, 2006 at the United Nations Headquarters in New York, which convention was signed and ratified by the India on 01.10.2007 with an intent to align and harmonise the existing law with the said Convention. It was accordingly, that the statute was enacted to provide for Mental Health Care and Services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental health care and services and for matters connected therewith or incidental thereto.

21. As pointed out by Dr. Smitha Nizar (Amicus curiae), earlier, the persons with disabilities were secluded and denied the right to social participation, which suffered a change by the end of the 20th century, though no much efforts were taken to recognize them as subjects of law and to affirm their rights. The "rights-based approach" towards persons with disabilities came to be accorded by the U.N. Convention on the Rights of Persons with Disabilities, 2006, treating the lives of persons with disabilities as valuable as that of any other human being. It is pointed out that the Convention



brought a paradigm shift in its approach and attitude towards disability, shifting from a model where the persons with disabilities are treated as “objects of medical treatment, charity and social protection”, to the platform where they are recognised as persons with equal rights and vested right of participation. It was accordingly, that the Persons with Disabilities (Equal Opportunities, protection of rights and full participation) Act, 1995 was repealed and the new Act-Rights of Persons with Disabilities Act, 2016 (RPWD Act) was enacted. It was simultaneous to the enactment of the RPWD Act, 2016, that the old Mental Health Act, 1987 came to be repealed giving rise to the Mental Health Care Act, 2017 in tune with the norms of the U.N. Convention, whereby a “rights-based protection” was brought about for mentally ill persons, as mentioned already.

22. With reference to the query raised by us in our order dated 16.01.2019, as to the difference in terminology under Section 74(1)(d) of the Mental Health Care Act, 2017 and Sections 34(1)(n) and 46(1)(n) of the said Act, particularly when the Board is stipulated to be constituted with two members having mental illness, the learned Amicus Curiae points out that, it was a conscious decision taken by the law makers, to provide for ‘participative status’ to persons with mental illness and to provide a congenial atmosphere, enabling the persons with mental illness to approach the Mental Health Review Board for redressal of their grievance. It is pointed out that the object behind the creation of Central and State Authorities under Sections 34 and 46 of the said Act is to empower the said Bodies to regulate the functioning of the ‘Mental Health Establishments’ in compliance with the statute, whereas the Mental Health Review Boards are envisaged to play a critical role in protecting the interests of ‘persons with mental illness’.



According to Dr. Smitha Nizar, the Amicus Curiae, the NALSAR University of Law, Hyderabad was identified as the Legal Consultant to enact the Rights of Persons With Disabilities Act, 2016 and that she had opportunity to work as one of the working group members of the Legal Consultant, who participated in the Parliamentary meetings to negotiate on the Mental Healthcare Act, 2017. She asserts that the intention of the Legislation was to give a space for persons with mental illness to protect the rights of persons with mental illness, as an advanced step towards affirming equal rights for persons with mental illness. This is more so, since such Members would definitely ensure their experience, based on their knowledge, to ensure the “rights based service delivery”; also providing a conducive environment for persons with mental illness to come forward, to take decisions about their treatment, admission, discharge and rehabilitation in mental health establishments; in turn, assuring transparency in the field. It is pointed out that the different terminology used under Section 74(1)(d) is with the above specified intent and not a mistake. With regard to Guardianship, it is stated that the RPWD Act provides only provisions for temporary/limited guardianship, empowering the District Court or the designated authorities under **Section 14** to grant the relief. It is also pointed out that since there is absolute need and necessity to frame general norms/guidelines for such practices, this Court can invoke jurisdiction under Article 226 of the Constitution of India.

38. It will be worthwhile to note the difference between the cases involving Brain death, Permanent Vegetative State etc. The subject came up for consideration before the Apex Court in *Aruna Ramachandra Shanbaug v. Union of India* ([2011] 4 SCC 454] which is presumably the longest documented case of person lying in Permanent Vegetative State/Coma in



India, as documented (about 42 years). The said case was filed by a journalist seeking to apply 'euthanasia' in the case of the victim, contending that there was a brain death. This was repelled by the Supreme Court, in view of the factual data ascertained and it was much later that she bid farewell to this world. The observations made by the Supreme Court as to the different states, such as 'Brain death', 'Coma', 'Vegetative State(VS)', 'Minimally Conscious State' in paragraph 12 of the said verdict are quite apposite to be noted down, as extracted below:

'Brain death

A state of prolonged irreversible cessation of all brain activity, including lower brain stem function with the complete absence of voluntary movements, responses to stimuli, brain stem reflexes, and spontaneous respirations.

Explanation : This is the most severe form of brain damage. The patient is unconscious, completely unresponsive, has no reflex activity from centres in the brain, and has no breathing efforts on his own. However the heart is beating. This patient can only be maintained alive by advanced life support (breathing machine or ventilator, drugs to maintain blood pressure, etc). These patients can be legally declared dead ('brain dead') to allow their organs to be taken for donation.

Aruna Shanbaug is clearly not brain dead.

Coma

Patients in coma have complete failure of the arousal system with no spontaneous eye opening and are unable to be awakened by application of vigorous sensory stimulation.

Explanation : These patients are unconscious. They cannot be awakened even by application of a painful stimulus. They have normal heart beat and



breathing, and do not require advanced life support to preserve life.

Aruna Shanbaug is clearly not in Coma

Vegetative State (VS)

The complete absence of behavioral evidence for self or environmental awareness. There is preserved capacity for spontaneous or stimulus-induced arousal, evidenced by sleep-wake cycles. i.e., patients are awake, but have no awareness.

Explanation : Patients appear awake.

They have normal heart beat and breathing, and do not require advanced life support to preserve life. They cannot produce a purposeful, coordinated, voluntary response in a sustained manner, although they may have primitive reflexive responses to light, sound, touch or pain. They cannot understand, communicate, speak, or have emotions. They are unaware of self and environment and have no interaction with others. They cannot voluntarily control passing of urine or stools. They sleep and awaken. As the centres in the brain controlling the heart and breathing are intact, there is no threat to life, and patients can survive for many years with expert nursing care. The following behaviours may be seen in the vegetative state:

Sleep-wake cycles with eyes closed, then open

Patient breathes on her own Spontaneous blinking and roving eye movements

Produce sounds but no words Brief, unsustained visual pursuit (following an object with her eyes)

Grimacing to pain, changing facial expressions

Yawning; chewing jaw movements Swallowing of her own spit Non-purposeful limb movements; arching of back;

Reflex withdrawal from painful stimuli



Brief movements of head or eyes towards sound or movement without apparent localization or fixation;

Startles with a loud sound Almost all of these features consistent with the diagnosis of permanent vegetative state were present during the medical examination of Aruna Shanbaug.

Minimally Conscious State

Some patients with severe alteration in consciousness have neurologic findings that do not meet criteria for v. These patients demonstrate some behavioral evidence of conscious awareness but remain unable to reproduce this behavior consistently. This condition is referred to here as the minimally conscious state (MCS). MCS is distinguished from v. by the partial preservation of conscious awareness."

42. Considering the role of this Court, jurisdiction under Article 226 of the Constitution of India springs up, when no remedy is provided under any Statute to persons like patients in 'comatose state'. It is something like 'parens patriae' jurisdiction. A reference to the verdict in *Nothman v. Barnet London Borough Council*, [1978 (1) WLR 220] (at 228) is also relevant. In such cases, it is often said, Courts have to do what the Parliament would have done. A reference to the verdict in *Surjit Singh Karla v. Union of India* [1991 (2) SCC 87 explaining the principle of 'causes omissus' is also brought to the notice of this Court; to the effect that if it is an accidental omission, court can supply/fill up the gap. This Court however does not find it appropriate to "re-write" the provision, as it is within the exclusive domain of the Parliament. This is more so, when the relevant statutes like Mental Health Act, 1987 and PWD Act, 1995 came to be repealed, on introducing the new legislations, such as **the Mental Healthcare Act 2017** and **The Rights of persons with Disabilities Act, 2016** in conformity with the mandate of U.N. Convention, 2006. This Court does not say anything whether any amendment is necessary, also in respect of the National Trust Act for the Welfare of Persons with



Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (**National Trust Act**, 1999) with reference to the U.N. Convention 2006. It is for the Government to consider and take appropriate steps in this regard, as it is never for the Court to encroach into the forbidden field. This Court would only like to make it clear that, in so far as the case of a patient lying in 'comatose state' is not covered by any of the statutes, (as discussed above), for appointment of a Guardian, the petitioners are justified in approaching this court seeking to invoke the power under Article 226 of the Constitution of India. It is declared accordingly."

(Emphasis supplied)

The division bench of the High Court of Allahabad in the case of **UMA MITTAL Vs. UNION OF INDIA²**, while considering an identical circumstance on perusal at the medical records has held as follows:

"30. Having gone through the medical examination report, (annexed with the short counter affidavit) prepared by the Medical Board constituted in pursuance of the directions given by this Court and the averments made in the writ petition, we are satisfied that SKM, husband of the petitioner No. 1, who was the sole bread earner in the family, is lying in a comatose state. Perusal of the record further indicates that SKM, has properties (immovable/movable, investments, bank accounts, deposits etc.) in his name, but the petitioners are not in a position to deal with the same due to legal hurdles. Further the Petitioners have incurred huge expenses for his treatment which has already lasted for more than a year and a half, for which they have even resorted to

² 2020 SCC OnLine All 777



borrowing money from relatives and friends. Thus, petitioners who are in precarious financial condition are knocking on the door of this Court for redressal of their grievances.

31. Also, in view of the above discussions made hereinabove, there appears to be no dispute that none of legislative enactments as discussed in the earlier part of the judgment are applicable qua SKM, a person lying in a comatose state. Further, the petitioners are in dire need of money towards medical treatment of SKM and for the welfare of the family as they have exhausted their financial resources in the past one and a half years.

32. It is worthwhile to note, that the instant writ petition has been filed jointly by all the legal heirs of SKM namely Smt. Uma Mittal, Petitioner No. 1 (wife), Smt. Mohini Mittal Raizada, Petitioner No. 2 (married daughter), Ms. Ritika Mittal and Ms. Ruchika Mittal, Petitioners No. 3 and 4 (unmarried daughters) and Mr. Raghav Mittal, Petitioner No. 5 (son) with a prayer to appoint the Petitioner No. 1, Uma Mittal, wife of the SKM as guardian of her husband for the purpose of protecting his interest, administer bank accounts, investments, proprietorship business, etc. and in the event of necessity, to sale the immovable property standing in the name of SKM and to use the proceeds towards medical treatment of her husband and family welfare expenses. Thus, it is also clear that there is no dispute amongst the legal heirs of SKM.

33. Accordingly, while accepting the medical report of SKM submitted by the Medical Board, we hereby appoint the Petitioner No. 1, Uma Mittal, wife of SKM as the guardian of her husband SKM, who is in a comatose condition, vested with the property of her husband SKM to do all acts, deeds and things for the proper medical treatment, nursing care, welfare and benefit of the SKM



and his children and with power to do all acts, deeds and things with respect to assets and properties of the SKM including; (i) operate bank accounts in the name of SKM; (ii) deal with shares, bonds, debentures in the name of SKM; (iii) invest the monies to earn optimum returns thereon; (iv) utilise the monies for proper upkeep and for fulfilling the needs of SKM and his children (v) represent the SKM before all persons/authorities/bodies; (vi) sign wherever required as guardian of SKM including for discharging any person/authority/body from duty/obligation/liability owed to SKM (vii) take possession and charge of all properties movable or immovable to SKM; (viii) take actions in law to protect interest of SKM; (ix) sign all deeds, documents, cheques as guardian of SKM; (x) petitioner No. 1 shall also be entitled to incur expenses for the family welfare purposes including marriages of her daughters namely Ms. Ritika Mittal, Petitioner No. 3 & Ms. Ruchika Mittal, Petitioner No. 4.

34. It is reiterated that the upon fulfilment of requisite formalities, the concerned Banks (Respondents No. 5 and 6)/any other financial institutes will permit the Petitioner No. 1, Uma Mittal to operate the bank accounts and deal with other financial affairs standing in the name of SKM.

35. It is made clear that the Petitioner No. 1, Uma Mittal shall not sell, alienate encumber any of the immovable properties of the SKM except with the express permission of the Registrar General of this Court. The same will however not come in the way of the petitioner no. 1 letting out the immovable properties of the SKM from time to time and getting back the possession thereof. The petitioner No. 1, Uma Mittal shall comply with other requirements of being the guardian of petitioner No. 1. Needless to state, such appointment is



till SKM is unable to look after his affairs and subject to revocation in accordance with law."

In the light of the unequivocal facts narrated hereinabove and the husband of the petitioner being in a comatose state due to '**Guillain Barre Syndrome**', a syndrome which is known to be a rare neurological disorder in which a person's immune system is compromised by an attack to the part of the peripheral nervous system. It is in public domain and in medical parlance, this syndrome results in muscle weakness, problem with coordination, complete weakness of the arms and legs, a sort of paralysis, writing or signing of a person with the said syndrome is next to impossible and therefore, the petitioner has now been in a comatose state. In the light of the condition of the husband of the petitioner, I deem it appropriate to permit the petitioner, the wife of Dr. Anil Kumar H.V., to operate the account, as if the husband was operating the account. The accounts are as follows:

| Bank name | Name of the Account holder | A/c Number | Type of Account |
|--|----------------------------|-------------------|-----------------|
| State Bank of India, MS Bldg Branch, Bengaluru | Dr. Anilkumar H.V. | SB 43636719547 | SB |
| State Bank of India, Sagara Road Branch, | Dr. Anilkumar H.V | SB 64069761313 | SB |



| | | | |
|--|-------------------|-----------------------|----|
| Shivamogga | | | |
| Indian Overseas Bank, Mahalskhmipuram Branch, Bengaluru | Dr. Anilkumar H.V | SB 177501000003116 | SB |

12. For the aforesaid reasons, the following:

ORDER

- i) Writ petition is allowed.
- ii) The petitioner is appointed, as a guardian to her husband Dr. Anil Kumar H.V. and a direction issues to respondents No.2 to 4 - Banks to allow the petitioner to draw money for day-to-day treatment of her husband and for the livelihood of the family.
- iii) Petitioner is reserved liberty to approach the Court in the event of need.
- iv) Respondents No.2 to 4 shall not brook any delay and shall permit normal operation of the account at the hands of the petitioner, wife of Dr. Anil Kumar H.V.

**Sd/-
(M.NAGAPRASANNA)
JUDGE**

JY
List No.: 2 Sl No.: 54