

IN THE HIGH COURT OF JHARKHAND AT RANCHI

W.P. (PIL) No. 920 of 2021

Onkar Vishwakarma, Aged about 33 years, S/o Harendra Vishwakarma, R/o Ward No.6, P.O.+P.S.- Domchanch, Mahthadih, Koderma, Jharkhand-825418

... Petitioner

Versus

1. State of Jharkhand through Secretary, Department of Health, Medical Education and Family Welfare, Nepal House, Doranda, P.O. & P.S-Doranda, District-Ranchi, Jharkhand
2. Deputy Commissioner, Hazaribagh, PO+PS- Sadar, Hazaribagh.
3. District Supply Officer, Hazaribagh, PO+PS- Sadar, Hazaribagh.
4. Civil Surgeon, Sadar Hospital, Hazaribagh, PO+PS- Sadar, Hazaribagh.

... Respondents

**CORAM: HON'BLE THE CHIEF JUSTICE
HON'BLE MR. JUSTICE RAJESH SHANKAR**

For the Petitioner: Ms Diksha Dwivedi, *Amicus Curiae*
For the Respondents: Mr Piyush Chitresh, A.C. to A.G.

Reserved on: 26.03.2026

Pronounced on: 01/04/2026

Per M. S. Sonak, C.J.

1. We have heard the learned counsel for the parties.
2. The present writ petition has been filed in purported public interest, seeking, inter alia, the following reliefs: —

a) For issuance of a writ in the nature of mandamus directing the respondents to immediately put the surviving victims of the kerosene fire and other burn patients in the burn unit/department and, in the event such facility is not available at Sadar Hospital, Hazaribagh, to forthwith refer and admit such patients

to the burn unit/department at Rajendra Institute of Medical Sciences (RIMS), Ranchi;

b) For issuance of a writ in the nature of mandamus directing the respondents to provide medical treatment to all the victims free of cost, including medicines and other related expenses, to be borne by the State Government;

c) For issuance of a writ in the nature of mandamus directing the respondents to pay compensation to the legal heirs of persons who died in the kerosene fire incident in the district of Hazaribagh, to the extent of Rs. 50,00,000/-;

d) For issuance of a writ in the nature of mandamus directing the respondents to pay compensation to persons who have suffered disability due to injuries in the said incident, to the extent of Rs. 35,00,000/-;

e) For issuance of a writ in the nature of mandamus directing the respondents to pay compensation to the injured persons, including the ones who have incurred facial disfigurement, in the said incident, to the extent of Rs. 25,00,000/-.

3. This petition has been instituted in the backdrop of an unfortunate incident resulting in multiple deaths, burn injuries and

fatalities, allegedly caused due to the use of highly inflammable kerosene supplied through the Public Distribution System in Hazaribagh. The petitioner has brought to the notice of this Court that several injured persons were admitted to Sadar Hospital, Hazaribagh, and, according to the petitioner, were not receiving adequate treatment owing to the absence of specialized burn care facilities.

4. It is the petitioner's case that certain injured persons, including members of the same family, were admitted in general wards and required urgent transfer to dedicated burn units or to higher medical centres such as Rajendra Institute of Medical Sciences (RIMS), Ranchi. The petitioner has also alleged that essential medicines were not readily available at the Sadar Hospital, Hazaribagh, and had to be procured from outside sources.

5. The petitioner has further pleaded that, despite approaching the concerned authorities, including the hospital administration and district officials, no effective or timely action was taken to ensure proper treatment for the victims or to address their grievances.

6. A significant aspect of the petitioner's grievance pertains to the nature of the commodity itself. It is pleaded that the kerosene supplied to the victims was highly adulterated, rendering it unfit for domestic use. Annexure 3, appended to the writ petition, contains the laboratory reports, including those from the Indian Oil Corporation, which reveal that the flash point of the said kerosene was a mere 13.5°C. This is significantly below the prescribed safety minimum of 35°C. Such a

deviation, according to the petitioner, effectively transformed a domestic necessity into a lethal explosive.

7. Furthermore, the petitioner has detailed the devastating impact of this systemic lapse. The tragedy resulted in four deaths, including a two-year-old child and an elderly woman. Approximately fifteen other persons, many of them women and minors, suffered grievous burn injuries and permanent facial disfigurement. The petitioner contends that these casualties were not the result of mere accidents, but a direct consequence of the distribution of hazardous fuel through State-authorized outlets.

8. It is also the petitioner's case that the victims' families, already suffering from the trauma of the incident, were forced to purchase life-saving medicines from the open market. The petitioner argues that the State, having failed to ensure the quality of a regulated commodity, cannot further shirk its responsibility by providing inadequate medical care.

9. Advancing these grievances, the petitioner has placed on record photographs of the injured persons as contained in Annexure-4, appended to the writ petition. It is also the contention of the petitioner that the absence of functional district-level burn units is not merely an administrative lapse, but a breach of the constitutional mandate to protect the right to life with dignity of the injured persons.

10. Presumably, as the core issues raised by the petitioner pertain to the non-implementation of safety standards for burn victims and the

systemic deficiency in specialised healthcare, the present matter was categorised and treated as a “Public Interest Litigation.”

11. Regarding the relief sought in prayer Clause (A), which requests a writ for the immediate admission or transfer of the remaining victims of the kerosene fire to a dedicated burn unit or to Rajendra Institute of Medical Sciences (RIMS), Ranchi, it should be noted that this relief was based on the circumstances prevalent at the time of the incident.

12. However, no further submissions have been advanced on behalf of the petitioner during the hearing to indicate that such a situation presently subsists. We also do not find any material on record, whether in the pleadings or in the affidavits filed by the parties, to demonstrate the victims' current status or the necessity of any immediate intervention of the nature originally sought.

13. Having regard to the lapse of time, the incident being of the year 2021, and in the absence of any contemporaneous material justifying the grant of such relief at this stage, we are of the view that the relief sought in terms of prayer Clause (A) does not survive for consideration and has, in effect, been rendered infructuous.

14. Insofar as the reliefs sought in terms of prayer Clauses (C), (D) and (E) are concerned, namely, for issuance of directions to the respondents to pay compensation to the legal heirs of the deceased and to the injured victims in specified amounts, we note that such reliefs are essentially in the nature of claims for monetary compensation arising out of the incident in question.

15. It is well-settled that the concept of compensatory jurisprudence for the violation of fundamental rights is firmly entrenched in our public law. In **Rudul Sah v. State of Bihar, reported in (1983) 4 SCC 141**, the Hon'ble Supreme Court first awarded monetary compensation in a writ petition, holding that the Court is empowered to grant such relief when there is an established violation of Article 21. This principle was authoritatively crystallised in the case of **Nilabati Behera v. State of Orissa, reported in (1993) 2 SCC 746**, in which the Hon'ble Apex Court recognised the doctrine of 'constitutional tort' and clarified that the defence of sovereign immunity is unavailable in such proceedings.

16. Thereafter, this principle of law has been consistently applied by the Hon'ble Apex Court in the cases of **D.K. Basu v. State of West Bengal, reported in (1997) 1 SCC 416** and **Chairman, Railway Board v. Chandrima Das, reported in (2000) 2 SCC 465** respectively. These dicta of the Hon'ble SC establish that when the State fails in its constitutional duty to protect life, the court may direct monetary relief as an integral part of the enforcement of fundamental rights. In the present case, the Hazaribagh tragedy, underscored by the systemic absence of functional burn units, represents a *prima-facie* breach of this mandate.

17. However, the grant of such compensation in a specific quantum necessarily depends upon the determination of relevant facts. This includes an assessment of the nature of the incident, the extent of negligence, and the definitive identification of the responsible parties.

These are matters which ordinarily require the adjudication of evidence and cannot appropriately be undertaken in the present Public Interest Litigation under Article 226 of the Constitution.

18. We also note that an FIR, bearing Mufassil P.S. Case No. 45/2021, has already been registered, and the matter is currently under investigation or trial before the competent jurisdictional court. In such circumstances, issuing a direction to pay specific, pre-determined amounts of compensation would be premature at this stage.

19. At the same time, the victims cannot be left without a remedy. It is necessary to take note of the statutory framework under S. 357-A of the Code of Criminal Procedure, 1973, and the corresponding provisions under Section 396 of the Bharatiya Nagarik Suraksha Sanhita, 2023. These provisions establish a Victim Compensation Scheme to provide immediate relief and rehabilitation to those who have suffered loss or injury as a result of a crime.

20. Besides, the affected parties are always free to explore instituting civil proceedings before the competent Courts to claim damages, etc. The state must also consider whether any ad hoc payments can be made to the identified victims or their legal representatives in such matters.

21. Accordingly, while we do not propose to grant the specific monetary reliefs under prayer Clauses (C), (D), and (E) at this stage, we clarify that the victims and their legal heirs remain entitled to invoke these remedies. *To ensure that this right does not remain illusory, we shall issue appropriate directions in the concluding part of this*

judgment, mandating that the jurisdictional court and the concerned District Legal Services Authority (DLSA) act with the requisite urgency to provide necessary succour.

22. Moving ahead, while the petitioner's initial grievances were rooted in the specific tragedy at Hazaribagh, the proceedings in this matter have brought to light a much larger, systemic deficiency. It is a settled principle of PIL jurisprudence that once a matter of grave public importance is brought before this Court, this Court may expand the scope of the inquiry to ensure that the fundamental rights of a larger class of citizens are protected. This Court, therefore, cannot remain a mute spectator to a state-wide paralysis in specialized medical care.

23. In this context, it is pertinent to note that this Court, while dealing with the present matter, identified the seminal public issue concerning the plight of burn victims across the State. In the order dated **22.07.2025**, this Court took a proactive stance, observing that the gravity of the subject matter outweighed any procedural defaults.

Paragraph 10 of the said order reads as follows:

“10. This Court, considering the nature of issue involved in the present Public Interest Litigation, is of the view that merely on account of non-appearance of the learned counsel on record, it would not be proper for this Court to close this Public Interest Litigation, reason being, as has been admitted by the learned State counsel also that the issue involved in the

present case is quite serious and no specialized ward with modern facilities to deal with the patients of burn injury is available in the Government hospitals in the entire State.”

24. This admission by the State, as recorded in our earlier proceedings, strikes at the very heart of the “Right to Health” under Article 21. If, as admitted, no specialised burn care facility with modern infrastructure exists in the Government hospitals across the entire State of Jharkhand, then the constitutional guarantee of life with dignity remains largely illusory for victims of fire trauma.

25. Consequently, the focus of this litigation shifted from the individual claims of the Hazaribagh victims to a broader mandate, i.e., the establishment of a robust, state-wide, specialised burn medical infrastructure. The Hazaribagh incident served merely as the diagnostic event that exposed this state-wide paralysis in burn care management.

26. Pursuant to the order dated 22.07.2025 passed by this Court, the State was directed to file a consolidated and comprehensive counter-affidavit. Upon perusal of the said affidavit, which came to be filed after some delay, this Court, by its order dated 24.09.2025, made the following observations:

1. Even though the respondents have filed a counter affidavit in terms with the order passed by this Court on 17.09.2025, however, astonished to note the mismatch in the burn wards available in the five medical colleges and hospitals of the State of Jharkhand (Annexure-C series to the said counter affidavit).

2. It would be noticed that in the case of Shahid Nirmal Mahto Medical College and Hospital, Dhanbad, the bed capacity of the hospital in the burn ward is 14 as against which, 13 doctors and 7 staff nurses are posted there. In M.G.M. Medical College and Hospital, Jamshedpur, as against the bed capacity of 15, only one Associate Professor, 5 Junior Residents and 10 Staff Nurses are posted there. In Phulo-Jhano Medical College and Hospital, Dumka, which has the bed capacity of 20, there is no doctor and only 6 Staff Nurses are posted. Similarly, Medininagar Medical College and Hospital, Palamu having bed capacity of 10, there is only one staff and it is not known as to whether the same is doctor or staff nurse. Lastly, in Sheikh Bikhari Medical College and Hospital, Hazaribagh having bed capacity of only 7, as many as 11 staff members are posted there. We have specifically referred to as the 'staff' because it is not known as to whether these 11 persons deputed there are doctors or staff nurses or both as the case may be.

3. Likewise, the details regarding the government hospitals have been given in Annexure-D series to the said counter affidavit. On perusing along with the report of the Comptroller and Auditor General of India on District Hospital Outcomes in Jharkhand ((Report No. 3 of the year 2021) (Performance Audit)), it would be noticed that 'construction of 10 bedded burn units with supply of furniture and equipment in all 24 districts were sanctioned (August, 2014) at Rs. 1.35 Crore each. Among these, four units were dropped (January, 2016) and 20 units were completed at Rs. 12.40 Crore (between September, 2015 and January, 2017). However, the completed

units could not be made functional due to non-procurement of equipment.'

4. Annexure-D series as mentioned above does not contain a single detail of any of these units. It is beyond comprehension as to how these units vanished in thin air. This also assumes importance because the operational guidelines for establishment of burn units in district hospitals under National Programme for Prevention & Management of Burn Injuries were formulated by the Central Government in the 12th Five Year Plan and we have been informed that the financial aid was granted to five hospitals/medical colleges of the Jharkhand viz. Patliputra Medical College and Hospital, Dhanbad (6.1632 Crore), District Hospital, Koderma (4.942 Crore), Sadar Hospital, Daltonganj (4.942 Crore) and District Hospital, Gumla (4.942 Crore). Even these Trauma Care Facilities, which were allocated the funds as aforesaid, do not find mention in the Annexure-D series.

5. In the given facts and circumstances, we deem it appropriate to direct the respondents to file a supplementary counter affidavit clarifying the aforesaid position.

6. List this case on 29.10.2025."

27. Moving ahead, in compliance with the above-noted order of this Court dated 24.09.2025, the State, through the Director-in-Chief, Health Services, Jharkhand, filed a supplementary affidavit dated 12.03.2026. In paragraph 9 of the said affidavit, it has been explicitly stated that burn wards are in operation in hospitals throughout the 24 districts of the State of Jharkhand with "adequate logistics." To

substantiate this claim, a tabular chart was appended as Annexure-I, purportedly showing the list of district hospitals which have operational burn units.

28. However, a meticulous perusal of the said Annexure-I reveals glaring inconsistencies that contradict the State's own assertions. While the State claims that burn wards are operational across all 24 districts, the tabular representation lists only 22 units. Moreover, this internal inconsistency is further highlighted by the fact that Jamshedpur has been represented by two different hospitals, appearing at both serial numbers 8 and 18 of the same table, meaning that even with multiple facilities in one district, the list still fails to account for the remaining districts of the State.

29. We find it difficult to reconcile the State's current claim of "adequate logistics" with the definitive findings of the Audit, especially when the latest Annexure-I fails to provide a transparent accounting of the very units previously flagged by the CAG in its performance audit report on District Hospital Outcomes in Jharkhand in the year 2021. Such a "paper-based" compliance mechanism, where infrastructure exists in budgetary allocations and structural completions but remains absent in clinical practice, risks rendering the fundamental right to health under Article 21 illusory.

30. In a welfare State, the constitutional mandate of providing effective medical care cannot be satisfied by the mere existence of

buildings if they lack the life-saving machinery and trained manpower essential for treating specialised trauma such as burn injuries.

31. The gravity of this systemic failure must be viewed through the prism of the devastating impact that burn injuries have on the human condition. Burn injury is not merely a clinical trauma; rather, it is a significant public health crisis in India, which carries the highest mortality and disability burden in the world. As noted in the study by **Yakupu A. et al. (2022), "The epidemiological characteristic and trends of burns globally" (BMC Public Health 22: 1596), the 2019 Global Burden of Disease study estimates that India suffers more than 25,000 deaths and 1.5 million Disability Adjusted Life Years (DALYs) annually due to burns.**

32. The grim reality is further reinforced by the **World Health Organization (WHO) Global Health Estimates (2020), which indicate that in 2019 alone, more than 23,000 fire-related deaths were estimated in India. This accounts for approximately 20% of the global mortality burden.** Furthermore, the burden among women aged 15–49 years in India is three times higher than among men, highlighting a gendered vulnerability that a welfare State cannot ignore.

33. These statistics are not mere numbers; they represent a persistent and profound challenge to the realisation of the "Right to Health" and "Right to Effective Medical Care" guaranteed under Article 21 of the Constitution of India. It has been time and again held by the Hon'ble Supreme Court that the right to life does not mean a mere animal

existence. The Hon'ble court has held in numerous cases that it encompasses the right to live with human dignity, which in turn necessitates access to specialized, time-sensitive medical intervention.

In the case of burn trauma/injuries, where every minute is critical to preventing multi-organ failure and permanent disfigurement, the absence of functional, district-level burn units renders the constitutional guarantee of life illusory for most of our citizens.

34. The transformation of the right to life from a mere negative guarantee against State interference into a positive mandate for well-being is a hallmark of our constitutional jurisprudence. Since the landmark intervention in *Maneka Gandhi v. Union of India*, reported in AIR 1978 SC 597, the process of elaborating the meaning of "life" under Article 21 of our Constitution has been relentless.

35. Centrally positioned within this expanding galaxy of rights is the Right to Health. In *Consumer Education and Research Centre v. Union of India*, reported in (1995) 3 SCC 42 and *Kirloskar Brothers Ltd. v. Employees' State Insurance Corporation*, reported in (1996) 2 SCC 682, the Hon'ble Supreme Court for the first time accepted that the right to health is a meaningful and unwavering segment of life. By reading Articles 39(a), 41, and 43 alongside Article 21, the Hon'ble Court concluded that health and medical care are basic rights essential for a life of dignity.

36. The specific duty of the State to provide emergency medical aid was authoritatively established by the Hon'ble Apex Court in the case

of **Parmanand Katara v. Union of India, reported in (1989) 4 SCC 286**, the Hon'ble Court held that securing the health of an injured person is a paramount obligation, whether the facility is private or public, and must be undertaken without waiting for legal formalities.

37. This principle finds its most direct application to the present case in **Paschim Banga Khet Mazdoor Samity v. State of West Bengal, reported in (1996) 4 SCC 37**. In that case, the denial of medical aid to an injured person due to the non-availability of beds was held to be a violation of Article 21 by the Hon'ble Supreme Court. The Hon'ble Apex Court categorically asserted that a welfare State cannot resort to a "lack of financial funds" to bypass its constitutional obligation to provide primary and emergency health infrastructure.

38. In view of the exhaustive constitutional and statutory framework discussed hereinabove, it is evident that the "Right to Health" is not a static concept but a dynamic obligation that evolves with the availability of specialized medical knowledge and the State's own policy commitments. The **NPPMBI Operational Guidelines**, formulated during the **12th Five-Year Plan**, are not merely aspirational documents, they constitute a "Standard of Care" that the State has voluntarily undertaken to provide. When the State's own data (at the all-India level) admits that burn mortality in India, one death every four minutes, exceeds that of Malaria and Tuberculosis, the failure to operationalize even the sanctioned infrastructure in the districts of

Jharkhand represents a significant gap in the fulfillment of the mandate under Article 21 of the Constitution.

39. As emphasised by the Hon'ble Supreme Court in the case of **Paschim Banga Khet Mazdoor Samity (supra)**, the State cannot plead financial constraints to shirk its primary obligation of providing emergency medical care. The management of burns is a distinct medical super-specialty that requires more than just a bed in a general ward; it requires a sterile ecosystem, specialized logistics, and a dedicated workforce. In a welfare State, the "Right to Life" includes the right to a dignified recovery and the prevention of permanent disfigurement.

40. Consequently, in view of the "seminal public issue" identified in our order dated 22.07.2025, it is now evident that the existing internal monitoring mechanisms have been insufficient to bridge the gap between policy and practice.

41. The "Right to Health" under Article 21 is a positive mandate that requires the State to provide specialized, time-sensitive medical infrastructure, particularly for burn trauma, a condition where mortality and disability are directly linked to the immediacy of specialized care.

42. The continued reliance on general medical facilities, years after the formulation of the NPPMBI Operational Guidelines, necessitates a structured judicial intervention to ensure that the constitutional guarantee of life with dignity is translated into a functional reality.

43. Accordingly, having regard to the material on record and the issues noted above, we consider it appropriate to issue certain directions to ensure that the availability of specialised burn care facilities in the State is addressed in a time-bound manner, and *dispose* of the present petition in the following terms. If any infrastructure has already been established during the pendency of this litigation, such facilities shall be appropriately strengthened and made fully functional in accordance with law, so as to ensure effective medical care consistent with the mandate of Articles 21 and 47 of the Constitution of India.

44. We therefore direct:

- a) The State Government, through the Secretary, Department of Health, Medical Education and Family Welfare, shall ensure that dedicated burn units are made fully functional in all district hospitals and government medical colleges across the State of Jharkhand within a period of 120 days from the date of this judgment, in accordance with applicable guidelines, including those issued under the National Programme for Prevention and Management of Burn Injuries (NPPMBI).
- b) The state Government shall further ensure that such burn units are not merely established in form but are rendered fully functional, with the adequate availability of trained medical and paramedical

personnel, essential equipment, and supporting infrastructure, in strict adherence to the aforesaid guidelines.

- c) The State Government shall ensure that all designated burn units are adequately stocked with essential medicines, consumables and supplies required for the management of burn injuries, in accordance with standard treatment protocols and applicable guidelines, and that uninterrupted availability of the same is maintained at all times.
- d) The State Government shall ensure that burn patients are treated exclusively in designated burn units equipped with appropriate isolation facilities and infection-control measures, and not in general wards, except, of course, in documented and unavoidable circumstances.
- e) To ensure the efficacy of these units, the State Government shall take all necessary steps to provide round-the-clock medical care, including uninterrupted access to specialist services and emergency treatment facilities within the said units.
- f) Complementary to the infrastructure, the State Government shall undertake comprehensive training

and capacity-building measures for doctors, nurses, and paramedical staff engaged in burn care, in accordance with applicable protocols, within a period of 90 days from the date of this judgment.

g) The State Implementation Committee or State Monitoring Committee, as contemplated under Clause 9.2 of the Operational Guidelines of the NPPMBI, shall be made operational and functional forthwith. However, if such a Committee has not yet been constituted, the State Government shall ensure its constitution within four weeks from today, strictly in accordance with the aforesaid Guidelines.

h) The said Committee, headed by the Principal Secretary (Health), shall function as the State-level supervisory body to oversee the implementation of the directions issued herein, including review of infrastructure, manpower and the operational status of burn units across the State. The Committee shall meet at least once every three months to ensure that deficiencies, if any, are identified and addressed within the stipulated time frame.

i) The Director-in-Chief, Health Services, Jharkhand, shall function as the nodal authority for the coordination and day-to-day implementation of the

directions issued in this judgment, while the State Government shall ensure the allocation of adequate financial and administrative resources for the same.

j) Insofar as the victims of the incident in question are concerned, it shall be open to them or their legal heirs to approach the jurisdictional court seized of the proceedings arising out of Muffasil P.S. Case No. 45/2021 for the grant of compensation, including interim compensation, under the Victim Compensation Scheme framed under Section 357-A of the CRPC, 1973/Section 396 of the Bharatiya Nagarik Suraksha Sanhita, 2023. However, in the event that any victims or their legal heirs are unable to make such an application, the Secretary, District Legal Services Authority (DLSA), Hazaribagh, shall take appropriate steps, including with the assistance of Para Legal Volunteers, to identify such victims and facilitate the filing of applications.

k) The jurisdictional court shall, upon such application being made or otherwise, consider the issue of grant of compensation, including interim compensation, in accordance with law, as expeditiously as possible and preferably within a period of three months from the date of such application.

l) Upon receipt of any recommendation from the jurisdictional court, the District Legal Services Authority (DLSA), Hazaribagh, shall act with promptitude and, after conducting due enquiry in accordance with law, take a decision on the claim for compensation, preferably within a period of one month from the date of receipt of such recommendation.

m) The jurisdictional court seized of Muffasil P.S. Case No. 45/2021 shall endeavour to proceed with the trial expeditiously and, as far as practicable, ensure that the trial is concluded at the earliest, in accordance with law.

45. The Registry of this Court is directed to forthwith communicate an authenticated copy of this order to: (i) the Principal Secretary/Secretary, Department of Health, Medical Education and Family Welfare, Government of Jharkhand; (ii) the Director-in-Chief, Health Services, Government of Jharkhand; (iii) the Principal District and Sessions Judge-cum-Chairman, D.L.S.A, Hazaribagh; (iv) the Secretary, District Legal Services Authority, Hazaribagh and (v) the court having *seisin* of Muffasil P.S. Case No. 45/2021.

46. Before parting, we place on record our genuine appreciation for the valuable assistance rendered by the learned Amicus Curiae. The meticulous research and constructive suggestions provided have been

instrumental in enabling this Court to address the systemic gaps in the state's medical infrastructure in the larger public interest.

47. Pending application(s), if any, shall also stand disposed of. No costs.

48. All concerned must act on an authenticated copy of this judgment and order.

(M. S. Sonak, C.J.)

(Rajesh Shankar, J.)

Dated: 01.04.2026

A.F.R.

Manoj/Cp.2

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