



1 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

**IN THE HIGH COURT OF MADHYA  
PRADESH**

**AT INDORE**

**BEFORE**

**HON'BLE SHRI JUSTICE JAI KUMAR PILLAI**

**ON THE 14<sup>th</sup> OF MAY, 2026**

**WRIT PETITION No. 17859 of 2026**

***PRAGATISHEEL RADIOGRAPHERS SANGH MADHYA  
PRADESH THROUGH PRESIDENT VIRENDRA KASHYAP***

*Versus*

***THE UNION OF INDIA THROUGH THE SECRETARY  
MINISTRY OF HEALTH AND FAMILY WELFARE AND  
OTHERS***

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**Appearance:**

Shri Prathviraj Singh Parmar - Advocate for the petitioner.

Shri Romesh Dave –Advocate for the respondents/Union of  
India.

Shri Kushagra Singh –Dy.G.A for the respondents/State.

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**Reserved on : 14/05/2026**

**Post on : 03/06/2026**

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2 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

**ORDER**

1. This Writ Petition under Article 226 of the Constitution of India has been filed by the petitioner, Pragatisheel Radiographers Sangh, Madhya Pradesh, seeking a writ of mandamus or other appropriate writs to quash specific guidelines and circulars issued by the respondents. The petition primarily challenges the guidelines titled "Installation and Operational Guidance on Ultraportable Handheld X-Ray Device (HHXray) for Tuberculosis Screening in the Community," issued by the Central TB Division, Ministry of Health and Family Welfare, Government of India, dated August 2023 (Annexure P-1).

2. The petitioner further lays challenge to the consequential impugned Order/Circular No. H/Vst. S.A. /CH-279/ 25/3345 dated 10.11.2025 issued by Respondent No. 3, Mission Director, NHM-MP (Annexure P-2). Additionally, the petitioner contests the subsequent district-level orders issued by the Chief Medical and Health Officers (CMHOs) of Districts Neemuch, Jhabua, and Barwani (Annexure P-3), which prescribe specific daily operational targets for radiographers.

3. Through this petition, the petitioner organisation also seeks a writ of mandamus directing the State of Madhya Pradesh to revise



3 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

and enhance the radiation allowance payable to radiographers, direct the respondents to ensure strict compliance with Atomic Energy Regulatory Board (AERB) safety norms including the provision of TLD badges, and to undertake periodic medical monitoring and health surveillance of the radiographers operating these devices.

**Facts of the Case**

4. The petitioner is a registered association of qualified government radiographers and X-ray technicians employed as permanent, regular, or contractual employees in various government health facilities across the State of Madhya Pradesh. The members of the petitioner organisation are formally trained in the operation of X-ray equipment, radiation protection, and occupational safety, serving as frontline scientific personnel of the State's public health infrastructure.

5. The Government of India launched the TB Mukht Bharat Abhiyan with the declared objective of eliminating Tuberculosis from India by 2025. In furtherance of this objective, ultraportable handheld X-ray (HHXray) devices—specifically the Model Mine 2.1 were procured and deployed across various States, including



4 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

Madhya Pradesh, under the National Tuberculosis Elimination Programme for community-based Active Case Finding.

6. The Central TB Division issued comprehensive guidelines (Annexure P-1) covering field operations, wherein Section 4.1.1 states that "the radiation hazard is almost zero/negligible as per the claim of the company" and that "the radiation exposure is 1/10th from HHX-ray compared to conventional digital X-ray." Based on these guidelines, Respondent No. 3 issued the impugned order dated 10.11.2025 directing CMHOs to immediately press these machines into service for TB screening.

7. Pursuant to the state-level directive, the CMHOs of Districts Neemuch, Jhabua, Barwani, and others issued circulars imposing daily targets of 100 to 150 chest X-rays per radiographer using HHXray devices. The members of the petitioner organisation are required to transport these devices to remote villages and set up temporary camps in non-designated, non-shielded structures such as Panchayat Bhawans, school rooms, and Anganwadis, which lack lead-lined walls or protective enclosures.

8. The petitioner claims that members are forced to operate the devices wearing only partial lead aprons, without mandatory real-time radiologist oversight, and without being provided with



5 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

Thermoluminescent Dosimeter (TLD) badges. The petitioner union conducted an informal experiment showing that X-rays penetrated the provided lead aprons. Furthermore, radiographers in Madhya Pradesh receive only Rs. 50 per month as a radiation allowance, a rate unchanged for approximately 35 years.

**Contentions of the Petitioner**

9. Learned counsel for the petitioner vehemently argued that the impugned guidelines (Annexure P-1) are arbitrary as they rely solely on the manufacturer's claims without independent scientific validation. The petitioner relies on the exact wording of the guidelines which state that "the radiation hazard is almost zero/negligible as per the claim of the company" and that "the radiation exposure is 1/10th from HHX-ray compared to conventional digital X-ray," contending these assertions are scientifically unfounded.

10. It is further contended that compelling radiographers to conduct 100-150 daily X-ray exposures in unshielded field conditions, without TLD badges and full-body shielding, directly violates Rules 6, 7, and 15 of the Atomic Energy (Radiation Protection) Rules, 2004, as well as the AERB Safety Code AERB/SC/MED-2. The petitioner submits that this exposes



6 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

government servants to foreseeable occupational health hazards, thereby violating the fundamental right to a safe working environment under Article 21 of the Constitution.

11. The petitioner also assails the stark disparity in the radiation allowance, pointing out that counterparts in other states receive Rs. 1,500 to Rs. 2,500 per month, while members in Madhya Pradesh receive a mere Rs. 50 per month. It is argued that multiplying daily radiation exposure without revising this allowance or providing health monitoring is arbitrary and discriminatory, thereby offending Article 14 of the Constitution.

12. Lastly, relying on WHO guidelines, the petitioner argues against the indiscriminate screening of asymptomatic populations. The petitioner quotes medical literature stating that "Routine chest X-rays in the absence of symptoms-will only be able to pick up the occasional case of asymptomatic TB. Routine chest X-rays also may provide a false and potentially fatal sense of security between X-rays in the person who is being examined and therefore are not usually recommended," arguing the camps impose an unnecessary radiation burden on the public.



7 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

**Contentions of the Respondents**

13. Per contra, the learned counsel appearing on behalf of the State and the respondent authorities has vehemently opposed the writ petition. The primary defense raised by the respondents is that the petitioner's grievance is fundamentally related to a broad policy developed under the National Health Mission specifically targeted at the eradication of tuberculosis, which is a matter of larger public interest.

14. It is strictly contended by the respondents that the policy dated 10.11.2025 is a welfare policy for the eradication of T.B. The respondents assert that the impugned order is merely an administrative order issued by the competent authority with the sole objective to implement this vital national welfare policy at the grassroots level.

15. The respondents further submit that there is no manifest evidence on the record to demonstrate how this policy or the implementation thereof will legally or adversely affect the petitioners in a manner that warrants judicial interference. They argue that the apprehensions of the petitioner are misplaced and unsupported by the official record.



8 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

16. Finally, the respondents urge that upon a perusal of the statutory framework and the applicable service conditions, there is no condition imposed with regard to it in the service rules which restricts the state from assigning such field duties and numerical targets to the radiographers. Therefore, it is submitted that no relief can be granted under Article 226 of the Constitution.

**Analysis and Conclusion**

17. Heard the learned counsel for the rival parties and carefully perused the pleadings and the documents annexed thereto. The jurisdiction of this Court under Article 226 of the Constitution of India is an extraordinary and equitable jurisdiction. The scope of judicial review in matters pertaining to executive policy, particularly those concerning public health and national welfare, is highly circumscribed.

18. The foundational issue presented before this Court is whether the petitioner's grievance, which is related to the policy developed under the National Health Mission for the eradication of tuberculosis embodied in the policy dated 10.11.2025 warrants judicial intervention. It is an undisputed fact that the said policy is a welfare policy explicitly designed for the eradication of T.B. in the broader public interest.



9 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

19. It is a trite law that courts must exercise profound restraint when invited to review state policies pertaining to public health initiatives. This Court has no occasion to interfere in the welfare policy meticulously developed by health experts and the executive under the National Health Mission. The domain of framing and executing health screening targets rests exclusively with the administrative authorities.

20. Furthermore, the impugned order dated 10.11.2025, along with the consequential district-level circulars, is an administrative order issued strictly to implement the said welfare policy. Such administrative mechanisms, including the prescription of operational targets (such as 100-150 X-rays per day) in community camps, are essential administrative tools to achieve the objectives of the TB Mukht Bharat Abhiyan and cannot be categorized as arbitrary merely because they impose demanding work schedules.

21. Regarding the petitioner's apprehensions concerning radiation hazards and lack of protective measures, this Court observes that there is no manifest material in the record that definitively establishes how this will affect the petitioners. The subjective apprehensions or informal experiments conducted by an association cannot substitute for formal administrative findings, and thus, no actionable prejudice is manifest on the record before this Court.



10 NEUTRAL CITATION NO. 2026:MPHC-IND:15164

**W.P. No. 17859/2026**

22. Similarly, upon examining the arguments relating to the terms of employment, this Court finds that there is no condition imposed with regard to it in the service rules which restricts the State authorities from deploying the radiographers to field camps or assigning specific daily targets. In the absence of any statutory or service rule violation, a writ of mandamus cannot be issued to interdict the administrative orders.

23. Therefore, in light of the specific directions and issues analyzed hereinabove, the challenges mounted by the petitioner lack legal foundation. This Court is of the considered opinion that relief cannot be granted under Article 226 of the Constitution of India to stall or modify a national public health welfare policy and its administrative implementation.

24. Consequently, the writ petition is found to be devoid of substance and merit. The petition is hereby **dismissed**.

Pending applications, if any, are **disposed of** accordingly.

No order as to costs.

**(Jai Kumar Pillai)**  
**Judge**

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