IN THE HIGH COURT OF JUDICATURE AT BOMBAY

Civil APPELLATE JURISDICTION

PUBLIC INTEREST LITIGATION (C) No. (St.) 6218OF 2022

DIST: MUMBAI

Feroze Mithiborwala

...Petitioner

Versus

The State of Maharashtra

...Respondents

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IN THE HIGH COURT OF JUDICATURE AT BOMBAY

Civil APPELLATE JURISDICTION

PUBLIC INTEREST LITIGATON (C) No. (St.) 6218 OF 2022

Feroze Mithiborwala

...Petitioner

Vs.

The State of Maharashtra

...Respondents

SYNOPSIS

I] The petitioner is filing the present Public Interest Litigation under Article 226 of the Constitution of India

Sr. No.	Dates	Particulars
1.	1 st March, 2022	Shri. Aseem Gupta, Principal Secretary of Maharashtra, issued discriminatory Order/directions thereby violating the fundamental rights of unvaccinated people at different levels.
2.	7-80	The order is highly discriminatory and without any logic and against the guidelines given by the Central Government and also against the law laid down by Hon'ble Supreme Court and this Hon'ble Court.



Hence, this petition.
to compensate citizens, the petitioner is approaching this Hon'ble Court.
order to prosecute accused officials and
 to quash the said unlawful & arbitrary
In order to enforce the rights of Petitioner
under Article 14, 19 & 21 are violated.
The fundamental rights of the Petitioner

II] Acts and Authorities relied upon;

- 1. THE CONSTITUTION OF INDIA ACT, 1950 AND OTHER ACTS.
- 2. INDIAN PENAL CODE.
- 3. DISASTER MANAGEMENT ACT, 2005.

Dated 10th Day of March, 2022

Place: Mumbai.

ADVOCATE FOR PETITIONER

PETITIONER



IN THE HIGH COURT OF JUDICATURE AT BOMBAY

Civil APPELLATE JURISDICTION

PUBLIC INTEREST LITIGATION (C) No. (St.) 6218 OF 2022

	DIST: MUMBAI
Feroze Mithiborwala)
)
)
)
)
)Petitioner
us	
1. The State of Maharashtra	
Through Chief Secretary	
The Government of Maharashtra)
Mantralaya, Mumbai-400 023	
2. Under Secretory)
Disaster Management Unit,)
Mantralaya, Mumbai- 400 023.)
3. Shri. Aseem Gupta	
Principal Secretary,)
Disaster Management, Relief and	
Rehabilitation Department,) A CIA
Govt. of Maharashtra.	S. M. Dhanage
4. Shri Ajit Baviskar	Reg. No. 15376

Deputy Secretary)
Higher & Technical Education Minister,)
Mantralaya, Mumbai-400 032.)
5. Union of India)
Through Ministry of Health and)
Family Welfare, Govt. of India.)
6. National Disaster Management Authority)
Through it's Chairperson,)
Hon'ble Prime Minister of India)
Safdarjung Enclave, NDMA Bhawan,)
A-1, Block A-1, Nauroji Nagar,)
New Delhi, Delhi - 110029.)
a a	
7. State Disaster Management Authority)
Through it's chairperson,)
Hon'ble Chief Minister of Maharashtra)
Revenue and Forest Department,)
Maharashtra State Disaster Management Authority,)
Mantralaya, Mumbai - 400032.)
8. National Disaster Management Executive)
Committee, Through it's Chairperson,)
Safdarjung Enclave, NDMA Bhawan,)
A-1, Block A-1, Nauroji Nagar,)
New Delhi, Delhi - 110029.)



9. State Disaster Management Executive Committee)
Through It's Chairperson,)
Revenue and Forest Department,)
Maharashtra State Disaster Management Authority,)
Mantralaya, Mumbai - 400032.)
10. Dr. Sanjay K. Rai)
Room Number: 29)
Centre For Community Medicine)
AIIMS, New Delhi - 110029, India)
Phone: +91 11 26592446)
11. Dr. Arvind Khushwaha)
Additional Professor)
AIIMS Nagpur,)
MIHAN, Nagpur, Sumthana,)
Maharashtra 441108)
12. Shri Rajesh Bhushan, IAS)
Secretary, Department of Health)
and Family Welfare)
Room Ni 156, A-Wing, Nariman Bhawan)
New Delhi – 110011)
13. Shri Dr. Shashank Joshi) GOTA
No. 12,1st Floor, Golden Palace,	D/x/ 01/4 12/
Turner Road, Bandra West,	Manhal Maharaga
behind Union Bank, Mumbai,)(Q \ (0.16.15376 9)
Maharashtra 400050	10000

14. Shri Dr. Rahul Pandit)	16
Fortis Hospital)	
1126, Mulund - Goregaon Link Rd,)	
Nahur West, Industrial Area, Mulund West,)	
Mumbai, Maharashtra 400078)	
15. Shri Dr. Sanjay Oak)	
Head Task Force)	
D.Y. Patil University,)	
Mumbai, Maharashtra 400614)	
16. Central Bureau of Investigation (CBI))	
Through its Director,)	
Plot No. 5-B, 6th Floor, CGO Complex,)	
Lodhi Road, New Delhi – 110003)	
17. Commissioner of Police, Mumbai)	
Dr. DN Road, Fort, Opposite Crawford)	
Market Mumbai - 400001,)	
Email: cp.mumbai@mahapolice.gov.in)	
18. Shri Debashish Chakrabarty)	
Former, Chief Secretary)	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I
Government of Maharashtra)	67 AR
		Addi.
19. Shri Uddhav Thackery)	S.N. Mahalasharash
Chief Minister of Maharashtra)	Co 110 100
		THE RESERVE AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW

Chief Minister's Office,)
Government of Maharashtra)
6th Floor, Mantralaya, Mumbai 400032.)
20. Shri Sitaram Kunte)
Former Chief Secretary, Maharashtra)
Mantralaya, Churchgate,)
Mumbai, Maharashtra 400020)
21. Shri. Iqbal Chahal)
Municipal Commissioner,)
M.C.G.M. Annex Building,)
Mahapalika Marg No. 1,)
Fort, Mumbai- 400 001.)
22. Shri Suresh Kakani)
Addl. Municipal Commissioner,)
Mahapalika Marg, C.S.T.,)
Mumbai - 400 001)Respondents

TO,
THE HON'BLE CHIEF JUSTICE AND
HON'BLE JUDGES OF THE HIGH COURT
OF JUDICATURE AT BOMBAY.



THE HUMBLE WRIT PETITION OF THE PETITIONER ABOVENAMED UNDER

ARTICLE 226 OF THE CONSTITUTION OF INDIA

MOST RESPECTFULLY SHOWETH AS UNDER:

That, the Petitioner is a **Social Worker** and **Citizen of India** and residing at above mentioned address.

- 1. The instant Civil Public Interest Litigation is being filed to question the constitutional defensibility of the SOP and order dated 1st March, 2022.
- 2. The said order has violated the fundamental rights of petitioner under section 19, 21 & 14 of the Constitution of India.
- 3. The Right to life, so guaranteed under Article 21 of the Constitution of India, is, the most fundamental of all human rights, and anything affecting human life, or which may put an individual's life at risk, must call for the most anxious scrutiny.

FACTS OF THE CASE:

4. The Covid-19, has been declared as pandemic by WHO in view of the fact that it has reportedly spread over the Globe. India is no exception. The Governments, both Central and State, took measures to contain the pandemic in exercise of powers under two Acts namely 1) Epidemic Diseases Act, 1897 and 2) Disaster Management Act, 2005. The measures taken included lockdown, closure down, testing temperature, pulse rate, RT-PCR Test etc. Needless to state that the aforesaid two statutes fall in the second layer according to Kelson's Law theory while the Constitution falls into the first layer, meaning that the Constitution is supreme. The Constitution has enjoined or empowered the Constitutional

Courts to maintain the supremacy of the Constitution through its power of judicial review.

- 5. In India, the 2nd wave of pandemic reportedly started around in the month of March 2021. The Indian Government approved emergency use of vaccines namely Covishield and Covaxin followed by Sputnik V. All the vaccine being issued under Emergency use Authorization (EUA). Needless to mention that, the trial data and clinical data of said experimental vaccines is not made available to the public.
- 6. It is pertinent note that, the Minister of State in the Ministry of Health & Family Welfare, Government of India in an answer given on 19.03.2021 in the Lok Sabha to an Unstarred Question No. 3976, stated that there is no provision of compensation for recipients of Covid-19 Vaccination against any kind of side effects or medical complication that may arise due to inoculation. The Covid-19 Vaccination is entirely voluntary for the beneficiaries.

(A Copy of Ministry of Health & Family Welfare, Government of India in an answer given on 19.03.2021 in the "Lok Sabha" to an Unstarred Question No. 3976 is marked and annexed herewith Exhibit -"A")

7. In a reply dated 23rd March 2021 to the RTI filed by Mr. Dinesh Bhausaheb Solanke, RTI number A.60011/06/2020 -CVAC, the Ministry of Health and Family Welfare, stated that, "the Covid-19 Vaccine being voluntary, there is no provision for compensation as of now."

A copy of reply dated 23rd March 2021 RTI filed by Mr. Dinesh nausaheb Solanke, RTI number A.60011/06/2020 -CVAC is marked and annexed herewith Exhibit-B)

8. In a reply to RTI application dated 9th March, 2021 filed by Anurag Sinha of Jharkhand, the Central Ministry of Health and Family Welfare has clearly stated that "taking the Covid Vaccines was entirely voluntary and there is no relation whatsoever to provision of government facilities, citizenship, job etc to the vaccine".

(A copy of the RTI reply dated **09.03.21** filed by Anurag Sinha of Jharkhand is marked and enclosed herewith **Exhibit** – "C")

- 9. In a reply to RTI filed by Mr. Tarun, dated 16.04.2021 file number MOHFW/R/E/21/01536, the Ministry of Health and Family Welfare, replied to the 1st question, "Is Covid Vaccine Voluntary or Mandatory?", thus: "Vaccination for Covid-19 is Voluntary". Further when the applicant asked in his subsequent questions, "Can any government or private organization hold our salary or terminate us from job in case of not taking Covid vaccine?" and "Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking covid vaccine?" the reply was, "In view of above reply, these queries do not arise".
- 10. That, despite abovesaid factual and legal position the then Chief Secretary of Maharashtra State, Shri. Shitaram kunte on 10th August, 2021 to 27th October, 2021 passed various unlawful, discriminatory and unconstitutional orders thereby restricting the movement of the unvaccinated people which were in gross violation of the Article 14, 19 & 21 of the Constitution of India.

(A copy of order dated 10.08.2021 and 27.11.2021 is annexed and mark at Exhibit – "D" & Exhibit "E" Respectively.)

11. That, the Petitioner Challenged the orders dated 10.08.2021 & 11. 08.2021 through PIL (C) No. 84 of 2021 and sought quashment of all the discriminatory and unconstitutional orders.

12. During the hearing of those PIL's this Hon'ble Court vide its order dated 15th December, 2021 directed the state authorities to file their reply explaining the rationale and logic behind discrimination (classification) between vaccinated and unvaccinated.

(A copy of Order dated 15th December, 2021 is marked and annexed herewith Exhibit "F")

13. That, the affidavit filed by the state authorities and explanation given during the course of hearing was not found to be satisfactory and then this Hon'ble Court called for all the records.

(A copy of order dated 10.02.2022 & 11.02.2022 are marked and annexed herewith Exhibit "G" Colly.)

14. That, after verifying the records, this Hon'ble Court came to the conclusion that the orders passed by the then Chief Secretary were illegal, unlawful and violative of Article 19(1)(d) of the Constitution of India.

However, this Hon'ble Court suggested the state authorities to consider to withdraw the unlawful orders.

The State Chief Secretary gave assurance to this Hon'ble Court that they will bring new order, SOP in spirit with the suggestions given his Hon'ble Court. The matter was then posted on next date. The assurance given by the State were recorded in the order.

(A copy of order dated 22nd February, 2022 is marked and annexed herewith Exhibit "H".)

- 16. That the State Authorities i.e. Respondent No. 3 Shri. Aseem Gupta instead of honouring the suggestions given by this Hon'ble Court and instead of respecting the constitutional mandate, belied the trust reposed by this Hon'ble Court and again passed the discriminatory and unlawful orders on 1st March, 2022.
- 17. That, this Hon'ble Court, vide its order dated 2nd March, 2022 disposed of the said PIL by noting its strong disapproval and granting liberty to the petitioner to challenge the said order dated 2nd March, 2022.

(A copy of order dated 2nd March 2022 is marked and annexed herewith **Exhibit "I"**)

18. Hence, the present PIL is being filed to quash and set aside the SOP/order dated 1st March, 2022 passed by Respondent No. 3 and to prosecute the accused officials, on the basis of following grounds which are without prejudice to each other;

19. GROUNDS:-

- **19.1.** That, the impugned order is arbitrary, unlawful, unconstitutional and passed in bad-faith to serve ulterior purposes.
- 19.2. Impugned orders are against State's own policy decision and is an indirect attempt to make vaccination compulsory such indirect compulsion is prohibited as per ratio laid down by the Hon'ble Supreme Court:
- 19.2.1. The State's policy decision is that, the vaccination is voluntary and not compulsory. Further, it is submitted by the state in PIL No. 84 of

2021 in their written proposition that no-one can be compelled to get vaccinated.

19.2.2. But by way of impugned orders the vaccination is made compulsory to avail certain facilities, benefits and services. And people are compelled to take vaccines for availing those facilities.

19.2.3. Such indirect coercion and prohibition is not permissible in law. The vaccination cannot be made compulsory indirectly by way of an order of the Chief Secretary or any other officer when state policy is that it is voluntary.

In Noida Entrepreneurs Association vs. Noida (2011) 6 SCC 508, it is ruled as under;



"25. It is a settled proposition of law that whatever is prohibited by law to be done, cannot legally be affected by an indirect and circuitous contrivance on the principle of quando aliquid prohibetur, prohibetur at omne per quod devenitur ad illud, which means "whenever a thing is prohibited, it is prohibited whether done directly or indirectly".

19.2.4. That, Hon'ble Supreme Court in the case of <u>Dr. D.C.</u>

Wadhwa v. State of Bihar AIR 1987 SC 579, has ruled as under;

"...... It is settled law that a constitutional authority cannot do indirectly what it is not permitted to do directly. If there is a constitutional provision inhibiting the constitutional authority from doing an act, such provision cannot be allowed to be defeated by adopting of any subterfuge. That would be

clearly a fraud on the Constitution. (emphasis supplied)"

19.2.5. Hon'ble Supreme Court made it clear that, the State cannot play 'Hot and Cold', 'Fast and Loose' 'Approbate and Reprobate'. There cannot be double standards.

In Noida Entrepreneurs Association (Supra) it is ruled as under;



"Power vested by the State in a Public Authority should be viewed as a trust coupled with duty to be exercised in larger public and social interest. Power is to be exercised strictly adhering to the statutory provisions and fact-situation of a case. "Public Authorities cannot play fast and loose with the powers vested in them". A decision taken in arbitrary manner contradicts the principle of legitimate expectation. An Authority is under a legal obligation to exercise the power reasonably and in good faith to effectuate the purpose for which power stood conferred. In this context, "in good faith" means "for legitimate reasons". It must be exercised bona fide for the purpose and for none other."

19.2.6. Hence, the impugned SOP and orders are unlawful, illegal, arbitrary and unconstitutional and liable to be quashed as violative of Article 14, 19 and 21 of the Constitution.

19.3. National Disaster Management Plan and Disaster Management Act, 2005 prohibits all types of discrimination and therefore the impugned orders are vitiated:-

19.3.1. That, in National Disaster Management Plan, 2019 it is also made it clear that, there cannot be discrimination.

"1.7 Social Inclusion

Hazards do not discriminate based on human social conditions, but human responses to disasters often do. Existing socio-economic conditions mean that disasters can lead to different outcomes for demographically similar communities, where the most vulnerable groups also suffer disproportionately on multiple counts compared to others. The preamble of NPDM 2009 notes that the economically weaker and socially marginalized sections, women, Scheduled Castes, Scheduled Tribes and minorities tend to suffer more during disasters. The DM Act 2005 specifically forbids all forms of discrimination – be it based on sex, caste, community, descent or religion - in any aspect of DM. Social inclusion is about equality of rights and opportunities, dignity of the individual, acknowledging diversity, and contributing to resilience for everyone, not leaving aside members of a community based on age, gender, disability or other.

19.3.2. Needless to mention here that, the Article 11 of the "Universal Declaration on Bioethics and Human Rights, 2005", also prohibits any discrimination on any ground.

Article 11 – Non-discrimination and non-stigmatization: No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.

19.3.3. That, **Section 61** of the Disaster Management Act, 2005 specifically prohibits any type of such discrimination.

19.3.4. Hence, the impugned orders are illegal, null and void and vitiated.

20. As per Disaster Management Act, 2005 the nodal ministry authorized to issue any direction is Central Health Ministry & their stand is against forced vaccination.

20.1. As per National Disaster Management Authority's member secretary the NDMA issued guidelines on the management of Biological Disasters/Pandemic.

Link: https://ndma.gov.in/sites/default/files/PDF/covid/04022020.pdf

As per this National Plan, the Ministry of Health and Family Welfare will lay down a clear vaccination policy. It is also mentioned that, the Ministry of Health and Family Welfare will keep the National Authority apprised of the progress on a regular basis, similarly concerned State Authorities will develop the State Level Disaster Management Plan and dovetail it with the National Plan.

Link: https://nidm.gov.in/PDF/pubs/NDMA/5.pdf

20.2. As per the frequently asked questions on the ministry of health and family welfare website it reads;

Question: Is it mandatory to take the vaccine?

Answer: Vaccination for covid-19 is voluntary

Link: https://bit.ly/3MEcN7H

20.3. That, as per the provisions of Disaster Management Act, 2005, the National Plan and the interpretation given by the Hon'ble Supreme Court in the case of Centre for Public Interest Litigation vs. Union Of India 2020 SCC OnLine SC 752, it is ruled that, not only the National Plan but also the SOP, circulars, orders etc., issued by or the directions of nodal ministry i.e. Health Ministry of UOI are binding on State.

It is ruled as under;

"40. The Disaster Management Act, 2005 contain ample powers and measures, which can be taken by the National Disaster Management Authority, National Executive Committee and Central Government to prepare further plans, guidelines and Standard Operating Procedure (SOPs), which in respect to COVID-19 have been done from time to time. Containment Plan for Novel, Coronavirus, 2019 has been issued by Ministry of Health and Family Welfare, Government of India, copy of which planted up to 16.05.2020 has been brought on record as Annexure-R4. There are no lack of guidelines, SOPs and Plan to contain COVID-19, by Nodal Ministry and Annexure R-6 has been brought on record issued by Ministry of Health and Family Welfare, Government of India, i.e., Updated Containment Plan for Large Outbreaks

41. National Executive Committee as well as Nodal Ministry has issued guidelines and orders from time to time

Novel Coronavirus Disease, 2019 (COVID-19).

to regulate all measures to contain COVID-19. The petitioners are not right in their submissions that there is no sufficient plan to deal with COVID-19 pandemic."

20.4. That, the Central Government (Union of India) in its affidavit dated 28.11.2021 before Supreme Court made in <u>Jacob Puliyel Vs. Union of India Writ Petition (Civil) 607 of 2021</u>, made it clear that the vaccination is not attached to any benefit or services.

The prayer made by the petitioner Jacob Puliyal in abovesaid petition was as under;

"(e) Declare that vaccine mandates, in any manner whatsoever, even by way of making it a precondition for accessing any benefits or services, is violation of rights of citizens and unconstitutional."

The relevant Para 64 of the reply affidavit by the state reads thus;



"64. In so far as the Petitioner's submissions regarding Covid-19 vaccine being mandatory, as per the Operational Guidelines document, COVID-19 vaccination is voluntary. However, it is emphasised and encouraged that all individuals take vaccination for public health and in his/her interest as well as public interest since in case of pandemic, an individual's ill health has a direct effect on the society. Covid-19 vaccination is also not linked to any benefits or services. Therefore, any submissions made by the Petitioner to the contrary, in so far as the Answering Respondents are concerned, is denied."

20.5. That, Central Government in its affidavit dated 21.02.2022 filed before Hon'ble Delhi High Court in Writ Petition (C) No. 2033 of 2022 in the case between R. S. Bhargava Vs. Government of NCT of Delhi & Ors., has submitted that, any direction or guidelines issued by the Ministry of Health & Family Welfare (MoHFW) do not entail forcible vaccination.

(A copy of affidavit dated 21.02.2022 filed before Court in Writ Petition (C) No. 2033 of 2022 in the case between R. S. Bhargava Vs. Government of NCT of Delhi & Ors is marked and annexed herewith Exhibit "J")

Furthermore, the affidavit clearly mentions the following contraindications from administration of Covid vaccines:

(A) With history of anaphylactic or allergic reaction to a previous dose of COVID-19 vaccine and its ingredients.

(B) A suspected or confirmed case of thromboembolic phenomenon following first dose of any of the COVID-'19 vectines.

(C) History of immediate or delayed-onset anaphylaxis or allergic reaction requiring hospitalization to vaccines or injectable therapies, pharmaceutical products, food-items and insect sting etc.

20.6. It is clear from the above affidavit that, many individuals with the above-mentioned conditions are exempted from taking the Covid vaccines. Also anyone directly or indirectly forcing anyone to take the Covid-19 vaccine can be held criminally liable.

- 20.7. This is a warning from centre to any authority, public or private, who are over-enthusiastically forcing vaccines on everyone and putting their life in danger.
- 20.8. That, in a recent affidavit dated 13.01.2022 by the Union of India in the case of Evara Foundation Vs. Union of India Writ Petition (Civil) No. 580 of 2021 it is again said as under;
 - "13. Consent of persons with disabilities: It is humbly submitted that the directions and guidelines released by Government of India and Ministry of Health and Family Welfare, do not envisage any forcible vaccination without obtaining consent of the concerned individual. It is further humbly submitted that vaccination for COVID-19 is of larger public interest in view of the ongoing pandemic situation. It is duly advised, advertised and communicated through various print and social media platforms that all citizens should get vaccinated and systems and processes have been designed to facilitate the same. However, no person can be forced to be vaccinated against their wishes.
 - 14. Exemption from vaccination certificates for persons with disabilities: It is most respectfully submitted that the Government of India has not issued any SOPs which make carrying of vaccination certificate mandatory for any purpose.
 - 19. <u>Counselling before vaccination</u>: It is humbly submitted that Government of India has formulated Operational



Guidelines for COVID-19 vaccination. As per these Guidelines, all beneficiaries are to be informed about adverse events which may occur after COVID-19 vaccine.

Ref: Covid-19 vaccine Operational Guidelines available at MoHFW website at: individual's ill https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Cha pter16.pdf"

20.9. Hon'ble Supreme Court had also taken the note of provisions of Disaster Management Act and in the case of <u>Mazdoor Sabha Vs. State of Gujarat (2020) 10 SCC 459</u> and had observed that the challenges of Covid-19 are to be resolved by the State Governments within the domain of their functioning under the law, in coordination with the Central Government. It is ruled as under;

"30. Even if we were to accept the respondent's argument at its highest, that the pandemic has resulted in an internal disturbance, we find that the the Covid-19 slowdown created economic bv qualify internal Pandemic does not as an disturbance threatening the security of the State. The pandemic has put a severe burden on existing, particularly public health, infrastructure and has led to a sharp decline in economic activities. The Union Government has taken recourse to the provisions of the Disaster Management Act, 2005. [Ministry of Home Affairs, Order No. 40-3/2020-DM-I(A) dated 24-3-2020.] However, it has not affected the security of India, or of a part of its territory in a manner that



disturbs the peace and integrity of the country. The economic hardships caused by Covid-19 certainly pose unprecedented challenges to governance. However, such challenges are to be resolved by the State Governments within the domain of their functioning under the law, in coordination with the Central Government..."

49. This Court is cognizant that the respondent aimed to ameliorate the financial exigencies that were caused due to the pandemic and the subsequent lockdown. However, financial losses cannot be offset on the weary shoulders of the labouring worker, who provides the backbone of the economy. Section 5 of the Factories Act could not have been invoked to issue a blanket notification that exempted all factories from complying with humane working conditions and adequate compensation for overtime, as a response to a pandemic that did not result in an "internal disturbance" of a nature that posed a "grave emergency" whereby the security of India is threatened. In any event, no factory/classes of factories could have been exempted from compliance with provisions of the Factories Act, unless an "internal disturbance" causes a grave emergency that threatens the security of the State, so as to constitute a "public emergency" within the meaning of Section 5 of the Factories Act. We accordingly allow the writ Notification quash No. petition and



GHR/2020/56/FAC/142020/346/M3 dated 17-4-2020 and Notification No.
GHR/2020/92/FAC/142020/346/M3 dated 20-7-2020 issued by the Labour and Employment Department of the respondent State.

20.10. In Navendra Kumar v. Union of India, 2013 SCC OnLine Gau 305 it is ruled as under;

"91. Article 246, in essence, lays down the principle of federal Supremacy and in the event of inevitable conflict between the exercise of power by the Union and a State, it is the power, exercised by the Union, which would prevail over the State's powers and, in the case of overlapping of a legislation made by a State vis-a-vis a, legislation made by the Parliament on a subject covered by List Til (Concurrent List), it is not the former legislation, but the later one, which shall prevail."



20.11. That, section **76 of Disaster Management Act, 2005** says that, the decision of the National Authority under Disaster Management Act, 2005 should be with the approval of the Central Government.

Section 22, 38, 39 of Disaster Management Act, 2005 made it clear that the state has to implement the decisions of the National Authority and National Policy, and therefore anything done by the State or National Authority which is not approved by the Central Government or which is directly in contravention with the Central Government's policy decision

is to be held as illegal and it cannot hold the field and therefore it stands vitiated.

21. As per Government of India's ICMR & WHO, it is clear that there is no evidence to show that the vaccinated people spread less infection and therefore the discrimination & classification between vaccinated and unvaccinated is arbitrary and violative of Article 14 of the Constitution of India.

21.1. That, State either in their affidavits or in the reasoning given in the order had not produced any study or record in support of their frivolous and unfounded submissions. In fact, India's top Government Institution Indian Council of Medical Research (ICMR) which is also the collaborating Centre of WHO in India has in their reply dated 14th January, 2022 made it clear that there is no record to show that the vaccinated people spread less infection than the unvaccinated. The Question Number 5 and its answer is as under;

"Question No. 5: Reports and evidence from scientific studies conducted to prove that if corona COVID-19 is an infectious disease then that is not transmitted or less transmitted to others by those who have been vaccinated and that it is only transmitted or increasingly spread by those who have not been vaccinated.

Answer: This is not part of our records. Hence. This information cannot be shared."

21.2. The above stand of Central Government and WHO is also reflected from the stand of State Government in their FAQS.

It reads as under:

"23. Do I need to use the mask/ other COVID-19 appropriate precautions after receiving the vaccine?

Yes, it is absolutely necessary that everyone who has received the COVID-19 vaccine should continue to follow the COVID-19 appropriate behaviour i.e., mask, do gaj ki doori and hand sanitization to protect themselves and those around from spreading the infection.



24. How long will I remain protected after vaccination?

Longevity of the immune response in vaccinated individuals is yet to be determined. Hence, continuing the use of masks, handwashing, physical distancing, and other COVID-19 appropriate behaviours is strongly recommended."

21.3. That, the ICMR Chief on 30th December, 2021 also made a statement that the vaccine don't stop infection.

Link: https://bit.ly/3IYCcXH

(A copy of article published in times of India titled as "COVID vaccines are disease-modifying, don't prevent infection: ICMR" is marked and annexed herewith Exhibit "K")

21.4. WHO in their press conference dated 11th January, 2022 made it clear that, there cannot be any discrimination between vaccinated

and unvaccinated because vaccinated people can also spread infection.

(A copy of transcript (WHO Press conference) dated 11th January, 2022 is marked and annexed herewith Exhibit "L")

A Compact Disc (CD) and Pen Drive with transcript of above interview can be provided when directed by the Hon'ble Court.

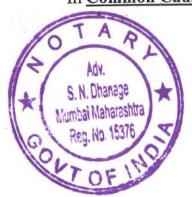
Link: https://www.youtube.com/watch?v=QYnN9lSxGnM

21.5. That, in the minutes of the meeting dated 25.02.2022 it is clearly mentioned by the Task Force Members that the vaccination is not mandatory and users must be advised to be vaccinated. However, Respondent No.1 took contrary stand and made it mandatory.

22. Contempt of Hon'ble Supreme Court judgment in Common Cause Vs. UOI (2018) 5 SCC 1:-

22.1. As per law and more particularly as per law laid down in the Supreme Court, to take risk from any possible hospitalization or death is the personal choice given to every citizen. No state authority can compel anybody to take any particular treatment. **OR** to tell the reason for his refusal to take treatment.

In Common Cause Vs. UOI (2018) 5 SCC 1, it is ruled as under;



"517. The entitlement of each individual to a dignified existence necessitates constitutional recognition of the principle that an individual possessed of a free and competent mental state is entitled to decide whether or

not to accept medical treatment. The right of such an individual to refuse medical treatment is unconditional. Neither the law nor the Constitution compel an individual who is competent and able to take decisions, to disclose the reasons for refusing medical treatment nor is such a refusal subject to the supervisory control of an outside entity;"

202.8. An inquiry into Common Law jurisdictions reveals that all adults with capacity to consent have the right of self-determination and autonomy. The said rights pave the way for the right to refuse medical treatment which has acclaimed universal recognition. A competent person who has come of age has the right to refuse specific treatment or all treatment or opt for an alternative treatment, even if such decision entails a risk of death. The "Emergency Principle" or the "Principle of Necessity" has to be given effect to only when it is not practicable to obtain the patient's consent for treatment and his/her life is in danger. But where a patient has already made a valid Advance Directive which is free from reasonable doubt and specifying that he/she does not wish to be treated, then such directive has to be given effect to.

202.14. When passive euthanasia as a situational palliative measure becomes applicable, the best interest of the patient shall override the State interest.



22.2. In Montgomery's case [2015] UKSC 11, it is ruled as under;

78. Another current document (Consent: patients and doctors making decisions together (2008)) describes a basic model of partnership between doctor and patient:

"The doctor explains the options to the patient, setting out the potential benefits, risks, burdens and side effects of each option, including the option to have no treatment. The doctor may recommend a particular option which they believe to be best for the patient, but they must not put pressure on the patient to accept their advice. The patient weighs up the potential benefits, risks and burdens of the various options as well as any non-clinical issues that are relevant to them. The patient decides whether to accept any of the options and, if so, which one." (para 5)

89. Three further points should be made. First, it follows from this approach that the assessment of whether a risk is material cannot be reduced to percentages. The significance of a given risk is likely to reflect a variety of factors besides its magnitude: for example, the nature of the risk, the effect which its occurrence would have upon the life of the patient, the importance to the patient of the benefits sought to be achieved by the treatment, the alternatives available, and the risks involved in those alternatives. The assessment is therefore fact-sensitive, and sensitive

also to the characteristics of the patient.



- **22.3.** Therefore, the action of the state to compel a person to get a particular medicine is highly unconstitutional, illegal and in contempt of the Supreme Court.
- 22.4. As per state's own data even after getting vaccines there is double risk of death. One due to side effects of vaccines and other due to infection.
- **22.4.1.** That, the vaccines having risk of death and serious side effects causing life time disabilities leading to hospitalization. Nor there is guarantee of any assured protection from infection, death and hospitalization. Many vaccinated people died due to covid-19. Therefore, state cannot recommend vaccines as mandatory medicine;
- **22.4.2.** Around 21 European Countries banned Covishield vaccine due to vaccine death.
- 21 European countries banned the use of Astra Zeneca (Covishield) vaccines for deaths of their citizens due to side effects of Said Vaccine.

Link: https://www.aljazeera.com/news/2021/3/15/which-countries-have-halted-use-of-astrazenecas-covid-vaccine

22.4.3. Vaccine manufacturers claim they cannot prevent covid but only help to reduce present hospitalization and death due to Covid-19. They claim but facts speak otherwise as the death of Dr. K.K. Agarwal, Milkha Singh and several thousand other cases show that the vaccinated people hospitalized and died after getting infected from covid-19.



- **22.4.4.** That, except the bare words no evidence is given by the Respondent No.1 to support their stand.
- 22.4.5. Furthermore, the falsity of this narrative is ex-facie proved from the data already given in the Addl. Affidavit. Said data makes it clear that, the hospitalization and deaths are higher amongst vaccinated.
 - (i) On 18th December, 2021 the infection and hospitalization of Covid-19 patient in Maharashtra specifically for Omicron was 100% from vaccinated people. But this fact was deliberately and conveniently suppressed by the Respondent No. 1 in his affidavit dated 21.12.2021

Link :- https://bit.ly/3CsWnui

(A copy of article published in Times of India titled as "8 more Omicron cases found in Maharashtra: 6 in rural Pune, 2 in MMR" dated 18th December, 2021 is marked and annexed herewith Exhibit "M")

(ii) That, the news dated 21st December, 2021 published in Times of India also falsifies the narratives of the State. The news expose that the 81% of Omicron patients in Maharashtra are from fully vaccinated category.

Link: https://timesofindia.indiatimes.com/city/mumbai/mumbai-81-of-omicron-patients-in-maharashtra-were-fully-vaxxed/articleshow/88399333.cms



(iii) More than half of hospitalised Covid-19 cases among vaccinated in Bengaluru

Link: https://www.deccanherald.com/state/top-karnataka-stories/more-than-half-of-hospitalised-covid-19-cases-among-vaccinated-in-bengaluru-1015918.html

(iv) Over 50% new COVID-19 cases and deaths in Kerala from vaccinated section.

Link:

https://www.onmanorama.com/news/kerala/2021/10/12/kerala-covid-cases-deaths-among-vaccinated.html

(v) Out of 34 Omicron cases treated at Delhi hospital, 33 were fully vaccinated.

Link: https://indianexpress.com/article/cities/delhi/out-of-34-omicron-cases-at-delhi-hospital-33-are-fully-vaccinated-7686188/

(vi) Assam: 80% Covid-19 infections among vaccinated in Guwahati

Link: https://timesofindia.indiatimes.com/city/guwahati/assam-80-covid-19-infections-among-vaccinated-inguwahati/articleshow/86791235.cms

(vii) Nearly 80% (91 out of 114) Covid-19 cases reported from Sept 1 till Oct 23 in Lucknow were of breakthrough infections,

according to data accessed by TOI from the office of Chief Medical Officers.

Link: https://bit.ly/3pRWWZA

(viii) Gurgaon: Over half of Covid Cases in October were breakthrough infections

Link: https://timesofindia.indiatimes.com/city/gurgaon/over-half-of-covid-cases-in-oct-were-breakthrough-infections/articleshow/87746000.cms

(ix) "A majority of gravely ill patients in Israel are double vaccinated. A majority of deaths over 50 in England are also double vaccinated.

Link:1 https://www.science.org/content/article/grim-warning-israel-vaccination-blunts-does-not-defeat-delta

Link:2 https://cdn.nexusnewsfeed.com/images/2021/8/new-severe-covid-19-patients-thumb-1631973102161.png

Link:3 https://cdn.nexusnewsfeed.com/images/2021/8/covid-19-delta-variant-hospital-admission-and-death-in-england-1631973123881.png

Link:4 https://cdn.nexusnewsfeed.com/images/2021/8/covid-19-delta-variant-hospital-admission-and-death-in-england-1631973123881.png



(x) Whistleblower: FDA and CDC Ignore Damning Report that over 90% of a Hospital's Admissions were Vaccinated for Covid-19 and No One Was Reporting This to VAERS.

A concerned Physician Assistant from America, Deborah Conrad, convinced her hospital to carefully track the Covid-19 vaccination status of every patient admitted to her hospital. The result is shocking.

As Ms. Conrad has detailed, her hospital serves a community in which less than 50% of the individuals were vaccinated for Covid-19 but yet, during the same time period, approximately 90% of the individuals admitted to her hospital were documented to have received this vaccine.

One would think that after an association was identified by a healthcare professional, our health authorities would at least review this finding, right? Sadly, when Ms. Conrad reached out to health authorities herself, she was ignored. My firm then sent a letter to the CDC and FDA on July 19, 2021 on Ms. Conrad's behalf (see letter below), yet neither agency has responded. Even worse, when doctors came to Ms. Conrad for assistance with filing VAERS report for their patients, the hospital prohibited her from filing these reports.

Link: https://aaronsiri.substack.com/p/whistleblower-fda-and-cdc-ignore-3e2

22.4.6. The infection, hospitalization & death was higher amongst vaccinated.



- 22.4.7. When it comes to the choice of a person in getting a treatment then law mandates that, whether a risk is material cannot be reduced to percentages. It has to be decided by the person receiving treatment. [Montgomery's case (supra)]
- 22.4.8. Furthermore, As per the data available, undisputed facts and the AEFI reports it is clear that in getting vaccine there is also a risk of death. The vaccines are having death causing side effects and also having other serious side effects of;
- (i) Paralysis
- (ii) Blindness
- (iii) Deafness
- (iv) Myocarditis (heart inflammation, heart attacks)
- (v) Blood clotting etc.
- 22.4.9. In India around 12800 vaccine deaths are reported till date.

Link: https://drive.google.com/file/d/1uikc1a6 KDzUx7HNLrfwaI1NJRt
0D_YP/view

- 22.5. Japan Government on their official website given the following warning to their citizens.
- 22.5.1. That, recently the Health Ministry of Japan has made Following declaration/orders on their website:



"Consent to vaccination

Although we encourage all citizens to receive the COVID-19 vaccination, it is not compulsory or mandatory. Vaccination will be given only with the consent of the person to be vaccinated after the

information provided. Please get vaccinated of your own decision, understanding both the effectiveness in preventing infectious diseases and the risk of side effects. No vaccination will be given without consent. Please do not force anyone in your workplace or those who around you to be vaccinated, and do not discriminate against those who have not been vaccinated."

22.5.2. Furthermore, the Government of Japan also asked the citizens to make complain to Human Rights Division if there is any discrimination on the basis of vaccination status.

22.5.3. The Japan government made companies of Covid "vaccines" to warn of dangerous and potentially deadly side effects such as myocarditis. In addition, the country is reaffirming its commitment to adverse event reporting requirements to ensure all possible side effects are documented.

For more details read the article:

Link: https://rairfoundation.com/alert-japan-places-myocarditis-warning-on-%20vaccines-requires-informed-consent/

Alert: Japan Places Myocarditis Warning on 'Vaccines' - Requires Informed Consent Amy Mek.

22.5.4. That, on 9th November, 2021 Canada's Health Department also

warned about side effects on Covishield:

Link:- https://bit.ly/3ISk5CF

"Health Canada adds autoimmune disorder warning to AstraZeneca, J&J COVID-19 vaccines

Health Canada is updating the labels for the Astra Zeneca and Johnson & Johnson COVID-19 vaccines to add immune thrombocytopenia (ITP), an autoimmune condition, as a potential side effect."

- 23. It is incorrect to say that there is only one option to save lives suffering due to infection or post infection complication is to get them vaccinated:-
- 23.1. In fact, as per the WHO's own research the people can get immunity from two things:
 - (a) Due to vaccine or
 - (b) Due to infection of covid-19.
- 23.2. The WHO's suggestions ON Herd Immunity. The relevant para reads thus;



"What is 'Herd immunity'?

'Herd immunity', also known as 'population immunity', is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection."

(A copy of WHO suggestions on heard Immunity is marked and annexed herewith Exhibit "N")

23.3. Apart from personal choice of a person, if one has to choose between vaccine or natural infection, then natural infection is recommended by the domain experts across the world and also by the Indian experts, ICMR etc. Specially regarding omicron.

23.4. That, as per article published in 'Outlook' on 22.12.2021, the domain experts have called the Omicron as a blessing. Few experts of the said article are as under;

"Will Omicron End The Pandemic? Top Experts Say Omicron May Act As 'Natural Vaccine' For Covid-19

Source: Outlook

Link:

https://www.outlookindia.com/website/story/indianews-with-mild-symptoms-omicron-is-probablynatural-vaccine-top-scientists-doctors/406227

Author: Jeevan Prakash Sharma

Published on: 22 Dec 2021,

Noted immunologist, Gobardhan Das, who is Professor of Molecular Medicine at Jawaharlal Nehru University, said, "I believe Omicron is probably the natural vaccine. Omicron is the version of the Delta variant with additional mutation. If you have seen its symptoms, people are not getting hospitalised. It is casing very mild symptoms."

He adds, "So it suggests that over a period of time, this virus has attenuated itself. This is like our vaccine



strategy where we make attenuation in the virus and administer it to people."

Considering its high rate of infectivity, which is five times more than the Delta variant, Prof Das is of the view that Omicron is the better vaccine than any available vaccine.

"The whole virus is going inside the body which has multiple mutations. So the more the body fight against the virus, the better is the immune response. This will produce a better response. It is happening for good as it will produce a better immune response," Prof Das said.

Another noted immunologist Dr. N K Mehra, former dean of AIIMS and honorary emeritus scientist, Indian Council of Medical Research, says, "I fully support this view because as of now it is very mild and it can prove to be a boon in disguise. Two international studies have shown that it grows ten times slower than the Delta variant in the lungs which is a very good sign. We need to see the data for another few weeks to find out if it behaves in a similar way in all the countries."

Dr. Sandeep Budhiraja, Group Medical Director of Max Healthcare & Senior Director, Institute of Internal Medicine seconds with both Prof Das and Dr. Mehra on the basis of the current data.

"The data which is available so far and what we have seen so far from our experience of Omicron is that this



is going to work as a live attenuated vaccine. Since it is highly infectious and spread very fast but hopefully it is going to cause mild illness for most people, it will act as a booster dose for those who are vaccinated and a vaccine dose for those who are unvaccinated," Dr. Budhiraja said.

He says that this is good for poor countries like those in Africa where vaccine uptake is very low and so this virus may act as a natural vaccine and give additional protection to the people.

Dr. Amitav Banerjee, Head, Department of Community Medicine, Dr. DY Patil Medical College Pune, agrees that viruses mutate to adapt themselves so that they can survive and which according to him is Darwin's Law.

"We also call it Nature's Law of adaptation. The new mutant, according to the available data and report, is causing very mild and self-limiting symptoms," Dr. Banerjee added.

Dr. Banerjee is of the view that a deadly virus dies with the person whom it infects but a variant that causes a very mild infection survives and spreads fast. This is so because it is so mild that most of the time people remain asymptomatic and don't even isolate themselves.

He added, "In this wild goose chase for mutating viruses we may end up chasing a version of the common cold! We should ask whether it is worth the



effort? We should weigh the collateral harm which will ensue. To mitigate the impact of mutants, if any, we should resort to focused protection including vaccination of high risk groups while the young & healthy can lead normal lives."

(A copy of Article published in 'Outlook' on 22.12.2021 titled as "Will Omicron End the Pandemic? Top Experts Say Omicron May Act As 'Natural Vaccine' For Covid-19" marked and annexed herewith Exhibit "O")

Similar Article is published in Daily Lokmat on 23rd December, 2021.

23.5. The domain experts across the world and from India had suggested that the omicron should be allowed to spread as it is a natural vaccine and it will end the pandemic.

Their suggestions found to be correct as third wave ended soon with less or rare damage as compared to earlier waves.

23.6. That the view point of ICMR is also on similar line as has been published in the news on 26th January, 2022.

Omicron infected have significant immune response, can neutralize Omicron, Delta: ICMR

Individuals infected with Omicron have significant immune response which could neutralize not only Omicron, but also other variants of concern, including the most prevalent Delta variant, an Indian Council of Medical Research (ICMR) study showed.



Link: https://bit.ly/3tGrHSh

23.7. But for the reasons best known to the State Government, and their Task Force members they are suppressing and conveniently ignoring these facts. This proves their Malafides. [Vijay Shekhar Vs. Union of India (2004) 4 SCC 666].

In <u>Prof. Ramesh Chandra Vs. State of Uttar Pradesh 2007 SCC</u> OnLine All 2508, it is ruled as under;

"17. In a case where a result of a decision taken by the Government the other party is likely to be adversely affected, the Government has to exercise its powers bona fide and not arbitrarily. The discretion of the Government cannot be absolute and injusticiable (Vide Amarnath Ashram Trust Society v Governor of U.P., (1998) 1 SCC 591: AIR 1998 SC 477).

18. Each action of such authorities must pass the test of reasonableness and whenever action taken is found to be lacking bona fide and made in colourable exercise of the power, the Court should not hesitate to strike down such unfair and unjust proceedings. (Vide Hansraj H. Jain v. State of Maharashtra, (1993) 3 SCC 634).

19. In fact, the order of the State or State instrumentality would stand vitiated if it lacks bona fides as it would only be a case of colourable exercise of power. In State of Punjab v. Gurdial Singh, (1980) 2 SCC 471: AIR 1980 SC 319, the Hon'ble Apex Court has dealt with the issue of legal

malice which is just different from the concept of personal bias. The Court observed as under:—

21. The scope of discretionary power of an authority has been dealt with by the Supreme Court in Bangalore Medical Trust v. B.S. Muddappa, (1991) 4 SCC 54: AIR 1991 SC 1902 and it has been observed:—



"......Discretion is an effective tool in administration. But wrong notions about it results in ill-conceived consequences. In law it provides an option to the authority concerned to adopt one or the other alternative. But a better, proper and legal exercise of discretion is one where the authority examines the fact, is aware of law and then decides objectively and rationally what serves the interest better. When a statute either provides guidance or rules or regulations are framed for exercise of discretion then the action should be in accordance with it. Even where statutes are silent and only power is conferred to act in one

(Emphasis supplied).

22. In Suman Gupta v. State of J.&K., (1983) 4 SCC 339: AIR 1983 SC 1235, the Supreme Court also considered the scope of discretionary powers and observed:—

exercise of all administrative power vested in public authority must be structured within a system of controls informed by both relevance and reason - relevance in relation to the object which it seeks to serve, and reason in regard to the manner in which it attempts to do so. Wherever the exercise of such power affects individual rights, there can be no greater assurance protecting its valid exercise than its governance by these twin tests. A stream of case law radiating from the now well known decision in this Court in Maneka Gandhi v. Union of India has laid down in clear terms that Article 14 of the Constitution is violated by powers and procedures which in themselves result in unfairness and arbitrariness. It must be remembered that our entire constitutional system is founded in the rule of law, and in any



system so designed it is impossible to conceive of legitimate power which is arbitrary in character and travels beyond the bounds of reason...."

"When anything is left to any person, judge or

(Emphasis supplied)

23. In Union of India v. Kuldeep Singh, (2004) 2 SCC 590: AIR 2004 SC 827, the Supreme Court again observed:—

Magistrate to be done according to his discretion, the law intends it must be done with sound discretion, and according to law. (See Tomlin's Law Dictionary.) In its ordinary meaning, the word "discretion" signifies unrestrained exercise of choice or will; freedom to act according to one's own judgment; unrestrained exercise of will; the liberty or power of acting without control other than one's own judgment. But, when applied to public functionaries, it means a power or right conferred upon them by law, of acting officially in certain circumstances according to the dictates of their own judgment and conscience, uncontrolled by the judgment or conscience of others. Discretion is to discern between right and wrong; and therefore, whoever hath power to act at discretion, is bound by the rule of

reason and law. (See Tomin's Law Dictionary.)



Discretion, in general, is the discernment of what is right and proper. It denotes knowledge and prudence, the discernment which enables a person to judge critically of what is correct and proper united with caution; nice soundness of judgment; a science or understanding to discern between falsity and truth, between between shadow and wrong and right, substance, between equity and colourable glosses and pretences, and not to do according to the will and private affections of persons. When it is said that something is to be done within the discretion of the authorities, that something is to be done according to the rules of reason and justice, not according to private opinion; according to law and not humour. It is to be not arbitrary, vague, and fanciful, but legal and regular. And it must be exercised within the limit, to which an honest man, competent to the discharge of his office ought to confine himself (per Lord Halsbury, L.C., in Sharp v. Wakefield). (Also see S.G. Jaisinghani v. Union of India.)

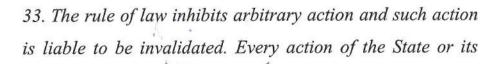
Adv.
S. N. Dhanage
Mumbai Maharashtra
Reg. No. 15376

The word "discretion" standing single and unsupported by circumstances signifies exercise of judgment, skill or wisdom as distinguished from folly, unthinking or haste; evidently therefore a discretion cannot be arbitrary but

must be a result of judicial thinking. The word in itself implies vigilant circumspection and care; therefore, where the legislature concedes discretion it also imposes a heavy responsibility."

31. Similarly, in Ramana Dayaram Shetty v. The International Airport Authority of India, (1979) 3 SCC 489: AIR 1979 SC 1628, the Apex Court observed that every action of the executive Government must be informed by reasons and should be free from arbitrariness. That is the very essence of rule of law and its bare minimum requirement.

32. Thus, the decision taken in an arbitrary manner contradicts the principle of legitimate expectation and the plea of legitimate expectation relates to procedural fairness in decision making and forms a part of the rule of non-arbitrariness as denial of administrative fairness is Constitutional anethama. (Vide E.P. Royappa v. State of Tamil Nadu, (1974) 4 SCC 3: AIR 1974 SC 555; Smt. Maneka Gandhi v. Union of India, (1978) 1 SCC 248: AIR 1978 SC 597; Ghaziabad Development Authority v. Delhi Auto & General Finance Pvt. Ltd., (1994) 4 SCC 42: AIR 1994 SC 2263; and Ku. Shrilekha Vidyarthi v. State of U.P., (1991) 1 SCC 212: AIR 1991 SC 537).





instrumentalities should not only be fair, legitimate and above-board but should be without any affection or aversion. It should neither be suggestive of discrimination nor even apparently give an impression of bias, favouritism and nepotism. (Vide Haji T.M. Hassan Rawther v. Kerala Financial Corporation, (1988) 1 SCC 166: AIR 1988 SC 157).

34. Procedural fairness is an implied mandatory requirement to protect arbitrary action where Statute confers wide power coupled with wide discretion on the authority. If procedure adopted by an authority offends the fundamental fairness or established ethos or shocks the conscience, the order stands vitiated. The decision making process remains bad. (Vide Dr. Rash Lal Yadav v. State of Bihar, (1994) 5 SCC 267; and Tata Cellular v. Union of India, (1994) 6 SCC 651).

35. In the State of Andhra Pradesh v. Nalla Raja Reddy, AIR 1967 SC 1458, the Constitution Bench of the Apex Court observed as under:—



"Official arbitrariness is more subversive of doctrine of equality than the statutory discrimination. In spite of statutory discrimination, one knows where he stands but the wand of official arbitrariness can be waved in all directions indiscriminately."

36. Similarly, in S.G. Jaisinghani v. Union of India, AIR 1967 SC 1427, the Constitution Bench of the Apex Court observed as under:—

"In the context it is important to emphasize that absence of arbitrary power is the first essence of the rule of law, upon which our whole Constitutional System is based. In a system governed by rule of law, discretion, when conferred upon Executive Authorities, must be confined within the clearly defined limits. Rule of law, from this point of view, means that the decision should be made by the application of known principle and rules and in general such decision should be predictable and the citizen should know where he is, if a decision is taken without any principle or without any rule, it is unpredictable and such a decision is antithesis to the decision taken in accordance with the rule of law."

44. In Dr. Binapani Dei (supra), the Hon'ble Apex Court held as under:—



"It is one of the fundamental rules of our constitutional set up that every citizen is protected against the exercise of arbitrary authority by the State or its officers......... If there is power to decide and determine to the prejudice of a person, duty to act judicially is implicit in the exercise of such power. If the

essentials of justice be ignored and an order to the prejudice of a person is made, the order is a nullity."

24. The minutes of meetings and impugned orders nowhere mentioned about any reason for taking the decision to discriminate unvaccinated when there was no contrary evidence available and therefore said order is vitiated as being arbitrary.

24.1. That, the minutes of meetings of the impugned order dated 01.03.2022 are annexed at Exhibit - "P".

24.2. That, the said meeting was held as per the undertaking and assurance given by the Chief Secretary before this Hon'ble Court.

24.3 That, this Hon'ble Court in a form of request indicated the State Executive Committee to take an informed decision based on the issues raised in the PIL No. 84 & 85 of 2021 and also the issues raised during the Course of hearing [Order dated 22.02.2022 & 02.03.2022]

24.4. In the abovesaid petition all the points raised here were also raised in Additional & Rejoinder Affidavit filed by the Petitioner.

24.5. But then also the minutes of meeting and the impugned order is silent on the crucial points such as;

(i) What is the scientific evidence to make classification between vaccinated and unvaccinated.?

- (ii) Why the most safest person with natural infection and having developed antibodies is not excluded from Vaccination program when their immunity is 13 to 27 times better, robust and long lasting than the vaccines.
- (iii) Why the Sero report by ICMR and government bodies suggesting 90% people having developed antibodies is not taken in to consideration.
- (iv) Why the serious objection of misappropriation of thousand of Crores of public money in giving vaccine to the people with earlier infection or having developed antibodies is not taken into consideration.
- (v) Why the deaths causing & other side effects of vaccines as admitted by the Government's AEFI Committee are not taken in to consideration while forcing the people to get vaccinated.
- Adv.

 S. N. Ohanage

 S. N. Ohanage

 No. 15376

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- (vi) And why the fact that the Covishield vaccine is banned in 21 European Countries due to death causing side effect is not taken into consideration.
- (vii) Why the guidelines of WHO that there cannot be discrimination between vaccinated & unvaccinated is not taken in to consideration.



(viii) Why the stand of Central Government in affidavits before this Hon'ble Court & Hon'ble Supreme Court is not taken into Consideration.

- (ix) Why the reply given by the ICMR, Central Government guidelines and research papers showing non-effectiveness of mask and serious health problems of masks is not taken into consideration.
- (x) Why the research and suggestions of expert to not to vaccinate the people with infection or antibodies due to serious side effects is not taken in consideration.
- **24.6.** That, this Hon'ble Court in its order dated **2nd March**, **2022** also taken the note of the absence of reasons for dramatic action by the state Chief Secretory.
- 24.7. That Hon'ble Supreme Court in the case of Noida Entrepreneurs

 Assn. v. Noida, (2011) 6 SCC 508 made it clear that, if the things are
 done in a post haste manner, then malafides are presumed and in
 order to find out the ulterior purposes and an unearth the
 conspiracy, the CBI should be directed to investigate.

It is ruled as under;



28. While dealing with the issue of haste, this Court in Bahadursinh Lakhubhai Gohil v. Jagdishbhai M. Kamalia [(2004) 2 SCC 65], referred to S.P. Kapoor (Dr.) v. State of H.P. [(1981) 4 SCC 716: 1982 SCC (L&S) 14: AIR 1981 SC 2181] and held that: (Jagdishbhai M. Kamalia case [(2004) 2 SCC 65], SCC p. 75, para 25)

"25. ... when a thing is done in a post-haste manner, mala fides would be presumed...."

29. In Zenit Mataplast (P) Ltd. v. State of Maharashtra [(2009) 10 SCC 388] this Court held: (SCC p. 399, para 39)

"39. Anything done in undue haste can also be termed as arbitrary and cannot be condoned in law...."

30. Thus, in case an authority proceeds in undue haste, the Court may draw an adverse inference from such conduct. It further creates a doubt that if there was no sufficient reason of urgency, what was the occasion for Respondent 4 to proceed in such haste and why fresh tenders had not been invited.



41. Power vested by the State in a public authority should be viewed as a trust coupled with duty to be exercised in larger public and social interest. Power is to be exercised strictly adhering to the statutory provisions and fact situation of a case. "Public authorities cannot play fast and loose with the powers vested in them." A decision taken in an arbitrary manner contradicts the principle of legitimate expectation. An authority is under a legal obligation to exercise the power reasonably and in good faith to effectuate the purpose

for which power stood conferred. In this context, "in good faith" means "for legitimate reasons". It must be exercised bona fide for the purpose and for none other. [Vide Commr. of Police v. Gordhandas Bhanji [AIR 1952 SC 16], Sirsi Municipality v. Cecelia Kom Francis Tellis [(1973) 1 SCC 409: 1973 SCC (L&S) 207: AIR 1973 SC 855], State of Punjab v. Gurdial Singh [(1980) 2 SCC 471: AIR 1980 SC 319], Collector (District Magistrate) v. Raja Ram Jaiswal [(1985) 3 SCC 1: AIR 1985 SC 1622], Delhi Admn. v. Manohar Lal [(2002) 7 SCC 222: 2002 SCC (Cri) 1670] and N.D. Jayal v. Union of India [(2004) 9 SCC 362: AIR 2004 SC 867].]

39. State actions are required to be non-arbitrary and justified on the touchstone of Article 14 of the Constitution. Action of the State or its instrumentality must be in conformity with some principle which meets the test of reason and relevance. Functioning of a "democratic form of Government demands equality and absence of arbitrariness and discrimination". The rule of law prohibits arbitrary action and commands the authority concerned to act in accordance with law. Every action of the State or its instrumentalities should neither be suggestive of



discrimination, nor even apparently give an impression of bias, favouritism and nepotism. If a decision is taken without any principle or without any rule, it is unpredictable and such a decision is antithesis to the decision taken in accordance with the rule of law.



40. The public trust doctrine is a part of the law of the land. The doctrine has grown from Article 21 of the Constitution. In essence, the action/order of the State or State instrumentality would stand vitiated if it lacks bona fides, as it would only be a case of colourable exercise of power. The rule of law is the foundation of a democratic society. [Vide Erusian Equipment & Chemicals Ltd. v. State of W.B. [(1975) 1 SCC 70 : AIR 1975 SC 266] , Ramana Dayaram Shetty v. International Airport Authority of India [(1979) 3 SCC 489 : AIR 1979 SC 1628] , Haji T.M. Hassan Rawther v. Kerala Financial Corpn. [(1988) 1 SCC 166: AIR 1988 SC 157], Shrilekha Vidyarthi v. State of U.P. [(1991) 1 SCC 212: 1991 SCC (L&S) 742: AIR 1991 SC 537] and M.I. Builders (P) Ltd. v. Radhey Shyam Sahu [(1999) 6 SCC 464 : AIR 1999 SC 2468] .]" 42. In view of the above, we are of the considered opinion

42. In view of the above, we are of the considered opinion that these allegations being of a very serious nature and as alleged, Respondent 4 had passed orders in colourable

exercise of power favouring himself and certain contractors, require investigation. Thus, in view of the above, we direct CBI to have preliminary enquiry and in case the allegations are found having some substance warranting further proceeding with criminal prosecution, may proceed in accordance with law. It may be pertinent to mention that any observation made herein against Respondent 4 would be treated necessary to decide the present controversy. CBI shall investigate the matter without being influenced by any observation made in this udgment."

24.8. [Also Relied Upon: Prof. Ramesh Chandra Vs. State of Uttar Pradesh 2007 SCC OnLine All 2508 (Para 51)]

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24.9. That, the National Authority i.e. Shri Rajesh Bhushan, Secretary of Ministry of Health & Family Welfare, Government of India, in its order dated 18th February, 2022 in point no. 2 & 4 specifically mentioned that the State/District Authorities has to take Evidence based decision to reopen economic and social activities.

(A copy of order dated 18th February, 2022 issued by Shri Rajesh Bhushan, Secretary of Ministry of Health & Family Welfare, Government of India is marked and annexed herewith Exhibit "Q")

Needless to mention that, State of Haryana vide its order dated 16.02.2022 has already withdrawn all the restriction.

(A copy of State of Haryana vide its order dated 16.02.2022 is marked annexed herewith Exhibit "R")

Similar decision is taken by the State of Delhi.

Link: https://indianexpress.com/article/cities/delhi/ddma-covid-19-fines-delhi-car-masks-7758118/lite/

24.10. It is clear that, the Respondent No. 3 and other members of the committee have not acted in good faith and passed the arbitrary orders without any reason and logic.

Section 52 of Indian Penal Code reads thus;

"52. "Good faith".—Nothing is said to be done or believed in "good faith" which is done or believed without due care and attention."

24.11. The malafides of the Respondent No. 3 and other members of the committee are writ at large as can be seen from the very fact that the Central Government in their guidelines had given the criteria for imposing or lifting the restrictions. Para 5 of the letter dated 18th February, 2022 (Exhibit – "Q") reads as under;



"5. Broad-based framework for relaxation/restrictions: In order to identify areas where restrictions need to be imposed/continued in districts/areas, the following broad-based framework is provided to aid States UTS:

Sr	Parameter	Thresholds
No.		a

1	Test Positively	Test Positively of 10% or more in the last week.
		OR
2	Bed Occupancy	Bed occupancy of more than 40% on either Oxygen supported or ICU beds.

- a) States need to watch the trajectory of cases in particular geographies to ensure that the areas reporting positivity rate above 10% and/or bed occupancy more than 40% on either oxygen supported or ICU beds should undertake required enforcement, containment, and restriction measures.
- b) As the case trajectory may vary from State to State and there would be variation in the spread of infection within States also, there is a need to take decisions with respect to containment and restriction measures primarily at the local/sub-national level by concerned State and District Administration.
- c) Continued focus on community participation for adherence to Covid Appropriate behavior including proper wearing of mask and physical distancing (2 gaz ki doori), as directed under the national directives for Covid-19 management under Disaster Management Act, will however be important measures to be undertaken across the country."



However, the Respondent No. 3 and other accused members in the impugned order dated 1st March, 2022, had malafidely and without any legitimate reason added two more conditions of vaccination. Para A (2) of the order is as under;

A. Administrative Units:-

- A (2) An Administrative Unit fulfilling all the following criteria shall be included in List A
- a. First dose vaccination is more than 90%.
- b. Second dose vaccination is more than 70%.
- c. Positivity Rate is less than 10%.
- d. Bed Occupancy of Oxygen Supported or ICU beds is less than 40%.

24.12. Hon'ble Supreme Court in the case of <u>Vijay Shekhar Vs. Union</u> of India (2004) 4 SCC 666, has made it clear that, if any order is passed by the state authority by ignoring the material on record and by taking the extraneous factors in to considerations then such order is to be treated as a case of 'Fraud on Power'. Such Order stands vitiated.

24.13. That, Hon'ble Supreme Court (Three Judge Bench) in the case of Neeharika Infrastructure Vs. State of Maharashtra 2021 SCC OnLine SC 315, has made it clear that the order without reason is a nullity in the eyes of law.

It is ruled as under;



"76. While considering the importance of the reasons to be given during the decision-making process, in the case of Kranti Associates (P) Ltd. v. Masood

Ahmed, (2010) 9 SCC 496, in paragraph 47, this Court has summarised as under:

"47. Summarising the above discussion, this Court holds:

(1) Reasons in support of decisions must be cogent, clear and succinct. A pretence of reasons or "rubber-stamp reasons" is not to be equated with a valid decision-making process.

(n) Since the requirement to record reasons emanates from the broad doctrine of fairness in decision-making, the said requirement is now virtually a component of human rights and was considered part of Strasbourg Jurisprudence. See Ruiz Torija v. Spain [(1994) 19 EHRR 553] EHRR, at 562 para 29 and Anya v. University of Oxford [2001 EWCA Civ 405], wherein the Court referred to Article 6 of the European Convention of Human Rights which requires"

24.14. In <u>Dhanuben Lallubhai Patel Vs. Oil And Natural Gas</u>

<u>Corporation Of India 2014 SCC OnLine Guj 15949</u> it is ruled as under;

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S. N. Dhanage

6. The Apex Court in the case of "EAST COAST RAILWAY AND ANOTHER V. MAHADEV APPA RAO AND OTHERS", (2010) 7 SCC 678, wherein in paragraph 9, the Apex Court observed as under:-

"9. There is no quarrel with the well- settled proposition of law that an order passed by a public authority exercising administrative/executive or statutory powers must be judged by the reasons stated in the order or any record or file contemporaneously maintained. It follows that the infirmity arising out of the absence of reasons cannot be cured by the authority passing the order stating such reasons in an affidavit filed before the Court where the validity of any such order is under challenge. The legal position in this regard is settled by the decisions of this Court in Commissioner of Police, Bombay v. Gordhandas Bhanji (AIR 1952 SC16) wherein this Court observed:

"Public orders, publicly made, in exercise of a statutory authority cannot be construed in the light of explanations subsequently given by the officer making the order of what he meant, or of what was in his mind, or what he intended to do. Public orders made by public authorities are meant to have public effect and are intended to affect the actings and conduct of those to whom they are addressed and must be construed objectively with reference to the language used in the order itself."

7. The Apex Court in the case of "Maya Devi (Dead) Through Lrs. V. Raj Kumari Batra (Dead) Through Lrs. And Others", (2010) 9 SCC 486, held in paragraphs 22 to 27 and 30 as under:-

"22. The juristic basis underlying the requirement that Courts and indeed all such authorities, as exercise the power to determine the rights and obligations of



individuals must give reasons in support of their orders has been examined in a long line of decisions rendered by this Court. <u>In Hindustan Times Limited v. Union of India Ors.</u> C/LPA/1190/2013 ORDER 1998 (2) SCC 242 the need to give reasons has been held to arise out of the need to minimize chances of arbitrariness and induce clarity.

23. In Arun s/o Mahadeorao Damka v. Addl. Inspector General of Police & Anr. 1986 (3) SCC 696 the recording of reasons in support of the order passed by the High Court has been held to inspire public confidence in administration of justice, and help the Apex Court to dispose of appeals filed against such orders.

24. In Union of India v. Jai Prakash Singh & Anr. 2007 (10) SCC 712, reasons were held to be live links between the mind of the decision maker and the controversy in question as also the decision or conclusion arrived at.



25. In Secretary and Curator, Victoria Memorial Hall v. Howrah Ganatantrik Nagrik Samity & Ors. 2010 (3) SCC 732, reasons were held to be the heartbeat of every conclusion, apart from being an essential feature of the principles of natural justice, that ensure transparency and fairness, in the decision making process.

26. In Ram Phal v. State of Haryana & Ors. 2009 (3) SCC 258, giving of satisfactory reasons was held to be a requirement arising out of an ordinary man's sense of justice and a healthy discipline for all those who exercise power over others.

27. In Director, Horticulture Punjab & Ors v. Jagjivan Parshad 2008 (5) SCC 539, the recording of reasons was held to be indicative of application of mind specially when the order is amenable to further avenues of challenge.

24.15 In the case of <u>Ashok Kumar Singh Vs. State of Jharkhand</u> MANU/JH/0012/2022, it is ruled as under;

"In the case of Kranti Associates (P) Ltd. v.

Masood Ahmed Khan reported in

MANU/SC/0682/2010: (2010) 9 SCC 496, the

Hon'ble Apex Court has held in paras-12, 14 and

15 as under;



"12. The necessity of giving reason by a body or authority in support of its decision came up for consideration before this Court in several cases. Initially this Court recognised a sort of demarcation between administrative orders and quasi-judicial orders but with the passage of time the distinction between the two got blurred and thinned out and virtually reached a vanishing point in the judgment of this Court in A.K. Kraipak v. Union of India

[MANU/SC/0427/1969 : (1969) 2 SCC 262 : AIR 1970 SC 150].

14. The expression "speaking order" was first coined by Lord Chancellor Earl Cairns in a rather strange context. The Lord Chancellor, while explaining the ambit of the writ of certiorari, referred to orders with errors on the face of the record and pointed out that an order with errors on its face, is a speaking order. (See pp. 1878-97, Vol. 4, Appeal Cases 30 at 40 of the Report).

15. This Court always opined that the face of an order passed by a quasi-judicial authority or even an administrative authority affecting the rights of parties, must speak. It must not be like the "inscrutable face of a sphinx."

24.16. In B.A. Linga Reddy's case, (2015) 4 SCC 515, it is ruled that;

"Duty to give reasoned order - The purpose of disclosure of reasons, as held by a Constitution Bench of this Court in S.N. Mukherjee v. Union of India (supra), is that people must have confidence in the judicial or quasi-judicial authorities. Unless reasons are disclosed, how can a person know whether the authority has applied its mind or not? Also, giving of reasons minimises the chances of arbitrariness. Hence, it is an essential requirement of the rule of law that some reasons, at least in brief, must be disclosed in a judicial or quasi-judicial order, even if it is an order of affirmation."



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24.17. Hence, the order passed is without any reason and logic and also passed with ulterior purposes therefore stand vitiated.

25. That, the act of Respondent No. 3 and other accused officials is an offence under section 51(b), 55 etc. of Disaster Management Act, 2005.

25.1. That, the Respondent No. 3 and other accused deliberately acted against the guidelines given by the National Authority.

25.2. That the Respondent No. 3 in his affidavit dated 11.02.2022 filed in PIL No. 84 & 85 of 2021 has specifically admitted that the earlier order dated 15.07.2021 passed by the then Chief Secretary regarding requirement of RT-PCR test for the person not having vaccine certificate was illegal and therefore Central Government vide its letter dated 03.08.2021 warned them to withdraw and therefore it was withdrawn.

The para 18 of said affidavit read thus;



"18. I may also however bring to the notice of Hon'ble Court that post this decision which was taken by the Chief Secretary, the Central Government wrote letter on 3rd August 2021, copy of that letter enclosed to this Affidavit and marked as EXHIBIT-R4 addressed to the Additional Chief Secretary, Public Health, Government of Maharashtra, The said letter is self-explanatory. I say that in the light of that letter the order which was passed by the Chief Secretary, on 15th July 2021, was superseded by another order dated 27th August 2021. A copy of that order is

enclosed to this Affidavit and marked as EXHIBIT-R5. It is submitted that the letter which has been written by the Central Government dated 3rd August 2021, should be taken as a direction given by the Central Government under the provisions of section 24 (1) of the said Act and therefore immediately the order issued on 15th July 2021 was withdrawn. Because of these subsequent development, the post facto approval may not be required because said order dated 15th July 2021, itself is withdrawn on 27th August 2021"

(A copy of affidavit dated 01.02.2022 filed in PIL No. 84 & 85 of 2021 is marked and annexed herewith Exhibit "S")

25.3. That, again vide order dated 30.11.2020 the state authorities (Addl. Chief Secretary) put the conditions of RT-PCR test and again a warning letter dated 01.12.2021 was issued by the Central Government.

(A copy of letter dated **01.12.2021** issued by the Central Government is marked and annexed **Exhibit "T")**

25.4. That, in ICMR's guidelines dated **14.01.2022**, it is specifically mentioned that the asymptomatic people need not be tested. The relevant para read thus;

Question 11: - Is an RT-PCR and a Rapid PCR test mandatory for a healthy person to travel within the country or outside the country.

Answer: This is not part of our records. Hence, this

Answer: This is not part of our records. Hence, this information cannot be shared."

(A copy of ICMR's guidelines dated 14.01.2022 is marked and annexed herewith Exhibit "U")

25.6. That, again in the order dated 01.03.2022 the Respondent No. 3 and other accused malafidely and with ulterior purposes have put the conditions of RT-PCR test for citizen travelling in the State.

The Point No. 'H' read thus;



"H. There shall be no restrictions for inter-state and intra-state movement for fully vaccinated persons. For persons who are not fully vaccinated, inter-state movement is subjected to production of negative RT-PCR test valid for 72 hours. There shall be no need for any NOC for such travel, not required otherwise than for purposes of DMA."

25.7. This ex-facie proves the malafides of the Respondent No. 3 and other accused. It is also an offence u/s 51(b), 55 etc., of Disaster Management Act, 2005 on their part.

25.8. This is also an offence u/s 166, 409, 341, 342, 109, 120(B), 34, 52, 511 etc., of IPC.

25.9. Needless to mention that the reply under RTI given by the Central Government it is clear that, the repeated RT-PCR test causes damage to nosal organs.

25.10. Hence, appropriate enquiry and action is required against the accused for taking decision against the Central Government Guidelines by ignoring the scientific evidences and with only motive to give wrongful profit to vaccine companies.

25.11. Needless to mention that the data shows that the BMC is being funded by the toxic philanthropist and vaccine syndicate's Kingpin Bill Gates foundation for increasing Covid testing's.

Link: https://mumbaimirror.indiatimes.com/coronavirus/news/bmc-ties-up-with-bill-gates-foundation-for-mission-zero/amp-articleshow/76519350.cms

25.12. That, the malafides of Respondent No. 19 i.e., Chief Minister Shri. Udhav Thakrey and others in doing corruption of thousands of Crores in the name of Covid – 19 management is already exposed by BJP's Spokesperson Shri. Kirit Somaiya in his book published.

25.13. That, frauds and corruption committed by the State Authorities is ranging in Thousands of Crores in Covid management under the leadership of Respondent No. 10 Shri Udhhav Thackery as has been exposed by Shri. Kirit Somaiya, Former, Minister of Parliamentary.

That, the summary of frauds related with covid-19 pandemic exposed by Bhartiya Janta Party's former M.P. Dr. Kirit Somaiyya are as under:

25.13.1. Fraud of around Rs. 2,100 crores in Covid-19 hospital. The land was sold by the government to a builder for Rs. 62 crores. However, in few hours the MCGM shown its willingness to purchase it for around Rs. 2,100 crores to build covid hospital. After intervention by **Dr. Kirit Somaiyya** said deal was cancelled.

25.13.2. MCGM invited tender for purchase of 1 Crore vaccine doses. All the 11 tenders were suspicious. Due to intervention by Dr. Kirit Somaiyya said process was cancelled.

25.13.3. The MCGM purchased 72,000 Remdesivir injections for covid treatment at the rate of Rs. 1668 per injection. While, at the same time the same injections were purchased by the Haffkine Institute for Rs. 668 means MCGM paid Rs. 1000 extra per injection for a purchase of 72,000 injection.

(A copy of "Summary of frauds related with Covid-19 pandemic exposed by Bhartiya Janta Party's former M.P. Dr. Kirit Somaiyya" marked and annexed herewith Exhibit "V")

25.14. That, Secretary General of Human Rights Security Council, Shri Rashid Khan Pathan on **13th October,2021** and another activist Shri Madan Dube on 9th November 2021 have already filed an application cum complaint before Hon'ble Governor of Maharashtra seeking sanction to prosecute Respondent No.19 Shri Udhhav Thackery and Ors.

The prayers of the said complaint reads thus;



"१) लस कंपन्यांना हजारो कोटींचा गैरफायदा पोहोचवण्यासाठी भारतीय संविधान केंद्र शासनाचे निर्देश व माननीय सर्वोच्च व उच्च न्यायालयाच्या आदेशाची अवमानना करून नागरिकांच्या मूलभूत अधिकारांचे उल्लंघन करणारे व त्यांच्या जिवाला धोका निर्माण करणारे असंवैधानिक व बेकायदेशीर गुन्ह्यात वर नमूद आरोपी व त्यांना सहकार्य करणारे इतर सर्व आरोपी यांच्याविरुद्ध भारतीय दंड विधान च्या कलम 109, 166, 167, 115, 52, 192, 193, 199, 200, 302, 505, 304,120 (B), 34 आणी आपत्ति व्यवस्थापन कायदा

2005' चे कलम 51 (b), 55 आदी विविध गुन्ह्यांमध्ये फौजदारी कारवाई करण्याकरिता फौजदारी प्रक्रिया संहिता कलम 197 अंतर्गत परवानगी देण्यात यावी,

२) आरोपींना मुंबई महापालिकेच्या माध्यमाने बिल गेट्स व रॉकरफेलर फाऊंडेशन या संस्थाकडून लस कंपन्यांच्या फायद्याचे प्रकल्प राबविण्यासाठी मिळणारा निधी व आदित्य ठाकरे यांचे फार्मा मिफियासोबत संबंधाची चौकशी करण्याचे आदेश देण्यात यावे..

३) खोट्या, बनावट व शास्त्रीय आधार नसलेल्या गोष्टींच्या आधारे आरोपींनी राज्यात मास्क व इतर विविध निर्बंध व लॉकडाऊन थोपून नागरिकांच्या रोजगाराचे, वित्त व जिवीत्वाचे अतोनात नुकसान केल्यामुळे आरोपीविरुद्ध कठोर कारवाई करून आरोपींची मालमत्ता जप्त करून सर्व नागरिकांना नुकसान भरपाई देण्यासंबंधी कारवाईसाठी योग्य आदेश देण्यात यावे;



४) अर्जदाराच्या जीवाचे काही बरेवाईट झाल्यास सदरचा अर्ज हेच अर्जदाराचे मृत्यूपूर्व बयान समजण्यात येवून आरोपींना माझ्या मृत्यूस जबाबदार ठरवून त्यांच्याविरुद्ध हत्येचा कट रचून हत्या घडवून आणल्याची कारवाई करावी. आरोपींना जामीन न देता तुरुंगात ठेवून केस चालविण्यासाठी सीबीआय व इतर अधिकऱ्यांनी न्यायालयात अर्ज देण्याचे निर्देश द्यावेत.

५) अर्जदारास योग्य ते पोलिस संरक्षण पुरविण्याचे आदेश देण्यात यावेत."

25.15. Translation of Prayers of Complaint dated **13.10.2021** filed by Shri. Rashid Khan Pathan read thus;

"(1) The petitioner be granted sanction as per Section 197 of Cr.P.C. to prosecute accused and all others who are helping them and involved in the conspiracy under, Section 109, 166, 167, 115, 52, 192, 193, 199, 200, 302, 505, 304, 120 (B), 34 etc. of IPC and section 51 (b), 55 etc. of Disaster Management Act, 2005 for making rules which are violative of fundamental rights of the citizen and against the constitutional mandate, Central Government directives and in contempt of law laid down by the Hon'ble Supreme Court and High Court with ulterior motive and purposes of giving wrongful profit of thousands of crores to vaccine companies;

(2) Direction for investigation about links of Shri Aditya Thackrey with pharma mafia and the amount received by the accused from Bill Gates & Rockefeller Foundation through MCGM for implementing the projects to give benefits to the vaccine companies;

(3) Directions for action against accused for bringing unlawful mask and other mandates and lockdown on the basis of false, fabricated and unscientific grounds and direction for forfeiture/seizure of the property of accused to give compensation to the citizen;

(4) Direction to the effect that if anything happens to the complainant or if complainant is killed or met with unnatural death then this complaint be treated as complainant's dying declaration and the accused be



held responsible for his death and the accused be tried under trial without granting bail and keeping them in the jail.

(5) Directions for providing Police protection to the complainant."

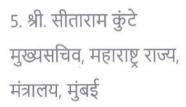
25.16. The other co-accused in the said complaint are as under;

श्री उद्धव ठाकरे
 मुख्यमंत्री महाराष्ट्र राज्य,
 मंत्रालय, मुंबई

श्री. अजित पवार
 उप- मुख्यमंत्री, महाराष्ट्र राज्य,
 मंत्रालय, मुंबई

श्री राजेश टोपे
 आरोग्य मंत्री, महाराष्ट्र राज्य,
 मंत्रालय, मुंबई

4. श्री आदित्य ठाकरे पर्यटन मंत्री, महाराष्ट्र राज्य, मंत्रालय, मुंबई





6. श्री इकबाल चहल आयुक्त, बृहमुंबई महानगरपालिका, मुंबई

7. श्री सुरेश काकाणी अतिरिक्त कमिशनर बृहमुंबई महानगरपालिका, मुंबई



25. 17. Worth to mention here that, the application cum complaint is filed on 13th October, 2021. Hence, as per law laid down by the Hon'ble Supreme Court in the case of <u>Subramaniyan Swamy versus</u> <u>Manmohan Singh & Ors. (2013) 3 SCC 64</u>, the complainant is likely to get the sanction to prosecute Respondent No. 19 Shri Uddhav Thackeray.

25.18. The said Complainant Shri Rashid Khan Pathan on 11th January, 2022 had given an application to the Hon'ble Governor thereby informing about launching of prosecution on the basis of deemed sanction.

(A copy the said deemed sanction letter dated 11th January, 2022 is marked and annexed herewith Exhibit "W")

25.19. Viewed from this angle, it is also clear that the decisions of Respondent No.19 Shri Uddhav Thackeray and others associated with him are not in good faith but for extraneous purposes.

26. State authority was duty-bound to publish the side effects of vaccines and also to publish that there cannot be any force or mandate for taking vaccine. If anyone is forced to take vaccines then the public should be given a grievance cell to complain as done by the

Japan Government. But Respondent No.1 adopted unlawful, unconstitutional approach thereby putting the citizen at the mercy of correct officials.

26.1. That, Hon'ble Delhi High Court in <u>Master Haridaan Kumar Vs.</u>
Union of India 2019 SCC OnLine Del 11929 it is ruled as under;

effects and contraindications in the advertisement would discourage parents or guardians from consenting to the MR campaign and, therefore, the same should be avoided, is unmerited. The entire object of issuing advertisements is to ensure that necessary information is available to all parents/guardians in order that they can take an informed decision. The respondents are not only required to indicate the benefits of the MR vaccine but also indicate the side effects or contraindications so that the parents/guardians can take an informed decision whether the vaccine is to be administered to their wards/children.

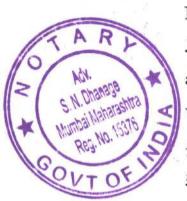
15. In view of the above, it is directed as under:

(4) MR vaccines will not be administered to those students whose parents/guardians have declined to give their consent. The said vaccination will be administered only to those students whose parents have given their consent either by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students



whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary.

(1) Directorate of Family Welfare shall issue quarter page advisements in various newspapers as indicated by the respondents, namely, The Hindustan Times, The Times of India, The Hindu, The Pioneer, The Indian Express, Delhi Tribune, Mail Today, The Asian Age, Navbharat Times, Dainik Jagran, Punjab Kesari, Hindustan, Amar Ujala, Navodaya Times, Hamara Samaj, Pratap, Daur-e-Jadeed, Jathedar, Jan Ekta. The advertisements shall also indicate that the vaccination shall be administered with Auto Disable Syringes to the eligible children by Auxiliary Nurse Midwifery. The advertisement shall also clearly indicate the side effects and contraindications as may be finalised by the Department of Preventive Medicine, All India Institute of Medical Sciences."



26.1.1. That the WHO has warned the people getting CoviShield (AstraZeneca) vaccines to be careful as it is causing a serious paralytic disease GBS (Guillain Barre Syndrome).

Link: https://www.who.int/news/item/26-07-2021-statement-of-the-who-gacvs-covid-19-subcommittee-on-gbs

26.1.2. Needless to mention that, the AEFI Committee admitted that the death of Dr. Snehal Lunawat was due to side-effects of Covi Shield.

26.1.3. That, in India, there are Lacs of such cases and more than 12800 vaccine deaths are reported in media. But AEFI committee is not working fairly and properly.

26.1.4. That, the CoviShield vaccine are banned in 21 European Countries. Only because of 1 death connected to vaccines. 21 Countries around the world have currently banned the use of Covishield.

26.2. That, in the affidavit dated 13.01.2022 filed before Hon'ble Supreme Court in the matter between **Evara Foundation Vs Union of India Writ Petition (Civil) No. 580 of 2021**. The Central Government had made following submissions.

"13. Consent of persons with disabilities: It is humbly submitted that the directions and guidelines released by Government of India and Ministry of Health and Family Welfare, do not envisage any forcible vaccination without obtaining consent of the concerned individual. It is further humbly submitted that vaccination for COVID-19 is of larger public interest in view of the ongoing pandemic situation. It is duly advised, advertised and communicated through various print and social media platforms that all citizens should get vaccinated and systems and processes have been designed to facilitate the same. However, in person can be forced to be vaccinated against their wishes.

Adv.
S. N. Dhanage
Mumbai Maharashtra
Reg. No. 15376

19. <u>Counselling before vaccination:</u> It is humbly submitted that Government of India has formulated Operational

Guidelines for COVID-19 vaccination. As per these Guidelines, all beneficiaries are to be informed about adverse events which may occur after COVID-19 vaccine.

Ref: Covid-19 Vaccine Operational Guidelines available at MoHFW website at:

Link: https://bit.ly/3788mSm

26.3. That the provisions of "Universal Declaration on Bioethics and Human Rights, 2005 also mandate for informed consent.

Relevant Articles reads thus;



"Article 3 - Human dignity and human rights

- 1. Human dignity, human rights and fundamental freedoms are to be fully respected.
- 2. The interests and welfare of the individual should have priority over the sole interest of science or society.

Article 6 - Consent

- 1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.
- 2. Scientific research should only be carried out with the prior, free, express and informed consent of the

person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

Article 7 - Persons without the capacity to consent

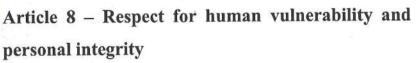
In accordance with domestic law, special protection is to be given to persons who do not have the capacity to consent:

(a) authorization for research and medical practice should be obtained in accordance with the best interest of the person concerned and in accordance with domestic law. However, the person concerned should be involved to the greatest extent possible in the



decision-making process of consent, as well as that of withdrawing consent;

(b) research should only be carried out for his or her direct health benefit, subject to the authorization and the protective conditions prescribed by law, and if there is no research alternative of comparable effectiveness with research participants able to consent. Research which does not have potential direct health benefit should only be undertaken by way of exception, with the utmost restraint, exposing the person only to a minimal risk and minimal burden and, if the research is expected to contribute to the health benefit of other persons in the same category, subject to the conditions prescribed by law and compatible with the protection of the individual's human rights. Refusal of such persons to take part in research should be respected.



In applying and advancing scientific knowledge, medical practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.

Article 16 - Protecting future generations

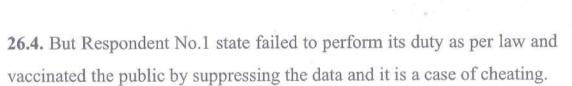


The impact of life sciences on future generations, including on their genetic constitution, should be given due regard.

Application of the principles

Article 18 – Decision-making and addressing bioethical issues

- 1. Professionalism, honesty, integrity and transparency in decision-making should be promoted, in particular declarations of all conflicts of interest and appropriate sharing of knowledge. Every endeavour should be made to use the best available scientific knowledge and methodology in addressing and periodically reviewing bioethical issues.
- 2. Persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis.
- 3. Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted."



26.4.1. That, recently the Health Ministry of Japan has made following declaration/orders on their website:



"Consent to vaccination



Although we encourage all citizens to receive the COVID-19 vaccination, it is not compulsory or mandatory. Vaccination will be given only with the consent of the person to be vaccinated after the information provided. Please get vaccinated of your own decision, understanding both the effectiveness in preventing infectious diseases and the risk of side effects. No vaccination will be given without consent. Please do not force anyone in your workplace or those who around you to be vaccinated, and do not discriminate against those who have not been vaccinated."

26.4.2. Furthermore, the Government of Japan also asked the citizens to make complain to Human Rights Division if there is any discrimination on the basis of vaccination status.

26.4.3. The government made companies of Covid "vaccines" to warn of dangerous and potentially deadly side effects such as myocarditis. In addition, the country is reaffirming its commitment to adverse event reporting requirements to ensure all possible side effects are documented.

For more details read the article:

https://rairfoundation.com/alert-japan-places-myocarditis-warningon-vaccines-requires-informed-consent/

Alert: Japan Places Myocarditis Warning on 'Vaccines' -Requiresss Informed Consent 26.4.4. That the above declaration is mandatory to all countries across the world because of Universal Declaration on Bioethics & Human Rights, 2005 and also as per law laid down in Montgomery's case [2015] UKSC 11, Airdale NHS Trust Vs. Bland (1993) 1 All ER 821, Common Cause Vs. Union of India (2018) 5SCC 1, Registrar General Vs. State of Meghalaya 2021 SCC OnLine Megh 130.

26.4.5. It applies with much more rigour and force in India because neither State nor Central Government is going to grant any compensation to the victim of side effects of vaccines including deaths.

26.4.6. Needless to mention here that, in a recent case of vaccine injury the Government of Singapore granted a compensation of Rs. 1 Crore 78 Lacs to the victim as vaccine cause increase in heart beats.

Link:- https://greatgameindia.com/pfizer-heart-attack-compensation/

Reg. No. 1537

26.4.7. That, in a case of side effects of vaccines, the United States Government has set up the 'National Vaccine Injury Compensation Program'. In a case of side effects of MMR vaccines, the court granted a settlement of 101 Million U.S Dollars (Rupees 7,50,34,31,400 Crores).

26.4.8. That, in another case related with misrepresentation by pharma companies by suppressing the side effects of medicines. The companies failure to report certain safety data was also taken into consideration. The investigating agency of US at their own investigated and recovered an amount 10.2 Billion U.S. Around 7,57,71,92,40,000 Crore Rupees. The excerpts from the news published on July 2, 2012 in The United State' Department of Justice.

"The company's unlawful promotion of certain prescription drugs, its failure to report certain safety data, and its civil liability for alleged false price reporting practices.

GSK did not make available data from two other studies in which Paxil also failed to demonstrate efficacy in treating depression in patients under 18. The United States further alleges that GSK sponsored dinner programs, lunch programs, spa programs and similar activities to promote the use of Paxil in children and adolescents. GSK paid a speaker to talk to an audience of doctors and paid for the meal or spa treatment for the doctors who attended.



Between 2001 and 2007, GSK failed to include certain safety data about Avandia, a diabetes drug.

The missing information included data regarding certain post-marketing studies, as well as data regarding two studies undertaken in response to European regulators' concerns about the cardiovascular safety of Avandia. Since 2007, the FDA has added two black box warnings to the Avandia label to alert physicians about the potential increased risk of (1) congestive heart failure, and (2) myocardial infarction (heart attack).

GSK has agreed to plead guilty to failing to report data to the FDA and has agreed to pay a criminal fine in the amount of \$242,612,800 for its unlawful conduct concerning Avandia.

It also includes allegations that GSK paid kickbacks to health care professionals to induce them to promote and prescribe these drugs as well as the drugs Imitrex, Lotronex, Flovent and Valtrex. The United States alleges that this conduct caused false claims to be submitted to federal health care programs.

GSK has agreed to pay \$1.043 billion relating to false claims arising from this alleged conduct. The federal share of this settlement is\$832 million and the state share is \$210 million."

26.4.9. Constitution Bench of Hon'ble Supreme Court in the case of Anita Kushwaha Vs. Pushap Sadan (2016) 8 SCC 509, has ruled that, the life of Indian Citizen is not less pricy than the life of people in England or anywhere. But in India the rights are more precious. It is ruled that;



"18... Bose, J. emphasised the importance of the right of any person to apply to the court and demand that he be dealt with according to law. He said: (Prabhakar Kesheo case [Prabhakar Kesheo Tare v. Emperor, AIR 1943 Nag 26: 1942 SCC OnLine MP 78], SCC OnLine MP para 1)

"1. ... The right is prized in India no less highly than in England, or indeed any other part of the Empire, perhaps even more highly here than elsewhere; and it is zealously guarded by the courts."

27. The insistence of the state authority i.e. Respondent No. 1 by asking the citizens to get immunization only through vaccines is contempt of the Supreme Court Judgment in Dr. AKB Sadbhavan Mission School of Homeo Pharmacy Vs. Secretary (2021) 2 SCC 539, and other law applicable in India.

27.1. Hon'ble Supreme Court in <u>Dr. AKB Sadbhavan Mission School</u> of Homeo Pharmacy (Supra), made it clear that the person can get treatment against Covid-19 either through Homeopathy or through Allopathy or any medicine and Allopathy cannot claim the 100% cure.

It is ruled as under;



"26. The above guidelines make it clear that Homoeopathy has been envisaged by the Ministry as a therapeutic aid.

27. The above guidelines refer to Homoeopathic medicines as medicines for prophylaxis, amelioration and mitigation. The guidelines, however, specifically provide that "the prescription has to be given only by institutionally qualified practitioners". The High Court in its impugned judgment [M.S. Vineeth v. Ministry

of Ayush, WP (C) No. 9459 of 2020, decided on 21-8-2020 (Ker)] has not fully comprehended the Guidelines dated 6-3-2020 and taking a restricted view of the guidelines and have made observations for taking appropriate actions against Homoeopathic medical practitioners, which cannot be approved. The High Court, however, is right in its observation that no medical practitioner can claim that it can cure Covid-19. There is no such claim in other therapy including allopathy. The High Court is right in observing that no claim for cure can be made in Homoeopathy. Homoeopathy is contemplated to be used in preventing and mitigating Covid-19 as is reflected by the advisory and guidelines issued by the Ministry of Ayush as noticed above.

25. We, however, make it clear that what is permissible for Homoeopathic medical practitioner in reference to Covid-19 symptomatic and asymptomatic patients is already regulated by the said advisory and guidelines. The Government of India, Ministry of Ayush has also brought on record the guidelines issued subsequent to 6-3-2020 for Homoeopathic medical practitioners for Covid-19, where Homoeopathic approach to Covid-19 has been elaborately dealt with. The said guidelines, which have been issued after 4-4-2020 have been brought on the record as Annexure C by the Ministry of Ayush.



The guidelines contained the following under the heading "Homoeopathic approach":

"Homoeopathic Approach

It is advised that before taking up for homoeopathic medicines for prophylaxis, amelioration and mitigation, physician must acquaint himself of above sections.

In case of epidemics or pandemics, first approach is to follow preventive measures and educate people about general measures and to provide such interventions which will keep their immunity enhanced. Homoeopathy therefore recommends issuing of public notice for Genus epidemicus identified by the designated experts for immunity enhancement and practitioners may suggest the same to the people and as per the Advisory issued by Ministry of Ayush.

Second approach is to provide homoeopathic symptomatic mitigation to affected persons. Homoeopathic medicines are also useful in the treatment of communicable diseases like influenza like illness, dengue, acute encephalitis syndrome. Several studies are also published which show the immune modulatory potential of homoeopathic medicines in preclinical studies. These medicines can be prescribed in an integrated manner or standalone depending on the severity on a case to case.

Therapeutic Aid



As a system with holistic approach medicine were selected based on the presenting signs and symptoms of each patient. The medicines given here are suggestive based on their use and studies in the past in diseases of similar presentation like Covid-19. Patients of Covid-19 are to be treated with adjuvant Homoeopathic medicines with the permission from local health authorities and Medical Superintendent of the Hospital. Homoeopathic doctors must follow all preventive measures (using PPEs) as are required for dealing with Covid-19 patients.

The remedies according to different stages of disease are given below:

Mild Disease (Symptomatic Amelioration and Mitigation Approach): Medicines like Aconite napellus, Arsenicum album, Bryonia alba, Gelsemium sempervirens, Rhus tox, Eupatorium perfoliatum, Ipecacaucunha, Belladonna, Camphora, may be used depending upon the symptoms similarities.

Severe disease but not in critical condition:

It is defined by following criteria (Dyspnoea, respiratory frequency ≥ 30/min, blood oxygen saturation (SpO2) ≤ 93%, PaO2/FiO2 ratio < 300, and/or lung infiltrates > 50% within 24 to 48 hours)/)

• Suggested medicines are as adjuvant to Standard Management guidelines in the hospital setting only with the approval of authorities and willingness of the patient/guardian.



- The prescription is to be given only by institutionally qualified practitioner.
- Medicines like Phosphorus, Chelidonium,
 Veratrum Viride, Iodum, Camphora, Cinchona officinalis, Lycopodium, Ars. iod., Antim ars.,
 Stannum met, Carbo veg., can be prescribed on symptomatic indication.

Posology

The medicine selected for each patient is tailored to person specific, taking into consideration, his/her mental make-up, physical symptoms, and characteristic particulars, etc. In case of long term illness, besides the abovementioned factors, age, occupation, previous illnesses and life circumstance unique to that individual irrespective of the disease which he/she is suffering from, are also taken into consideration; thus the dictum "Homoeopathy treats the patient but not the disease".

After the appropriate medicine is selected, it is essential to decide the requisite potency, dose and repetition which is imperative for optimum response and faster recovery in each case. Different types of potencies such as decimal or centesimal potencies can be employed for treatment as are required for acute diseases. However, selection of potency of the remedy is dependent on various factors like susceptibility of the patient (high or low), type of disease (acute/chronic), seat/nature and intensity of the



disease, stage and duration of the disease and also the previous treatment of the disease (24)."

28. We, thus, observe that the directions issued by the High Court in para 14 of the judgment [M.S. Vineeth v. Ministry of Ayush, WP (C) No. 9459 of 2020, decided on 21-8-2020 (Ker)] need to be modified to the extent as indicated above. It goes without that Homoeopathic medical saying practitioners have to follow the advisory dated 6-3-2020 issued by Ayush Ministry as well as guidelines for Homoeopathic medical practitioners for Covid-19 issued by the Government of India, Ministry of Ayush, as noted above. The civil appeal is disposed of accordingly. The interlocutory applications filed seeking permission for impleadment are rejected."

27.2. Similar law is laid down by Hon'ble Karnataka High Court in the matter between <u>A.Varghese Vs. Union of India 2020 SCC OnLine Kar 2825</u>, it is ruled as under;



"2. The petition proceeds on the footing that the Standard Operating Procedures / Guidelines prescribed by the State Government as well as the Government of India compel a person suffering from Covid-19 to take treatment only by use of Allopathic drugs.

At least from the Standard Operating Procedures, which are placed on record, we do not find can compel a patient to take only Allopathic drugs. We cannot go into the question whether Covid-19 can be successfully treated either by Ayurvedic drugs or by Allopathic drugs. It is for the experts in the field of medicine to decide that question."

27.3. Hence, if doctors give certificate that the patient is immune either because of antibodies or due to having taken alternate treatment such as Ayurvedic, Homeopathy, Naturopathy or any other treatment then there is no question of treating said person differently or discriminating him only because he had not taken the vaccine. Second point is that why a person is required to keep on showing his certificate to everyone.

27.4. Hon'ble Andhra Pradesh High Court in <u>Ponnekanti Rao Vs. State</u>
of Andhra Pradesh 2021 SCC OnLine AP 2171, made it clear that
when the treatment of herbal composition prepared by Mr. Bonigi
Anandaiah are found to be safe for the person treated under Covid-19,
then State Government should not interfere in his work.

27.5. Petitioner have also attached peer reviewed scientific studies, which show that Ivermectin, Omega3 fatty acids, Vitamin D, Black seeds, Nutritional and oxidative therapies, & Arginine have also been proven to reduce covid-19 infections, hospitalizations and deaths. So even for the sake of arguments it is considered that the vaccines are effective in reducing hospitalizations, they are by no means the only tool. And that cannot be a ground to discriminate between vaccinated and unvaccinated.

28. State cannot bring any prohibitions or lockdown without making arrangements for compensation as mandated under Section 2 of the Epidemic Act, 1897. But Respondent No. 1 maliciously not followed the said provisions. Therefore direction needed to grant compensation to all the affected citizen including businessman who has suffered due to unlawful mandates of the State.

28.1. That, section 2 of the Epidemic Act, 1897 makes it mandatory to the State authority to make provisions for compensating the citizens for damages/loss caused to the citizens due to such measures.

28.2. Section 2 of the Epidemic Act, 1897 reads thus;

"2. Power to take special measures and prescribe regulations as to dangerous epidemic disease.—

(1) When at any time the 7[State Government] is satisfied that 7[the State] or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease, the 8[State Government], if 9[it] thinks that the ordinary provisions of the law for the time being in force are insufficient for the purpose, may take, or require or empower any person to take, such me asures and, by public notice, prescribe such temporary regulations to be observed by the public or by any person or class of persons as 9[it] shall deem necessary to prevent the outbreak of such disease or the spread thereof, and may determine in what manner and by



whom any expenses incurred (including compensation if any) shall be defrayed."

28.3. That, based on the above provisions, the British Government in the year 1899 paid compensation to the citizens in Pune for losses incurred due to measures of lime wash taken by the British Government.

Compensation by Britishers during pandemic in Pune. Excerpts from news article:-

"How oppressive containment measures during Poona plague led to assassination of British officer The Indian Express

June 9, 2020

The medical officers were supplied with cash advances and had instructions to pay compensation for any articles belonging to plague patients that may have been destroyed in the process.

"It was found at the beginning of the operations that rather too many articles were at times destroyed as rubbish. Orders were accordingly issued on March 26 to Officers commanding limewashing divisions to visit, if possible, all houses to be limewashed and to decide what should be destroyed in each. It was also laid down that when a property of any value to the owners was destroyed by limewashing party, the Officer commanding the division should note the approximate cost of replacing what had been destroyed in order that compensation might afterwards



be paid. In practice nothing was destroyed after the first fortnight of the operations except in the presence of an officer," reads the report.

It was at this backdrop that Bal Gangadhar Tilak wrote in Mahratta, his English newspaper: "Plague is more merciful to us than its human prototypes now reigning the city. The tyranny of the Plague Committee and its chosen instruments is yet too brutal to allow respectable people to breathe at ease."

No doubt that the regulations and measures as they were imposed in Pune were the most stringent among all the cities afflicted by the pandemic. In fact, Antony MacDonnel, Lieutenant-Governor of the North-Western Provinces, had observed in a July 1897 communique that "If the plague regulations had been enforced in any city of these provinces in the way in which ...they were...enforced in Poona, there would have been bloodshed here."

THE MURDERS

Blood was indeed shed in Pune too. On June 22, 1897, Chapekar brothers – Damodar (27), Balkrisha (24) and Vasudev (17 or 18) – shot Rand and Lieutenant Charles Ayerst (mistaking him for Rand before he was located in the preceding carriage) while they were returning from Queen Victoria's Jubilee Celebration at Government House in Ganeshkhind (now Pune University). While Ayerst died immediately, Rand succumbed to the injuries on July 3.



After the initial frenzy had abated, and following Rand's murder, the Plague Committee slackened its operations although plague continued to flourish.

Link: https://indianexpress.com/article/research/how-oppressive-containment-measures-during-poona-plague-led-to-assassination-of-british-officer-6450775/

28.4. That, similar provisions are there in Section 12 & 13 of the Disaster Management Act, 2005 reads thus;

"12 Guidelines for minimum standards of relief. -

The National Authority shall recommend guidelines for the minimum standards of relief to be provided to persons affected by disaster, which shall include,—

- (i) the minimum requirements to be provided in the relief camps in relation to shelter, food, drinking water, medical cover and sanitation;
- (ii) the special provisions to be made for widows and orphans;
- (iii) ex gratia assistance on account of loss of life as also assistance on account of damage to houses and for restoration of means of livelihood;
- (iv) such other relief as may be necessary.

13. Relief in loan repayment etc. —

The National Authority may, in cases of disasters of severe magnitude, recommend relief in repayment of loans or for grant of fresh loans to the persons affected by disaster on such concessional terms as may be appropriate."



28.5. That, the Respondent No. 1 only taken the first part of the provisions and brought the draconian mandates of prohibiting unvaccinated people from moving outside their home. But did not provided any amount to such people to compensate them against the said measures. In fact the State authorities are bound to compensate all such people including petitioner who are sufferer of the arbitrary rules made by the State i.e. Respondent No. 1.

29. Respondent No. 1 - State of Maharashtra was duty bound to follow the Constitution Bench judgment in Mineral Development Ltd. Vs. State (1960) 2 SCR 609 and remove the persons from committee, Task Force Etc. who are directly or indirectly getting funds from the vaccine/pharma companies more particularly from Bill & Melinda Gates Foundation, Rockefeller Foundation, whose aim is to give wrongful profits to the vaccine companies at the cost of killing the people.

29.1. That, there is another ground/reason to doubt the bonafides of the Respondent No. 1 State of Maharashtra, in passing such unlawful, unscientific, illogical & arbitrary mandates.

29.2. That, the 'Toxic Philanthropist' and kingpin of vaccine mafia Mr. Bill Gates through his Bill & Melinda Gates Foundation keep on giving funds, sponsorship and manage Government officials to do work for the welfare of the vaccine companies in the name of charity.

29.3. That, the findings of 72nd Report by Parliamentary Committee are sufficient to prove the entire conspiracy and modus operandi of Bill Gates and other Pharma mafias in killing innocent people for the profit of vaccine companies.

Adv. S. N. Dhanage Mumbai Maharashtra Reg. No. 15376 **29.4**. Mastermind accused Bill Gates, who is manufacturing 'CoviShield' in India in partnership with Serum Institute is habitual offender of Mass Murders by vaccination in conspiracy with Government officials.

29.5. That, the parliamentary committee in its 72nd report gave clear and specific findings about the serious offences of murder of 8 female children and recommended investigation and prosecution of office bearers of NGO PATH related with Bill & Milinda Gates foundation along with official of ICMR and other government officials involved in the conspiracy.

(A copy of Parliamentary Committee's 72nd Report dated 23rd August, 2013 marked and annexed herewith Exhibit "X")

29.6. The Constitution Bench in Kalpana Mehta v. Union of India, (2018) 7 SCC 1, have upheld the evidentiary value of 72nd report by Parliamentary Committee.

29.7. The excerpts of the Parliamentary Committee's 72nd report are as under;



"7.13. Coming to the instant case, it is established that PATH by carrying out the clinical trials for HPV vaccines in Andhra Pradesh and Gujarat under the pretext of observation/ demonstration project has violated all laws and regulations laid down for clinical trials by the Government. While doing so, its sole aim has been to promote the commercial interests of HPV vaccine manufacturers who would have reaped

windfall profits had PATH been successful in getting the HPV vaccine included in the UIP of the Country. This is a serious breach of trust by any entity as the project involved life and safety of girl children and adolescents who were mostly unaware of the implications of vaccination. The violation is also a serious breach of medical ethics. This act of PATH is a clear cut violation of the human rights of these girl children and adolescents. It also deems it an established case of child abuse. The Committee, therefore, recommends action by the Government against PATH. The Committee also desires that the National Human Rights Commission and National Commission for Protection of Children Rights may take up this matter from the point of view of the violation of human rights and child abuse. The National Commission for Women should also suomotu take cognizance of this case as all the poor and hapless subjects are females.

7.14. The Ministry of Health and Family Welfare should without wasting time report the violations indulged in by PATH to international bodies like WHO and UNICEF so as to ensure that appropriate remedial action is initiated by these agencies worldwide.



7.15. The Committee also desires that the Ministry of Health and Family Welfare may take up the matter through the Ministry of External Affairs with the US Government so as to ensure that appropriate action is taken against PATH under the laws of its country of origin in case of any violations of laws there.

that the 6.26. The Committee observes wrongful use of the NRHM logo for a project implemented by a private, foreign agency as well as the identification of this project with the UIP has adversely affected and damaged the credibility of the programme as well as that of Committee, therefore, The the NRHM. recommends that such practices of diverting public funds for advancing interests of a private agency should never be allowed in future. The Committee strongly recommends that strict action should be taken against those officials responsible for such lapses.

6.27. Besides, the Committee notes that no information had been provided to Indian authorities about funding of the project except that it was reportedly funded by Bill and Melinda Gates Foundation and that the vaccines had been donated by the manufacturers. The information regarding financial investments of ICMR and State Governments in the project



was not provided, though the States clearly provided cold chain and manpower for immunization. The Committee, accordingly, observes that it might have been more prudent if the National Technical Advisory group on Immunization (NTAGI) had been brought into the picture right in the beginning to review and give its views on the study prior to its approval and implementation.

7.11. The Committee is concerned that if PATH can set up an office in India so easily without required mandatory getting the approvals/permissions, then individuals and entities inimical to the interest of the country can do the same. The Committee expresses its concern that paper and shell companies can be easily registered in many jurisdictions and then set up a place of business in India as "Liaison offices" with no questions being asked. It is surprising that security and intelligence agencies did not raise an eyebrow on the way a foreign entity entered India virtually incognito through the backdoor. The Committee desires that such incidents should not be allowed in future. The Government should tighten the rules lest one day foreign citizens, with deep roots in organizations/nations inimical to India, set up



offices in the country to engage in anti-national and/or unlawful activities.

6.29. Considering the above lapses and irregularities committed by PATH during the course of conducting the trials on hapless tribal children in Andhra Pradesh and Gujarat, the Committee is convinced that the authorities concerned did not exercise due diligence in scrutinizing the publicity material of PATH. Blurring the distinction between the UIP and PATH project due to the involvement of the State Governments in the project and ignoring the financial contribution of ICMR and the State Governments are very serious issues. The Committee, therefore, recommends that the Ministry should investigate into the above acts of omissions and commissions and take necessary action against those who are found responsible for breach of rules and regulations.

2.5. The Committee finds the entire matter very intriguing and fishy. The choice of countries and population groups; the monopolistic nature, at that point of time, of the product being pushed; the unlimited market potential and opportunities in the universal immunization programmes of the respective countries are all pointers to a well planned scheme to commercially exploit a situation. Had PATH



been successful in getting the HPV 4 vaccine included in the universal immunization programme of the concerned countries, this would have generated windfall profit for the manufacturer(s) by way of automatic sale, year after year, without any promotional or marketing expenses. It is well known that once introduced into the immunization programme it becomes politically impossible to stop any vaccination. To achieve this end effortlessly without going through the arduous and strictly regulated route of clinical trials, PATH resorted to an element of subterfuge by calling the clinical trials as "Observational Studies" or "Demonstration Project" and various such expressions. Thus, the interest, safety and well being of subjects were completely jeopardized by PATH by using selfdetermined and self-servicing nomenclature which is not only highly deplorable but a serious breach of law of the land. The Committee is not aware about the strategy followed by PATH in the remaining three countries viz. Uganda, Vietnam and Peru. The Government should take up the matter with the Governments of these countries through diplomatic channels to know the truth of the matter and take appropriate necessary action, accordingly. The Committee would also like to



be apprised of the responses of these countries in the matter.

3.18. The Committee feels that there was serious dereliction of duty by many of the Institutions and individuals involved. The Committee observes that ICMR representatives, instead of ensuring highest levels of ethical standards in research studies, apparently acted at the behest of the PATH in promoting the interests of manufacturers of the HPV Vaccine. 7 3.19 It was unwise on the part of ICMR to go in the PPP mode with PATH, as such an involvement gives rise to grave Conflict of Interest. The Committee takes a serious view of the role of ICMR in the entire episode and is constrained to observe that ICMR should have been more responsible in the matter. The Committee strongly recommends that the Ministry may review the activities of ICMR functionaries involved in PATH project.

6.10. The Committee notes that once this matter was taken up by it, the Government appointed an Inquiry Committee on 15 April, 2010 to inquire into 'alleged irregularities in the conduct of the studies using HPV vaccines by PATH in India'. The Committee has noted the serious conflict of interest of members of this Inquiry Committee with the subject matter. The



Committee, therefore, strongly deprecates the Government for appointing a committee to inquire into such a serious matter in such a casual manner even without ascertaining as to whether any of the members of the said Inquiry Committee were having any conflict of interest with the subject matter of inquiry.

6.17. The Committee, accordingly, concludes that most, if not all consent forms, were carelessly filled-up and were incomplete and explanation, role. The full inaccurate. usefulness and pros and cons of vaccination had not been properly communicated to the parents/guardians. The Committee observes that there is a gross violation of the consent and legal requirement of consent which had been substantiated by the experts. The Committee takes a serious view of the violations and strongly recommends that on the basis of the above facts, PATH should be made accountable and the Ministry should take appropriate action in the matter including taking legal action against it for breach of various laws of the land and possible violations of laws of the Country of its origin.



6.29. Considering the above lapses and irregularities committed by PATH during the course of conducting the trials on hapless tribal



children in Andhra Pradesh and Gujarat, the Committee is convinced that the authorities concerned did not exercise due diligence in scrutinizing the publicity material of PATH. Blurring the distinction between the UIP and PATH project due to the involvement of the State Governments in the project and ignoring the financial contribution of ICMR and the State Governments are very serious issues. The Committee, therefore, recommends that the Ministry should investigate into the above acts of omissions and commissions and take necessary action against those who are found responsible for breach of rules and regulations."

29.8. The polio vaccine program of enhancing polio doses in children as designed by the Bill Gates has caused a death of children in India and around 4,90,000 children suffered new type of paralysis.

The relevant news article published in The Hindu and Great Game India are as under;

(a) Link: https://www.thehindu.com/news/cities/Delhi/vaccine-induced-paralysis-calls-for-action-says-study/article24740588.ece]

"Vaccine-induced paralysis calls for action, says study

Frequency of pulse polio administration is directly or indirectly related to incidence of non-polio acute flaccid paralysis, say researchers Over 4.9 lakh persons in India developed paralysis between 2000 and 2017 because of oral polio vaccine (OPV), say leading doctors in two reputed hospitals here.

AFP is defined as a sudden onset of paralysis or weakness in any part of the body of a child less than 15 years of age. The surveillance allows nations to detect paralytic poliomyelitis due to wild poliovirus transmission in the population.

"These are all cases of non-polio paralysis, which increased dramatically as polio paralysis was brought down with repeated doses of OPV. This report shows that the rate of paralysis is now coming down where OPV doses have decreased and this is additional proof that paralysis is caused by OPV," says Dr. Puliyel.

For instance, there were an additional 47,500 children with paralysis in 2011, which was over and above the assumed NPAFP rate of 2 per 1 lakh cases and the NPAFP rate started to decrease from 2012, when the number of pulse polio rounds decreased.

"From the results, NPAFP rate shows a decline with reduction in pulse polio doses suggesting that OPV vaccinations are responsible for the paralysis. A total of 6.4 lakh children developed NPAFP from 2000 to 2017, suggesting that there were an additional 4.91 lakh paralysed children above the numbers expected to develop NPAFP," they add.



The report says that "repeated doses of live vaccine virus delivered to the intestine may colonise the gut and alter the viral microbiome of the intestine".

Also, studies from Finland and Turkey suggest that Guillain-Barré Syndrome (GBS) is causatively associated with OPV vaccination campaigns

"While the mechanism involved is speculative, our findings support the hypothesis that the frequency of pulse polio administration is directly or indirectly related to the incidence of NPAFP. Now that India has been polio-free for over six years, we may be able to reduce NPAFP by further reducing pulse polio rounds," the report says."

(b) Link:

https://greatgameindia.com/bill-gates-agenda-in-indiaexposed-by-robert-kennedy-jr/

"Bill Gates Activities in India exposed by Robert Kennedy Jr.

Vaccines, for Bill Gates, are a strategic philanthropy that feed his many vaccine-related businesses (including Microsoft's ambition to control a global vaccination ID enterprise) and give him dictatorial control of global health policy.

Promising <u>his share of \$450 million</u> of \$1.2 billion to eradicate Polio, Gates took control of India's National Technical Advisory Group on Immunization (NTAGI)



which mandated up to 50 doses (Table 1) of polio vaccines through overlapping immunization programs to children before the age of five. Indian doctors blame the Gates campaign for a devastating non-polio acute flaccid paralysis (NPAFP) epidemic that paralyzed 490,000 children beyond expected rates between 2000 and 2017. In 2017, the Indian government dialed back Gates' vaccine regimen and asked Gates and his vaccine policies to leave India. NPAFP rates dropped precipitously."

29.9. That as per law laid down by the Seven Judge Constitution Bench in the case of Mineral Development Ltd. (Supra), the Minister or any person having conflict of interest or having interest in the outcome of the decision is disqualified to participate the decision-making process.

- 29.10. Similar law & ratio is laid down in following cases:
 - (i) A.K. Kraipak Vs. Union of India (1969) 2 SCC 262
 - (ii) State of Punjab Vs. Davinder Pal Singh Bhullar (2011) 14 SCC 770
 - (iii) Suresh Palande Vs. Govt. of Maharashtra 2015 SCC OnLine Bom 6775.
- 29.11. Seven Judge Constitution bench of Supreme Court in Mineral Development Ltd. v. State of Bihar AIR 1960 SC 468, it was held that;

11... "It may, therefore, be taken that the allegations of personal bias of the Revenue linister against the proprietor is not denied. It is

also not disputed that the proceedings against the petitioner were started during the tenure of the said Revenue Minister and that the actual order of cancellation was made by him. We have no hesitation in holding that the Revenue Minister had personal bias against the proprietor and that he was also acting on the belief that the lease was only benami for the said proprietor. We, therefore, hold that the said Revenue Minister had personal bias within the meaning of the decisions and he should not have taken part in either initiating the enquiry or in cancelling the licence.



10...In view of the foregoing principles the first question to be considered is whether in the present case the authority functioning for the State Government — it is admitted that the then Revenue Minister of the State made the impugned order — had personal bias against the petitioner.

16. In the result we accept the petition and issue a writ of certiorari against the respondents quashing the order of the Government of Bihar dated September 1, 1955, cancelling miner's licence No. 261-H of 1951 granted in favour of the petitioner. The respondents will pay the costs to the petitioner.

29.12. Any order or decision which is bad at inception due to consisting of disqualified members vitiates the further decisions and process.

Constitution Bench in the case of A.K. Kraipak v. Union of India (1969) 2 SCC 262, it is ruled that;

"13. Every organ of the State under our Constitution is regulated and controlled by the rule of law. In a welfare State like ours it is inevitable that the jurisdiction of the administrative bodies is increasing at a rapid rate. The concept of rule of law would lose its vitality if the instrumentalities of the State are not charged with the duty of discharging their functions in a fair and just manner. The requirement of acting judicially in essence is nothing but a requirement to act justly and fairly and not arbitrarily or capriciously.

18. In the same case Blain, J., observed thus:

"I would only say that an immigration officer having assumed the jurisdiction granted by those provisions is in a position where it is his duty to exercise that assumed jurisdiction whether it be administrative, executive or quasi-judicial, fairly, by which I mean applying his mind dispassionately to a fair analysis of the particular problem and the information available to him in analysing it. If in any hypothetical case, and in any real case, this court was satisfied that an immigration officer was not so doing, then in my view mandamus would

lie."

19. In State of Orissa v. Dr Binapani Dei [(1967) 2 SCR 625] Shah, J., speaking for the Court, dealing with an enquiry made as regards the correct age of a government servant, observed thus:

"We think that such an enquiry and decision were contrary to the basic concept of justice and cannot have any value. It is true that the order is administrative in character. but which involves civil administrative order consequences as already stated, must be made consistently with the rules of natural justice after informing the first respondent of the case of the State"

The aim of the rules of natural justice is to secure justice or to put it negatively to prevent miscarriage of justice. These rules can operate only in areas not covered by any law validly made. In other words they do not supplant the law of the land but supplement it. If the purpose of the rules of natural justice is to prevent miscarriage of justice one fails to see why those rules should be made inapplicable to administrative enquiries.

Enquiries which were considered administrative at one time are now being considered as quasi-judicial in character. Arriving at a just decision is the aim of both quasi-judicial enquiries as well as administrative enquiries. An unjust decision in an administrative enquiry may have more far reaching effect than a decision in a quasi-judicial enquiry.



20. The framework of the law under which the enquiry is held and the constitution of the Tribunal or body of persons appointed for that purpose. Whenever a complaint is made before a court that some principle of natural justice had been contravened the court has to decide whether the observance of that rule was necessary for a just decision on the facts of that case.

It is unfortunate that Naqishbund was appointed as one of the members of the selection board. It is true that ordinarily the Chief Conservator of Forests in a State should be considered as the most appropriate person to be in the selection board. He must be expected to know his officers thoroughly, their weaknesses as well as their strength. His opinion as regards their suitability for selection to the All-India Service is entitled to great weight. But then under the circumstances it was improper to have included Nagishbund as a member of the selection board. He was one of the persons to be considered for selection. It is against all canons of justice to make a man judge in his own cause. It is true that he did not participate in the deliberations of the committee when his name was considered. But then the very fact that he was a member of the selection board must have had its own impact on the decision of the selection board. Further admittedly he participated in the deliberations of the selection board when the claims of his rivals particularly that of Basu was considered.



At every stage of his participation in the deliberations of the selection board there was a conflict between his interest and duty. Under those circumstances it is difficult to believe that he could have been impartial. The real question is not whether he was biased.

15. It was in the interest of Naqishbund to keep out his rivals in order to secure his position from further challenge. Naturally he was also interested in safeguarding his position while preparing the list of selected candidates.



16. In a group deliberation each member of the group is bound to influence the others, more so, if the member concerned is a person with special knowledge. His bias is likely to operate in a subtle manner. It is no wonder that the other members of the selection board are unaware of the extent to which his opinion influenced their conclusions. We are unable to accept the contention that in adjudging the suitability of the candidates the members of the board did not have any mutual discussion. It is not as if the records spoke of themselves. We are unable to believe that the board functioned members of selection computers.

The horizon of natural justice is constantly expanding. The question how far the principles of natural justice govern administrative enquiries came up for consideration before the Queen's Bench Division In re H.K. (An Infant). [(1967) 2 QB 617 at p. 630] Therein the validity of the action taken by an Immigration Officer came up for consideration. In the course of his judgment Lord Parker C.J. observed thus:

That is not, as I see it, a question of acting or being required to act judicially, but of being required to act fairly. Good administration and an honest or bona fide decision must, as it seems to me, require not merely impartiality, nor merely bringing one's mind to bear on the problem, but acting fairly; and to the limited extent that the circumstances of any particular case allow, and within the legislative framework under which the administrator is working, only to that limited extent do the so-called rules of natural justice apply, which in a case such as this is merely a duty to act fairly.

17. The decisions of the courts do seem to have drawn a strict line in these matters according to whether there is or is not a duty to act judicially or quasi-judicially.

21. Looking at the composition of the board and the nature of the duties entrusted to it we have no doubt that its recommendations should have carried considerable weight with the UPSC. If the decision of the selection board is held to have been vitiated, it is clear to our mind that the final recommendation made



by the Commission must also be held to have been vitiated. The recommendations made by the Union Public Service Commission cannot be disassociated from the selections made by the selection board which is the foundation for the recommendations of the Union Public Service Commission.

23. To that extent he was undoubtedly a judge in his own case, a circumstance which is abhorrent to our concept of justice. Now coming to the selection of the officers in the junior scale service, the selections to both the senior scale service as well as junior scale service were made from the same pool. Hence it is not possible to separate the two sets of officers.

24. For the reasons mentioned above these petitions are allowed and the impugned selections set aside. The Union Government and the State Government shall pay the costs of the petitioners."

29.13. In Suresh Ramchandra Palande and Ors. Vs. The Government of Maharashtra and Ors. 2016 (2) Mh.L.J.918. It is ruled that such disqualification rule is applicable to every public servant. It is ruled as under;

"17. At this stage, a reference will have to be also made to the well known decision of the Apex Court in case of J. Mohapatra and Co. v. State of Orissa, (1984) 4 SCC 103. In paragraph 9 of the said decision, the Apex Court has quoted with approval the position of



law which has been stated in Halsbury's Laws of England, Fourth Edition, Volume 1, para 68. Paragraph 9 of the said decision of the Apex Court reads thus:

"9. It is, however, unnecessary to go further into this controversy for the real question in this appeal is of far greater importance. That is the question of bias on the part of some of the members of the Assessment Sub-Committee. This question has been answered against the appellants and forms the subject-matter of the third and fourth grounds on which the High Court rested its decision. Nemo judex in causa sua, that is, no man shall be a judge in his own cause, is a principle firmly established in law. Justice should not only be done but should manifestly be seen to be done. It is on this principle that the proceedings in Courts of law are open to the public except in those cases where for special reason the law requires or authorizes a hearing in camera. Justice can never be seen to be done if a man acts as a judge in his own cause or is himself interested in its outcome. This principle applies not only to judicial proceedings but also administrative judicial and quasiproceedings. The position in law has been succinctly stated in Halsbury's Laws of England, Fourth Edition, Volume 1, para 68, as follows:



Disqualification for financial interest. — There is a presumption that any direct financial

interest, however small, in the matter in dispute disqualifies a person from adjudicating. Membership of a company, association or other organisation which is financially interested may operate as a bar to adjudicating, as may a bare liability to costs where the decision itself will involve no pecuniary loss."

(Emphasis added)

18. Thus, what is held by the Apex Court in the aforesaid decisions is that the presence of direct pecuniary interest irrespective of its extent operates as a complete disqualification to adjudicate a dispute. The complete disqualification operates irrespective of the fact that the pecuniary interest may be very small. In such a case, the issue of waiver of objection regarding bias will not arise at all as the presence of pecuniary bias prevents the Judge from taking up the case in which he has pecuniary interest. Therefore, any direct financial interest operates as a complete bar which prohibits a person exercising even quasi judicial powers from participating in the process of adjudication. Hence, the plea of waiver is not available in such cases. As stated earlier, this is a case where the pecuniary and proximate interest in the subject matter of the case is admitted by Shri Sodal. There is in our view a distinction to be drawn between a personal bias, one that may be waived, and a pecuniary bias which stands on a wholly different footing. In the first place, to be invoked waiver



requires that a disclosure be made of the possibly conflicting interest. It is when that interest is made known that a party can waive it. But this can only apply in the case of a personal bias such a relationship or a friendship. A pecuniary bias stands on another footing altogether. On the principles enunciated in Mohapatra's case, a direct, proximate and existing pecuniary bias can never be waived. It is to be noted that in Mohapatra's case, the Apex Court held that the existence of a pecuniary interest was a disqualification and that this disqualification did not depend on the amount of the pecuniary interest. The Apex Court also rejected the invocation of the doctrine of necessity in such a case by holding that nothing prevented the government in that case from reconstituting the committee in question.

29.14. Even if there is a single member who is partial and interested and there are other members who are impartial then also it vitiates and invalidate their recommendations, suggestions and all actions.

29.15. In R. Vs. Commissioner of pawing (1941) 1 QB 467, William J. Observed;



"I am strongly dispassed to think that a Court is badly constituted of which an intrested person is a part, whatever may be the number of disintrested persons. We cannot go into a poll of the Bench."

29.16. In A.K. Kraipak Vs. Union of India (1969) 2 SCC 262, it is ruled as under;

"15. It is unfortunate that Naqishbund was appointed as one of the members of the selection board. It is true that ordinarily the Chief Conservator of Forests in a State should be considered as the most appropriate person to be in the selection board. He must be expected to know his officers thoroughly, their weaknesses as well as their strength. His opinion as regards their suitability for selection to the All-India Service is entitled to great weight. But then under the circumstances it was improper to have included Nagishbund as a member of the selection board. He was one of the persons to be considered for selection. It is against all canons of justice to make a man judge in his own cause. It is true that he did not participate in the deliberations of the committee when his name was considered. But then the very fact that he was a member of the selection board must have had its own impact on the decision of the selection board. Further admittedly he participated in the deliberations of the selection board when the claims of his rivals particularly that of Basu was considered. He was also party to the preparation of the list of selected candidates in order of preference. At every stage of his participation in the deliberations of the selection board there was a conflict between his interest and duty. Under those circumstances it is difficult to believe that he could have been impartial. The real question is not



whether he was biased. It is difficult to prove the state of mind of a person. Therefore what we have to see is whether there is reasonable ground for believing that he was likely to have been biased. We agree with the learned Attorney General that a mere suspicion of bias is not sufficient. There must be a reasonable likelihood of bias. In deciding the question of bias we have to take into consideration human probabilities and ordinary course of human conduct. It was in the interest of Naqishbund to keep out his rivals in order to secure his position from further challenge. Naturally he was also interested in safeguarding his position while preparing the list of selected candidates.

16. The members of the selection board other than Naqishbund, each one of them separately, have filed affidavits in this Court swearing that Naqishbund in no manner influenced their decision in making the selections. In a group deliberation each member of the group is bound to influence the others, more so, if the member concerned is a person with special knowledge. His bias is likely to operate in a subtle manner. It is no wonder that the other members of the selection board are unaware of the extent to which his opinion influenced their conclusions. We are unable to accept the contention that in adjudging the suitability of the candidates the members of the board did not have any mutual discussion. It is not as if the records



spoke of themselves. We are unable to believe that the members of selection board functioned like computers. At this stage it may also be noted that at the time the selections were made, the members of the selection board other than Naqishbund were not likely to have known that Basu had appealed against his supersession and that his appeal was pending before the State Government. Therefore there was no occasion for them to distrust the opinion expressed by Naqishbund. Hence the board in making the selections must necessarily have given weight to the opinion expressed by Naqishbund.



21. It was next urged by the learned Attorney General that after all the selection board was only a recommendatory body. Its recommendations had first to be considered by the Home Ministry and thereafter by the UPSC. The final recommendations were made by the UPSC Hence grievances of the petitioners have no real basis. According to him while considering the validity of administrative actions taken, all that we have to see is whether the ultimate decision is just or not. We are unable to agree with the learned Attorney-General that the recommendations made by the selection board were of little consequence. Looking at the composition of the board and the nature of the duties entrusted to it we have no doubt that its recommendations should have carried considerable weight with the UPSC. If the decision of the selection



board is held to have been vitiated, it is clear to our mind that the final recommendation made by the Commission must also be held to have been vitiated. The recommendations made by the Union Public Service Commission cannot be disassociated from the selections made by the selection board which is the foundation for the recommendations of the Union Public Service Commission. In this connection reference may be usefully made to the decision in Regina v. Criminal Injuries Compensation Board Ex parte Lain."

29.17. That, the evidence shows that the member of State Task Force and Municipal Corporation of Greater Mumbai are having some direct or indirect Connection with the pharma companies. Some frauds and corrupts practices are already exposed by Shri Kirit Somaiyya.

29.17.1. Daksha Shah who holds a lot of influence in making Mumbai's Covid-19 policies is member of Lancet Covid-19 Commission's India Regional Task Force, who's founding donor is the Rockefeller Foundation. The Rockefeller Foundation is linked with the Pharma & vaccine mafia.

(https://covid19commission.org/regional-task-force-india)

29.17.2. Subhash Salunke (Director of IIPH Bhubhaneshwar (Indian Institute of Public Health started by PHFI) and Senior Advisor, PHFI) & Giridhar Babu from PHFI are advising the Maharashtra Govt on Covid -19. Salunke is DGHS for Maharashtra State.

https://phfi.org/member/dr-subhash-r-salunke-md-dph-dih/ https://phfi.org/member/giridhar-r-babu/

29.17.3. Respondent No. 15 Head of Maharashtra's Task force, Dr Sanjay Oak, was the CEO of a hospital for the first year of his membership in the task force, until he resigned in November 2020.

Link: https://indianexpress.com/article/cities/mumbai/dr-sanjay-oak-resigns-from-post-of-ceo-of-prince-aly-khan-hospital-7066991/

29.17.4. That, the private body by name Public Health Foundation of India [PHFI] was under radar of Intelligence Bureau.

29.18. That, the frauds committed by PHFI are already exposed and a detailed complaint is filed by Sh. Ambar Koiri before C.B.I

(A copy of Complaint against PHFI dated 18th October, 2021 marked and annexed herewith Exhibit "Y")

29.19. Prosecution of PHFI by Home Ministry and Intelligence Bureau:-

29.19.1. That, PHFI members were also prosecuted by the Intelligence Bureau for their frauds of foreign funds.

29.19.2. That, in an order by Home Ministry and as published in an Article in Economic Times published on 21st April 2017, it is clear that,



the members of PHFI are misusing the funds for unauthorised purposes.

29.19.3. The seven violations cited by the home ministry against PHFI, which has been receiving a significant chunk of its foreign funding from Bill and Melinda Gates Foundation, include using foreign contributions to lobby media, parliamentarians and government on tobacco control policy issues, "which is prohibited under FCRA. PHFI, according to the home ministry, has bank accounts with credits of Rs. 223 crore more than what it had declared to the home ministry.

29.19.4. Also, it is alleged to have wrongfully declared Rs 43 crore received for anti-tobacco lobbying when foreign funding during 2009-10 and 2012-13 was received seeking permission of the home ministry for the purpose 'research' and 'establishment of corpus fund'.

29.19.5. Another charge against PHFI includes making remit tances of Rs 22 crore to foreign countries from its FCRA account and Rs 10.75 crore BBC World Services Trust, UK "for unknown purpose".

Adv.

29.19.6. The revision order, issued under Section 22 of FCRA, states that PHFI declared only six of its 151 bank accounts to MHA. Of the 151 accounts, 22 are saving or current accounts while 128 are FD accounts. Two bank accounts were used as 'transit' accounts for unknown reasons, violating provisions of FCRA and FCRR, 2011, according to the home ministry.

29.19.7. PHFI was also found to be having more than one PAN identity for opening accounts and FDs, in violation of the Income Tax Act, 1961.

Besides, the NGO failed to declare foreign receipts of Rs 1.19 crore from GlaxoSmithKline in 2014-

Link: https://economictimes.indiatimes.com/news/politics-and-nation/mha-order-revoking-license-of-phfi-lists-7-undesirable-activities/articleshow/58294627.cms?from=mdr

29.19.8. The Union health ministry is also said to have taken up the matter with Gauba. His predecessor, Rajiv Mehrishi, who was part of the decision to crack down on PHFI, had refused a review after both the Intelligence Bureau and the foreigners division of the home ministry said they had made a watertight case against PHFI. Intelligence Bureau officers said they would not buckle under pressure, for the charges hold ground.

Link: https://www.theweek.in/theweek/current/foreign-bug.html

29.20. That, the PHFI and their dishonest members are influencing the policy of Health developments in such a way that the ultimate benefit will go to the pharma mafia and wrongful loss will be of Govt. of India and 135 Crore citizen. A detailed article exposing the PHFI members and their modus oprandi and their acts of commission and omission to play with the life of Indians to give undeserving benefits to the pharma mafia is published by Researchers, Activist and Awaken India Movement's Shri Yohan Tengra in his article.

India's Covid-19 Task Force & "Experts" Exposed: Conflicts of Interest in Our Public Health System (An exposed by Yohan Tengra.)

Link: https://awakenindiamovement.com/indias-covid-19-task-force-experts-exposed-conflicts-of-interest-in-our-public-health-system/

- 30. Mask mandates are unscientific, harmful and illegal:-
- 30.1. That, the minutes of the meeting dated 25.02.2022 reads thus;

"ADVISORY FROM TASK FORCE MEETING HELD ON 21ST FEB. 2022 AT 20 30 HRS.

Hon. CM joined this meeting briefly and the members unanimously welcomed him and were pleased to see his Clinical progress after surgery. Task force members expressed following concerns:

- 1. Doing away with a mask may turn out to be dangerous and preposterous.
- Adv.

 S. N. Dhanage

 Mumbai Maharashtra

 Reg. No. 15376
- 2. 2. There are too many predictions by different people in governance and the media carries these dates as End March, End Feb as closure of restrictions. Moreover, the Task force expressed displeasure that often the task force is either misconstrued or deliberately misquoted having said such dates and projected future period. In fact the task force is extremely cautious about any predictions and generally refrains itself from doing any.
- 3. Task force insists upon strict adherence to Masking and following covid appropriate behaviour. As a matter of fact

these are the least restrictions that the task force expects to continue if we are opening up communal spaces, schools, colleges, gyms and theatres and drama theatres, and malls.

4. Task force expressed concern over dropping the number of tests being performed and urged that asymptomatic as well as mild symptomatic patients and their contacts who may have been home isolated be subjected to screening and testing and triage to continue. 5. Task force expressed concern over

dropping the number of vaccinations and urged early institution of 12 to 18 years of age group vaccinations, promotion of 15 to q8 vaccinations and even suggested protection dose being considered for people under 60 who have comorbidities.

- 6. Task force suggested home vaccinations, vaccinations using mobile vans in the premises of societies and urged to cover moving populations like building workers. 7. Hon. CM suggested an actual attendance meeting in the near future.
- 30.2. That, as per policy of Central Government wearing of mask is not mandatory. It is further made clear that the healthy people should not wear the mask.
- 30.3. In reply dated 27th May, 2021 to Mr. Sourav Bysack Being RTI Application No. F. No. Z.28016/133/2021-DM CELL it is made clear that mask are not mandatory.



"Use of mask/face cover has been advised to all in various SOPs/Guidelines issued by MoHFW. However as per these guidelines/SOPs its use has not been explicitly made mandatory."

(A copy of reply dated 27th May, 2021 to Mr. Sourav Bysack Being RTI Application No. F. No. Z.28016/133/2021-DM CELL is marked and annexed herewith Exhibit "Z")

30.4. In reply dated 19.05.2021 to Shri. Amit Chauhan RTI Application No. INCMR/R/E/21/00355, it is specifically pointed out as under;

"4. Use of masks by general public

4.1. Persons having no symptoms are not to use mask

Medical masks should not be used by healthy persons who are not having any symptoms because it create a false sense of security that can lead to neglecting other essential measures such as washing of hands.

Further, there is no scientific evidence to show health benefit of using masks for non-sick persons in the community. In fact, erroneous use of masks or continuous use of a disposable mask for longer than 6 hours or repeated use of same mask may actually increase risk of getting an infection. It also incurs unnecessary cost."

Adv.
S. N. Dhenage
Mumbai Maharashtra
Rey. No. 15376

(A copy of reply dated 19.05.2021 to Shri. Amit Chauhan RTI Application No. INCMR/R/E/21/00355 is marked and annexed herewith Exhibit "AA")

30.5. That the Indian Council of Medical Research (ICMR) in its reply dated 14th January, 2022 made it clear that they are not giving any evidence or study or research to show that the mask can prevent spread of Covid-19. The relevant Question and Answer reads thus;



"10. Is wearing of masks mandatory to shield one from getting infected by COVID-19 if yes then please provide details or results of any scientific study or medical research or experiments conducted by ICMR or NIV or MOHFW or any other government body to prove that wearing of masks can prevent spread of COVID-19.

Answer: This is not part of our records. Hence, this information cannot be shared."

30.6. In reply dated **17.07.2021** the Health Ministry of Central Government, had made it clear that the size of virus is many times smaller than the pore size of the best quality mask.

"1. SARS-CoV-2 virus is round shaped virus with an average size of 70-80 nm.

2. Pore size of standard surgical mask and N95 mask is $0.3-10 \mu m \& 0.1-0.3 \mu m$ respectively."

(A copy of above RTI reply dated 17.07.2021 is marked and annexed herewith at Exhibit "BB")

30.7. That 47 scientific studies have confirmed that the mask are ineffective and 32 studies confirm that mask having negative health effects.

Link: https://bit.ly/3tIahER

(A copy of above research titled as "47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects" is marked and annexed herewith at Exhibit "CC")

30.8. The abstract of meta-analysis and peer reviewed studies published on 20th April, 2021 in International Journal of Environmental Research and Public Health are also on the same line as mentioned above.

Link: https://pubmed.ncbi.nlm.nih.gov/33923935/

30.8. The research also proved that the person wearing mask will have problem of deoxygenation.

The Said report reads thus:

"Preliminary report on surgical mask induced deoxygenation during major surgery.

Face mask side effects include lowered oxygen levels.

This study proved that surgeons that wore a mask in surgery for an hour + had significant reductions in blood oxygen saturation.

This is relevant because most of us are being made to wear face masks at work for the whole shift, long journeys on public transport, and when we are in a public places doing shopping etc. and this requires a degree of exertion that is not taken into account.

"Considering our findings, pulse rates of the surgeon's increase and SpO2 decrease after the first hour."





Decreasing oxygen and increasing carbon dioxide in the bloodstream stimulates a compensatory response in the respiratory centers of the brain. These changes in blood gases result in increases in both frequency and depth of breaths. This exposes another risk – if your mask traps some virus you are breathing more hence increasing viral load and exposure."

Link:

https://www.sciencedirect.com/science/article/abs/p ii/S1130147308702355?via%3Dihub

Study article:

https://pubmed.ncbi.nlm.nih.gov/18500410/

30.9. That the criminal negligence of the committee can also be seen from the very fact that the mask mandate unlike vaccine mandate does not have any provision/clause about the person with respiratory problems. They don't give any exemption to healthy people.

30.10. But then also the Respondent No. 1, State of Maharashtra, in their order dated **27.11.2021** and also in their earlier orders made the rules for mandating mask and extorted crores of rupees from common man.

The collection of fine only from area of Bombay Municipal Corporation was around Rs. 120 Crores. So if we go through the collection across the state then it will be much more. These figures are sufficient to prove the extent of harassment being caused to common man.

30.11. In addition to the illegality the mandate is also arbitrary. The order does not give any reason or reference of any scientific research data to support their stand.

30.12. The mask mandate also don't give any reason as to why the healthy person with natural immunity should wear the mask. In fact, as per experts such persons are safest and 27 times more safer than the fully vaccinated people.

Link: https://www.youtube.com/watch?v=6v5VrpgXPm4

30.13. That the committee, State authorities and Task Force members have not considered the scientific data nor done any independent research and keep on giving suggestions to people that they should wear mask.

30.14. That, as per the provisions of Disaster management Act, 2005 there is no provision for collection of fine for not wearing the mask or for any violations. But in the **order/SOP dated 11th August, 2021, 27th November, 2021** passed by Respondent No. 20 i.e. Shri. Sitaram Kunte he made provisions of collection of fine ranging from Rs. 500 to Rs. 50,000.

30.15. On the basis of said unlawful orders the Respondent No. 20 Shri. Iqbal Chahal & Respondent No. 21 Shri. Suresh Kakani entered in to contract with private companies and gave them a contract to collect fines from citizens and to keep 50 % of collection with them.

30.16. Hundreds of Crores extortion took place on the basis of said unlawful orders. The sting operation conducted by the brave journalist of leading English daily 'Mid-Day' exposed the extortion techniques of said private clean up marshals.

30.17. Despite the said exposure and various complaints, the Respondent No. 20 Shri. Iqbal Chahal & Respondent No. 21 Shri. Suresh Kakani have not filed any F.I.R. against the accused clean up marshals and they tried to protect the extortionists.



30.18. That many police officials were also misguided by the State authorities to launch criminal prosecution under Section 188 etc. of IPC in order to extort money from common man who failed to pay the fine for mask.

However, such F.I.R. are quashed by this Hon'ble Court observing that there cannot be any F.I.R. under Section 188 of IPC.

(i) Rafat Khan Vs State 2022 SCC OnLine Bom 298

(A copy of judgment <u>Rafat Khan Vs State 2022 SCC OnLine Bom 298</u> is marked and annexed herewith <u>Exhibit "DD"</u>)

- 31. The impugned orders passed by the State authorities and Respondent No. 1 are only executive orders. They are not placed before both the Houses of State Legislature as mandated under Section 78 (3) of the Disaster Management Act, 2005.
- 31.1. As per Article 19, 21 of the Constitution of India the curtailment of fundamental rights cannot be on the basis of executive orders but should be by a law enacted by the Parliament. Such orders need to be quashed. [Re. Dinthar Incident Vs. State of Mizoram 2021 SCC OnLine Gau 1313].
- 32. State did not perform their duty of publishing fatal side effects of vaccines and are forcing the people to take vaccines. The informed consent of the citizens is obtained either by deception or by force, which is contempt of law laid down in Common Cause Vs. Union of India (2018) 5 SCC 1, Montgomery's Case [2015] UKSC 11 etc. It is violation of Universal Declaration on Bioethics and Human Rights, 2005.

33. The petitioner and the citizens needs to be compensated as per Section 2 of Epidemic Act, 1897 by the State, for the losses incurred by each citizen due to unlawful mandates of the State.

34. That the act of Respondent No. 1 & its authorities in deliberately not following the scientific data and suggestions by the experts like Dr. Sanjay Rai of AIIMS New Delhi, regarding not vaccinating the persons with antibodies due to natural immunity is ex-facie having an impact of wastage & misappropriation thousands of crores of public money with giving wrongful profit to vaccine companies and wrongful loss to common man. Therefore, the Respondent No. 18 Shri. Debashish Chakraborty, Respondent No. 19 Shri. Uddhav Thackrey and all others involved in the conspiracy, who directly or indirectly supported the unlawful acts and helped in facilitation of the crime needs to be prosecuted under Section 52, 409, 120 (B), 109 & 34 etc. of IPC and for any other offences by which they are responsible for death or side effects caused to innocent persons.

35. That, despite the abovesaid factual and legal positions, the Respondent No. 13, 14, 15 i.e. Shri. Sashank Joshi, Shri. Rahul Pandit & Dr. Sanjay Oak who are attached to State Task Force are giving irresponsible, unscientific and unlawful suggestion. The some of their statement made in public and articles published in the Newspapers a copy of said newspaper are marked and annexed herewith Exhibit – "EE"

Colly

1. SHASHANK JOSHI:

Don't unlock Mumbai unless 70% people get vaccinated, says Maharashtra COVID-19 task force member

https://zeenews.india.com/india/don-t-unlock-mumbai-unless-70-people-get-vaccinated-says-maharashtra-covid-19-task-force-member-2370212.html

Can't open up trains for all as 1/3rd of citizens still susceptible to Covid-19, says Maharashtra's task force member

https://www.hindustantimes.com/cities/mumbai-news/cant-open-up-trains-for-all-as-1-3rd-of-citizens-still-susceptible-to-covid-19-says-maharashtra-s-task-force-member-101628102086940.html

Third Covid wave fast ebbing but booster jab needed: Experts

Link: https://timesofindia.indiatimes.com/city/mumbai/third-wave-fast-ebbing-but-booster-jab-needed-experts/articleshow/89956474.cms

2. SANJAY OAK:-

Time-bound Covid vax programme for minors needed: Maharashtra state task force

https://www.hindustantimes.com/cities/pune-news/timebound-covid-vax-programme-for-minors-needed-maharashtra-state-task-force-101640527599071.html

Time-bound Covid vax programme for minors needed: Maharashtra state task force

https://www.msn.com/en-in/news/other/time-bound-covid-vax-programme-for-minors-needed-maharashtra-state-task-force/ar-AAS9LDO?li=AAgges1

36. Their all suggestions are actuated with only one purpose i.e. the welfare of vaccine companies. They are suggesting booster doses for everyone. They never talk about side effects of vaccines. They don't consider immunity developed due to natural infection. They don't consider suggestions and evidences of ICMR and others. And therefore, they need to be made accused and prosecuted as per provisions of section 120(B) of Indian Penal Code and Section 10 of Indian Evidence Act.

That in Raman Lal Vs. State of Rajasthan 2000 SCC OnLine Raj 226, it is ruled as under;

"Conspiracy – I.P.C. Sec. 120 (B) – Apex court made it clear that an inference of conspiracy has to be drawn on the basis of circumstantial evidence only because it becomes difficult to get direct evidence on such issue – The offence can only be proved largely from the inference drawn from acts or illegal ommission committed by them in furtherance of a common design – Once such a conspiracy is proved, act of one conspirator becomes the act of the others – A Coconspirator who joins subsequently and commits overt acts in furtherance of the conspiracy must also be held liable – Proceeding against accused cannot be quashed."



That, the Section 10 of Indian Evidence Act, read thus;

"10. Things said or done by conspirator in reference to common design.-Where there is reasonable ground to believe that two or more persons have conspired together to commit an offence or an actionable wrong, anything said, done or written by any one of such persons in reference to

their common intention, after the time when such intention was first entertained by any one of them, is a relevant fact as against each of the persons believed to so conspiring, as well for the purpose of proving the existence of the conspiracy as for the purpose of showing that any such person was a party to it.

Illustration:- Reasonable ground exists for believing that A has joined in a conspiracy to wage war against the 1[Government of India]. The facts that B procured arms in Europe for the purpose of the conspiracy, C collected money in Calcutta for a like object, D persuaded persons to join the conspiracy in Bombay, E published writings advocating the object in view at Agra, and F transmitted from Delhi to G at Kabul the money which C had collected at Calcutta, and the contents of a letter written by H giving an account of the conspiracy, are each relevant, both to prove the existence of the conspiracy, and to prove A's complicity in it, although he may have been ignorant of all of them, and although the persons by whom they were done were strangers to him, and although they may have taken place before he joined the conspiracy or after he left it. Comments Existence of conspiracy If prima facie evidence of existence of a conspiracy is given and accepted, the evidence of acts and statements made by anyone of the conspirators furtherance of the common object is admissible against all;



- 37. That, the present petitioner has not filed any other petition in any High Court or the Supreme Court of India on the subject matter of the present petition.
- 38. Save and except petition mentioned above, the Petitioner has not filed any other petition either n this Hon'ble Court or in any other Court regarding the subject matter herein.
- **39.** The present Petition is within time and not barred by law of limitation.
- **40.** The Petitioner has paid fixed court fees of Rs. ____/- on this Petition.
- 41. That, the Petitioner shall rely upon a list of the documents annexed herewith the Petition.
- **42. Prayer:** Under the circumstances, it is most respectfully prayed that this Hon'ble Court may graciously be pleased to:
 - (a) To hold that the impugned order dated 1st March, 2022 and any other order/s, circulars, SoP's & notifications, which promote discrimination between vaccinated and unvaccinated and prohibits any citizen to avail any public/private services, benefit, scheme, employment on the basis of vaccination status are illegal and violative of fundamental rights of the citizens mandated under Article 14, 19 & 21 of the Constitution of India and quash the same;
 - (b) To hold that as per the law laid down by Hon'ble Supreme Court in the case of <u>Common</u>

 <u>Cause Vs. UOI (2018) 5 SCC 1</u> is that no one can be



State Government's own policy decision is that the vaccination is not compulsory and no one can be compelled to take vaccine against their wishes and therefore vaccination cannot be made mandatory by adopting indirect methods of putting conditions of vaccination certificate for availing certain facilities, benefits and services as had been ruled in the case of **Noida Entrepreneurs Association Vs. Noida (2011)** 6 SCC 508.



- To hold that, as per data available on record, (c) reply given by ICMR and as per Central & State Government's policy decision, it is clear that, there is no proof that vaccinated people are protected and cannot spread infection and there is no difference between vaccinated and unvaccinated people in this therefore the restriction put regard and unvaccinated people is not based on any legally admissible evidence or intelligent differentia and therefore such orders are arbitrary and violative of Article 14, 19 & 21 of the Constitution of India;
- (d) To hold that the act of Respondent No.3 Shri. Aseem Gupta, Shri. Udhav Thackrey, Chief Minister Maharashtra State, Respondent No. 19 and authorities in not considering the status of people with previous infection or having developed antibodies who are immune and safe, despite the directions from WHO,

various scientists such as experts from AIIMS and various peer reviewed scholarly research paper, and also the other evidence of sterling nature proves that the respondents are causing loss of thousands of crores to the public exchequer and giving wrongful profit of thousands of crores to the vaccine companies and therefore they are liable to be prosecuted under section 409,52, 120(B), 34 etc. of Indian Penal Code and CBI needs to be directed to investigate the case by treating this petition as an FIR as done in the case of **Noida Entrepreneurs Association Vs. Noida (2011) 6 SCC 508**.

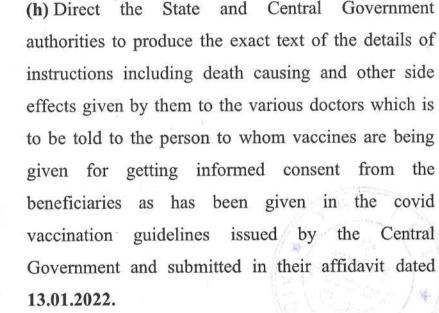
(e) Grant interim ad-interim relief of staying the unlawful directions in the impugned order dated 01.03.2022 till the final decision in the petition.



(f) Direct the Respondent State to give the list of task force members, their qualifications and reason for not taking the advice of domain experts i.e. epidemiologist and vaccine experts like Dr. Sanjeev Rai AIIMS New Delhi Respondent No.10, Dr. Arvind Khushwaha, AllMS Nagpur Respondent No.11 and others.

(g) To hold that in view of order 2nd March, 2022 (Exhibit – "I") passed by this Hon'ble Court it is clear that, the fundamental constitutional rights of the petitioner are violated by the state by acting on

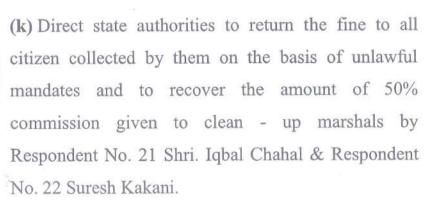
unlawful mandates passed by Respondent No. 20 Shri. Sitaram Kunte and the petitioner has suffered for many months and grant an interim compensation of Rs. 5 Crores to be immediately paid by the state and later be recovered from the guilty officials including Respondent No.20 Sitaram Kunte who by their act of commission and omission are responsible for such violation, as has been laid down in the case of <u>Veena Sippy Vs. Mr. Narayan Dumbre & Marayan Dumbre & Mar</u>



(i) Direct State and Central Government authorities to follow the law of informed consent in letter and spirit and as per law laid down in the cases of Montgomery [2015] UKSC 11, Master Haridaan Kumar Vs. Union of India 2019 SCC OnLine Del 11929, Registrar General, High Court of Meghalaya Vs. State of Meghalaya 2021 SCC OnLine Megh 130.



(i) To hold that as per the provisions of Disaster Management Act, 2005 or Epidemic Disease Act, 1897 there is no provision of paying any fine by any citizen and therefore any fine recovered by any authorities or police officers in the state on basis of unlawful orders dated 27.11.2021 passed Respondent No. 20 Shri. Sitaram Kunte and order dated 18.02.2021, 19.02.2021 by Shri. Iqbal Chahal (Respondent No. 21), Shri Suresh Kakani (Respondent offence of extortion No. 22) is an and misappropriation of public property and machinery and therefore all the accused officials are liable to be prosecuted u/s 52, 109, 384, 385, 420, 409, 511, 341, 342, 120(B), 32 etc., of IPC and since one of the accused Shri. Uddhav Thackeray (Respondent No. 19) is Chief Minister of the State therefore investigation is liable to be handed over to C.B.I. in view of law laid down in the case of Jaishri Patil Vs. State of Maharashtra 2021 SCC OnLine Bom 516.



(I) Call for explanation from State authorities and more particularly from Respondent No. 20 Iqbal Chahal and Respondent No. 21 Shri. Suresh Kakani



for not registering F.I.R. against clean up marshals when their extortion is exposed by the leading English Daily "Mid-Day" and hold that their act of commission & omission is an offence u/s 218, 201, 202, 204 etc., of IPC as has been ruled the case of State of Odisha Vs. Pratima Mohanty 2021 SCC Online 1222

(m) To pass such other orders and further orders as may be deemed necessary on the facts and in the circumstances of the case.

FOR WHICH ACT OF KINDNESS, THE PETITIONER SHALL AS INDUTY BOUND, EVER PRAY.

PLACE: MUMBAI

This day of March, 2022

Advocate for Petitioner

Snehal S. Surve

Petitioner

(Feroze Mithiborwala)



VERIFICATION/ SOLEMN AFFIRMATION

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Solemnly	affirmed at B	ombay	1

day of March, 2022 This

BEFORE ME

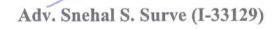
Shri. Feroze Mithiborwala

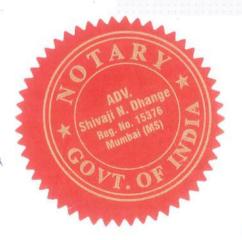
(Petitioner)

BEFORE ME

Notary Govt Of India Regd. No. 15376 MUMBAI (MS) 404-405, 4th Floor, Davar House, 197/199, Near Central Camera Bldg... D.N. Road. Fort, Mumbai - 400001.

NOTED & REGISTERED Page No. 2814 St. No. 131 Date 70 MAR 2022









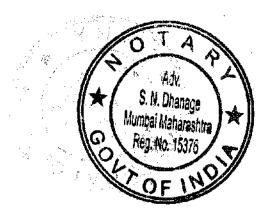
GOVERNMENT OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE DEPARTMENT OF HEALTH RESEARCH

LOK SABHA
UNSTARRED QUESTION NO. 3976
TO BE ANSWERED ON 19th March, 2021

COMPENSATION TO COVID VACCINE RECIPENTS

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY)

(f): There is no provision for compensation for recipients of COVID-19vaccine against any kind of side effects or medical complications that may arise due to inoculation. The Covid-19 Vaccination is entirely voluntary for the beneficiary.



TRUE COPY

ADVOCATE FOR

143

Exhibit - "B"

Government of India inistry of Health & Family Welfare VID-19 Vaccine Administration Cell) सावारण इन्ड क्रीत BY CRONARY POST

Nirman Bhawan, New Delhi-110011 Datedya March, 2021

To

Mr. Dinesh Bhausaheb Solunke, Dr. Dinesh Solunke , Nasanasa S

des de la comitación de l Comitación de la comitación de

Subject: Information sought under RTI Act 2005 - reg.

Sir,

Please refer to your RTI application Registration No. No. Mc Mc received on 11.03.2021, seeking information under RTI Act, 2005. The information in respect of Covid Vaccine Administration Cell, MoHFW is as under:

संख्या	आवेदक के प्रशन	उत्तर
क्रम		
	How many vaccine reciever till date have developed adverse reactions? Kindly provide details, out of which how many had serious complications? Needing ICU care kindly provide details. How many deaths are reported till date after covid19 vaccination? Kindly provide details is there any compensation provided for vaccine injury or adverse reactions, deaths, if yes please provide details of the same.	You may seek this information from the concerned States/UTs. 103 deaths have been reported after Covid-19 vaccination as on 18.03.21 However, it is not clear as yet whether the deaths occurred due to vaccination or for other reasons. As far as compensations is concerned, the covid-19 vaccine being voluntary.

2. If you are not satisfied with the above reply, an appeal can be made to Mrs. Sarita Nair, Deputy Secretary(CVAC), R. No. 435-C Wing, (Tel. No. 011-23061554), Ministry of Health & Family Welfare, Nirman Bhawan – 110011 within 30 days of receipt of this reply, who is the appellate authority in this matter.

A R V A R V A TON COVT OF COVT OF

Yours faithfully

(Sarpeo Singh)

Under Secretary to the Govt. of India & CPIO

Phone, 23062959

Copy to

Section Officer, RTI Cell, MoHFW, Nirman Bhawan w.r.t. RTI Application Registration No. MOHFW/R/T/21/00527, received on 11.03.2021.

! Guard file.

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निर्मित संख्या जेड.600]1/06/2020-सीदीएसी

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भारत सरकार

स्वास्थ्य और परिवार कल्याण मंत्रालय ्रिसीवीएसी अनुसाग

> निर्माण भवन, गई दिल्ही दिनांक 🗗 मार्च, 2021

то,

Sh. Anurag Sinha,

विषय: अस्टीआई अधिनियम, २००५ के अंतर्गत मांगी गई आनकारी के संबंध में। महोदय,

कृषया आप अपनो आर.टी.आई. एमओएछएफडबल्यू/आर/ई/21/00630, आर.टी.आई. अधिनियम, 2005 के संदर्भ ते जोकि अधीहस्ताहारी को दिलांक 27.02.2021 को प्राप्त हुआ था जिसमें आर.टी.आई.(RTI) अधिनियम, २००५ के हहत जानकारी मांगी गई है

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III.	क्या दैनतीन नहीं लेने पर नौंकरी नहीं मिलेगा, ट्रेन, बस,	किसी भी सरकारी सुविधा, नागरिकता,
	मेट्रों में चढ़ने नहीं मिलेगी	नौकरी इत्यादि से वैनसीन का कोई
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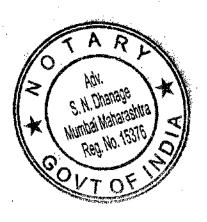
यदि आप उत्तर से संतुष्ट नहीं हैं, तो सुन्नी, सुनीता नायर, उपस्थित, (सी. वी. ए. ती.), क.न. 435 सी नितंग, स्वास्थ्य और परिवार कल्याण संवालय, भवन भवन, नई दिल्ली से इस उस्तर की प्राप्ति के उन दिनों के भीतर अपील कर सकते हैं। दो इस मामले में अपीलीय प्राधिकारी है।

भवदीय

अवर सचिव और सीगीआईओ, भारत सरकार द्रसाय मः ०११-२३०६२९५९

अनुसम अधिकारी, आरटीआई सेल, स्वास्थ्य एकंग परिवार कल्याण नेत्रातय आरटीआई. फ.सं. एफटी/60011 एमओएघएफडबल्य्/आर/ई/21/00630, दिनांक 27.02.2021 के संदर्भ में।

अबर सचिव (प्रति.), स्वा.एटम प.म.मंत्रालय



Pilss

File No. A 60011/06/2020-CVAC Government of India Ministry of Health & Family Welfare (COVID-19 Vaccine Administration Cell)

To Anurag Sinha,



Mirman Bhawan, New Debi-11001) Dated 24 March, 2021

Subject -Information sought under RTI Act 2005 - reg.

Sin

Please refer to your RTI application Registration No. MOHPWR/E/21/00833, dated 13:03:2021, seeking information unider RTI Act. 2005. The information in respect of Covid Vaccine Administration Cell, MoHPW is as under

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If you are not catisfied with the above reply, an appeal can be made to Mrs. Sarita Neit. Deputy Secretary(CVAC), R. No. 435-C Wing (Tel. No. 011-23061554), Ministry of Health & Family Wellare, Nerman Bhawan — 110011 within 30 days of receipt of this tepty, who is the appealate authority in this matter.

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(Sarado Singh) Under Secretary to the Govt, of India & CPIO Fitions 23:287999

Copy to -

Section Officer, RTI Cell, MoHFW, Mirman Bhawan Will RTI Application No MOHFWIRIE/21/03633, dated 12/03/2021

2 Guard file



Tournant Anurag Sinha

Fite No. A.88011/06/2020-CVAC Government of India Mixistry of Health & Family Welfare (COVID-19 Vaccine Administration Cell)



Nirman Bhawan, New Delhi-110011 Dated 23 March, 2021

Subject: Information sought under RTI Act 2005 - 189.

56,

Picase refer to your RTI application Registration No. MOHFWR/E/21/00615. dated 12.03 2021, sacking information under RTI Act, 2005. The information in respect of Coyld Vaccine Administration Cell, MoHFW is as under

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Yours laddelly,

Under Secretary to the Gov. of Fide & CPIO Prione 33082050

Section Officer, RTI Cell, MoHFW. Nirman Brawan with RTI Application No MOHFWIR/E/21/00815, dated 12.03.2021. Guard life



Government of Maharashtra

DMU 2020/ CR 92/DM 1 Disaster Management, Relief & Rehabilitation Mantralaya, Mumbai Date: 10th August, 2021

To

The Director General of Police, Maharashtra

The General Manager, Central Railway, CSMT, Mumbai

The General Manager, Western Railway, Churchgate, Mumbai

The Municipal Commissioners (All in Mumbai Metropolitan Region)

The Collector, Thane/ Palghar

The Commissioner of Police (All in Mumbai Metropolitan Region)

Sub - Regarding Standard Operating Procedure for issue of season pass for fully vaccinated Commuters in local train in MMR region

Sir,

With reference to the above mentioned subject, the Standard Operating Procedure document for issue of season pass for fully vaccinated commuters in local trains in the MMR region is enclosed.

You are requested to direct the concerned to take all steps for the effective implementation of the same.

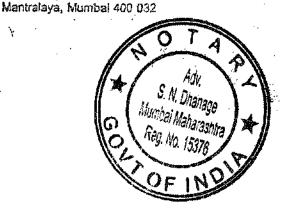
Ralled & Remadille

(Shrirang Gholap) Under Secretary

Under Secretary
Disaster Management Unit
Government of Maharashtra

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ADVOCATE FOR 1



Standard Operation Procedure for issue of Railway Season Pass to Commuters in the Mumbai Metropolitan Region

The State Government is allowing people who have been fully vaccinated i.e have taken both doses of the vaccine and 14 days have lapsed since the administration of the second dose of the vaccine to travel by local trains in the Mumbai Metropolitan Region. This facility will be available to only for fully vaccinated people. It is specifically decided that such citizens shall be allowed to travel on monthly season's tickets only and not for daily commute or season's tickets of other durations.

It has been further decided that we issue Universal Pass to fully vaccinated people which has photo of the holder. This pass is to be shown like any other ID card at railway counters to buy season's ticket are per regular process of railways. Traveller is required to carry both the ticket as well as Universal Pass while travelling. This pass shall specifically mention "level 3" and travel shall be allowed on it unless MCGM/ DDMA declares levels of restrictions to be higher than level 3.

While Government has taken up development of system of issuance of Universal Pass, given the number of commuters that are like to avail of this facility and the short time period available till 15th of August for issuance of passes to these many citizens, following SOP is to be rolled out to ensure that all eligible commuters get to travel local trains.

a) There shall be special help desks in railway stations decided by MCGM/ DDMA in consultation with railway authorities that shall be manned by personnel from MCGM/ Municipal Corporations/ Local authorities or anyone so directed by concerned DDMA. These help desks shall operate in two shifts, first starting at 7 AM to 3 PM and second from 3 PM to 11 PM, and will begin operations from 11th August onwards.

b) Railways will ensure that all the ticket counters are opened and fully functional. The respective Municipal Corporations/ local bodies will set up the enough number of her desks as per the number of commuters that may require this service so that the services can be provided within reasonable time.

- c) The fully vaccinated persons wishing to avail the monthly season pass will first approach these help desks and show their fully vaccinated certificate along with a Government issued photo ID (preferably Aadhar Card). They should carry a photocopy of the photo ID also for stamping purpose.
- d) The personnel at the help desks shall verify the authenticity of the vaccination certificate by scanning the QR code followed by due diligence like matching of names on documents, dates of both doses, passage of minimum 14 days since second dose of vaccination etc. If found to be authentic, they shall put special stamp on certificate of vaccination submitted as well as on the photocopy of I-Card.
- e) With these stamped documents, commuter will proceed to the railway counter for purchasing the monthly season's ticket. They shall be given these tickets on the basis of stamping on the documents. Railway counter will issue the monthly season's ticket, with certification number of vaccination certificate mentioned thereon.
- f) Traveller is to carry all three -
 - 1. the ticket
 - 2. vaccination certificate as well as
 - 3. I-Card while travelling.
- g) After State Government's system of Universal Pass over internet becomes operational, citizens. Such pass holders will not require going to help desks for purposes of authentication of documents at any railway station and may directly approach the counter can go to the relevant website and submit documents there at, and may print on their own Universal Pass receiving payments and issuing monthly season's tickets.

 Such travellers are to carry two documents—
 - I. the ticket as well as
 - 2. Universal Pass while travelling.

Given the possibility of crowd at these help desks as well as requiring disciplining crowd to ensure convenient and safe travel for all travellers, State Police/ Police Commissioners/ SP/ RPF and others shall provide adequate Bandobast at various locations from 11th August onwards. It is expected that post 15th August, at least till 31st August, police will let only Universal Pass holders or Vaccination certificate



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holders along with their I-Cards enter the railway premises by checking 100% commuters. After 31st August, with due assessment of the need, police may decide on random checks or other means to ensure that only authorised travellers are moving in the railway station. Inside the railway stations, railway authorities shall ensure maintenance of proper order and discipline.

- i) The persons who already have Universal Pass issued to them can procure monthly season tickets directly at the window of the railway stations.
- j) It is also emphasised that this SOP is for issuance of monthly season's tickets for the fully vaccinated citizens. Categories of the citizens that are already allowed to travel due to their profession like medical or other essential services are not affected by this SOP at all. These are already being provided Universal Passes and they are also allowed to travel on their respective I-Cards and are allowed for a daily commute also.



GOVERNMENT OF MAHARASHTRA

Department of Revenue and Forest, Disaster Management, Relief and Rehabilitation, Mantralaya, Mumbai- 400 032 No: DMU/2020/CR. 92/DisM-1, Dated: 27th November, 2021

ORDER

Reference:

- a. The Epidemic Diseases Act, 1897
- b. The Disaster Management Act, 2005

The State Government is currently recording fewer number of COVID 19 positive cases consistently over the past few months. Also, there has been a steady as well as consistent decline in the trend curve of COVID cases in the country and nearby states. All these succusses are due to discipline in adherence by various establishments to various necessary restrictions that have been imposed on various activities as well as discipline in Covid Appropriate Behaviour shown by majority of public at large. Vaccination drive in the state and the country also has seen reasonable uptake and has contributed immensely to reduction in pressure on health infrastructure, public as well as private. In the light of the said fact the State Government is now considering to open up economic, social, entertainment and cultural activities with fewer restrictions, especially for fully vaccinated persons.

Thus in exercise of the powers conferred under the Disaster Management Act, 2005, the undersigned in the capacity of the Chairperson of the State Executive Committee of the State Disaster Management Authority, in super cession of all earlier orders by the State Government with regard to imposition of restrictions for preventing the transmission of the COVID 19 virus, decrees with immediate effect that all economic, cultural, social, sports and entertainment activities will now be allowed as per the normal timings decided by various local or other competent authorities before the advent of the COVID 19 pandemic, subject to the following conditions:

1. Adherence to CAB (Covid Appropriate Behaviour): Strict adherence to CAB as laid down by the State and Central Government from time to time shall be observed by all, including the service providers, owners of premises, licensees, organizers etc. as well as all visitors, service takers, customers, guests etc. Detailed guidelines for CAB (Covid Appropriate Behaviour) as well as fines in case of breach shall be as per CAB Guidelines and Fines stated hereinafter.

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ADVOCATE FOR _____

2. Requirement of being Fully Vaccinated:

- a. All persons connected with the organization of any program, event or show, ticketed or non-ticketed, as well as all service providers and participants (like players, actors etc.), visitors, guests, customers shall be fully vaccinated as per the definition of the same given hereinafter.
- b. Any shop, establishment, mall, event, gathering etc. where a member of public has a right to come and get services must be manned by fully vaccinated persons and all visitors, customers for such places shall be fully vaccinated.
- c. All public transport shall be used only by fully vaccinated persons.
- d. The Universal Pass created by the State Government (https://epassmsdma.mahait.org or telegram-MahaGovUniversalPass Bot) shall be a valid proof for status of full vaccination. Or else, Cowin Certificate with a valid ID proof carrying photo may be taken a valid proof for the same. For citizens bellow 18 years, other Government or school issued photo identity and for those who are unable to take the vaccine due to medical reasons, a certificate from a certified medical practitioner may serve as documentary evidence for entry.
- e. Though offices and other establishments where there is no visit by any person of general public as well as private transport does not have this requirement of being open to fully vaccinated persons, they are strongly advised to go for full vaccination.
- 3. Travel into Maharashtra State: All travellers into state from any international destination shall be governed by directions of Government of India in this respect. All domestic travellers into the state shall either be fully vaccinated as defined hereinafter or shall carry a RT-PCR test valid for 72 hours.

4. Restriction on attendance in any program, event etc.:

- a. In case of any program/ event/ activity happening in an enclosed/ closed space like a cinema hall, theatre, marriage hall, convention hall etc, people up to 50 percent of the capacity of the space will be allowed.
- b. In the case of open to sky spaces, for any events or gatherings, people up to 25 percent of space capacity will be allowed. Concerned DDMA shall have authority to decide the capacity in case of such locations of gatherings or events, if not already declared formally (like stadiums).



- c. In the case the total number of people present for any gathering in accordance will the above rules exceeds I thousand, then the local disaster management authority will have to be informed of the same and the local disaster management authority may send their representative to supervise as observers any such gathering and to ensure that there is strict adherence to the above mentioned rules. The said representative of DDMA shall have authority to order closure of part or full activity if CAB is seen to be violated in large scale endangering spread of Covid 19.
- 5. Other reasonable restrictions by DDMA: Restrictions and conditions mentioned herein may be augmented, but not diluted, by any DDMA for their respective jurisdiction, if deemed fit at any moment of time, but not without giving 48 hours of information through public notice. Any restrictions that are in force on the date of this order, levied by DDMA shall cease to operate after 48 hours unless re-issued with a public notice for continuation.
- 6. Definition of being Fully Vaccinated:

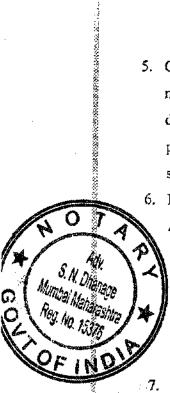
A fully vaccinated person will mean-

- Any person who has received both doses of the vaccine and 14 days have lapsed since the administration of the second dose; or
- Any person having a medical condition that does not allow him or her to take the vaccine and has a certificate to that extent from a recognised doctor; or
- · A person who is less than 18 years of age,
- CAB rules and fines:

Definition: CAB can be defined as the everyday common behaviour needed to be followed by individuals and organisations to curb the spread of the COVID 19 virus and thereby breaking the chain of transmission of the same. Aspects of behaviour that's characterised as CAB include those mentioned below and also all such rational aspects that may hinder spread of Covid 19 virus given its methodology of spread indicated herein.

Following are some aspects of basic COVID appropriate behaviour that have to be followed by everyone at all times. All organisations are to ensure that all their employees, visitors to their campuses, customers or anyone engaged in any activity of the organisations, directly or indirectly, follow the same and shall be responsible for enforcing the same on their campus and/ or while transacting the transactions related to business or other activities related to concerned organization. Organisations are also responsible for

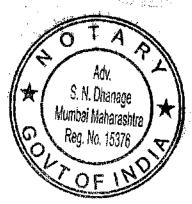
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- 15 Vailability of hand sanitisers, soap & water, thermal scanners etc. required for following CAB by all such personnel at all such locations that are under its control or where it is transacting its business or other activities.
 - Wear a mask at all times in the right way. Mask should cover nose and mouth at all times. (An handkerchief will not be considered as mask & person using would be liable for fine.)
 - 2. Maintain social distancing (6 feet distance) at all times wherever possible.
 - 3. Wash hands frequently and thoroughly by soaps or sanitisers.
 - 4. Avoid touching nose/ eyes/ mouth without washing your hands with soap or without use of sanitiser.
 - 5. Maintain proper respiratory hygiene.
 - Regularly clean and disinfect frequently cleaned surfaces.
 - 7. When coughing or sneezing, cover the mouth and nose using tissue and throw used tissues in the trash; if one doesn't have tissue, one should cough and sneeze into bent elbow and not one's hand.
 - 8. Do not spit in public places.
 - 9. Avoid crowds and maintain safe distance (6 feet distance) in public places.
 - 10. Greet anyone without physical contact.
 - 11. Any other rational behaviour required for avoiding spread of Covid 19 virus.

Penalties:

- Any individual not following CAB expected is these rules shall be fined
 Rs. 500/- for each instance of default.
- If the default by an individual is seen in any premises of organization or establishment that is supposed to impose CAB on their visitors, customers etc., in addition to imposing fine on the individual, these organizations or establishments shall also be fined Rs. 10,000/-. If any organization or establishment is seen to be a regular defaulter in ensuring discipline for CAB in its visitors, customers etc. such organization or establishment shall be closed till the notification of Covid 19 as a disaster remains in force.
- If an organization or establishment fails to follow CAB or SOP itself, it will be liable to be fine of Rs. 50000/- for each instance. Frequent



defaults shall lead to closure of the organization or establishment till the notification of Covid 19 as a disaster remains in force.

- If a default is found inside any taxi or private transport four- wheeler or inside any bus, along with the individual defaulting CAB being fined Rs. 500/-, driver, helper or conductor who are providing service shall also be fined Rs. 500/-. Owner transport agency in cases of buses shall be fined Rs. 10000/- for each instance of default. Frequent defaults shall lead to withdrawal of license or closure of operations for the owner agency till the notification of Covid 19 as a disaster remains in force.
- The above mentioned rules regarding COVID appropriate behavior to be followed mandatorily and violation of the same will result in fines and penalties as stated above as well as any other fine or penalty may be levied on the violators by any disaster management authority in accordance with the Disaster Management Act, 2005. The rules/ polices for CAB shall be in accordance with the above and any other issue regarding CAB not specifically mentioned herein shall be in accordance with the current rules/ orders of the State Government that are in force.

BY ORDER OF AND IN THE NAME OF THE GOVERNOR OF MAHARASHTRA



(Sitaram Kunte)
Chief Secretary

7. pil 84-21 & anr.

Diksha Rane



IN THE HIGH COURT OF JUDICATURE AT BOMBAY CIVIL APPELLATE JURISDICTION

PUBLIC INTEREST LITIGATION NO. 84 OF 2021

Feroze Mithiborwala

..Petitioner

VS.

The State of Maharashtra & ors.

..Respondents

WITH PUBLIC INTEREST LITIGATION NO. 85 OF 2021

Yohan Tengra

..Petitioner

VS.

The State of Maharashtra & ors.

..Respondents

Mr. Tanveer Nizam a/w. Mr. Vijay Kurle, Mr. Shivam Mehra, Ms. Snehal Surve, Ms. Poonam Rajbhor, Mr. Pratik Jain, Ms. Dipali Ojha, Ms. Deepika Jaiswal, Mr. Mangesh Mali, Mr. Siddhi Dhamnaskar i/b. Mangesh Bhimrao Dongare for petitioner in PIL No.84 of 2021.

Mr. Nilesh Ojha a/w. Mr. Vijay Kurle, Mr. Shivam Mehra, Ms. Snehal Surve, Ms. Poonam Rajbhor, Mr. Pratik Jain, Ms. Dipali Ojha, Ms. Deepika Jaiswal, Mr. Mangesh Mali, Mr. Siddhi Dhamnaskar, Mr. Rajeshwar Panchal and Mr. Sarang Gundagwar, Mr. A.R. Kori and Mr. Mohan Rawat i/b. Abhishek N. Mishra for petitioner in PIL No. 85 of 2021.

Mr. Anil V. Anturkar, Senior Advocate a/w. Mr. Yatin Malvankar, Mr. Shubham Misar, Mr. Preet Phanse i/b. Mr. P.P. Kakade, G.P., Smt. R.A. Salunkhe, AGP for State.

Mr. Anil C. Singh, ASG a/w. Mr. Aditya Thakkar and Mr. D.P. Singh for respondent no.7 – UOI.

Mr. Santosh Parad for respondent no. 3 - MCGM.

Mr. T. J. Pandian for respondent no.6.



7. pil 84-21 & anr.

CORAM: DIPANKAR DATTA, CJ &

M. S. KARNIK, J.

DATE : DECEMBER 15, 2021

P.C. :

- 1. Learned advocates for the respective petitioners have concluded their addresses.
- 2. Mr. Anturkar, learned senior advocate is in the midst of his arguments. According to him, neither does the petitioners have *locus standi* to present writ petitions invoking the writ jurisdiction of this Court in public interest nor has the cause of action been spelt out therein. It is also urged by him that circulars/notifications issued by the State Disaster Management Authority and the State Executive Committee, constituted in terms of the provisions of the Disaster Management Act, 2005, are under challenge in both the writ petitions without such Authority and/or Committee being impleaded as respondents in the writ petitions.
- 3. These are technical objections to the maintainability of the writ petitions; however, keeping in mind the broader issue of curtailment of the Fundamental Rights of non-vaccinated citizens to avail suburban rail services, the rationale therefor needs to be presented before the Court either by the State Government or by the State Disaster Management Authority/the State Executive Committee. We find that the Chief Secretary to the Government of

Maharashtra is the ex-officio Chairperson of the State Executive Committee as well as a member of the State Disaster Management Authority. We, therefore, invite the Chief Secretary to file an affidavit by Tuesday next (December 21, 2021), with copies to the learned advocates for the petitioners, putting forth the rationale for making classification between vaccinated and non-vaccinated citizens to avail suburban train services, which is mainly the expressed in the writ matter of concern subject petitions. We are of the opinion that though the writ petitions are not in proper form, we could take cognizance even suo motu since the above issue is in the larger public interest. We hope and trust that the State would file the requisite affidavit despite the State Disaster Management Authority or the State Executive Committee not being on record. We, however, grant leave for their impleadment.

4. List the PIL petitions on Wednesday next (**December 22, 2021**) at 10.30 a.m. for further consideration.

(M. S. KARNIK, J.)

(CHIEF JUSTICE)



2-PIL-84 & 85-2021

Pdp

IN THE HIGH COURT OF JUDICATURE AT BOMBAY CIVIL APPELLATE JURISDICTION

PUBLIC INTEREST LITIGATION NO. 84 OF 2021

Firoze Mithiborwala

.. Petitioner

Vs.

The State of Maharashtra & Ors.

.. Respondents

WITH PUBLIC INTEREST LITIGATION NO. 85 OF 2021

Yohan Tengra

.. Petitioner

Vs.

The State of Maharashtra & Ors.

.. Respondents

Mr. Tanveer Nizam i/by Mangesh Bhimrao Dongre a/w Mr. Vijay Kurle, Ms. Dipali N. Ojha, Mr. Awtar Singh, Mr. Partho Sarkar, Nicky Pokar, Mr. Sandeep Sheregar, Ms. Mita Rudani, Mr. Prateek Sakar, Mr. Aditya Parmar, Adarshi Diwani, Mr. Gopal Nirban, Mr. Shivchand Mishra, Ms. Poonam Rajbhar, Mr. Ishwarlal S. Aggarwal, Mr. Pratik Jain, Ms. Deepika Jaiswal, Ms. Snehal Surve, Mr. Mangesh Mali, Mr. Siddhi Dhamnaskar, Mr. Rajeshwar Panchal, Mr. Sarang Gundagwar, Mr. Shivam Mehra, Mr. Vikas Pawar, Mr. A. R. Kori and Mr. Mohan Rawat, Mr. Aniruddh More for petitioner in PIL/84/2021.

Mr. Nilesh Ojha i/by Abhishek N. Mishra a/w Mr. Vijay Kurle, Ms. Dipali N. Ojha, Awtar Singh, Mr. Shivchand Mishra, Mr. Partho Sarkar, Mr. Sandeep Sheregar, Nicky Pokar Ms. Mita Rudani, Mr. Prateek Sakar, Mr. Aditya Parmar, Mr. Adarsh Diwani, Mr. Gopal Nirban, Ms. Poonam Rajbhar, Mr. Ishwarlal S. Aggarwal, Mr. Pratik Jain, Ms. Deepika Jaiswal, Ms. Snehal Surve, Mr. Mangesh Mali, Mr. Siddhi Dhamnaskar, Mr. Rajeshwar Panchal and Mr. Sarang Gundagwar, Mr. Shivam Mehra, Mr. Vikas Pawar, Mr. A. R. Kori and Mr. Mohan Rawat, Mr. Anirudh More for petitioner in PIL/85/2021.

Mr. Anii Anturkar, Senior Advocate & Special Counsel a/w Mr. P. P. Kakade, Govt. Pleader and Ms. Reena A. Salunkhe, AGP for State.



TRUE COPY

ADVOCATE FOR

Mr. T. J. Pandian with Mr. T. C. Subramanian, Mr. Dheer Sampat for respondent no.6.

Mr. Om Suryawanshi i/b. Mr. Sunil Sonawane for MCGM.

Mr. Anil C. Singh, Addl. Solicitor General a/w Mr. Aditya Thakkar a/w Mr. D. P. Singh i/by Mr. A. A. Ansari for respondent nos.7 and 9 – UOI.

CORAM: DIPANKAR DATTA, CJ & M. S. KARNIK, J.

DATE: FEBRUARY 10, 2022

PC:

- 1. Mr. Anturkar, learned senior advocate for the State seeks time to place on record, by way of an affidavit, the materials on consideration whereof the Standard Operating Procedures (SOPs) under challenge were issued.
- 2. Let such affidavit be filed by 12.30 p.m. tomorrow (11th February 2022) with copies to the petitioners.
- The PIL petitions shall be taken up at 1.00 p.m. tomorrow (11th February 2022).

SALUNKE JV Stockety strated by Salunke JV Date: 1007-10110 20:13:09+0530

(M. S. KARNIK, J.)

(CHIEF JUSTICE)



Urmila Ingale



IN THE HIGH COURT OF JUDICATURE AT BOMBAY CIVIL APPELLATE JURISDICTION PUBLIC INTEREST LITIGATION NO. 84 OF 2021

Firoze Mithiborwala

.. Petitioner

Vs.

The State of Maharashtra & Ors.

.. Respondents

WITH PUBLIC INTEREST LITIGATION NO. 85 OF 2021

Yohan Tengra

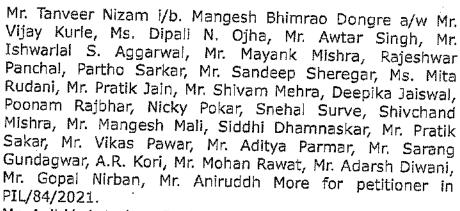
.. Petitioner

Vs.

The State of Maharashtra & Ors.

.. Respondents

Mr. Nilesh Ojha i/b. Mr. Abhishek N. Mishra a/w Mr. Vijay Kurle, Ms. Dipali N. Ojha, Mr. Awtar Singh, Mr. Ishwarlal S. Aggarwal, Mr. Rajeshwar Panchal, Mr. Partho Sarkar, Mr. Sandeep Sheregar, Ms. Mita Rudani, Mr. Pratik Jain, Mr. Shivam Mehra, Deepika Jaiswal, Poonam Rajbhar, Nicky Pokar, Snehal Surve, Shivchand Mishra, Mr. Mangesh Mali, Siddhi Dhamnaskar, Mr. Pratik Sakar, Mr. Vikas Pawar, Mr. Mayank Mishra, Mr. Aditya Parmar, Mr. Sarang Gundagwar, A.R. Kori, Mr. Mohan Rawat, Mr. Adarsh Diwani, Mr. Gopal Nirban, Mr. Aniruddh More for petitioner in PIL/85/2021.



Mr. Anil V. Anturkar, Senior Advocate a/w Mr. P. P. Kakade, Govt. Pleader and Ms. Reena A. Salunkhe, AGP for State.



Mr. S.S. Pakale a/w Mr. Om Suryawanshi i/b. Mr. Sunil Sonawane for respondent no. 3 (MCGM).

Mr. T. J. Pandian a/w Mr. T. C. Subramanian, Mr. Dheer Sampat for respondent no.6.

Mr. Aditya Thakkar a/w Mr. D. P. Singh i/by Mr. A. A. Ansari for respondent nos.7 and 9 – UOI.

CORAM: DIPANKAR DATTA, CJ & M. S. KARNIK, J.

DATE: FEBRUARY 11, 2022

P.C. :

- An affidavit has been filed by Mr. Aseem Surendrakumar Gupta, Principal Secretary. Disaster Management, Relief and Rehabilitation Department. Government of Maharashtra and the Member Secretary State Executive Committee under the Disaster Management Act, 2005, in purported compliance with the order passed by us yesterday.
- 2. We have heard Mr. Anturkar, learned senior advocate for the State and have perused the affidavit.
- 3. We wish to look into the relevant records/files pertaining to issuance of the Standard Operating Procedures (hereafter "SOPs", for short) under challenge in these two writ petitions, i.e., the SOPs dated July 15, 2021, August 10, 2021 and August 11, 2021. Let the entire records/files be placed before us on **February 21, 2022** when these



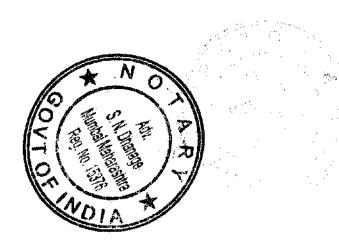
2. pil 84.21

writ petitions will be called on for hearing once again at 2.30 p.m.

4. By Thursday next, the petitioners shall be at liberty to file further affidavits dealing with the affidavit of Mr. Aseem Surendrakumar Gupta.

(M. S. KARNIK, J.)

(CHIEF JUSTICE)



1-PIL-84 & 85-2021

Pdp

IN THE HIGH COURT OF JUDICATURE AT BOMBAY CIVIL APPELLATE JURISDICTION

PUBLIC INTEREST LITIGATION NO. 84 OF 2021

Feroze Mithiborwala

..Petitioner

Vs.

The State of Maharashtra & Ors.

..Respondents

WITH PUBLIC INTEREST LITIGATION NO. 85 OF 2021

Yohan Tengra

.. Petitioner

٧s

The State of Maharashtra & Ors.

.. Respondents

Mr. Nilesh Ojha i/b Adv. Abhishek N. Mishra a/w Adv Vijay Kurle, Adv Dipali N. Ojha, Adv. Awtar Singh, Adv Ishwarlal S. Aggarwal, Adv. Rajeshwar Panchal, Adv Partho Sarkar, Adv Sandeep Sheregar, Adv. Mita Rudani, Adv. Pratik Jain, Adv. Shivam Mehra, Adv. Deepika Jaiswal, Adv. Poonam Rajbhar, Adv. Nicky Pokar, Adv. Snehal Surve, Adv. Shivchand Mishra, Adv. Mangesh Mali, Adv. Siddhi Dhamnaskar, Adv. Pratik Sarkar, Adv. Vikas Pawar, Adv. Mayank Mishra, Adv Kajal Hindalekar, Adv. Aditya Parmar, Adv. Sarang Gundagwar, Adv. A.R. Kori, Adv. Mohan Rawat, Adv. Adarsh Diwani, Adv. Gopal Nirban, Adv. Mohan Rawat, adv. Aniruddh More for Petitioner in PIL No.85/2021.

Mr. Tanveer Nizam i/b Adv. Mangesh Bhimrao Dongre a/w Adv. Vijay Kurle, Adv. Dipali N. Ojha, Adv. Awtar Singh, Adv Ishwarlal S. Aggarwal, Adv. Mayank Mishra, Adv Kajal Hindalekar, Adv. Rajeshwar Panchal, Adv. Partho Sarkar, Adv. Sandeep Sheregar, Adv. Mita Rudani, Adv. Pratik Jain, Adv. Shivam Mehra, Adv. Deepika Jaiswal, Adv. Poonam Rajbhar, Adv. Nicky Pokar, Adv. Snehal Surve, Adv. Shivchand Mishra, Adv. Nicky Pokar, Adv. Snehal Surve, Adv. Shivchand Mishra, Adv. Mangesh Mali, Adv. Siddhi Dhamnaskar, Adv. Pratik Sarkar, Adv. Vikas Pawar, Adv. Aditya Parmar, Adv. Sarang Gundagwar, Adv. A.R. Kori, Adv. Mohan Rawat, Adv. Mita Rudani, Adv. Adarsh Diwani, Adv. Gopal Nirban, Adv. Mohan

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S. N. Otanage

Mumbai Maharashtra

Reg. No. 15376

TRUE COPY

ADVOCATE FOR _____.

Rawat, Adv. Aniruddh More for Petitioner in PIL No.84 of 2021.

Mr. Anil Anturkar, Senior Advocate & Special Counsel a/w Mr. P. P. Kakade, Government Pleader a/w Ms. Reena A. Salunkhe, AGP for State.

Mr. Anil C. Singh, ASG a/w Mr. Aditya Thakkar a/w Mr. D. P. Singh for Respondent -Union of India.

Mr. T. J. Pandian with Mr. T. C. Subramanian for Respondent no.6.

Mr. Suresh Pakale a/w Mr. Om Suryawanshi for MCGM.

CORAM: DIPANKAR DATTA, CJ & M. S. KARNIK, J.

DATE: FEBRUARY 22, 2022

PC:

Mr. Anturkar, learned senior counsel appearing for the State has submitted, on instructions, received from the Principal Secretary, Disaster Management, Relief Rehabilitation, Government of Maharashtra, that a decision has been taken to withdraw the orders dated 15th July, 2021 and 11th August, 2021 as well as the Standard Operating Procedure dated 10th August, 2021. However, it is the further contention of Mr. Anturkar that the order dated 15th July, 2021 has since been superseded by an order dated 27th August, 2021; similarly, the order dated 11th August, 2021 has since been superseded by orders dated 8th October, 2021, 19th October, 2021 and 26th October, 2021 as well as other

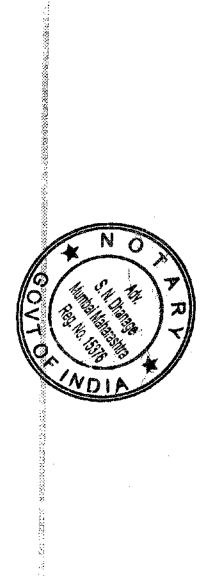


subsequent orders dated 8th January, 2022, 9th January, 2022 and 31st January, 2022, which are now in force.

2. Mr. Anturkar also contends that having regard to the spirit of the observations that this Bench had the occasion to make in course of the proceedings in Court, it has since been decided by the State Executive Committee constituted under the Disaster Management Act, 2005 (hereafter "the Act", for short) to meet on 25th February, 2022 for reviewing all the orders in the light of the discussions in the Court as well as the factual status of Covid-19 pandemic and various directions, letters advisories, etc. received from Covernment of India as well as the Task Force and to promulgate new comprehensive directives, if needed, in supersession of all the previous orders. According to Mr. the principal Secretary is firmly of the belief that the fresh decision to be taken by the State Executive Committee on 25th February, 2022 would be in tune with the spirit of the observations of the Bench.

3. While we propose to adjourn hearing of these PIL petitions for a few days, it is necessary to briefly place on record what transpired in course of previous hearings. We had the occasion to consider the orders that were passed by the former Chief Secretary of the Government of Maharashtra. It was noticed and observed that the State Disaster Management Rules framed in terms of provisions contained in section 78 of the Act were observed in total breach. No

decision was taken by the State Executive Committee. On the contrary, orders were issued from time to time by the former Chief Secretary, in the capacity of the Chairperson of the State Executive Committee, imposing restrictions to be adhered to during the second wave of the pandemic without there being any deliberation with the other members of the Committee, who happened to be bureaucrats having their offices in the same building where the Chief Secretary has his office. Since there were no meetings of the State Executive Committee, minutes of meetings though required to be recorded in terms of statutory rules were not recorded. Although at an earlier stage it was submitted that as the Chairperson of the Committee the former Chief Secretary had certain emergency powers and to take decisions all by himself, we have observed from the records produced yesterday by Mr. Anturkar that none of the orders recorded any emergent like situation warranting the Chairperson of the Committee to pass an order without waiting for deliberations with the other members. Satisfied that Fundamental Rights of citizens guaranteed under Article 19(1)(d) of the Constitution were abrogated without giving primacy to the rule of law, we had made certain critical oral observations in open Court wondering how an order passed by the Chairperson of the Committee, without following the relevant law, could be passed off as the decision of the State Government. Orders having been passed in clear violation of the prescribed procedure notwithstanding, we had granted time to the Government to take an informed decision on the aspect of



lifting the restrictions that were illegally imposed particularly giving due regard to the declining trend of infected cases as well as bearing in mind that earning a bad name at this stage would wash away the commendable work performed by officials/staff at all levels in Maharashtra to keep the citizens safe and secure as much as possible during the second wave.

- 4. Be that as it may, we hope and trust that in keeping with the present situation and the observations made above, the State Executive Committee will take an appropriate decision for lifting of restrictions considering all aspects of the matter including the particular circumstance that Fundamental Rights of a section of the citizens were abrogated because of certain illegal orders passed by the Chairperson of the State Executive Committee earlier. Although it is not the function of the Court to direct the State Executive Committee to take a decision in any particular direction, it would be eminently desirable if the State Executive Committee takes a decision on 25th February, 2022 which effectively puts a quietus to the issues raised in these PIL petitions.
- 5. We propose to take up these PIL petitions on **Monday next (28th February, 2022)** at **2.30 p.m.** when the decision of the State Executive Committee shall be placed before us by Mr. Anturkar.

(M. S. KARNIK, J.)

(CHIEF JUSTICE)



IN THE HIGH COURT OF JUDICATURE AT BOMBAY CIVIL APPELLATE JURISDICTION

PUBLIC INTEREST LITIGATION NO. 84 OF 2021

Feroze Mithiborwala

Petitioner

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versus

State of Maharashtra and Ors.

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Mr. Tanveer Nizam i/b Adv Mangesh Bhimrao Dongre a/w Adv. Vijay Kurle, Adv. Dipali N. Ojha, Adv Mariam Nizam, Adv. Awtar Singh, Adv Ishwarlal S. Aggarwal, Adv Mayank Mishra, Adv Kajal Hindalekar, Adv Rajeshwar Panchal, Adv. Partho Sarkar, Adv. Sandeep Sheregar, Adv. Mita Rudani, Adv. Pratik Jain, Adv. Shivam Mehra, Adv. Deepika Jaiswal, Adv. Poonam Rajbhar, Adv. Nicky Pokar, Adv. Snehal Surve, Adv. Shivchand Mishra, Adv. Mangesh Mali, Adv. Siddhi Dhamnaskar, Adv. Pratik Sarkar, Adv. Vikas Pawar, Adv. Aditya Parmar, Adv. Sarang Gundagwar, Adv. A.R. Kori, Adv. Mohan Rawat, Adv. Mita Rudani, Adv. Adarsh Diwani, Adv. Gopal Nirban, Adv. Mohan Rawat, Adv. Aniruddh More for Petitioner in PIL No.84 of 2021.

Mr. Nilesh Ojha i/b Adv. Abhishek N. Mishra a/w Adv. Vijay Kurle, Adv. Dipali N. Ojha, Adv Mariam Nizam, Adv. Awtar Singh, Adv Ishwarlal S. Aggarwal, Adv Rajeshwar Panchal, Adv. Partho Sarkar, Adv. Sandeep Sheregar, Adv. Mita Rudani, Adv. Pratik Jain, Adv. Shivam Mehra, Adv. Deepika Jaiswal, Adv. Poonam Rajbhar, Adv. Nicky Pokar, Adv. Snehal Surve, Adv. Shivchand Mishra, Adv. Mangesh Mali, Adv. Siddhi Dhamnaskar, Adv. Pratik Sarkar, Adv. Vikas Pawar, Adv. Mayank Mishra, Adv Kajal Hindalekar, Adv. Aditya Parmar, Adv. Sarang Gundagwar, Adv. A.R. Kori, Adv. Mohan Rawat, Adv. Adarsh Diwani, Adv. Gopal Nirban, Adv. Mohan Rawat, Adv. Aniruddh More for Petitioner in PIL No.85/2021.

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Page 1 of 4

advocate for <u>L</u>

Mr. Anil Anturkar, Special Counsel a/w Mr. P. P. Kakade, Government Pleader a/w Ms. Reena A. Salunkhe, AGP for State.

Mr. Anil C: Singh, ASG a/w Mr. Aditya Thakkar a/w Mr. D P Singh for Respondent –Union of India

Mr. T. J. Pandian with Mr. T. C. Subramanian for Respondent no. 6.

Mr. Suresh Pakale a/w Mr.Om Suryawanshi for MCGM.

CORAM: DIPANKAR DATTA, CJ &

M. S. KARNIK, J.

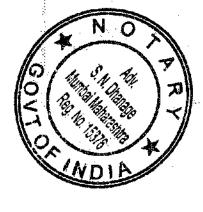
DATE: MARCH 2, 2022



- 1. Mr. Anturkar, learned senior advocate for the respondents, has placed before us an order dated 1st March 2022 signed by the Chief Secretary, Department of Disaster Management, Relief and Rehabilitation and Chief Executive Officer, State Executive Committee.
- 2. Although such order has not yet been published, as stated by Mr. Anturkar, it reveals that the State Executive Committee has decided to maintain the impugned earlier restriction that public transport cannot be availed of by those who are not fully vaccinated. This order, according to Mr. Anturkar, is based on the minutes of the meeting of the State Executive Committee (hereafter "the Committee", for short) chaired by the Chief Secretary to the Government of Maharashtra on 25th February 2022.
- 3. In our order dated 22nd February 2022, we had in no uncertain terms observed that the previous orders of the State Government imposing restrictions on user of public



transport had no sanction of law and that in keeping with the improving situation, it would be eminently desirable if the Committee takes a decision which would effectively put a quietus to the issues raised in the PIL petitions. The hope and trust reposed by us in the Committee that it would take a decision, which is reasonable and not in derogation of the Fundamental Rights of the citizens guaranteed by Article 19(1)(d), stand belied. We were utterly mistaken. The Committee, instead of respecting the observations that were made in the order dated 22nd February 2022, has once again insisted on only those who are vaccinated to avail public transport despite the fact that presently in Mumbai and its adjoining areas almost every activity is being performed as in the pre-pandemic days and normalcy has been restored in fair measure. In hindsight, we feel that having regard to the gross violations of the Disaster Management Act, 2005 (hereafter "the Act", for short) and the rules framed thereunder in imposing restrictions since 10th August 2021, it would have been appropriate if we had struck down the further orders passed in the name of the State Government post August, 2021 by the Chief Secretary, Government of Maharashtra in exercise of our suo motu powers instead of, in accordance with judicial discipline, permitting the Committee to take a fresh decision. This decision of the Committee, in the circumstances, is unexpected to say the least.



4. Be that as it may, since a new order has been issued under the Act maintaining the same restriction as before, publication of which is in contemplation, we are of the considered opinion that nothing further survives for decision

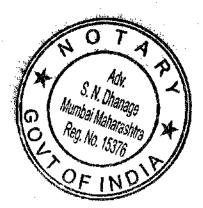
on these two PIL petitions and that the petitioners herein, if they feel aggrieved by such order (as and when it is published), ought to subject such order to challenge in fresh proceedings. Granting liberty to the petitioners to pursue their remedy in accordance with law, we dispose of these PIL petitions. No costs.

- 5. Since we are not disposing of the PIL petitions on merit, all contentions that have been raised by the petitioners are kept open.
- 6. Copy of the order dated 1st March 2022 and the minutes of meeting of the Committee dated 25th February 2022 shall be retained with the records and marked 'X' for identification.
- 7. The respondents are granted liberty to publish the order dated 1st March 2022.
- 8. We direct Mr. Kakade, learned Government Pleader to supply a copy of the said minutes of the meeting of the Committee to the petitioners' advocates once the order dated 1st March 2022 is published and made available to the public.

(M. S. KARNIK, J.)

(CHIEF JUSTICE)





IN THE HIGH COURT OF DELHI AT NEW DELHI WRIT PETITION (CIVIL) NO. 2033 OF 2022

IN THE MATTER OF: -

R S BHARGAVA

...PETITIONER

VERSUS

GOVT. OF NCT OF DELHI &OTHERS

... RESPONDENTS

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RESPONDENT NO. 3

THROUGH

ANURAG AHLUWALIA

CENTRAL GOVT. STANDING COUNSEL CHAMBER NO. 462, DELHI HIGH COURT

NEW DELHI

DATED: 21.02.2022

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ADVOCATE FOR_

IN THE HIGH COURT OF DELIMIAT NEW DELHI

(EXTRAORDINARRY CIVIL WIRIF JURISDICTION))

WRIT PETITION (CIVIL) No. 2033 of 2022

IN THE MATTER OF:

R S Bhargav

......Petitioners

Versus

t, of NCT of Delhi & Others

......Respondents

SHORT AFFIDAVIT ON BEHALF OF ANSWERING
RESPONDENT NO. 3 (MINISTRY OF HEALTH & FAMILY

WELFARE, GOVY. OF INDIA)

J., Saltyemitha Simoth, S/o Sh. Phood Simoth age capout As years, working &S Unider Secretary COVID Vaccination.

Administration Cell in the Ministry of Health and Family Welfard.

Nimmen Bhawen, New Delhii do hereby solemnly aftirm and sincerely state as follows:

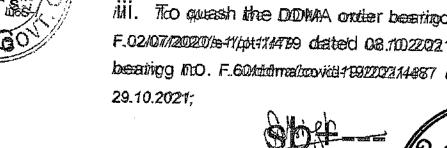


That, I am well acquainted with the facts of the case from the records. I am filing this Short Affidavit on behalf of the Ministry of Health & Family Welfare, Govt. of India, as I am authorized to do so.

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- 2. I have perused the Writ Petition of the petitioner and I deny the avernments medie therein, except those that are specifically admitted hereunder.
- 3. I humbly submit that the Petitioner has filed this writ petition seeking directions predominantly against the State Government and DPS, RK Puram. However, since we are also made a party, I am filing this affidavit.
- 4. It is respectfully submitted by the Answering Respondent No. 3 that, instead of traversing various allegations parawise, this respondent deems it appropriate to counter the whole set of the facts in this matter.
- The petitioner in his Whitt Petition has pleaded for the following prayer: -
 - #i. To direct that the petitioner be reinstated into service and be removed from "on leave" status and be allowed to conduct his classes on VC:
 - To direct that the petitioner be paid his salary for H. thre moriths of December and January by the respondent no.4 and that the period of 26.10.2021 onwards not be counted as "on leave" for the petitioner:
 - ilil. The quash the DIDWAA order bearings nos. F.02/07//2020/s-1/pt/1/4769 diated 08.100/22021 and bearing Into. F.60/ddma/lcovid-1997207214487 dated





To quash the DOE circultar no. Fino de 15 (305) (365)



examined and from the prayer (at para 5 above) and the statements of the petitioner in the writ petition, it is evidently clear that the grievances of the petitioner are related to the Departments of the Government of NOT of Delhi (Respondent No. 1 and 2) and DRS, R K Puram (Respondent No. 4).

It is respectfully submitted that the annexures as mentioned in the Writ Petition by the petitioner have been issued by the Vrit Departments under Government of NCT of Delhi.



It is respectfully submitted that the subject matter of the present Petition does not fall under the domain of the Answering Respondent No. 3 (MoHFW, Union of India). However, since this matter is related to vaccination, and Union of India is the respondent no. 3, thus it is pertinent to present the stand of Union of India with regards to vaccination. It is humibly submitted that vaccination for Covid-19 is of a larger public interest. As a responsible citizen looking to contribute in the mation and humanity's



fight against the Pandemic of Covid-19 infection, it is natural that every person would get her/himself vaccinated against Covid+199 for protecting himself/herself from developing severe disease and getting hospitalized. This will also help reduce covid-119 associated montridity and montality. It is duly advised, advertised and communicated by MoHFW through various print and social media platforms that all citizens should get vaccinated.

- 9. It is respectfully submitted that the directions and guidelines released by Government of india and Ministry of Health and family Welfare, do not entail forcible vaccination.
- 10. Ill is respectfully submitted that the Ministry of Health and Family Welfare has advised and duly advertised following comulitions as contraindications from administration of Covid-19 vaccine:

(A) With history of anaphylactic or allergic reaction to a previous dose of COVID-169 vaccine and its ingredients.

(B) A suspected or confirmed case of thromboembolic phenomenon following first dose of any of the COVID-19 vaccines.

(G) History of immediate or delayed-onset amphydaxis of alleggic reaction requiring hospitalization to vaccines or injectable therapies, phammaceutical products, food-items and insect





11. It is further respectfully submitted that maximum benefit of getting the COVID vaccine is for those who have comorbidities. However, if such persons are concerned for any specific reason, they may consult their doctor and follow his/her advice.

12. Prayer:

lit is therefore most humbly prayed that this Hon'ble Court many be pleased to admit this Short Affidavilt on behalf of Answering Respondent No. 3 (MoHFW) on this petition for the ends of justice.







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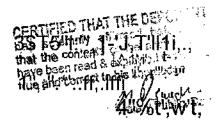
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VERIFICATION:

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Verified at New Delhi on February 2022 that the contents of this affidavit are true and correct to the best of my knowledge and belief and no part of it is false thereof, and no material fact has been concealed therefrom.



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COVID vaccines are disease-modifying, don't prevent infection: ICMR

Source: Times of India

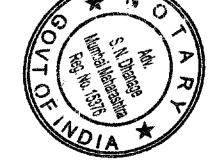
Link: https://timesofindia.indiatimes.com/videos/news/covid-vaccines-are-disease-modifying-dont-preyent-infection-

icmr/videoshow/88597995.cms#:~:text=3%20weeks%20ago-

"COVID%20vaccines%20are%20disease%2Dmodifying,don't%20prevent%20infection%3A%20ICMR&text=All%20COVID%20vaccines%20do%20not,(ICMR)%20on%20December%2030

Published on 30, December, 2021

All COVID vaccines do not prevent infection and are primarily disease-modifying, said Dr Balram Bhargava, Director General, Indian Council of Medical Research (ICMR) on December 30. He said, "All COVID vaccines, whether they are from India, Israel, US, Europe, UK or China, are primarily disease-modifying. They don't prevent infection. The precautionary dose is primarily to mitigate the severity of infection, hospitalisation, and death." He further added, "Use of masks before and after vaccination is a must and mass gatherings should be avoided... The treatment guidelines for the earlier and the currently circulating strains of coronavirus remain the same. Home isolation remains an important pillar."



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WHO: We do not recommend distinguishing between vaccinated and unvaccinated groups and of course we do know that even if you are vaccinated you may be infected by Covid-19 and you may go on to transmit it. So we are not recommending those separations.

Source: YouTube Live: WHO Europe briefing on COVID-19 situation across

continent

Link: https://youtu.be/QYnN9lSxGnM

Streamed Live on: Jan 11, 2022

WHO Covid-19 briefing on situation across continent

(20:27 – 20:35) Bhanu Bhatnagar (Press and Media Relations) Interviewer: Do you have anything to add on mandates for the unvaccinated and how effective they might be?

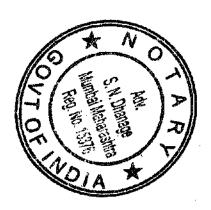
(20:38 – 21:17) Dr. Catherine Smallwood (Covid-19 Incident Manager – WHO Health Emergencies Programme): Thanks Sir. And then I would just say that from WHO's perspective in terms of putting in place measures in Broader Community. We do not recommend distinguishing between vaccinated and unvaccinated groups because that will go further in terms of exacerbating inequalities in the population and of course we do know that even if you are vaccinated you may be infected by Covid-19 and you may go on to transmit it. So we are not recommending those separations. May be Siddhartha my colleague say more about vaccine mandates.



(21:18-21:20) Bhanu Bhatnagar: Please Dr. Siddhartha

(21:26 - 22:36) Dr. Siddhartha Sanka Datta (WHO Regional Adviser -Vaccine-preventable Diseases & Immunization): Thank You for asking that question. First of all it's extremely important that we understand the reasons as you have heard from the original directors say it's not one size fit all. So it's good to understand the needs and the concerns that unvaccinated population is every part of our region in any countries and also within a country there are different regions that we have. This by understanding their needs, understanding their concern that is the way to make any decisions or policy which is very much grounded on science, very much grounded on understanding the needs of the population. Any measures that the Government or the ministries that we are seeing should be based on the local epidemiology but also how we can improve the vaccination coverage in every part. It's extremely important that anybody any concern that may have should be addressed because this is a health seeking behavior of the population and we need to be you know a considerate of that and make a policy based on it. So I think everybody everything needs to be grounded on science and evidence. Thank you so much.

(22:37 - 22:38) Bhanu Bhatnagar: Thank you doctor Datta.



8 more Omicron cases found in Maharashtra: 6 in rural Pune, 2 in MMR.

Source: Times of India

Link: https://timesofindia.indiatimes.com/city/mumbai/mumbai-8-more-

omicron-cases-found-in-state-6-in-rural-pune-2-in-

mmr/articleshow/88348393.cms

Date: Dec 18, 2021,

MUMBAI: Eight new cases of the Omicron variant were detected in the state on Friday, taking the tally in Maharashtra to 40. Six were from Pune, and one each from Mumbai and . All of them had been fully vaccinated, and one had even got a booster, said health authorities.

The 29-year-old from Mumbai was vaccinated with three doses of the Pfizer vaccine, confirmed civic authorities. He returned from Newark, US, on December 9. He tested positive at the airport, and his samples were sent for genome sequencing. The National Institute of Virology, Pune, confirmed the presence of Omicron on Friday. A civic official said he has been hospitalised, but has no symptoms. Two of his high-risk contacts have tested negative. The city's count of Omicron cases has gone up to 14, of whom 13 have been discharged.

All six cases in Pune were from rural areas. Four had a history of travel to Dubai while two others were their contacts. The person found with Omicron in Kalyan-Dombivli had travelled to Nigeria.

The health department said all those infected were men between 29 and 45 years. Seven patients were asymptomatic, and one had mild symptoms. Only

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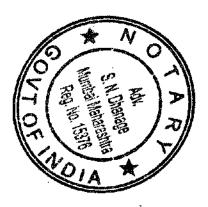


two of the eight were in hospital. Of the total 40 infected, 33 were vaccinated. Five of the infected were minors. Around 25 of them have already been discharged. Dr Pradeep Awate, state surveillance officer, said more than 50% didn't have any symptoms at all.

A 45-year-old man, his wife and two children had returned to Dombivli on November 23. They tested positive on December 3 and their samples were sent for genome sequencing the same day. Both husband and wife had taken two doses of vaccines and did not have any symptoms. Interestingly, only the man had been infected with Omicron. He was discharged on Friday.

Kalyan-Dombivli has had two Omicron patients so far. The health department had tested 24 close and 62 low-risk contacts of the Kalyan-Dombivli patients, and four were found positive. None of them had symptoms.

Of the 40 cases in Maharashtra, Mumbai has reported 14, Pimpri Chinchwad 10, Pune (rural) six, Pune city, KalyanDombivli, Osmanabad have reported two cases each, while Latur, Buldhana, Nagpur and have one case each. Officials said more than 525 samples of people with international travel history have been sent for sequencing.



COVID-19 in Iceland: Vaccination Has Not Led to Herd Immunity, Says Chief Epidemiologist

Jelena Ćirić

August 3, 2021

Society, x News

While data shows vaccination is reducing the rate of serious illness due to COVID-19 in Iceland, the country's Chief Epidemiologist Þórólfur Guðnason says it has not led to the herd immunity that experts hoped for. In the past two to three weeks, the Delta variant has outstripped all others in Iceland and it has become clear that vaccinated people can easily contract it as well as spread it to others, Þórólfur stated in a briefing this morning.

The current social restrictions will remain in place until August 13. The Chief Epidemiologist says the government must make the final call on next steps in response to the current wave of infection. Health authorities have sent a formal memorandum to the government expressing concern about the heavy strain on the healthcare system cause by the current record rate of infection.

The following is a lightly-edited transcription of Iceland Review's live-tweeting of the briefing.

On the panel: Director of Civil Protection Víðir Reynisson and Chief Epidemiologist Þórólfur Guðnason.

Yesterday's numbers have been updated on covid is. Iceland reported 108 domestic cases (38 in quarantine) and 1 at the border. Total active cases are at a record 1,304. 16 are in hospital.



The briefing has begun. Víðir begins by saying that the long weekend has passed without any large violations of regulations but it will only come to light in a week or two whether the gatherings last weekend have led to infections.

Þórólfur takes over. He reviews the reason restrictions were lifted last June: at the time infection rates were very low, a majority of the nation was vaccinated and there were regulations at the border ensuring a minimum of infections would cross the border. Vaccination rates are high in most groups, though only 10% of those 12-16 have been vaccinated.

What has happened in the past two to three weeks is that the Delta variant has taken over all other variants in Iceland. And it has come to light that vaccinated individuals can contract it relatively easily and spread infection. Sequencing has shown us that the origin of most domestic infections can be traced to group events such as clubbing in downtown Reykjavík or group trips abroad. We'll have to wait and see whether the current restrictions will suffice in curbing this current wave.

There are however indications that vaccination is preventing serious illness. Around 24 have had to be hospitalised in this wave, just over 1%. In previous waves, that figure was 4-5%. However, 2.4% of unvaccinated people that contract COVID-19 now are hospitalised.

Authorities have decided to offer those who received the Janssen vaccine a booster shot of Pfizer. There are plans to offer 12- to 15-year-olds vaccination in the near future as well. There are still some 30,000 unvaccinated people among older groups and they are more at risk. That could cause strain on the healthcare system. We must also consider that there is additional strain on other patients when there are lots of COVID cases, says Þórólfur.

Þórólfur says we must remember that the COVID-19 pandemic is not close to being over and will not be over until it's over everywhere. We must be ready to face new challenges that come up in the process. We know what works to curb infection. We can fight COVID-19 if we stand together and reach a consensus on what needs to be done.

The panel opens for questions. "What needs to happen for you to tighten restrictions, Þórólfur? You don't sound very positive at the moment." Þórólfur says he has not decided on measures beyond August 13. He is in discussions with the Health Minister, and it is the government that must decide whether it is necessary to impose tighter restrictions. Þórólfur adds that at this time he will likely make recommendations in a different format than the memorandums he has previously sent to the Health Minister.

"Can you give us information about how many people were vaccinated among those who have been hospitalised in this wave?" Pórólfur says around half of those hospitalised have been vaccinated. The two that have been placed in the ICU are unvaccinated. It's not possible to draw broad conclusions from this data but vaccination appears to reduce serious illness generally.

"What is the reason that you are considering vaccinating children at this time?" Pórólfur says that he has discussed it for some time and children in at-risk groups have already been vaccinated. There is also evidence that the Delta variant causes more serious illness among them.

"Is there a possibility that children that contract the Delta variant will need hospitalisation?" Pórólfur says that children generally have milder symptoms and none in Iceland have been hospitalised in this wave. However, there is data from abroad of children needing to be hospitalised due to COVID-19.



"Do you not want to urge the government to strengthen the healthcare system?" bórólfur says of course, and the Director of Health has discussed that often at these briefings but it doesn't happen overnight. What we can do in the short term is to curb infection rates, which will reduce strain on the healthcare system. Pórólfur says: We must keep in mind that people can develop long-term symptoms despite not needing hospitalisation from COVID-19 infection. That's something that we don't have long-term data for yet but will come to light.

bórólfur says health officials have sent a formal memorandum to the government expressing concerns regarding strain on the healthcare system and the National University Hospital. Þórólfur expresses disappointment in the discourse regarding the National University Hospital, he feels the media has been dismissing healthcare workers' concerns. Healthcare workers are those best positioned to evaluate the hospital's strain and capacity, he says.

bórólfur: our main project now is this wave that we have to tackle. Regarding the borders, we must think long-term about how we can minimise infections crossing the border. Then we must consider how we want things to be domestically and what people's tolerance is for restrictions. But it's a fact that the more this wave of infection spreads the harder it will be to contain.

Viöir takes over to close the briefing. We know what we have to do: prevent infections, and protect the borders so that we can live as freely as possible within Iceland. We can see that many people are out of patience toward restrictions but unfortunately, this is not over. We don't have to agree on everything but our message must be clear. It is the virus that is the enemy. We must be good to each other and be patient, try to understand where others are coming from, Viöir says.

The briefing has ended.

Will Omicron End The Pandemic? Top Experts Say Omicron May Act As 'Natural Vaccine' For Covid-19

Source: Outlook

Link: https://www.outlookindia.com/website/story/india-news-with-mild-

symptoms-omicron-is-probably-natural-vaccine-top-scientists-doctors/406227

Author: Jeevan Prakash Sharma

Published on: 22 Dec 2021,

Since the Omicron variant of Coronavirus is spreading much faster and is not impacting the patients much, doctors believe that this might act as a natural vaccine against Covid-19.

Omicron, the new variant of the Covid-19 virus (Sars-Cov-2), has been spreading five times faster than its previous variants globally. However, shreds of evidence available so far show that its symptoms are mild. People who have contracted it are either asymptomatic or have mild symptoms such as cough, stuffy nose or fatigue.

Due to these reasons, a section of top scientists and doctors have played down the fear among people and said that the Omicron might work as a natural vaccine itself.

Noted immunologist, Gobardhan Das, who is Professor of Molecular Medicine at Jawaharlal Nehru University, said, "I believe Omicron is probably the natural vaccine. Omicron is the version of the Delta variant with additional mutation. If you have seen its symptoms, people are not getting hospitalised. It is easing very mild symptoms."



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He adds, "So it suggests that over a period of time, this virus has attenuated itself. This is like our vaccine strategy where we make attenuation in the virus and administer it to people."

Considering its high rate of infectivity, which is five times more than the Delta variant, Prof Das is of the view that Omicron is the better vaccine than any available vaccine.

"The whole virus is going inside the body which has multiple mutations. So the more the body fight against the virus, the better is the immune response. This will produce a better response. It is happening for good as it will produce a better immune response," Prof Das said.

Another noted immunologist Dr. N K Mehra, former dean of AIIMS and honorary emeritus scientist, Indian Council of Medical Research, says, "I fully support this view because as of now it is very mild and it can prove to be a boon in disguise. Two international studies have shown that it grows ten times slower than the Delta variant in the lungs which is a very good sign. We need to see the data for another few weeks to find out if it behaves in a similar way in all the countries."

"Having said that, I will also advise people not to lower their guards because if the numbers will go exponentially high, then people will rush towards hospitals, not due to severity but out of panic, and health infrastructure will be overwhelmed. There is also a possibility that treatment may cause more harm. Hence, we need to keep all the precautions on."

Dr. Sandeep Budhiraja, Group Medical Director of Max Healthcare & Senior Director, Institute of Internal Medicine seconds with both Prof Das and Dr.

Mehra on the basis of the current data.

"The data which is available so far and what we have seen so far from our experience of Omicron is that this is going to work as a live attenuated vaccine. Since it is highly infectious and spread very fast but hopefully it is going to cause mild illness for most people, it will act as a booster dose for those who are vaccinated and a vaccine dose for those who are unvaccinated," Dr. Budhiraja said.

He says that this is good for poor countries like those in Africa where vaccine uptake is very low and so this virus may act as a natural vaccine and give additional protection to the people.

"If that be the case then this is one way by which this pandemic actually can come to an end. Although I think it is too early and we need to wait about a few more weeks," Dr. Budhiraja said.

He added, "Right now the data that we have is mainly coming from South Africa. That data may or may not be applicable or replicable for all other countries because of the population, seroprevalence, etc so we will have to wait and watch the data especially one that is coming from the UK for the next two weeks. But if it turns out to be mild I do agree that this actually would be more of a blessing and can help overcome this pandemic."

Dr. Amitav Banerjee, Head, Department of Community Medicine, Dr. DY Patil Medical College Pune, agrees that viruses mutate to adapt themselves so that they can survive and which according to him is Darwin's Law.

"We also call it Nature's Law of adaptation. The new mutant, according to the available data and report, is causing very mild and self-limiting symptoms," Dr. Banerjee added.



Dr. Banerjee is of the view that a deadly virus dies with the person whom it infects but a variant that causes a very mild infection survives and spreads fast. This is so because it is so mild that most of the time people remain asymptomatic and don't even isolate themselves.

He added, "In this wild goose chase for mutating viruses we may end up chasing a version of the common cold! We should ask whether it is worth the effort? We should weigh the collateral harm which will ensue. To mitigate the impact of mutants, if any, we should resort to focused protection including vaccination of high risk groups while the young & healthy can lead normal lives."







महाराष्ट्र शासन

Exhibit - "P"



Department of Revenue and Forest, Disaster Management,

Relief and Rehabilitation, Mantralaya, Mumbai- 400 032 No: DMU/2020/CR. 92/DisM-1, Date: 1st March, 2022

ORDER

Various restrictions have been imposed in the State currently in order to curb the transmission of the COVID 19 virus. Now, based on the inputs of the Health department as well as the COVID Task force along with due consideration to the current COVID scenario in the State, the State Executive Committee (SEC) has decided to modify these.

State Executive Committee has decided to differentiate in response to the Covid 19 situation through restrictions or relaxations thereof, between various administrative areas depending upon the current risk profile of the area, appreciation of which should depend upon vaccination status, positivity rate of tests as well as occupancy of beds by patients.

Thereby, as decided & directed by the State Executive Committee in the meeting held on 25th February, 2022, the undersigned, in his capacity as Chief Executive Officer of the State Executive Committee, hereby promulgates the following directions, that will come into force from, 4rd March, 2022 from 0000 hrs across the State and will remain in force till the issue of any new order. This order is in super-cession of all the earlier orders issued for imposing/relaxing of restrictions. The definition of status of fully vaccinated for an individual as well as general orders about Covid Appropriate Behaviour continue to apply and are reproduced in the end for ready reference. It is also declared that in case there is any activity that is not covered by this order, all GOI guidelines for that activity shall be applicable, and that in case of an activity finding mention in both, stricter of the two shall apply.

A. Administrative Units

 Municipal Corporations shall be dealt as separate Administrative Units and rest of the districts shall be dealt as single separate Administrative Units

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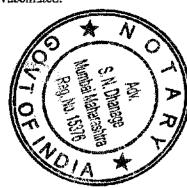
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- 2. An Administrative Unit fulfilling all the following criteria shall be included in List A
 - a. First dose vaccination is more than 90%.
 - b. Second dose vaccination is more than 70%.
 - c. Positivity Rate is less than 10%.
 - d. Bed Occupancy of Oxygen Supported or ICU beds is less than 40%.
- B. Status of these parameters is dynamic and thus District Disaster Management Authority shall declare periodically the status of these parameters for all Administrative Units under it, for information to public and in case current status of parameters demand inclusion or exclusion from list A, DDMA shall declare so, under intimation to SDMA. Restrictions for controlling the spread of Covid 19 virus shall change as soon as an exclusion or inclusion occurs, in sync with the provisions herein.
- C. Requirement of being fully vaccinated
 - All staff of all the establishments that cater to public at large shall necessarily be fully vaccinated.
 - ii. All home delivery staff shall necessarily be fully vaccinated.
 - iii. All users of any public transport must be fully vaccinated.
 - iv. All visitors to malls, theatres, natyagrihas, tourist places, restaurants, sporting events, religious places etc. where general public also visits must be fully vaccinated.
 - v. DDMAs may enforce requirement of fully vaccinated on any public service wherein there is a possibility of interaction with other citizens and wherein such interaction may cause spread of Covid 19 and wherein Covid Appropriate Behaviour (CAB) may not be effectively implementable.
 - vi. All staff working in any office or establishment, public or private that has a dealing with general public must be fully vaccinated.
 - vii. All staff engaged in any industrial activities must be fully vaccinated.





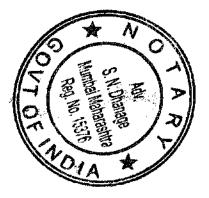
- D. Social/Sports/Entertainment/ Academic/Cultural/Religious/Political/Festival Related events, including those relating to Marriages and Funerals and other gatherings and congregations are permitted in Administrative Units included in List A to the extent of 50% of capacity of the venue; however, whenever a gathering is expected to be of more than 1000 persons, DDMA shall be informed and DDMA may put reasonable restrictions on the same. For the Administrative Units not finding mention in list A, total attendance in any of such gathering or congregations shall be limited to 50% of the capacity of thevenue or 200 whichever is lower.
- E. Offline classes may resume in all academic institutions, subject to any orders of concerned administrative department of Government of Maharashtra. Administrations of all academic institutions are encouraged to leverage hybrid model of imparting education though online and offline modes. All pre-schools as well as Aanganwadis can now be restarted physically as well. All these institutions, establishments shall scrupulously follow CAB.
- F. All home delivery services are allowed for all Administrative Units.
- G. All shopping complexes, cinema halls, restaurants & bars, sports complexes, gyms, spas, swimming pools, religious places, natyagrihas, tourist places, entertainment parks etc. are allowed to operate with 100% capacity in Administrative Units included in List A. For other Administrative Units that are excluded from List A, these shall operate at 50% of the capacity.
- H. There shall be no restrictions for inter-state and intra-state movement for fully vaccinated persons. For persons who are not fully vaccinated, inter-state movement is subject to production of negative RT-PCR test valid for 72 hours. There shall be no need for any NOC for such travel, not required otherwise than for purposes of DMA.
- I. All offices, including government and private, may function with full capacity.
- J. All industrial and scientific institutions may function with full capacity.
- K. Any activity not included in here, are allowed to the extent of 100% capacity in the administrative areas falling in List A and 50% for the remaining areas. In case of any issues of interpretation, DDMA shall provide the final interpretation.





- L. DDMAs to be authorised to impose restrictions stricter than provided here, with prior consent of SDMA. It is expected that DDMAs shall meet frequently, as and when required but at least once a week to take the stock of the situation and to react to any trend.
- M. Districts are instructed to press for 100% vaccine coverage of all eligible beneficiaries in an accelerated manner. Door-to-Door vaccination drives must be undertaken in Administrative Units not covered in List A. Though currently vaccination status of less than 18 years of age citizens is not included in the list of criteria mentioned in Para B, with passing time, it may be included. Precautionary dose and adolescent dose to be taken up for eligible people. DDMA to also ensure that all staff in schools including teachers and non-teaching staff are vaccinated. GOI guidelines and advisories for vaccination must be adhered to scrupulously.
- N. Public Health department should provide all information regarding current Covid situation, testing infrastructure etc to the community at large for avoiding any misinformation and panic. Community involvement to be encouraged by the districts and strict enforcement of norms to be ensured for CAB. Evidence based information to be made available to the community regularly.
- O. It may be noted finally that situation of Covid 19 is ever evolving as thus all DDMA and SDMA officials must be alert and informed of daily situation. These orders shall remain in operation till modified due to any emergent situation.

(Assem Gupta)
Principal Secretary, DM, R&R
&
CEO, State Executive Committee



Disaster Management, Relief & Rehabilitation/ DM 1

Submitted

The meeting of the State Executive Committee was held under the chairmanship of the Hon Chief Secretary in his Mantralaya Meeting room on 25th February, 2022.

The draft minutes of the said meeting are submitted for approval.

(Shreedutt Kamat)
Technical Expert (DM)

US (K. Sucyakrishnamurty)

Director (DMU)

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Principal Secretary (DM, R&R)

approx.

Hon Chief Secretary

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ADVISORY FROM TASK FORCE MEETING HELD ON 21 ST FEB. 2022 AT 20 30 HRS.

Hon. CM joined this meeting briefly and the members unanimously welcomed him and were pleased to see his Clinical progress after surgery. Task force members expressed following concerns:-

1. Doing away with a mask may turn out to be

dangerous and preposterous.

2. 2. There are too many predictions by different people in governance and the media carries these dates as End March, End Feb as closure of restrictions. Moreover, the Task force expressed displeasure that often the task force is either misconstrued or deliberately misquoted having said such dates and projected future period. In fact the task force is extremely cautious about any predictions and generally refrains itself from doing any.

3. Task force insists upon strict adherence to Masking and following covid appropriate behaviour. As a matter of fact these are the least restrictions that the task force expects to continue if we are opening up communal spaces, schools, colleges, gyms and theatres

and drama theatres, and malls.

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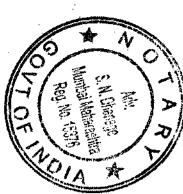
4. Task force expressed concern over dropping the number of tests being performed and urged that asymptomatic as well as mild symptomatic patients and their contacts who may have been home isolated be subjected to screening and testing and triage to continue.

5. Task force expressed concern over dropping the number of vaccinations and urged early institution of 12 to 18 years of age group vaccinations, promotion of 15 to q8 vaccinations and even suggested protection dose being considered for people under 60 who have comorbidities.

6. Task force suggested home vaccinations, vaccinations using mobile vans in the premises of societies and urged to cover moving populations like building workers.

7. Hon. CM suggested an actual attendance

meeting in the near future.





राजेश भूषण, आईएएस सचिव

RAJESH BHUSHAN, IAS

SECRETARY

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भारत सरकार स्वास्थ्य एवं परिवार कल्याण विभाग स्वास्थ्य एवं परिवार कल्याण मंत्रालय Government of India Department of Health and Family Welfare Ministry of Health and Family Welfare

> D.O No. Z.26015/1/2022-DMCell 18th February 2022

Dear Chief Secretary

This is regarding measures that need to be taken in view of the sustained decline in the number of new Covid-19 cases across the country. From time to time, this Ministry has been advising and guiding the States/UTs regarding recommended strategies for testing, surveillance, containment and restrictions keeping in view the District as a unit.

- 2. Taking into account the significant decline in the Covid-19 cases across the country, the States have been undertaking various measures to reopen economic and social activities. There is a need to follow a risk assessment-based approach on the opening of economic activities without losing the gains made so far in the fight against the virus.
- 3. In this context, this Ministry's earlier guidance shared with States/UTs on multiple occasions regarding the recommended strategies for testing, surveillance and containment based restrictions, keeping the District as a unit for decision making, are still valid.
- 4. Evidence-Based Decision making: At the district level there should be constant review of emerging data based on a sustained and critical level of testing to facilitate decision for restrictions/relaxation based on evidence. Such decisions should be taken at State/UT level after proper analysis of the local situation, such as the emergence of new cases/clusters, case positivity, population affected, the geographical spread of cases & hospital infrastructure preparedness.

5. Broad-based framework for relaxation/restrictions: In order to identify areas where restrictions need to be imposed/continued in districts/areas, the following broad-based framework is provided to aid States UTs:

S. No.	Parameter	Thresholds
1	Test positivity	Test positivity of 10% or more in the last week
OR		
2	Bed occupancy	Bed occupancy of more than 40% on either oxygen supported or ICU beds

G Aunto Manage Reg No. 1375

- a) States need to watch the trajectory of cases in particular geographies to ensure that the areas reporting positivity rate above 10% and/or bed occupancy more than 40% on either oxygen supported or ICU beds should undertake required enforcement, containment, and restriction measures.
- b) As the case trajectory may vary from State to State and there would be variation in the spread of infection within States also, there is a need to take decisions with respect to containment and restriction measures primarily at the local/sub-national level by concerned State and District Administration.
- c) Continued focus on community participation for adherence to Covid Appropriate behavior including proper wearing of mask and physical distancing (2 gaz ki doori), as directed under the national directives for Covid-19 management under Disaster Management Act, will however be important measures to be undertaken across the country.
- 6. Some of the strategic areas of intervention focusing on containment, test, track, surveillance, clinical management, vaccination and Covid Appropriate Behaviour to be taken up are as follows:
 - Relaxation in various activities duly following the National Directives for Covid-19 management under Disaster Management Act
 - i. Focus will be on graded relaxation to support the resumption of economic activities.
 - ii. Social sports/entertainment academic/cultural religious/festival-related and other gatherings and congregations may be resumed. The decision for allowing these activities shall be taken up by the concerned States duly guided by the principles as enunciated above.
 - iii. Offline classes can be resumed in academic institutes without any restrictions. However, the school administration may also leverage a hybrid model of imparting education through online and offline modes.
 - iv. Marriages and funerals last rites may be allowed.

- v. All shopping complexes, cinema halls, restaurants & bars, sports complexes, gyms, spas, swimming pools, and religious places may be allowed to operate at full capacity.
- vi. Public transport (railways, metros, buses, cabs) to operate without any capacity restrictions.
- vii. There shall be no restrictions on inter-state and intra-state movement including transportation of essential goods.
- viii. All offices, both government and private, may function without any capacity restrictions.
- ix. All industrial and scientific establishments, both government and private may be allowed.
- x. While allowing all such activities, it is imperative that the national directive including use of mask & physical distancing shall be strictly followed in all public places.
- xi. The activities as mentioned above are primarily indicative and States/UTs should make a careful analysis of the local situation, areas to be covered, and extent of case positivity and transmission to decide on the relaxations/restrictions. Such decisions by States/UTs must be linked to the local epidemiological situation of Covid-19, based on a sustained critical level of testing and monitoring of case positivity.



IL Testing and surveillance:

States will continue with the strategy of 'Test-Track-Treat-Vaccinate' and implementation of Covid Appropriate Behavior across the district as the ongoing strategy in managing COVID-19.

- a) Ensure sustained critical level of testing as per the testing guidelines.
- b) Monitoring of Influenza-like illness (ILI) & SARI cases to be taken up in all Health facilities for early warning signals of the spread of infection.
- c) The surge in cases including clustering of cases should be monitored.
- d) States to ensure continued focus on genomic sequencing of international passengers, collection of samples from sentinel sites (identified health facilities) and local clusters of cases, duly following the guidelines laid by MoHFW to capture early warning signals on variants.

III. Clinical Management

- i. States to ensure sufficient availability of dedicated Covid health infrastructure as per the ongoing case trajectory.
- ii. Ensure that Home isolation protocol is followed wherever required for asymptomatic and mild cases and specific monitoring shall be continued for high-risk cases.
- iii. Non-Covid health services shall also be fully operationalized in all health facilities.
- IV. Vaccination: Ensure 100% coverage of left out first and second dose eligible beneficiaries in an accelerated manner. Special focus to be given to those districts where the first & second dose coverage is less than the national average. The door-to-door vaccination campaign need to be strengthened. Similarly, precaution dose & adolescent vaccination shall also be taken up for all eligible people.

As far as schools are concerned, the district administration, in collaboration with school management, may ensure vaccination of all teaching and non-teaching staff.

All activities, like restaurants, gym, spas, sports, swimming pools, etc. considered for resumption of services shall promote 100% vaccination of the eligible staff.

V. Community engagement and Covid Appropriate Behaviour:

Ensure advance engagement and information so that there is no misinformation or panic, transparent communication on hospital and testing infrastructure availability, regular press briefings etc. Participation of community backed by strict enforcement is necessary for ensuring Covid Appropriate Behaviour. Evidence-based information shall be regularly made available to the community accordingly,

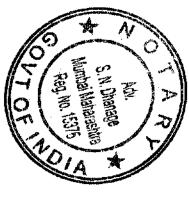
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(Rajesh Bhushan)

To: Chief Secretary/ Administrators of all States/UTs





महाराष्ट्रातील सवस्थिती २५ फेब्रुवारी २०२२



सार्वजनिक आरोग्य विभाग, महाराष्ट्र

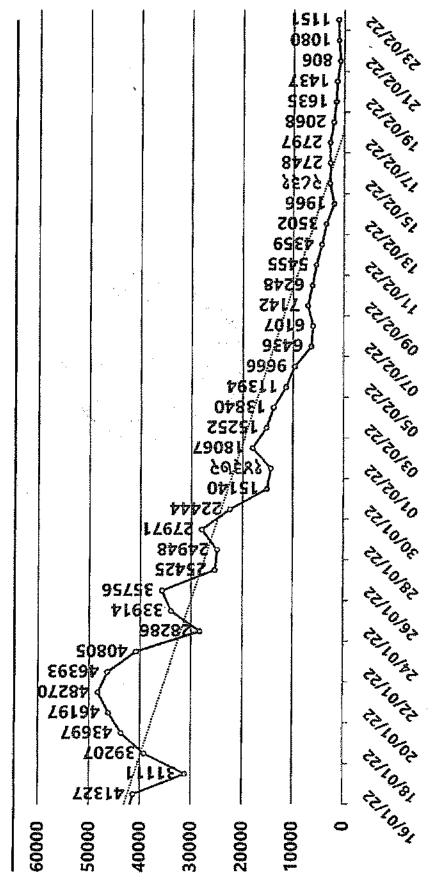


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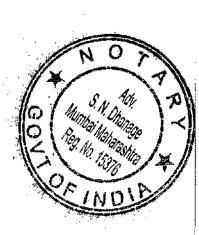
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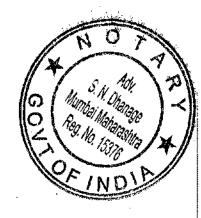
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सेंबई पिक गुडारा <u> श्रीवंगी</u> सिधुदुर्ग रिलाभिरी िगिगि सावादा **ARDIN** र्पृष्ट ार्ग्जीरिया गिठ <u>र्पूगुज्जिक</u> <u>नागपूर</u> वध <u> 19015</u> िरिहीडाम ঠ্টু দাগ্লীচ काश्रीान अहमद्यगर स्रोलापुर पिरभणी <u>क्षिगिक्</u>दी वार्यर bllecolo वाधना <u> १५</u>भानाबार तवयसाळ अमरावदी र्डान नुवहाजा ओरंगाबाद बीड अकोता नंदुर्वार



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भेडारा िागंम भूगङ्गिक तादाहर सावादा वार्युद रिलाकिर ाफ्रिसिंग म्हिधुंझी <u>वाधना</u> হাদ্যাস চিপিচীহাদ रप्रामान णिष्ट माश्रीक ठि पिरभणी <u> शक्त</u> कृष्ट डिगम्डी गिठ काश्रीम **Syate** त्यळचाति इर्जान ओरंगाबाद lbp नेंबई असरावधु ព្រប្បទិក្ស क्तिकार <u> तत्यमाञ</u> <u> नंदैरवार</u>

स्राधिर



OL'ZS CERTIFIE 96.12 かし、6ケビニニ 01.6> 88.84 76.74 C 06'57 20.S4 (2.02 87.14 Z 67.04 C S/.05 Phile 2-32) in a the black 19.04 E 77'07 C 75"01"37 **EE. GE** 70.0£ TO.TE **26.25** 98.48 18.EE 31.EE 60'EE 35.08 67.1E **31.42** £9.82 85.75 (Exercise) L7'97 72.27 #0.0S (2018) **0**7'91 (2)

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िगिगंस भुद्रारा हीकु सावादा fυιδ बुट 2hlelle दार्धर <u> अहस्त्यार</u> सेवई ताद्यप्तर फ़िर्झींग् किभिशेषी असरावयो طالغاث <u>ठाठ</u> वाद्रास <u>dd4l00</u> <u> १४मानावाद</u> Įnĥ <u>Ilnh2h</u> <u>भूगकृतिक</u> ओरगावाद अकोता रह्मागिरी िरिगोसी <u>A</u>willd **UBB** <u>સાવાર્તિર</u> <u> चेंदैदबाद</u> ाग5छ्ट ट5ान

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5 वर्षांवरील सर्व नागरिकांसाठी । कोविड -१९ लस सुरक्षित आहे





- जीत्यक्षे कांटातीमा अधिककापम्, आधारकाई स्थितं राज्यनाचे
 - एमेरिड -१९ घी जस विन्यानिस कमीत कथी, अधि तस कस्धिकरणहत्त्वा केंद्रायर अहराम फराया
 - नमही प्राप्त जाणायल्याता त्वटीत डॉक्ट्टीका धाष्ट्रमाधे
- कसंकटणाचे दोन होत्र पूर्ण काले आहेर सन्ती मानी करा.
- क्सेंकटमार्गतद्वीमाविह अस्ट्रा सत्याचे पार्स्स गर्हा कस्यात्रकात्रात्रभवाति अंबल्यन्त्रव्यक्षित्रके स्वधेद्ववस
- HOTEL BERTH.
- गाविक **आद्रोतिताने 24 K7 असन्तित्य** द्रिपान्त्राज्ञ क्रमांक १०४५ किया १०५ (जैस्ड फी) धरशको राज

कार्द्रोम, लाम्बे, जय राष्ट्रराष प्रसदी आन्तराज्ञाती एकादी बर्जानी आंक्ष्यी येत प्रसम्पन्न, ला/ती खोशेट- १६ पीलग्न पेन्नशुल्द्रासागरार

् तिया अनोप्याय प्राप्त असन्तर असन्तरम् स्पाप्तिभाष्ट्रमा प्राप्ति । प्राप्तिका नेपार स्पाप्ति स्पाप्ता स्पतिहरू । इ. पी. स्पति प्राप्ति प्राप्ति

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ः प्रतिष्ट कारक कोतिकार स्पेत्र द्रोप्त महेन अभियो छन्। जनसम्बद्धाः मानविधारिकः एकपिड १५ न्ट्र नमिडिस्ट्रिय में उद्धेत अधित आंत्री से १० ड भारताह्मीस्थे अन्य नेपाले महिनेत





ी हैल्लाहों है। १७१६ (क्लिन क्षी) | क्लिन क्षी निष्या | क्षी एक सीहेल्पल होता | 1918

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रमसंस्था उम्हन्यसंगायत व्यवस्थी पटड हायम, मचकायत आहोन्य देशा की संपर्क साथा.

अद्योज्या विकामी जापी दाका

समिक्यमावायत अग्रामीयर विभास कि मामात्राम संदर्भ थीडिया पर म्यापिस्थायाचाचे अप्यक्ष संयंगित कोम्प्रोडी संदेश शोगद कर नमा.

एमेरिड १९ वे एमेनारेटी फैक्ष्म सैटल्यास झीमदारा सरम्प एक्टब्ला विसर ग्यन, वेक्सीय सन्त्य भे पेरा क्रेस उपराह मान आह

प्रोतिक्र 19 अवशिवरणाये दोन दोस प्यायका विहरू नाम |बरा गर्प १५ प्रशित स्वति, क्रिंट त्यहंन पर्येट है युस्टर क्षेत (precoulonery case) the studit निवासित रुक्त जन्म जन्म फरत एक एकार हे अंदीनीक्षेत्र मान्ति संस्कृतर परिकार करती मोनकी जात नारी नक्ष्मून अंदीनीदीया फराकीस्वरून छाक्क्नी घर नहत्र य अंदीनीहीधी गामफ दान्नारी

ग्रंस ऐत्तरणानंता न्द्रीवाधिन | प्रतिपिक्षेत्रणी पिकादित

।तारीहरू - 15 व्यानस्मीका कुन्ना केम रोज्यानोत्तर ग्रांक अज्ञाननित् असीव्यक्तिन वंशास्त्राज्ञक काम्यानातः शिक्तोत्रे शिक्तो

में हैं किस पेतरपास, कोवेड – क्र डोण्यापक्षाज़ साझे अरक्षण होति क्रक

. स्टी केर केरने प्राप्त की ने की जाना विभावता केरने करने पार्थ प्राप्त स्टी केर केरने प्राप्त की ने की जाना किया ने प्राप्त पार्थ

स्त्रोतित अस्तारत्त्व म्हे आसेत्या यासीसी राज्य वेणे आमाराष्ट्राम् वात्र

प्रोगेत झान्याचे त्रजीसवन्त्री अर्ज्यननंदार कान्यों सूना अप्रि हेन्या प्रषट क्षांचित रिप्तानाहार्य क्षेत्रीत-क घत्र लख्ये प्रोग्रंथ राज्याप्रकादस्यत तस्स् प्रयं स्थ्रण शाम दृष्टिन स्थान्य पर्याप्ति प्राप्ति प्राप्त

जहर्यी हिराहरू जाणाहे प्रस्त

कर्मक - १० मी मान क्षेत्रायकाता क्रम्मी कर्मा निर्म आणि कामानी धेने आक्टवान प्राह्म ह न्द्रक्षिक्रद्रमाध्यः वैद्योक्ष्यः आहार् प्रद्योगः,

लगी करणीया क्षित्राणी अंगरी प्रसिधानम्ब अपाय

મમાદિવા દિવસ દ્વાપિક પ્રમાણના કિમા પાલળ દેવ સાસ્ત્ર્યક્ર સંપત્કીસ માદ્રેગ પ્રદેશવાળાની માનાસ્થ્રીયાશ દુધિના પાલવાલ

क्सेक्स महित्यामात्री सिन्द्रमाहर्ष परमा प्रकल्पाने रचना भ्रेय, मते नरुक्त पा सन्द प्रमन्ति उस्ताति उसाइत प्रमूचित्रेत जेवर (इ.सूट अप्त)

रस्स वेज अस्तितार्ग्यां संध्यक्राहरू आहे हता

मार्थक - १० झाडी क्ष्मीयम्थ पंत संदिक्ति वर्ता, मद्य ताकारी कृति
प्रार्थि देवारा प्रसार त्रव्यक्ति कृत्यक्त्याचरी एतोदीक-१० स्त्र सद्यी
तर्हाण प्रवास त्रव्यक्ति पर्ता सर्वाच्याच्या प्रार्थित ।



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- कोविड-१९ लस सुरक्षित व प्रभावी आहे पाची खात्री बाळगा
- नोंदणी करताना ओळखपत्र, आधारकार्ड सोबत बाळगावे.
- कोविड-१९ लस घेतल्यावर कमीत कमी अर्धा तास लसीकरण केंद्रावर आराम करावा.
- काही त्रास झाल्यास त्वरित डॉक्टरांना कळवावे.
- ं लसीकरणाचे दोन डोस पूर्ण झाले आहेत पाची खात्री करा
- लसीकरण झाल्यावरही कोविड अनुरूप वर्तनाचे पालन करा.
 लसीकरणाच्या प्रभावी अंगलबाजवणीसाठी स्वयंसेवक म्हणून
- सेवा देऊ शकता. अधिक माहितीसाठी २४ x ७ असलेले हेल्पलाइन क्रमांक १०७५ किंवा १०४ (टोल फ्री) यांवर संपर्क करा.

- लसीच्या उपलब्धतेबाबत काळजी करू नका.
- गर्दाच्या ठिकाणी जाणे.
- . लसीकरणाबाबत अफवांवर विश्वास ठेवणे, सोश्राल मीडियावर अफवांचे कोणतेही संदेश शेअर करणे.
- कोविड-१९ ची लक्षणे दिसल्यास वैद्यकीय सल्ला न घेता स्वतः उपचार करणे.
- , कोविड-१९ लसीकरणाचे दोन डोस घेण्यात हयगय करणे [६० वर्षावरील व्यक्ति, आरोग्य कर्मचारी आणि फ्रंटलाइन कर्मचारी आता बुस्टर/प्रिकॉशन देखील डोस घेऊ शकताता.
- . नियमित रक्त चाचणी फक्त एक प्रकारच्या अँटीबॉडीज् मोजू शकते, सेल्युलर प्रतिकारशक्ती मोजली जात नाही. म्हणून अँटीबॉडीज् च्या पातळीची काळजी करू नका, चाचणी करू नका.

लसीकरणः नेहमी विचारले जाणारे प्रश

लसीकरणाच्या ठिकाणी काही विश्वेष काळजी घेणे आवश्यक आहे का?

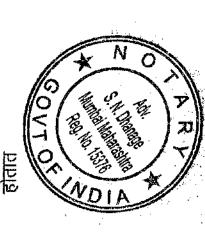
- लसीकरण केंद्रावर कमीत कमी अर्धा तास आराम करावा
 - मानसिक/शारीरिक अस्वस्थता झाल्यास त्वरित जवळील आरोग्य कर्मचाऱ्यास कळवावे
- कोविड अनुरूप वर्तनाचे पालन करा

लस घेणे अनिवार्य/बंधनकारक आहे काः

कोविड-१९ ची लस घेणे ऐच्छिक आहे, परंतु स्वतःची सुरक्षा आणि रोगाचा प्रसार मर्यादित ठेवण्यासाठी कोविड-१९ लस वेळापत्रकानुसार घेणे फायद्याचे राहील

डोस घेतल्यावर अँटीबॉडीज् कधी विकसित होतात?

कोविड-१९ लसीचा दुसरा डोस घेतल्यावर सामान्यतः दोन आठवड्यांनी ॲंटीबॉडीज् चे संरक्षणात्मक स्तर विकसित



कोविङ आजारातून बरे झालेल्यांनी लस घेणे आवश्यक आहे का?

 कोविड झाल्यावर कमीत कमी ३ महिन्यांनंतर स्वतःची सुरक्षा आणि रोगाचा प्रसार मर्यादित ठेवण्यासाठी कोविड लसीच्या संपूर्ण वेळपत्राकानुसार लस घेणे योग्य असेल व आपली प्रतिकारशाक्ति अधिक बळकट करण्यास मदतही होईल

ककरोग, मधुमेह, उच्च रक्तदाब अथा आजारांची औषधे चालू असल्यास लस घेतली जाऊ शकते का?

 होयः आधीच या आजारांनी ग्रासलेल्या व्यक्ति कोविड-१९ साठी अधिक जोखमीच्या प्रकारात मोडले जातात, त्यांनी लस घेणे आवश्यक आहे

लसीचे किती डोस आणि किती अंतराने घ्यावे लागतील?

- "कोव्हीशिष्ड" या लसीचे दोन डोस आहेत आणि ते १२-१४ आठवड्यांच्या अंतराने घ्यावेत
- "कोव्हॅक्सिन" या लसीचे दोन डोस आहेत आणि ते ४-६ आठवड्यांच्या अंतराने घ्यावेत

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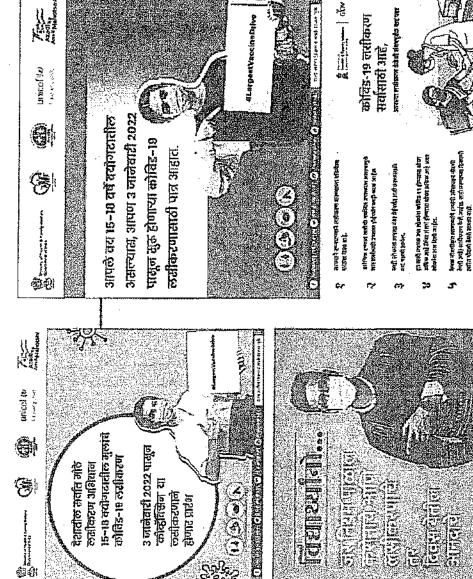
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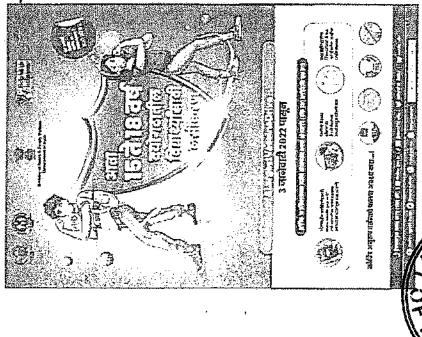
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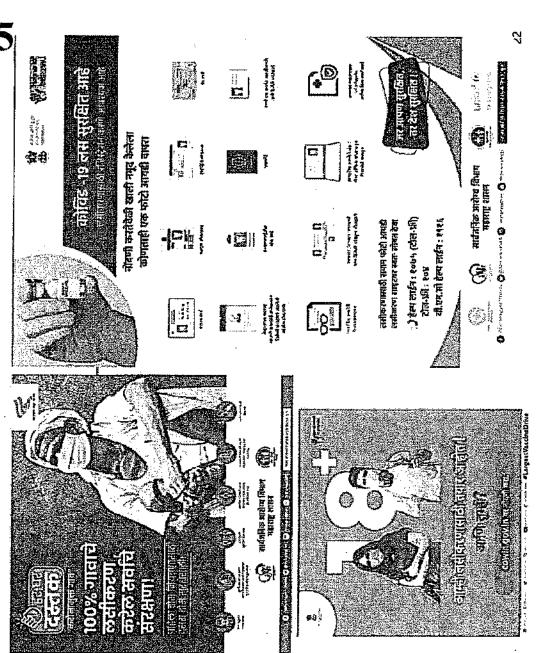
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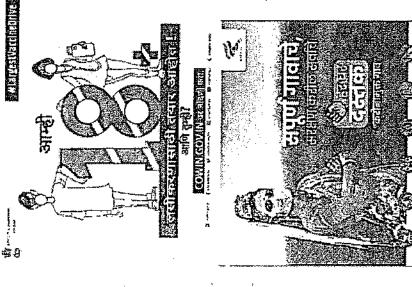














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लसीचा पहिला डोस राहिलेले लापार्थी	9,48,043	7,18,160	6,48,750	5,86,452	5,52,198	4,99,992	4,97,554	443.790	100 30 V		3,90,692	3,80,071	3,46,440	3,43,651	3,07,605	3,07,266
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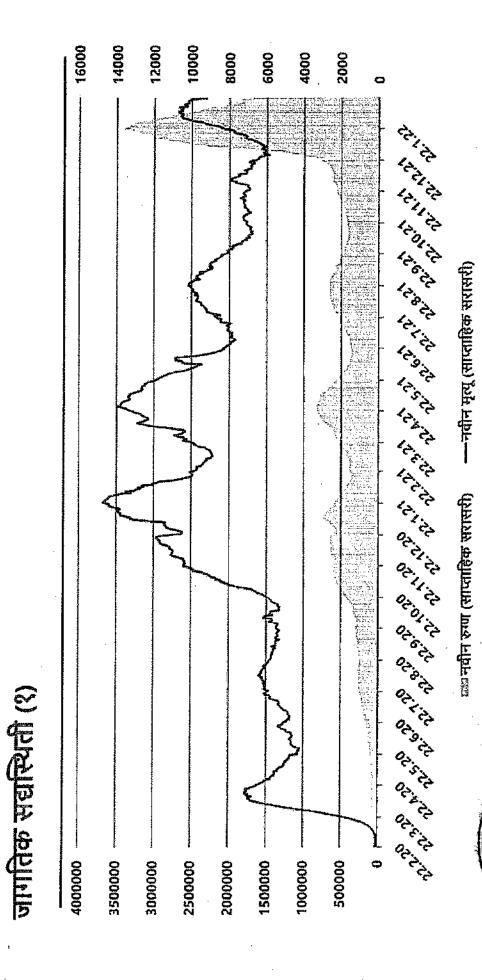
कोकीशिल्डचा दुसरा डोस राहिलेले लाभार्थी: जिल्हानिहाय

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कोव्हीशिष्डचा दुसरा डोस राहिलेले लाभार्थी	2,38,313	2,31,267	2,30,009	2,27,212	2,23,514	2,21,503	1,82,220	1,78,159	1,70,873	1,55,976	1,01,897	99,469	97,782	93,838	93,379	58,184	47,494	1,19,65,251
जिल्हा	श्चयगड	जातना	नंदुरबार	लातूर	उस्मानाबाद	सांगली	परभवी	बुक्रे	चंद्रपूर	वर्धा	हिंगोली	रत्नागिरी	गोंदिया	वाशिम	गडियोली	सिंधुदुर्ग	भंडारा	साज्य
कोव्हीशिल्डचा दुसरा डोस राहिलेले लाभार्थी	10,05,258	7,75,971	7,74,242	7,49,736	7,07,919	6,33,610	5,27,888	4,99,403	4,76,251	4,37,050	4,32,194	3,90,000	3,65,198	3,29,680	3,22,287	3,03,472	3,02,391	2,81,612
जिल्हा	पुणे	औरंगाबाद	नागपुर	नाथिक	ठाणे	मुंबई	कोल्हापूर	अहमदनगर	सोलापूर	अमरावती	जळगाव	बीड	बुलढाणा	नांदेड	पवतमाळ	सातारा	पालघर	अकोला



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कोव्हेंक्सिनचा दुसरा डोस राहिलेले लाभाधी	3,06,435	2,08,958	1,83,881	1,80,975	1,67,946	1,66,558	1,64,865	1,62,299	1,37,384	1,25,922	1,24,697	1,22,434	1,22,330	1,10,215	1,08,215	1,07,900	1,05,713	
जिल्हा	पूर्ण	बुलदाणा	म्बङ्	ेंगणें	अहमदनगर	नादेड	कोल्हापूर	नाथिक	अमरावती	यवतमाळ	लात्रर	गादिया	गडाचराला	ऑरगाबाद	वास्थिम	नागपुर	जळगाव	

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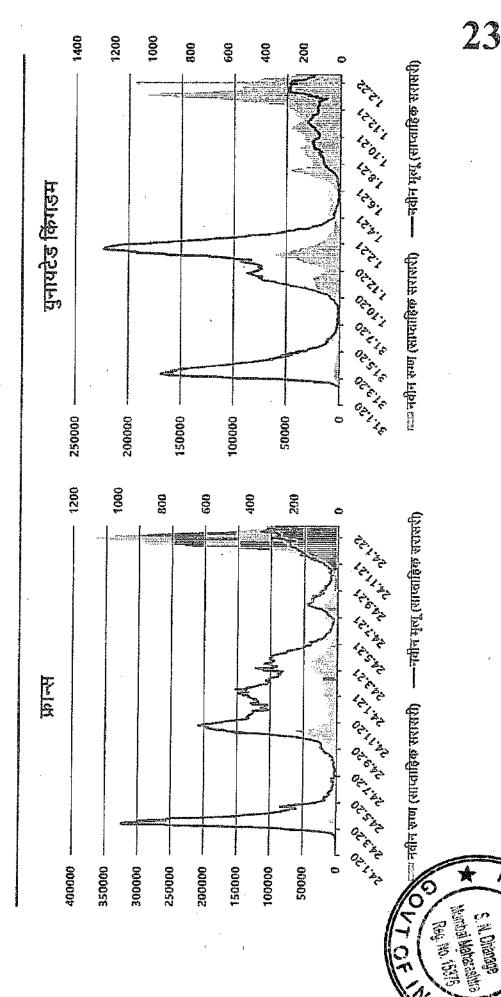


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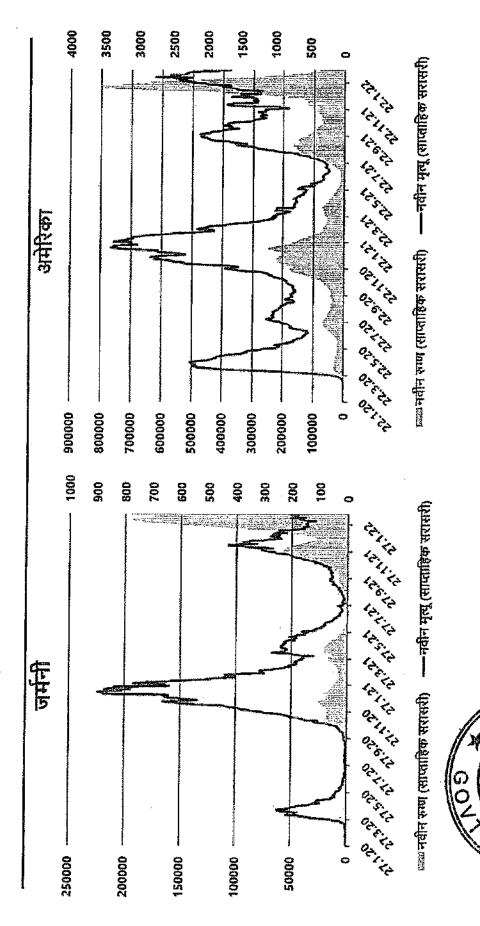


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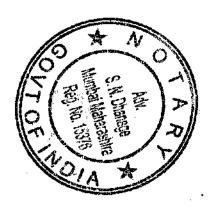


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Minutes of the Meeting of the State Executive Committee held under the chairmanship of the Hon Chief Secretary on 25th February, 2022

The meeting of the State Executive Committee was held under the chairmanship of the Hon Chief Secretary in his Mantralaya Meeting room on 25th February, 2022. The following members were present for the same

- a. Additional Chief Secretary, Home Department
- b. Additional Chief Secretary, Revenue Department
- c. Principal Secretary, Finance Department (Exp)
- d. Principal Secretary, Disaster Management, Relief & Rehabilitation
- e. Commissioner, Public Health Department Special Invitee
- f. Dr. Sanjay Oak, Head, Covid Task Force Special Invitee
- g. Dr Shashank Joshi, Member, Covid Task Force Special Invitee

At the outset, the Commissioner Health presented the current scenario of the COVID 19 situation in the State with emphasis on the positivity and cases currently, the trend over the past few months etc.

This was followed by the inputs of the COVID task force on the current situation regarding the pandemic in the State. Task force chairman Dr. Oak and member Dr. Joshi were explicit in stating the benefits and thus desirability of 100% coverage of whole eligible population for vaccination. They stressed about need to go for IEC activities as well as door-to-door campaign in the areas that are lagging behind in vaccination. Though vaccination is not mandatory but, they felt, all must be strongly advised to go for it for their own as well as society's safety. For all public services where large number of people congregate and CAB is difficult to practically implement and ensure, they stated that users must be advised to be fully vaccinated.





Following this, the Principal Secretary, Disaster Management, Relief & Rehabilitation detailed the fresh guidelines of the Government of India regarding restrictions for COVID 19 conveyed vide letter from the Secretary, Ministry of Health and Family Welfare, Government of India dated 18th February, 2022.

A need for graded opening has been strassed by GOI communication and was appreciated. It was recognised that once some restrictions are lifted partially or fully, an observation window has to be there to understand the impact of the same. Again, an eye has to be kept on numbers of patients as well as oxygen and beds requirements and whenever there is an upward trend, a reconsideration of all measures including restrictions must be undertaken.

Given that restrictions in public services on account of vaccination status are being challenged in various forums, it was discussed that guidelines and directions may be solicited from NDMA or Ministry of Health and Family Welfare regarding the same and put up in coming meetings.

Following decisions were taken after deliberations. It was also decided that minutes may be put to implementation, without waiting for confirmation in coming meeting.

Based on the inputs of the Health department as well as the COVID Task force along with due consideration to the current COVID scenario in the State, it was decided to differentiate in response to the Covid 19 situation through restrictions or relaxations thereof between various administrative areas depending upon the current risk profile of the area, appreciation of which should depend upon vaccination status, positivity rate of tests as well as occupancy of beds by patients.

It was decided that -

- A. Municipal Corporations shall be dealt as separate Administrative Units and rest of the districts shall be dealt as single separate Administrative Units.
- B. An Administrative Unit fulfilling all the following criteria shall be included in List A. A. First dose vaccination is more than 90%.





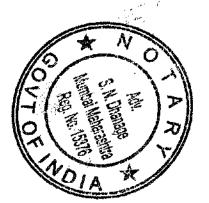
- B.Second dose vaccination is more than 70%.
- C.Positivity Rate is less than 10%.
- D.Bed Occupancy of Oxygen Supported or ICU beds is less than 40%.
- C. Status of these parameters is dynamic and thus it is decided that District Disaster Management Authority shall declare periodically the status of these parameters for all Administrative Units under it, for information to public and in a case current status of parameters demand inclusion or exclusion from list A, DDMA shall declare so, under intimation to SDMA. Restrictions for controlling the spread of Covid 19 virus shall change as soon as an exclusion or inclusion occurs, in sync with the provisions herein.
- D. Requirement of being Fully Vaccinated:
 - All staff of all the establishments that cater to public at large shall necessarily be fully vaccinated.
 - ii. All home delivery staff shall necessarily be fully veccinated.
 - iii. All users of any public transport must be fully vaccinated.
 - iv. All visitors to mails, theatres, natyagrihas, tourist places, restaurants, sporting events, religious places etc. where general public also visits must be fully vaccinated.
 - v. DDMAs may enforce requirement of fully vaccinated on any public service wherein there is a possibility of interaction with other citizens and wherein such interaction may cause spread of Covid 19 and wherein Covid Appropriate Behaviour (CAB) may not be effectively implementable.
 - vi. All staff working in any office or establishment, public or private that has a dealing with general public must be fully vaccinated.
 - vii. All staff engaged in any industrial activities must be fully vaccinated.
- E. Social/ Sports/ Entertainment/ Academic/ Cultural/ Religious/Political/ Festival Related events, including those relating to Marriages and Funerals and other gatherings and congregations are permitted in Administrative Units included in List A to the extent of





50% of capacity of the venue; however, whenever a gathering is expected to be of more than 1000 persons, DDMA shall be informed and DDMA may put reasonable restrictions on the same. For the Administrative Units not finding mention in list A, total attendance in any of such gathering or congregations shall be limited to 50% of the capacity of the venue or 200 whichever is lower.

- F. Offline classes may resume in all academic institutions, subject to any orders of concerned administrative department of Government of Maharashtra. Administrations of all academic institutions are encouraged to leverage hybrid model of imparting education though online and offline modes. All pre-schools us well as Annganwadis can now be restarted physically us well. All these institutions, establishments shall scrupulously follow CAB.
- G. All home delivery services are allowed for all Administrative Units.
- H. All shopping complexes, cinema halls, restaurants & bars, sports complexes, gyms, spas, swimming pools, religious places, natyagrihas, tourist places, entertainment parks etc. are allowed to operate with 100% capacity in Administrative Units included in List A. For other Administrative Units that are excluded from List A, these shall operate at 50% of the capacity.
- I. There shall be no restrictions for inter-state and intra-state movement for fully vaccinated persons. For persons who are not fully vaccinated, inter-state movement is subject to production of negative RT-PCR test valid for 72 hours. There shall be no need for any NOC for such travel, not required otherwise than for purposes of DMA.
- J. All offices, including government and private, may function with full capacity.
- K. All industrial and scientific institutions may function with full capacity.
- L. Any activity not included in here, are allowed to the extent of 100% capacity in the administrative areas falling in List A and 50% for the remaining areas. In case of any issues of interpretation, DDMA shall provide the final interpretation.
- M.DDMAs to be authorised to impose restrictions stricter than provided here, with prior consent of SDMA. It is expected that DDMAs shall meet frequently, as and when required but at least once a week to take the stock of the situation and to react to any trend.





- N. An order encompassing all of the above to be issued which will be in super-cession of all the earlier orders issued for imposing/ relaxing of restrictions. In case there is any activity that is not covered by this order; all GOI guidelines for that activity shall be applicable.
- O. It was also decided that the State Executive Committee will meet periodically to review the COVID situation in the State and deliberate and decide upon various matters relating to Pandemic including imposing/ relaxations of the restrictions in the State depending on COVID 19 situation in the State.
- P. Districts to be instructed to press for 100% vaccine coverage of all eligible beneficiaries in an accelerated manner. Door-to-Door vaccination drives must be undertaken in Administrative Units not covered in List A. Though currently vaccination status of less than 18 years of age citizens is not included in the list of criteria mentioned in Para B, with passing time, it may be included. Precautionary dose and adolescent dose to be taken up for eligible people. DDMA to also ensure that all staff in schools including teachers and non-teaching staff are vaccinated. GOI guidelines and advisories for vaccination must be adhered to scrupulously.
- Q. Public Health department may provide all information regarding current Covid situation, testing infrastructure etc to the community at large for avoiding any misinformation and panic. Community involvement to be encouraged by the districts and strict enforcement of norms to be ensured for CAB. Evidence based information to be made available to the community regularly.
- R. It may be noted finally that situation of Covid 19 is ever evolving as thus all DDMA and SDMA officials must be alert and informed of daily situation. These orders shall remain in operation till modified due to any emergent situation

Chief Secretary & Chairman SEC





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EXTRAORDINARY .

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PART II — Section 1

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NEW DELFI, MONDAY, DECEDIERS 24, 2005 / PAUSA 5, 1937

हैंव जान ने भिन्न पुन्न संक्या की बारी है बिसते कि यह कारण श्रीकरान के इन में रखा था सके। Separate paging is given to this Part in order that it may be filled as a separate compilation.

MINISTRY OF LAW AND JUSTICE

(Legislative Department)

New Delhi, the 26th December, 2005/Passes 5, 1927 (Sala)

The following Act of Parliament received the assent of the President on the 23rd December, 2005 and is hereby published for general information.—

THE DISASTER MANAGEMENT ACT, 2005 No. 53 of 2005

[23rd December, 2005.]

n Act to provide for the effective management of diseasers and for matters connected therewith or incidental thereto.

Bail enacted by Farkamout in the Fifty-sixth Year of the Republic of India on follows:

CHAPIER I

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- 1. (1) This Act may be called the Dissest Management Act, 2003.
- (2) It extends to the whole of India.

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Short title, extent and

(3) It shall come into force on such date as the Central Government may, by notification in the Official Gazatta appoint; and different dates may be appointed for different provisions of this Act and for different States, and any reference to transmissent in any provision of this Act in relation to any Summaball be construed as a reference to the commencent of that provision in that State.

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EXTRAORDINARY

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PART II - Section 1

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

Tr 64] No. 66] गई दिल्ली, जोनवार, दिखन्तर 26, 2009 / रीप 5, 1927

NEW DELFIL MONDAY, DECEMÉER 26, 2005 / PAUSA 5, 1927

हत जान में जिन पूछ संख्या दी जाती है जिससे कि जह अलग संकलन के रूप में रखा हा सके। Separate paging is given to this Part in order that it may be filed as a separate compilation.

MINISTRY OF LAW AND JUSTICE

(Legislative Department)

New Delhi, the 16th December, 2005/Passa 5, 1927 (Saka)

The following Act of Parliament received the essent of the President on the 23rd December, 2005 and is hereby published for general information:—

THE DISASTER MANAGEMENT ACT, 2005 No. 53 of 2005

[23rd December, 2005.]

An Act to provide for the effective management of disasters and for matters connected therewith or incidental thereto.

Be it exected by Parliament in the Fifty-sixth Year of the Republic of India as follows:-

CHAPTER I

PRELIMINARY

- 1. (1) This Act may be called the Disseter Management Act, 2009.
- (2) It extends to the whole of India.
- (3) It shall come into force on such date as the Central Government may, by notification in the Official Gazette appoint; and different dates may be appointed for different provisions of this Act and for different States, and my reference to communication to any State shall be construed as a reference to the communication of that provision in that State.

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Short title, extent and commencement.

Denzisions.

- 2. In this Act, unless the content otherwise requires.
 - (a) "affected area" means to area or part of the country affected by a diseasor.
 - (b) "capacity-building" includes—
 - (f) identification of existing resources and resources to be acquired or crested;
 - (11) acciming or creating resonances identified under pul-cipane (1);
 - (iii) digentration and valuing of personnel and non-fluction of such training.
- (c) "Central Government" means the Ministry or Department of the Government of India having editionality control of disease meangement.
- (d) "diseases" means a catastropie, mishap, cubanity or grave occurrence in any area, arising from natural or man made catast, or by accident or negligance which results in substantial loss of life or human suffering or damage to, and destruction of, property, or damage to, or degradation of, anythorousest, and is of such a mature or magnitude as to be beyond the coping especity of the community of the affected area;
- (c) "disaster management" means a continuous and integrated process of planning, organising, coordinating and implementing measures which are necessary or expedient for—
 - (1) provintion of danger or threst of any dissister;
 - (b) miligration or reduction of risk of any diseaser or its severity or consequences;
 - (iii) capacity-building;
 - (h) preparedness to deal with any dispater;
 - (v) prompt response to any thresistening disaster situation or disaster;
 - (rf) assessing the severby or magnitude of effects of any disaster;
 - . (१६) ६४३व्यक्षांत्रम्, त्टाव्यक आर्थ ग्हींसर्दे,
 - (viii) rehabilitation and reconstruction;
- (f) "District Authority" means the District Diseaser Management Authority constituted under sub-rection (f) of rection 25;
- (g) "District Plan" means the plan for dissaler messagement for the district prepared under section 31;
- (ii) Total authority includes panetasyell raj institutions, numicipalities, a district board, caseximent board, form planning authority or Zila Parishad or say other body or authority, by windower name called, for the time boing invested by law, for rendering examinal survices or, with the cosmol and management of civic services, within a specified local area;
- (f) "miligation" means measures aimed at reducing the risk, impact or effects of a diseaser or threatening diseaser situation;
- (f) "National Ausbority" means the National Disaster Management Authority established under sub-section (f) of section 3;
- (A) "National Expositive Complete" resame the Executive Commisse of the National Authority commissed under sub-escales (I) of section 8;
- (i) "National Pizn" means the plan for dispose management for the whole of the country prepared under section 11;



- (m) "preparedness" means the state of readiness to deal with a threatening disputer singuision or disaster and the effects thereof:
 - (#) "prescribed" means prescribed by rules made under this Act;
- (a) "reconstruction" means construction or restoration of any property after a disaster;
 - (p) "resources" includes manpower, services, materials and provisions;
- (q) "State Authority" means the State Disaster Management Authority established under sub-section (1) of section 14 and includes the Diseaser Management Authority for the Union territory constituted under that section;
- (r) "State Executive Committee" means the Executive Committee of a State Authority constituted under sub-section (1) of section 20; as dead, the section
- (a) "State Government" means the Department of Government of the State having administrative control of diseases management and includes Administrator of the Union territory appointed by the President under article 239 of the Constitution;
- (1) "State Flan" meets the plan for disabler management for the whole of the State prepared under section 23.

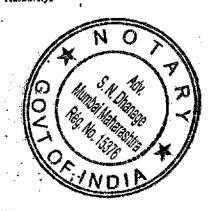
CHAPTERII

A MAN IN A THINK I

THE NATIONAL DISASTER MANAGEMENT ALTHORATY

- 3. (1) With effect from such date as the Central Government may, by notification in the Official Cazotte appoint in this behalf, there shall be established for the purposes of this Act, on authority to be known as the National Disaster Management Authority.
- (2) The National Authority shall consist of the Chairperson and such number of other members, not exceeding nine, as may be prescribed by the Central Government and, unless the rules otherwise provide, the National Authority shall consist of the following:-
 - (a) the Prienc Minimizer of India, who shall be the Chairperson of the National Authority, ex officio;
 - (b) other members, not exceeding pine, to be nominated by the Chairperson of the National Authority.
- (3) The Chaleperson of the National Authority may designate one of the members nominated under clause (b) of sub-section (2) to be the Vice-Chairperson of the National Authority.
- (4) The term of office and conditions of service of members of the National Authority shall be such as may be prescribed.
- .4. (1) The National Authority shall meet as and when necessary and at such time and place as the Chairperson of the National Authority may think fit.
- (2) The Chairperson of the National Authority shall preside over the meetings of the National Authority.
- (3) If for any reason the Chairperson of the National Authority is unable to attend any meeting of the Netional Authority, the Vice-Chairperson of the National Authority shall preside over the meeting.
- 5. The Central Government shall provide the National Authority with such officers, Appaintment consultants and employees, as it considers necessary for carrying out the functions of the National Authority.

Familian ment of National Disease Management Authority.



bicetings of National Authority.

of officers and other employees of the Platforni Ambority.

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- & (I) Subject to the provisions of this A.c., the Matheral Authority shall have the responsibility for laying down the policies, plans and guidelines for dissolar management for ensuring timely and effective response to disaster.
- (7) Without prejudice to generality of the provisions contained in sub-section (1), the National Authority may—
 - (a) lay down politics to disease management:
 - (d) approve the Maricaul Plan
 - (c) approve plans prepared by the Ministries or Department of the Covernment of India in accordance with the National Plan;
 - (d) by down guidelines to be followed by the State Asticophies in drawing up the State Plan:
 - (a) by down guidelies to be followed by the different Ministries or Departments of the Government of leads for the purpose of integrating the mediums for provening of diseases or the unbiguition of his effects in their development place and projects:
 - (/) conditions the militarizate and implementation of the policy and plan for disease management.
 - (g) recommend provision of fixeds for the purpose of minigation;
 - (4) provide such support to other countries allianted by amjor dissested as may be described by the Octobal Government;
 - (f) take such other measures for the provention of discorp, or the mitigation, or preparations and copacity building for dening with the threshooling discouss education or discover as it may consider accessary;
 - (f) by down bread policies and guidelines for the functioning of the National Lexitors of Diseases Management.
- (3) The Chairperian of the National Anthority shall, in the case of emergency, have power to exercise all or any of the powers of the National Authority but exercise of each powers shall be subject to an pour facto ratification by the National Authority.
- 7. (1) The Melional Archority may constitute an advisory committee consisting of coupers in the field of disease remognature and having practical experience of diseases management at the rational, State or district level to make removementations on different expects of diseases management.
- (7) The members of the advisory committee shall be puld such allowance as may be prescribed by the Control Coverences in consultation with the Matienal Authority.
- 8. (1) The Central Government sized, immediately after issue of notification under sub-ordion (1) of section 3, constitute a Medicual Executive Committee to assist the National Authority in the perfections of its functions under this Act.
 - (2) The Medicanal Executive Commission shall consist of the following recorders, parently—
 - (a) the Secretary to the Government of India in charge of the Ministry or Department of the Central Government having administrative control of the disaster management, who shall be Chairperson, or officio:
 - (b) the Secretaries to the Government of India in the Ministries or Departments inving administrative course of the agriculture, assume energy, defence, drinking water supply, environment and forests, finance (expenditure), health, power, rural development, actions and technology, space, teleconstraintion, when development.



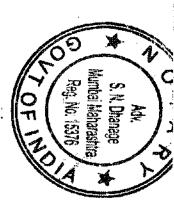
water resources and the Chief of the Integrated Defence Staff of the Chiefs of Staff Committee, or officio.

- (J) The Chairperson of the National Executive Committee may invite any other officer of the Central Covernment or a State Government for taking part in any meeting of the National Executive Committee and shall exercise such powers and perform such functions as may be prescribed by the Captual Government in consultation with the National Authority.
- (4) The procedure to be followed by the National Executive Committee in exercise of the powers and discharge of its functions shall be such as may be prescribed by the Control Government.
- 5. (1) The National Executive Committee may, as and when it considers necessary, constitute one or more sub-committees, for the efficient discharge of its functions.
- (3) The National Executive Committee shall, from amongst its members, appoint the Chaliperson of the sub-committee referred to in sub-section (1).
- (3) Any person associated as an expert with any sub-committee may be paid much allowances as may be prescribed by the Cantral Government.
- 10. (1) The National Executive Committee shall assist the National Asthority in the discharge of its firstions and have the responsibility for implementing the policies and plans of the National Authority and ensure the compliance of directions issued by the Central Government for the purpose of director menagement in the country.
- (2) Without prejudice to the generality of the provisions contained in sub-section (1), the National Executive Countries may—
 - (a) act as the coordinating and monitoring body for disaster management;
 - (b) prepare the National Plan to be approved by the National Authority;
 - (c) scordings and monitor the implementation of the National Policy; 😁 😁
 - (d) lay down guidelines for preparing diseaser management plans by different Ministries or Departments of the Government of India and the State Authorities;
 - (e) provide necessary technical assistance to the State Governments and the State Authorities for preparing their disaster management plans in accordance with the guidelines laid down by the National Authority;
 - (f) monitor the implementation of the National Pian and the plans prepared by the sinistries or Departments of the Government of India;
 - (g) monitor the implementation of the guidelines hald down by the National Authority for integrating of measures for prevention of disasters and mitigation by the Ministries or Departments in their development plans and projects;
 - (a) monitor, coordinate and give directions regarding the initigation and preparedness measures to be taken by different Ministries or Departments and agencies of the Government;
 - (i) evaluate the preparedness at all governmental levels for the purpose of responding to any directaining disaster attuation or disaster and give directions, where necessary, for enhancing such preparedness;
 - (j) plan and coordinate specialized training programme for disaster management for different levels of officers, supplyees and voluntary rescue workers;
 - (k) coordinate response in the event of any threatening disaster situation or disaster;
 - (1) lay down guidelines for, or give directions to, the concerned Ministries or Departments of the Government of India, the State Governments and the



State Authorities regarding measures to be taken by them in response to any discatering disease abustion or disease;

- (as) require any department or agreecy of the Goystament to make available to the National Audiority or State Audiorities such men or restarted recovers as are available with it for the purposes of stategeous response, respect and relief.
- (a) solvine, essist and expedients the activities of the Ministrian or Departments of the Government of India, State Authorities, expensive bodies, other governmental or non-governmental organisations and others engaged in distance management.
- (d) provide notices y technical authorice or give edvice to the State Arthorities and District Authorities for carrying out their functions under this Act;
- (V) promon general education and awareness in relation to diseases management,
 - (q) perform such other famotions as the Masional Ausbority may require it to perform
- 11. (1) There shall be drawn up a plan for dissect management for the whole of the country to be called the National Plan.
- (2) The National Plan shall be prepared by the National Eccionive Commission having regard to the National Policy and in commission with the State Covernments and supert bodies or organizations in the field of disaster menogramms to be approved by the National Authority.
 - (3) The Mational Plan shall include:
 - (a) measures to be taken for the prevention of discovers, or the mitigation of their effects;
 - (b) measures to be taken for the invegration of mitigation measures in the development plans;
 - (c) measures to be taken for proposedness and expectly building to effectively respond to any threatening disease sidenties or disease;
 - (d) robes and responsibilities of different Ministries or Departments of the Government of india in response functions specified in releases (e), (b) and (c).
 - (4) The Mational Pian shall be reviewed and updated samuelly.
- (1) Appropriate provisions shall be made by the Central Government for financing the measures to be carried onl under the National Plan.
- (6) Copies of the National Plan returned to in sub-sections (3) and (4) about he made available to the Ministries or Departments of the Covernment of India and such Ministries or Departments shall draw up their own plans in accordance with the National Plan.
- 12. The Neticulal Authority shall recommend guidelines for the minimum standards of railed to be provided to persons affected by disaster, which shall include,—
 - (1) the minimum requirements to be provided in the relief comps in relation to shelter, food, thinking water, medical cover and sanitation;
 - (ii) the special provisions to be made for widows and orphans;
 - (iii) er grand assistance on accesses of lices of life at also assistance on account of damage to houses and for restoration of access of livelihood;
 - (N) such other relief as may be recessary.
- 13. The National Authority may, in cases of disasters of severe magnitude, recommend relief in repayment of loans or for grant of fresh loans to the persons affected by disaster on such concessional turns as may be appropriate.



. ,... ,... CHAPTER III

STATE DISASTER MANAGEMENT, AUTHORITIES

- 14. (1) Every State Government shall, as soon as may be after the issue of the notification under sub-section (1) of section 3, by notification in the Official Gazette, establish a State Disaster Management Authority for the State with such name as may be specified in the notification of the State Government.
- (2) A State Authority shall consist of the Chairperson and such number of other members, not exceeding nine, as may be prescribed by the State Government and, unless the rules otherwise provide, the State Authority shall consist of the following members, namely:—
 - (a) the Chief Minister of the State, who shall be Chairperson, ex officio;
 - (b) other exembers, not exceeding eight, to be nominated by the Chairperson of the State Authority;
 - (c) the Chairperson of the State Executive Committee, ex officio.
- (J) The Chairperson of the State Auditority may designate one of the members nominated under clause (i) of sub-section (J) to be the Vice-Chairperson of the State Authority.
- (4) The Chairperson of the State Executive Committee shall be the Chief Executive Officer of the State Authority, an efficie:

Provided that in the case of a Union territory having Legislative Assembly, except the Union territory of Delhi, the Chief Minister shall be the Chairperson of the Authority established under this section and in case of other Union territories, the Lieutenant Governor or the Administrator shall be the Chairperson of that Authority:

Provided fixther that the Lieutement Governor of the Union territory of Delhi shall be the Chairperson and the Chief Minister thereof shall be the Vice-Chairperson of the State Authority.

- (3) The serm of office and conditions of service of members of the State Authority shall be such as may be prescribed.
- 15. (1) The State Authority shall meet as and when necessary and at such time and place as the Chairperson of the State Authority may think fit.
- (2) The Chairperson of the Seas Authority shall preside over the meetings of the State Authority.
- (J) If for any reason, the Chairperson of the State Authority is unable to estend the meeting of the State Authority, the Vice-Chairperson of the State Authority shall preside at the meeting.
- 16. The State Government shall provide the State Authority with such officers, consultants and employees, as it considers necessary, for carrying out the functions of the State Authority.
- 17. (I) A State Authority may, as and when it considers necessary, constitute an advisory containing of experts in the field of diseases management and having practical experience of diseases management to make recommendations on different espects of diseases management.
- (2) The members of the advisory committee shall be paid such allowances as may be prescribed by the State Government.



- (2) Without projudice to the generality of provisions contained in sub-section (1), the State Authority may in a way

 - . (b) approve the State Plan in accordance with the guidelines laid down by the . Medical Antoning Courses of the Englanding particular in the State of
 - (c) approve the discuss management plans propered by the departments of the Government of the Steps:
 - (d) by down guidelines to be followed by the departments of the Government of the State for the purposes of integration of measures for prevention of disenters and mitigation in their development plans and projects and provide messagent technical estimate therein, the relative to the season of the control of the
 - (4) coordinate the tentementation of the Sees Plan
 - (f) recommend provision of funds for mitigation and preparations measures;
 - (g) review the development plans of the different departments of the State and curry that providition and maligation reseases are imagnated therefor, "
 - (A) review the misseures being taken for malignation, capacity building and proporedness by the departments of the Government of the State and leave such guidelines as may be necessary.
 - (3) The Chairperson of the State Authority shall, in the case of emergency, have power to exercise all or very of the powers of the Seets Authority but the energies of such powers shall be subject to expost fecto ratification of the State Authority.
 - 19. The State Authority shall by down detailed guidelizes for providing standards of relief to persons effected by diseases in the State:

Provided that such standards shall in so case be lies then the minimum standards in the guidelines laid down by the National Authority in this regard.

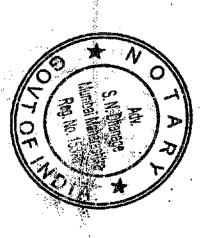
- and of the had been a force 20. (1) The State Government shall, immediately after issue of aptification under subsection (1) of section 14, constitute a State Executive Constitutes to saviet the State Authority in the perfermence of its functions and to coordinate action in accordance with the guidalines." laid down by the Strie Anthority and ensure the compliance of directions issued by the Stree Covernment under this Act.
 - (4) The State Busculive Committee shall couple of the following members, namely:—
 - (a) the Chief Secretary to the State Government, who shall be Chalifornian The state of the s
 - (f) four Secretaries, to the Commences of the State of nich department as the State Government may think fit, ex officio.
- (3) The Chrisperson of the State Executive Committee shell exercise such powers and perform such functions as may be prescribed by the Basic Government and make other powers and functions as may be delegated to bim by the State Airthorby.
- (4) The procedure to be followed by the State Executive Committee in executive of its powers and discharge of its functions shall be such as may be presented by the Stay Coveragest .



- 21. (7) The State Executive Committee may, as and when it considers necessary, constitute one or more sub-committees, for efficient discharge of its functions.
- (2) The State Executive Committee thall, from amongst its members, appoint the Chairperson of the sub-committee referred to in sub-section (1).
- (3) Any person associated as an expert with any sub-committee may be paid such allowances as may be presurined by the State Government.
- 22. (1) The State Executive Committee shall have the responsibility for implementing the National Plan and State Plan and act as the coordinating and incoincing body for management of discreter in the State.
- (7) Without prejudice to the generality of the provisions of sub-sociton (1), the State Executive Committee gray—
 - (a) coordinate and musitor the implementation of the National Policy, the National Plan and the State Plan.
 - (b) exercise the velociability of different pertr of the Stree to different forms of diseasers and specify measures to be taken for their preventing or mitigation;
 - (c) lay down guidelines for preparation of diseasor management plans by the departments of the Government of the State and the District Authorities;
 - (d) monitor the implementation of disseter management plans prepared by the departments of the Government of the State and District Authorities:
 - (e) monitor the implementation of the guidelines inicident by the State Authority for integrating of measures for prevention of diseasors and mitigation by the departments in their development plans and projects;
 - (f) evaluate preparedness at all governmental or axen-governmental levels to respond to any threatening diseaser situation or diseaser and give directions, where necessary, for enhancing such preparedness:
 - (g) coordinate response in the award of any firestening disaster situation or disaster;
 - (A) give directions to my Department of the Government of the State or any other surhority or body in the State regarding actions to be taken in response to any threatening diseases situation or diseases:
 - (f) promote general education, assesses and community training in regard to the forcis of disasters to which different parts of the State are vulnerable and the measures that may be taken by such community to prevent the disaster, indigate and respond to such disaster;
 - (f) advise, assist and coordinate the activities of the Departments of the Government of the State, District Authorities, standary bodies and other governmental and non-governmental organisations angaged in disease management;
 - (A) provide pecaseary technical assistance or give advice to District Authorities and local authorities for carrying our their functions effectively;
 - (i) advise the State Government regarding all financial matters in relation to disaster management;
 - (m) examine the construction, in any local area in the State and, if it is of the opinion that the standards laid for such construction for the prevention of discater is not being or has not been followed, may direct the District Authority or the local authority, as the case may be, to take such action as may be necessary to secure compliance of such standards;
 - (n) provide information to the National Authority relating to different aspects of disaster management;
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- (o) by down, review and update State level response plans and guidelines and common that the district level plans are proposed, reviewed and updated;
- (p) excess that continualization systems are in order and the diseaser someganous drills are carried out periodically;
- (4) perform such other functions as may be assigned to it by the State Authority or as it may consider accuracy.
- 23. (7) There shall be a plan for diseases management for every State to be called the State Diseases Management Plan.
- (3) The State Plan that he prepared by the State Executive Committee having regard to the guidelines laid down by the Musicani Authority and after such operaturion with local authorities, district authorities and the people's representatives at the State Executive Consultate may deem for
- (3) The State Plan propered by the State Executive Committee under sele-section (2) shall be approved by the State Authority.
 - (4) The State Plan shall include,—
 - (a) the valurability of different parts of the State to different forms of dispeters;
 - (b) the measures to be adopted for prevention and mitigation of disasters;
 - (c) the manner in which the mitigation measures shall be integrated with the development plans and projects;
 - (d) the capacity-building and propositions in consum to be aked;
 - (a) the roles and respectabilities of each Department of the Government of the State in relation to the measures specified in clauses (b), (c) and (d) above;
 - (f) the roles and responsibilities of different Departments of the Government of the State in responding to any furnishing district adminishing at discount.
 - (5) The State Plan shall be reviewed and updated annually.
- (6) Appropriate provisions shall be usede by the Sum Government for financing for the measures to be carried our under the State Plan.
- (7) Copies of the State Plan related to in sub-sections (2) and (3) shall be made evaluate to the Departments of the Government of the State and such Departments shall draw up their own plans in secondance with the State Plan.
- 24. For the purpose of, emisting and protecting the community affected by disenter or providing relief to each community or, proventing or combating disciplion or dealing with the effects of any investming disenter simulon, the State Executive Committee may—
 - (s) control and restrict, vanishing traffic to, from or within, the vulnerable or affected area;
 - (b) control and restrict the entry of any person late, his movement within and departure from, a subscrabble or affected area;
 - (c) inmove debria, conduct search and carry out rescue operations;
 - (d) provide shelter, food, drinking week, executed provisions, heatthcare and exercises in accordance with the standards half down by the National Authority and State Authority;
 - (e) give direction to the concerned Department of the Government of the Stree, any District Authority or other authority, within the local limits of the State to take such measure or steps for resour, evacuation or providing immediate relief saving lives or property, as may be measured in its opinion;



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- (f) require any department of the Government of the State or any other body or authority or person in charge of any reservant resources to make available the resources for the purposes of americancy responses, rescue and relief;
- bne solvice skivorq at excitacib le biefi edini enerimento bas arregas existen. (3)
- (b) process contains or professorial use of amostiles from any authority or person as and when required;
- (f) Construct temporary bridges or other necessary structures and demolish tensify structures which may be teaturious to public:
- (f) entere that non-governmental organizations carry out their activities in an equitable and don-discriminatory manner;
- (A) disconingia information to public to deal with any threatening disaster situation or diseases,
- (i) take such stops as the Control Covernment or the State Government may there in this regard or take such other stops as me required or waveneed by the form of any furnaments diseases situation or disease.

CHAPTERIV

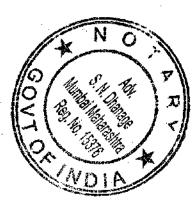
A - S. DETENCT DEASTER MANAGEMENT AUTHORITY

- 23. (1) Every State Government shall, as soon as may be after lease of excitivation under sub-section (1) of section 14, by astification in the Official Games, establish a District Diseaser Management Authority for every district in the State with such mane as may be specified in that modification.
- (2) The District Authority shall consist of the Chairperson and such member of other members, not exceeding covers, as may be prescribed by the State Coversment, and unless the rules otherwise provide, it shall consist of the following, namely:—
 - (a) the Collector or District Magistrate or Deputy Contributions, as the case may be, of the district who shall be Chairperson, or office;
 - (b) the elected representative of the local authority who shall be the co-Chaliperson, exofficio;

Provided that in the Tribal Areas, as referred to in the Sixth Schedule to the Countrices, the Chief Expendic Member of the district council of experiences district, shall be the co-Chairperson, at officie;

- (c) the Coint Executive Officer of the District Authority, ex effecto:
- (d) the Superintendant of Police, ex efficie;
- (a) the Oxief Medical Officer of the district, ex officie;
- (A not exceeding two other district level officers, to be appointed by the State Government.
- (3) in any district where zile parished exists, the Chairperson thereof shall be the co-Chairperson of the District Authority.
- (4) The Sinte Government shall appoint an officer not below the rank of Additional Collector or Additional District Magnetizate or Additional Deputy Commissioner, as the case may be, of the district to be the Chief Executive Officer of the District Authority to sources such powers and perform such functions as may be prescribed by the State Government and such other powers and functions as may be delegated to blen by the District Authority.
- 26. (1) The Chairperson of the District Authority shall, in addition to preskling over the meetings of the District Authority, excretes and discharge such powers and functions of the District Authority as the District Authority may delegate to him.

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- (2) The Chairperson of the District Authority shall, in the case of an emergency, have power to exercise all or any of the powers of the District Authority but the exercise of such powers shall be subject to ex post facto ratification of the District Authority.
- (3) The District Authority or the Chairperson of the District Authority may, by general or special order, in writing, delegate such of its or his powers and functions, under subsection (1) or (2), as the case may be, to the Chief Executive Officer of the District Authority, subject to such conditions and limitations, if any, as it or he deems fit.
- 27. The District Authority shall recet as and when necessary and at such time and place as the Champerson may think fit.
- 28. (1) The District Authority may, so and when it considers necessary, constinute one or more advisory committees and other committees for the efficient discharge of its functions.
- (2) The District Authority shall, firem amongst its members, appoint the Chairperson of the Committee referred to in sub-section (1).
- (3) Any person associated as an expert with any committee or sub-committee constituted under sub-section (1) may be paid such allowances as easy be prescribed by the State Government.
- 29. The State Government shall provide the District Authority with such officers, consultants and other employees as it considers necessary for carrying out the functions of District Authority.
- 30. (1) The District Authority shall act as the district planning, coordinating and implementing body for disaster management and take all measures for the purposes of disaster management in the district in accordance with the guidelines laid down by the National Authority and the State Authority.
- (2) Without prejudice to the generality of the provisions of sub-section (1), the District Anthonity may—
 - (i) prepare a disaster management plan inolading district response plan for the district;
 - (ii) coordinate and monitor the implementation of the National Policy, State Policy, National Plan, State Pian and District Plan;
 - (iii) ensure that the seems in the district vulnerable to districts are identified and measures for the provention of charges and the miligation of its effects are undertaken by the departments of the Government at the district level as well as by the local authorities;
 - (by) create that the guidelines for prevention of disasters, midgation of its effects, perpendicus and response measures as hid down by the Mational Authority and the State Authority are followed by all departments of the Government at the district level and the local authorities in the district;
 - (v) give directions to different authorities at the district level and local authorities to take such other measures for the prevention or uniligation of disasters as may be necessary.
 - (vi) lay down guidelines for prevention of disaster management plans by the department of the Government at the districts level and local authorities in the district;—
 - (vil) monitor the implementation of diseases standardered plans prepared by the Departments of the Government at the district level;



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- (viii) lay down guidelines to be followed by the Departments of the Government at the district level for purposes of integration of measures for prevention of disasters and initigation in their development plans and projects and provide necessary technical assistance therefor;
 - (in) monitor the implementation of measures referred to in clause (viii);
- (z) review the state of capabilities for responding to any disaster or threatening disaster situation in the district and give directions to the relevant departments or minorities at the district level for their appreciation as may be necessary;
- (xi) review the preparedness measures and give directions to the concerned departments at the district level or other concerned authorities where necessary for bringing the proparedness measures to the levels required for responding effectively to any disaster or threstening diseases;
- (xii) organise and coordinate specialised training programmes for different levels of officers, employees and voluntary recome morkers in the district;
- (riff) facilitate community training each awareness programmes for provention of disenter or minigation with the support of local sulhorides, governmental and non-governmental organizations;
- (xiv) set up, maintain, review and upgrade the mechanism for early warnings and dissemination of proper information to public;
 - (IV) propare, review and update district level response plan and guidelines;
 - · (rvi) coordinate response to any theoretening disaster situation or disaster;
- (xvii) ensure that the Departments of the Covernment at the district level and the local authorities prepare their response plans in accordance with the district response plan;
- (xviii) lay down guidelines for, or give direction to, the concerned Department of the Government at the district level or any other authorities within the local limits of the district to take measures to respond effectively to any threstening disaster situation or disaster;
- (xix) advise, assist and coordinate the activities of the Departments of the Government at the district level, statutory bodies and other governmental and non-governmental organisations in the district engaged in the district management;
- (12) coordinate with, and give guidelines to, local authorities in the district to ensure that measures for the prevention or rainigation of threatening distance situation or disaster in the district are carried out promptly and effectively:
- (XXI) provide necessary technical assistance or give advise to the local authorities in the district for carrying out their functions;
- (unit) raviow development plans prepared by the Departments of the Government at the district level, stannory authorities or local authorities with a view to make necessary provisions therein for prevention of diseases or initigation;
- (xxiii) examine the construction in any area in the district and, if it is of the opinion that the standards for the prevention of diseaser or mitigation laid down for such construction is not being or has not been followed, may direct the concerned authority to take such action as may be necessary to secure compliance of such standards:
- (xxiv) identify buildings and places which could, in the event of any threstening diseaser situation or diseaser, be used as relief centers or dempe and make arrangements for water supply and samilation in such buildings or places;



(vv) etablish etackpiles of reliaf and resons marrials or enemy preparedness thanks such materials available at a sheet societ;

(xxv/) provide information to the blate Auditority relating to different expects of disease management;

(1774) executive the lavolvement of non-governmental organisations and voluntary social-weither institutions working at the grassroots level in the district for diseases management;

(world) course communication systems are in order, and disaster management drills are corried out periodically;

(mix) perform such other functions as the State Covernment of State Authority may emign to it or as is decome notations for disaster messagement in the District.

- 31. (1) There shall be a plea for disease energeness for every district of the State.
- (2) The District Plan shall be prepared by the District Authority, after examination with the local authorities and having regard to the National Plan and the State Plan, to be approved by the State Authority.
 - (f) The District Plan shall include—
 - (a) the areas in the district vulnerable to different forms of directors:
 - (b) the measures to be thism, for provenice and midguion of diseaser, by the Department of the Communical at the district level and local arthorities in the district;
 - (c) the expectly-building and preparedness measures required to be taken by the Department of the Covernment at the district level and the local authorities in the district to respect to any threatening disaster situation or diseaser;
 - (d) the response plans and procedures, in the event of a disman, providing for-
 - (f) allocation of responsibilities to the Departments of the Government at the district level and the local authorities in the district;
 - (ii) prompt response to Glessies and relial discreof;
 - (iii) procurement of essential resources;
 - (b) establishment of communication this; and
 - (v) the dissentanton of information to the sublic:
 - (e) such other materia as many be required by the State Authority.
 - (4) The District Plan shall be reviewed and societed enoughly.
 - (1) The exploited the District Plea referred to be sub-recibers (1) and (4) shall be made the be to the Departments of the Government in the district.
- (5) The District Audiority thall send a copy of the District Piera to the State Authority hich shall forward it to the State Covernment.
- (7) The District Aicherty shall, review from time to time, the implementation of the Pan and time such instructions different department of UE (16/44-16-24) in the district as it may then extend that the implementation thereof.
- 32. Every office of the Government of India and of the State Government at the district level ead the local authorities that, subject to the supervision of the District Authority, —



- (a) propers a disease management plan setting out the following, namely:--
- (f) provisions for prevention and mitigation measures as provided for in the District Plan and as is easigned to the department or agency concerned;
- (ii) provisions for taking necessures relating to capacity-building and preparedness as held down in the District Plan;
- (III) the response plans and succedents, in the event of, any threatening disaster abustion or disaster:
- (b) coordinate the propagation and the implementation of its plan with those of the other organizations at the district level implicing local authority, communities and other stakeholders:
 - (c) regularly review and update the plan; and
- (d) submit a copy of its disaster transgement plan, and of any amendment thereto, to the District Asthority.
- 33. The District Authority may by order require any officer or any Department at the district level or any local authority to take such measures for the provention or mitigation of disease, or to effectively respond to it, as may be necessary, and such officer or department shall be bound to carry out such order.
- 34. For the purpose of existing, protecting or providing relief to the community, in response to any timestening diseases situation or disease, the District Authority may—
 - (a) give directions for the release and use of resources available with any Department of the Government and the local authority in the district;
 - (b) Ecratrol and restrict vehicular maffic to, from and within, the vulnerable or affected area;
 - (c) control and restrict the easily of any person into, his movement within and departure from, a vulnariable or effected area;
 - (d) remove debris, conduct search and carry out resous operations;
 - (e) provide abelier, food, drinking water and essential provisions, begitticare and services:
 - (f) establish emergency communication systems in the affected area;
 - (g) make arrangements for the disposal of the unclaimed deed bodies;
 - (ii) recommend to any Department of the Government of the State or any maturity or body under that Government at the district level to take such measures as are necessary in its opinion;
 - (f) togethe experiented consultants in the relevant fields to advise and assist as it may down ascertaky;
 - (f) process suchairs or professial use of specifies from say subscrip or person;
 - (A) construct temporary bridges or other necessary structures and demolish structures which may be hazardous to public or aggravate the effects of the diseaser;
 - (i) cases that the too-governmental organisations carry out their activities in an equitable and non-discriminatory manner,
 - (m) take such other staps as may be required or warranted to be taken in such a situation.

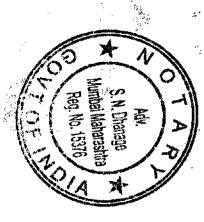


CHAPTER V

Meagurus by the doveropert for disafter management

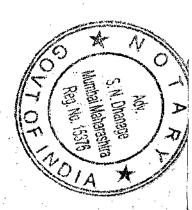
- 38. (1) Subject to the provisions of this Act, the Central Government shall take all such measures as it deems necessary or expedient for the physics of disaster management.
- (2) In particular and without projudice to the generality of the provisions of subsection (1), the measures which the Central Covernment may take under that sub-section include measures with respect to all of any of the following entities, namely:—
- (a) coordination of actions of the Ministries or Departments of the Government of India, State Covernments, Wallohal Androity, State Authorities, governmental and non-governmental organizations in relation to disputer management.
 - (b) ensure the integration of measures for paragulou of disseters and mitigation by Ministries or Departments of the Government of India into their development plans and projects;
 - (c) ensure appropriate allocation of fixeds for provention of diseaser, mitigation, capacity-building and preparations by the Ministries in Departments of the Government of India;

 (d) ensure that the Ministries or Departments of the Government of India take
 - (d) ensure that the Ministries or Departments of the Government of India take necessary measures for preparedness to prosuptly and effectively respond to any threatening disaster alimation or disaster;
 - (e) cooperation and mesistance to State Governments, as requested by them or otherwise decined appropriate by it;
 - (/) deployment of naval, military and air forces, other armed forces of the Union or any other civilize personnel as may be required for the purposes of this Act;
 - (g) coordination with the United Nations agencies, International organisations and governments of foreign countries for the purposes of this Act;
 - (h) establish institutions for research, training, and developmental programmes in the field of diseaser reanagement;
 - (f) such other matters as it deems necessary or expedient for the purpose of necuring effective implementation of the provisions of this Act.
 - (3) The Central Government may extend such support to other countries affected by major diseases as it may deem appropriate. The countries of the countries of
 - 36. It shall be the responsibility of every Ministry or Department of the Government of India to
 - (a) take measures necessary for provention of disasters, miligation, preparedness and especity-building in accordance with the guidelines laid down by the National Attitority:
 - (i) integrate into its development plans and projects, the measures for prevention or mitigation of disasters in anterdence with the guidelines laid down by the National Authority:
 - (c) respond effectively and promptly to any threatening disaster situation or disaster in accordance with the guidelines of the National Authority or the directions of the National Executive Committee in this behalf;
 - (a) review the enactments administered by it, his policies, rules and regulations, with a view to incorporate therein the provisions necessary for prevention of disasters, miligation or preparedness;



- (e) allocate funds for measures for prevention of disaster, misigation, capes by building and preparations;
 - (f) provide assistance to the National Authority and State Governments for-
 - (i) drawing up miligation, preparedness and response plans, capacitybuilding, data collection and identification and training of personnel in relation to disaster management;
 - (ii) corrying out seems and relief operations in the effected acou-
 - (III) assessing the damage from any disputer;
 - (Iv) terrying out rehabilitation and reconstruction:
- (g) make available its resources to the National Executive Committee or a State Executive Committee for the purposes of responding presupply and effectively to any thresholding dissecut situation or disaster, including measures for—
 - (i) providing energency communication in a vulnerable or affected area;
 - (ii) transporting personnel and rollisf goods to and from the efficied erea;
 - (III) providing overaction, recess, temporary shelter or other immediate relief:
 - (iv) setting up temporary bridges, jettles and familing places;
 - (v) providing, drinking water, executial provisions, healthcare, and services in an affected area;
 - (A) take such other actions as it may consider necessary for disaster menegement.
 - 37. (1) Every Missiony or Department of the Government of India shall—
 - (a) prepare a director menagement plan specifying the following particulars, namely:—
 - (i) the measures to be taken by it for prevention and mitigation of disasters in accordance with the National Plan;
 - (A) the specifications regarding integration of misigation necessres in its development plans in accordance with the guidelines of the National Authority and the National Executive Committee;
 - (iii) its roles and responsibilities in relation to preparedness and expecitybuilding to deal with any threatening discotor stundion or discotor;
 - (ii) he roles and responsibilities in regard to promisely and effectively responding to any threatening disaster absention or disaster;
 - (v) the present status of its preparedness to perform the roles and responsibilities specified in sub-clauses (iii) and (iv);
 - (vi) the measures required to be taken in order to mable it to perform its responsibilities specified in sub-clauses (iii) and (iv);
 - (b) review and update aroundly the plan referred to in clause (a);
 - (c) forward a copy of the plan referred to in clause (a) or clause (b), as the case may be, to the Courst Government which Government shall forward a copy thereof to the National Authority for its approval.
 - (2) Every Ministry or Department of the Government of India shall-
 - (a) make, while preparing disease meangement plan under clause (a) of subsection (1), provisions for financing the activities specified therein;





Part II-

- (b) furnish a status report regarding the kepterpentation of the plan referred to in closure (a) of ent-section (I) to the National Authority, as and when required by it.
- 33. (1) Subject to the provisions of this Act, each State Covernment shall take all measures specified in the guidelises laid down by the National Ambustry and such further menance as it deems necessary or expedient, for the purpose of absent management.
- (7) The measured which the State Covernment may take under sub-section (1) include meaned with respect to all or any of the following meters, namely:
 - (a) treatingsion of actions of different descriptors of the Covernment of the State, the State Authority, District Astherists, local authority and other posgovernmental erganisations; " of the appropriate parties of
 - (b) cooperation and maissance in the disease management to the National Authority and Hesional Executive Committee, the State Authority and the State Executive Committee, and the District Amborities;
 - (c), ecoperation with, and presistance to, the Ministries or Departments of the Covernment of India in disease management, as inquested by them or otherwise deemed appropriate by it,
 - (d) allocation of funds for measures for preventing of diseaser, untigation, capacity-building and preparations by the departments of the Government of the State in accommon with the provisions of the State Plan and the District Plans,
 - (a) ensure that the integration of mesoures for prevention of dissests or mitigation by the deportures of the Government of the State in their development place and projecting to the fact of the second of the first of the
 - (/) integrate in the State development plan, excessive to reduce or minigate the vulnerability of different parts of the State to different diseasors,
 - (3) secure the proposition of disease management place by different departments of the Scans in accordance with the guidelines laid thorn by the National Ambority and the State Authority;
 - sidercals. To fared out of the security former excepts to translatification (g) communities; -
 - District Assistaides take appropriate proposedone consume;
 - · () course that is a threatening disaster disasten or disasten, the resources of Continued departments of the Convenience of the State are made analishing to the National Executive Commisses of the Seite Emergive Commisses on the District Authorities, or the case may be, for the purposes of effective response, rescan and relief in any threasuning diseases situation or diseases.

 (i) provide relabilitation and reconstruction businesses to the wholess of any
 - Applications for a section ". 10 x " 1 + 4 Odjaster, and in ...
 - . (i) such other names as is decree accounty or superficit for the purpose of using effective implementation of provisions of this Act.

It shall be the responsibility of every department of the Government of a State to-

- (a) take measure necessary for preventice of dissecut, unitgation, preparedness and capacity-building in accordance with the guidelines laid down by the National Aminority and the Blate Authority.
- : (b) bacters have in development place and projects, the microscia for prevention of diserve and entire trees and and a section to



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- (c) allocate fixeds for provention of diseaser, mitigation, connectly-building and proper disease;
- (d) respond effectively and promptly to any thresholog diseases attraction or diseases in secondance with the State Plan, and in reconstance with the guidelines or directions of the National Executive Committee and the State Basecuive Contenture;
- (e) review the executarities administered by it, its policies, rules and regulations with a view to incorporate therein the provisions nucessary for prevention of disenters, taking tion or preparations.
- (f) provide excisions, so required, by the National Executive Committee, the State Executive Committee and District Assistation, for—
 - (f) drawing up mitterion, proportions and response plans, expecity-building, data collection and identification and training of personnel in relation to disease management
 - (f) remains the dames from my diames;
 - (M) carrying our rehabilitation and resonant valon;
- (g) make provision for resources in consultation with the State Authority for the implementation of the District Plan by its certagines at the district level;
- (A) make evaluable the resources notice Historial Executive Communication for the State
 Executive Contentions on the District Authorities for the purposes of responding promptly
 and effectively to any diseases in the State, including managers for—
 - (1) providing energency continuosication with a subscrable or effected acce;
 - (ii) transporting personnel and relief goods to and from the affected grea;
 - (M) providing evacuation, rescue, temporary shelter or other issuediate relief.
 - (iv) carrying out syscuration of persons or live-stock from an area of any thresholog, elevator elevation or elevator;
 - (v) setting up temperary bridges, jetties end landing places;
 - (vi) providing drinking water, executed provisions, hashbare and services in an affected area;
 - (f) such other actions as may be accessary for disaster management.
- 40. (1) Every department of the State Government, in conformity with the guidelines laid down by the State Authority, shall—
 - (a) prepare a dissorter menigement plan which shall key down the ficklowing !-
 - (1) the types of disseters to which different pers of the State are vulnerable;
 - (ii) integration of stretegies for the prevention of disaster or the midgation of its effects or both with the development plans and programmes by the deprecises;
 - (iii) the roles and responsibilities of the department of the Shabi in the event of any threatening disaster situation or diseaser and emergency support function it is required to perform;
 - (is) present status of its preparedness to perform such roles or responsibilities or emergency support function under sub-clause (iii);
 - (v) the capacity-building and preparedness measures proposed to be put into effect in order to enable the Ministries or Departments of the Government of India to discharge their responsibilities under section 37;



- (b) annually roview and appears the plan referred to in clause (a); and
- (c) furnish a copy of the plan referred to in clause (a) or clause (b), as the case may be, to the State Authority.
- (3) Every department of the State Government, while properties the plan under subsection (1), shall make provisions for financing the artivities specified therein.
- (3) Every depositment of the Spale Coverancest shall fished an implementation status report to the State Executive Committee regarding the emplementation of the disenter management plen referred to in sub-action (1).

THE PERSON OF TH

LOCAL AUTROSTINES

- 41. (1) Subject to the directions of the District Authority, a local authority shall-
 - (a) means that he officers and supplyons one named for disson management;
- (6) energy that resources relating to distance management are so maintained as to be readily available for use in the event of any threatening disaster situation or
- (c) ensure all construction projects under it or within its jurisdiction conform to the standards and specifications hald down for prevention of dissector and misigration by the National Authority, State Authority and the District Authority,
- (d) early out relief, rehabilitation and reconstruction excivities in the offsected area in accordance with the Brate Plan and the District Plan.
- (2) The local pushbrity may take such other measures as may be necessary for the disestra management. The company of the contract of

CHAPTER VII

MATICMAL INSTITUTE OF DISASTER MANAGEMENT .

- 62. (1) With effect from man date so the Central Government may, by solification in the Official Carries exposes in this behalf, there shall be constituted an incitate to be called the National Institute of Dissess Management.
 - (2) The National Institute of Disaster Management sight country of such mamber of bers as may be prescribed by the Central Government. The Control of Garage
 - ?) The term of office of and varances among, members of the Haticaal Institute of (Cold Messagement and message of filling much your rises shell be such as many be presented.
 - There shall be a governing body of the Hational lasticute of Disaster Management will be consistinted by the Central Government fiven arranged the members of the li lusticate of Dissace Management is such missoer as may be prescribed. 💝
 - (3) The governing body of the Netheral Levinors of Discous Messagement shall exercise powers and discharge such functions as may be prescribed by regulations.
- (6) The procedure to be followed in excessive of he powers and discharge of its functions by the governing body, and the term of office of, and the matter of filling vectorist among the members of the governing body, that he such as may be prescribed by requirences.
- (7) Until the regulations are made under this section, the Central Government may meter such regulations; and any regulation so made may be ninced or restinded by the Mational Institute of Director Management in exercise of its powers. . . .
- (8) Subject to the provisions of this Act, the National Institute of Disaster Management chall function pridic the broad policies and guidelines had down by the National Authority and be responsible for planning and prometing training and research in the arts of dissecut

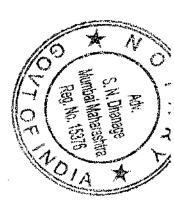
- management, documentation and development of national level information base relating to disester management policies, provention mechanisms and mixigation measures.
- (9) Without prejudice to the generality of the provisions considered in sub-section . (8), the National Iestimae, for the discharge of its functions, tray
 - (a) develop training modules, undertake research and developmentation in disease.
 - orandiment and arguing training programmes; plan covering all aspects of disaster management.

 (c) provide assistance in automal level policy formulation;
 - (d) provide required essistance to the training and regards justicates for development of training and research programmes for stabiliday including Government functional and make the galaties extension ben extensional manners. training leadifuses; · 在斯特 医 网络 新春 12 1 14 500
 - (e) provide elektronce to the State Covernments and State behing thetinass in the formulation of State level policies, strategies, diseases management framework and any other emistance as may be required by the State Governments or State training becineses for expectly-building of reliciolistics, Government including in Americancies, sivil society members, corporate sector and people's elected representatives;
 - (f) develop educational materials for disease management including academic azd profesional courses: "
 - (3) becomes anymens among startegological projected college or repool searchers. end students, technical personnel and others especiated with mathi-basard miligration, propereduces and response measures;
 - (h) andertake, organise and facilitate study courses, conferences, tectures, scrainers within and outside the treatmy to promote the efferestid objects;
 - (i) undertake and provide for publication of journals, restarch papers and books and exciplish and maintain libraries in furtherance of the aforesaid objects;
 - (f) do all such other lewish things as are conductive or incidental to the attainment of the above objects; and 🎠 🔻
 - (k) undertake any other function as may be assigned to it by the Control Coverences.
- 43. The Central Government shall provide the National Institute of Diseaser Missagaracor with such officers, consultants and other employers, as it considers necessary, for carrying out its functions.

Control of the property of the state of the

NATIONAL DANSIER RESPONSE FORCE

- 44. (I) There shall be constituted a National Diseaser Response Perce for the purpose of specialist response to a threstening disease situation or disease.
- (2) Subject to the provisions of this Act, the Force shall be constituted in such manner and, the conditions of service of the mantism of the Force, including disciplinary provisions therefor, he such as may be prescribed.
- 43. The general superimendence, direction and control of the Force shall be vested and exercised by the Methoral Archority and the comment and supervision of the Force shall vest in an officer to be appointed by the Central Government as the Director General of the National Dissess Response Force.



PART IL

CHAPTERIX "

PENNICE, ACCOUNTS AND AUDIT

- AS (D) The Control Commission may, by actification in the Official George, ecompute a first to be called the National Diseases Response Fund for marring any thresholing diseases alphanism or diseases and there shall be credited thereto—
 - (a) an amount which the Central Government may, after due appropriation made by Parliament by law in this bahalf provide;
 - (b) any grants that may be made by any person or institution for the purpose of discuss remagneted.
- (3) The National Disease Response Fund shall be made svallable to the National Executive Commisse to be applied broads meeting the expenses for embryour response, relief and rehabilitation in accordance with the guidelines laid from by the Central Government in consultation with the National Authorby.
- 47. (I) The Central Coverance trans, by notification in the Official Gazette, constitute a Fund to be called the National Diparter Minigation Fund for projects exclusively for the propose of miligation and there shall be credited theore such amount which the Central Government may after the appropriation state by Parliament by law to this behalf, provide.
 - (2) The National Disease Miligation Fund shall be applied by the National Authority.
- 63. (1) The State Coverement shall, immediately after notifications issued for considering the State Authority and the District Asthoritics, entroised for the purposes of this Act the following floads, numery:—
 - (a) the fond to be called the State Disaster Response Fend;
 - (b) the fund to be called the District Disaster Response Fund;
 - (c) the fund to be called the State Disaster Mitigation Fund;
 - (d) the fund to be called the District Dissers Minigation Fund.
 - (2) The State Government shall expert that the flands established—
 - (i) under clause(a) of sub-section (i) is realistic to the State Executive Consultate;
 - (ii) under sub-clause (c) of sub-section (i) is available to the State Authority,
 - (III) under clauses (b) and (d) of sub-section (I) are available to the District Authority.
 - 49. (1) Every Ministry or Department of the Covernment of India shall make provisions, a summed budget, for funds for the purposes of carrying out the activities and programmes of his its disaster menagement plan.
 - City The provisions of sub-section (1) shall, mutatis mutandis, apply to departments of Covergenest of the State.
 - Still Where by reason of any thremening diseases situation or diseases, the National State of the State Authority or the District Authority is eatherfied that immediate occurrent of provisions or materials or the immediate application of resources are necessary in the control of resources are necessary in the control of resources are necessary.
 - (c) it may authorise the concerned department or authority to make the anxigency procurement and in much come, the standard procedure requiring inviting of tenders thall be desired to be waived:
 - (b) a certificate about utilization of provisions or materials by the controlling officer authorised by the National Ambority, State Authority or District Authority, as the case may be, shall be demed to be a valid document or wouther for the purpose of accounting of emergency, procurement of such provisions or materials.



CHAPTER X

OFFERCES AND PENALTIES

51. Whoever, without restonable cause-

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- (a) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or
- (b) refuses to comply with any direction given by or on behalf of the Central Covernment of the State Covernment or the National Executive Committee or the State Executive Committee or the District Anthonly under this Act

shall on econviction be publishable with imprisonment for a term which may extend to one year or with five, or with both, and if such obstruction or refusal so comply with disections results in loss of lives or involved danger thereof, shall on conviction be punishable with free incorrect for a term which may extend to two years.

- 52. Whoever knowingly orders a circle which be known or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, thall, on conviction be penishable with imprisonment for a term which may extend to two years, and also with fine.
- S3. Whoever, being connected with any money or materials, or otherwise being, in costody of, or dominion over, any money or goods, meant for providing relief in any three-wing diseases effection or disease, misappropriates or appropriates for his own use or disposes of such motory or materials or any part thereof or withirly compete any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.
- 54. Whoever makes or circulates a false starm or warning as to diseaser or its severity or magnitude, leading to panic, shall on conviction, be pusichable with impriscament which may extend to one year or with fine.
- 55. (1) Where an offence enter this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and passisted accordingly anima he proves that the offence was committed without his impristage or that he ensembed all date diligence to prevent the commission of such offence.
- (2) Notwithstanding anything cosmiced in sub-section (I), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or consistence of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be descred to be guilty of their officers and shall be liable to be proceeded against and punished accordingly.
- 56. Any officer, on whom my duty has been imposed by or under this Act and who center or refuses to perform or withdraws himself from the duties of his office shall, unless be has obtained the express written permission of his official superior or has other izwful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.
- 57. If any person contravence any or fer made tarder section 65, he shall be purishable. With imprisonment for a term which may extend to one year or with line or with both.

 (G.C.P.) H-2262-5 (100-2-2082)



THE REPORT OF THE PROPERTY OF

58. (1) Where an offence under this Act has been commissed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company, shall be accord to be guilty of the compaveration and shall be liable to be proceeded against may burnished accordingly:

Provided that nothing in this sub-rection shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he currised due diligence to prevent the commission of such offence.

(7) Norwisheeding sayshing contained is sub-section (1), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or exactivates of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, scarages, secretary or other officer shall also, be deemed to be julky of the officee and shall be liable to be proceeded agains and punished accordingly.

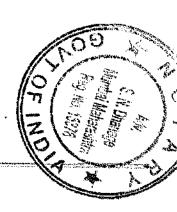
Explanation. For the propose of this section

- plantation.—For the purpose of this section...

 [47] "company" means any body acrossic and includes a form or other amortalion of individuals; and
 - (8) "director", in relation to a firm, means a partour in the firm.
- 59. No prosecution for offerese punishable under applicas 53 and 56 shall be lestioned except with the previous smotion of the Central Covernment or the State Government, as the case may be, or of any officer arthorisal in this behalf, by general or special order, by such
- 69. No court shall take cognizance of an offence under this Act except on a complaint made by—
 - (a) the National Authority, the State Authority, the Central Government, the Since Government, the District Audicrity or any other audicrity or officer audicritical in this behalf by that Amhority or Government, as the sme may be; or
 - (5) any person who has given portion of pot less than thirty days in the manner prescribed, of the alleged offence and his barrion to make a complaint to the National Authority; the State Authority, the Combai Government, the State Government, the District Authority or any other authority or officer anticrised as advesseld.".

CHAPTERM

- Miscricanegus 61. While providing compensation and raisel to the victims of disenter, finera shall be no discrimination on his ground of sex, casts, community, descent or religion.
- 62. Notwithstanding anything contained in any other law for the time being to force, it shall be lawful by the Central Covernment to have direction in writing to the Minketiles or Departments of the Covernment of India, or the Matinus Executive Committee or the State Constitution, Some Authority, State Executive Committee, Managery dockes or any of its officers or employees, as the case may be, to facilities or easiet in the disease management and such Ministry of Departments' Government of Audiquity, Discourse Committee, statutory body, officer or employee shall be bound to comply with each direction.
- 63. Any officer or subbridg of the United by a State, when requested by the Madenal Executive Competers, my State Ensertive Commission of Destrict Authority of any purson authorised by such Commission or Anthority in this behalf, shall make available in that Commisses or medically or person, such officers and employees an requested for, to perform any of the functions in consection with the prevention of disease or militaries or rescue or क्षांत्रीयद्वार्थः



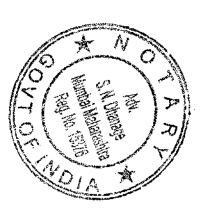
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- 64. Subject to the provisions of this Act, if it appears to the National Executive Commince, State Execusive Committee or the District Authority, as the case may be, that provisions of eay nife, regulation, notification, guideline, instruction, order, scheme or byeinve, as the case may be, are required to be made or amonded for the purposes of provention of disasters or the mitigation thereof, it may require the amendment of such rules, regulation, -notification, guidelines, instruction, order, scheme or bye-laws, as the case may be, for that purpose, and the appropriate department or authority shall take necessary action to comply with the requirements.
- 65. (1) If it appears to the National Executive Committee, State Executive Committee or District Authority or any officer as may be authorized by it in this behelf that
 - (a) any resources with any authority or person are needed for the purpose of প্রতিক নিজারী ক্রেন্ত্রতি ক্রিয়া হৈছে। সংক্রিয়া ক্রিয়ারী ক্রেন্ত্রতা
 - (b) sny premises are needed or likely to be needed for the purpose of rescue is a operations; or here is an expension of the contract of the problems.
 - (c) any vehicle is needed or is likely to be needed for the purposes of transport of resources from dissiter affected areas or transport of resources to the affected area or transport in connection with rescue, rehabilitation or reconstruction,

such authority may, by order in writing, requisition such resources or premises or such vehicle, as the case may be, and may make such fluther orders as may appear to it to be necessary or expedient in connection with the requisitioning.

- (3) Whenever any resource, premiess or vehicle is requisitioned under sub-section (1), the period of such requisition shall not extend beyond the period for which such resource, premises or vehicle is required for any of the purposes measioned in that sub-accison.
 - (3) In this section,—
 - (a) "resources" includes men and material resources;
 - (b) "services" includes facilities;
 - (c) "premises" means any land, building or part of a building and includes a har, shed or other structure or any part thereof.
 - (d) "vehicle" means any vehicle used or capable of being used for the purpose of transport, whether propelled by mechanical power or otherwise.
- 66. (1) Whenever any Committee, Amburity or officer referred to in sub-section (1) of section 65, in pursuance of that section requisitions any premises, there shall be paid to the persons interested compensation the amount of which shall be determined by taking into consideration the following, namely:-
 - (1) the rent payable in respect of the premises, or if no rent is so payable, the rent payable for similar premises in the locality;
 - (ii) if as consequence of the requisition of the premises the person interested is compelled to change his residence or place of business, the reasonable expenses (if sky) incidental to such change:

Provided that where my person interested being aggrieved by the amount of compensation so determined makes an application within the thirty days to the Central Government or the State Government, as the case may be, for referring the matter to an arbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, may determine:



Provided further that where there is any dispute as to the title to receive the compensation or as to the appearingment of the amount of compensation, it shall be referred by the Central Government or the State Government, as the case may be, to so substant appointed in this behalf by the Central Government or the State Government, as the case may be, for determination, and shall be determined in accordance with the decision of such arbitrator.

Explanation.—In this sub-section, the expression "person interested" means the person who was in actual possession of the premises requisitioned under section 65 immediately before the requisition, or where no person was in such sectual possession, the owner of such premises.

(2) Whenever any Committee. Authority or officer, referred to in sub-section (1) of section 65 in pursuance of that section requisitions any vehicle, there shall be paid to the owner thereof compensation the amount of which shall be determined by the Central Government or the State Government, as the case may be, on the basis of the fares or rates provabling in the locality for the like of such vehicle:

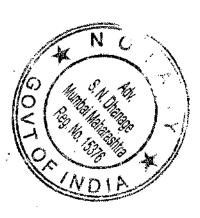
Provided that where the owner of such vehicle being againsed by the amount of compensation so determined makes an application within the prescribed time to the Central Government or the State Government, as the case may be, for referring the matter to an orbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, may determine:

Provided further that where inspectively before the requiritioning the vehicle or vessel was by virtue of a hire purphase agreement in the possession of a person other than the owner, the amount determined under this sub-section as the total ecooperation payable in respect of the requisition shall be apportioned between that person and the owner in such manner as they may agree upon, and in default of agreement, in such manner as an arbitrater appointed by the Central Government or the Sante Government, as the case may be, in this behalf may decide.

- 67. The Nedonal Authority, the State Authority, or a District Authority may recommend to the Government to give direction to any authority or person in countril of any audio or audio-visual media or such other necess of communication as may be available to carry any warning or advisories regarding any threatening diseases alteration or diseases, and the said means of communication and media as designated abalt comply with such direction.
- 63. Every order or decision of the Mational Authority or the National Executive Committee, the State Authority, or the State Executive Committee or the District Authority, shall be maticinated by such officers of the National Authority or the National Executive Committee of, the State Executive Committee, or the District Authority, as may be surfaced by it in this behalf.
- 69. The National Executive Committee, State Executive Committee, as the case may be, by general or special order in writing, may delay no to also Chairperson or any other member or to any officer, subject to such conditions and limitations, if any, as may be specified in the case, such of its powers and functions under this Act as it may death necessary.
- 79. (1) The National Amberity shall prepare once every year, in such form and at such time at may be prescribed, an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the Central Government and that Government shall cause the same to be tald before both Houses of Parliament within one month of its receipt.
- (2) The State Ambority shall pieces once in every year, in such form and at such fine as may be prescribed, an amount report giving a tree and full account of its activities during the previous year and copies thereof shall be forwarded to the State Government and that Government shall cause the same to be laid before each House of the State Legislature where it consists of two House, before that House.



- 71. No coust (except the Supreme Court or a High Court) shall have jurisdiction to entertein any suit or proceeding in respect of anything done, action taken, orders made, direction, instruction or guidalines issued by the Courts Government, National Authority, State Covernment, State Authority or District Authority in pursuance of any power conferred by, or in relation to its functions, by this Act.
- 72. The provisions of this Act, shall have effect, notwithin any instrument become stead therewith contained in any other law for the time being in force or in any instrument baving offset by virtue of any law other than this Act.
- 7A. No suit or prosecution or other proceeding shall lie in any court against the Central Government or the National Authority or the State Government or the State Authority or the District Authority or local authority or any officer or amployee of the Central Government or the National Authority or the State Government or the State Authority or the District Authority or local authority or any person working for on behalf of such Government or authority in sespect of any work done or perported to have been done or intended to be done in good faith by such authority or Government or such officer or employee or such person under the provisions of this Act or the rules or regulations made thereunder.
- 74. Officers and employees of the Central Government, National Ambority, National Executive Committee, State Government, State Ambority, State Executive Consultate or District Authority shall be immused from legal process in regard to any marring in respect of any impending disaster contamunicated or disternished by them in their official expectity or any action taken or direction issued by them in pursuance of such communication or dissentinution.
- 75. (/) The Countril Government they, by socification in the Official Gazette, make rules for carrying out the purposes of this Act.
- (2) in particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following manners, namely:—
 - (a) the composition and number of the members of the National Authority nuder sub-section (2), and the term of office and conditions of service of members of the National Authority under sub-section (4), of section 3;
 - (b) the allowances to be paid to the members of the advisory committee mader sub-section (2) of section 7;
 - (c) the powers and functions of the Chairperson of the National Executive Committee sinder sub-section (f) of section 5 and the procedure to be followed by the Rational Executive Committee in exercise of its powers and discharge of its functions under sub-section (f) of section 5:
 - (a) allowances to be paid to the persons associated with the sub-committee constituted by the National Executive Committee under sub-section (1) of section 9;
 - (e) the number of members of the National Institute of Disaster Management trader sub-section (I), the term of the office and vacanches among members and the manuer of filling such vacancies under sub-section (I) and the manner of constituting the Governing Body, of the National Institute of Disaster Management under sub-section (4) of section 42;
 - (f) the manner of constitution of the Posco, the conditions of service of the members of the Force, including disciplinary provisions under sub-section (2) of section 44:
 - (g) the manner in which notice of the offence and of the intention to make a complaint to the National Authority, the State Authority, the Control Government, the State Government or the other authority or officer under clause (b) of section 60;
 - (h) the form in which and the time within which annual report is to be prepared under section 70;



- (1) any other matter which is to be, or may be, prescribed, or in respect of which provision is to be made by rules.
- 76. (1) The National Institute of Disease Management, with the previous approval of the Central Government may, by notification in the Official Gozette, make regulatives consistent with this Act and the roles made thereunder to carry out the purposes of this Act.
- (2) In particular, and without projection to the generality of the foregoing power, such regulations may provide for all or may of the following matters, namely:—
 - (a) powers and functions to be exercised and dicharged by the governing body;
 - (b) procedure to be followed by the governing body in exercise of the powers and discharge of its functions;
 - (c) any other matter for which under this Act provision may be made by the regulations.
- 77. Every rule made by the Central Government and every regulation made by the National Institute of Disaster Management under this Act shall be laid, as soon as may be effect it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised of one session or it two or more successive ressions, and if, before the empty of the session immediately following the session or the successive sessions afterward, both Houses agree in making any modification in the rule or regulation or both Houses agree that the rule or regulation should not be made, the rule or regulation shall increase there effect only in such mediated form or be of no effect, as the case may be; so, however, that any zero modification or annulment that he without projudice in the validity of anything previously done under that rule or regulation.
- 78. (1) The State Government may, by notification in the Official Guarde, make rules to carry out the provisions of this Act.
- (2) in particular, and without projudice to the generality of the foregoing power, such rules may provide for all or any of the following reasons; namely:—
 - (a) the composition and number of the numbers of the State Authority under sub-section (2), and the term of office and conditions of service of the numbers of the State Authority under sub-section (3), of section 14;
 - (b) the allowances to be paid to the mambers of the advisory committee under sub-section (2) of section 17;
 - (c) the powers and functions of the Chairperson of the State Executive Committee onder sub-section (3), and the procedure to be followed by the State Executive Committee in exercise of its powers and discharge of its functions under sub-section (4) of section 20;
 - (a) allowances to be paid to the persons associated with the sub-committee instituted by the State Executive Committee under sub-specien (3) of section 21;
 - (e) the composition and the number of mambers of the District Authority under the secution (2), and the powers and fractions to be exercised and discharged by the Chief Executive Officer of the District Authority under sub-section (3) of section 25;
 - (f) allowances payable to the parsons associated with any committee sousstaned by the District Authority as experts under sub-section (J) of eaction 28;
 - (g) any other matter which is to be, or may be, prescribed, or in respect of which provision is to be made by rules.
- (3) Every rule made by the State Government under this Act shall be laid, as soon as may be after it is made, before each House of the State Legislature where it consists of two Houses, or where such Legislature consists of one House before that House.



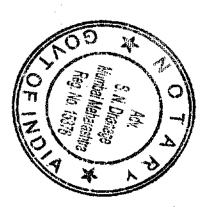
79. (1) If any difficulty arises in giving affect to the provisions of this Act, the Central Government or the State Government, as the case may be, by notification in the Official Gazette, make order not inconsistent with the provisions of this Act as may appear to it to be ascessary or expedient for the removal of the difficulty:

Provided that no such order shall be made after the expiration of two years from the commencement of this Act.

(2) Every order made under this section shall be laid, as soon as may be effer it is made, before each House of Parliament or the Legislature, as the case may be.

T.K. VISWANATHAN, Seep to the Govl of India.







महाराष्ट्र शासन राजपत्र

असाधारण भाग चार-अ

वर्ष ५, अंक १२

मुक्रवार, जानेवारी २४, २०१९/माच ४, शके १९४०

[पृष्ठे १०, किंमत : रुपवे १५.००

असाधारण क्रमांक २९

प्राधिकृत प्रकाशन

महाराष्ट्र सासनाने केंद्रीय अधिनियमांन्वये तयार केलेले (भाग एक, एक-अ आणि एक-ल यांनव्ये प्रतिद्ध केलेले नियम व आदेश यांव्यतिरिक्त) नियम व आदेश,

महसूल व वन विभाग (मदत व पुनर्वसन)

मादाम कामा मार्ग, हुतात्मा राजगुरू चौक, मंत्रालय, मुंबई ४०० ०३२, दिनांक २४ जानेवारी २०१९

अधिसूचना

आपत्ती व्यवस्थापन अधिनियम, २००५.

क्रमांक आव्यप्र. २०१८/प्र.क.२४७/आव्यप्र-१.— आपत्ती व्यवस्थापन अधिनियम, २००५ (२००५ चा ५३) च्या कलम ७८ च्या पोट-कलम (१) व (२) हारे प्रदान करण्यात आलेल्या अधिकारांचा वापर करून, महाराष्ट्र शासन, बाहारे पुढीलप्रमाणे नियम करीत आहे :—

- १. संक्षिप्त नाव.— या नियमांना, महाराष्ट्र आफ्ती व्यवस्थापन नियम, २०१९ असे म्हणावे.
- २. व्याख्या.— (१) या नियमांमध्ये संदर्भानुसार दुसरा अर्थ अपेक्षित नसेल तर, या नियमांमध्ये
 - (अ) "अधिनियम" म्हणजे आपत्ती व्यवस्थापन अधिनियम, २००५ (२००५चा ५३) :
 - (ब) "कलम" म्हणजे अधिनियमाचे कलम असा आहे.
- (२) या नियमांमध्ये वापर करण्यात आलेले, परंतु व्याख्या न केलेले शब्द व शब्दप्रयोग यांना अधिनियमात अनुक्रमे जो अर्थ नेमन दिला असेल तोच अर्थ असेल.
- राज्य आपसी व्यवस्थापन प्राधिकरणाची रचना.— राज्य आपत्ती व्यवस्थापन प्राधिकरण है पुढीलप्रमाणे अध्यक्ष व नक सदस्य, यांचे मिळन बनलेले असेल:-

۳,		TIVE ALVERT	
	寄	मुख्यभंत्री, महाराष्ट्र राज्य	पदसिद्ध अध्यक्ष
	ख	महसूल मंत्री	पदसिद्ध सदस्य
İ	F:	वित्त मंत्री	पदसिद्ध सदस्य
	घ	गृह मंत्री	पदसिद्ध सदस्य

भाग थार-अ—२९---? एच २२६१---१

(8)

* \$	मदत व पुनर्वसन मंत्री	पदसिद्ध सदस्य
<u>ਬ</u>	सार्वजनिक आरोग्य मंत्री	पदसिद्ध सदस्य
ন্ত	अध्यक्षांनी नामनिर्देशित केलेल्या आपत्ती धोके न्यूनीकरणाचे ज्ञान व अनुभव असलेल्या तीन व्यक्ती	अशासकीय सदस्य
জ	राज्य कार्यकारी समितीचे अध्यक्ष	पदिसद्ध सदस्य व मुख्य कार्यकारी अधिकारी

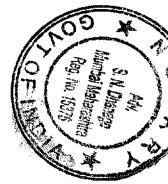
- ४. राज्य प्राधिकरणाच्या सदस्यांचा सेवाशर्सी आणि घदावधी.— (१) नियम ३ च्या खंड (छ) अन्यये नामनिर्देशित केलेल्या अशासकीय सदस्यांचा पदावधी हा त्यांनी राज्य प्राधिकरणाचे सदस्य म्हणून कार्यभार ग्रहण केल्याच्या दिनांकापासून पाच वर्षे इतका असेल.
- (२) उप-नियम (१) मध्ये पदावधी नमृद केलेला असला तरीही राज्य प्राधिकरणाचा प्रत्येक अशासकीय सदस्य, अध्यक्षाची मर्जी असेपर्यंत पद धारण करील.
- ५. राजीनामा.— राज्य प्राधिकरणाच्या कोणत्याही सदस्यास राज्य प्राधिकरणाच्या अध्यक्षास उद्देशून तशा आशंयाची आपल्या स्वाक्षरीने लेखी सूचना देऊन राज्य प्राधिकरणाच्या सदस्य पदाचा राजीनामा देता येईल आणि अध्यक्षाने ज्या दिनांकास अशा सूचनेस मंजुरी दिली असेल त्या दिनांकापासून असा राजीनामा अंमलात बेईल.
- ६. रिक्त पदे.— अनईता, राजीनामा, मृत्यू या कारणांपुळे किंवा अन्यथा, राज्य प्राधिकरणाच्या सदस्याचे पद रिक्त झाले असेल तर ते रिक्त पद नामनिर्देशनाने नव्याने भरण्यात येईल. असा रितीने नामनिर्देशित केलेली व्यक्ती, ज्या सदस्यांच्या जागी तिचे नामनिर्देशन करण्यात आले असेल त्या उर्वरित कालावधीकरिता पद धारण करील.
- ७. सच्य प्राधिकरणाच्या बैठका.— (१) राज्य प्राधिकरण, जेव्हा जेव्हा आवरयक असेल तेव्हा परंतू सहा महिन्यांतून कियान एकदा आणि राज्य प्राधिकरणाच्या अध्यक्षास योग्य साटेल अशा वेळी व ठिकाणी बैठक घेईल.
 - (२) राज्य प्राधिकरणाचा अध्यक्ष हा प्राधिकरणाच्या बैठकींचे अध्यक्षस्थानी असेल.
 - (३) राज्य प्राधिकरणाच्या अब्दक्षास जर कोणत्याही कारणास्तव राज्य प्राधिकरणाच्या बैठकीस उपस्थित राहणे शक्य नसेल तर राज्य प्राधिकरणाचा उपाध्यक्ष बैठकीचे अध्यक्षपद भूवविल.

जर अध्यक्षास व उपाध्यक्ष या दोधांनाही उपस्थित राहणे शस्य नक्षेल तर किंवा राज्य प्राधिकरणाचा उपाध्यक्ष म्हणून कोणत्याही सदस्याची नियुक्ती करण्यात आली नसेल तर उपस्थित राहणारा सर्वात जेव्छतम सदस्य सदर बैठकीचे अध्यक्षपद मूचवील.

- ८. राज्य प्राधिकरणाहारे सल्लागार समिती गठित करणे.— (१) राज्य प्राधिकरणास जेव्हा जेव्हा आवश्यक बाटेल तेव्हा तेव्हा अधिनियमच्या कलम १७ च्या पोट-कलम (१) अन्वये, आपत्ती व्यवस्थापनाच्या विविध पैलुबाबत विपारशो करण्यासाठी आपत्ती व्यवस्थापन क्षेत्रातील तज्ज्ञ आणि आपत्ती व्यवस्थापनाच्या प्रत्यक्ष अनुभव असणाऱ्या तज्जांचा अंतर्भाव असलेली एक सल्लागार समिती गठित करता येर्ड्ल.
 - (२) राज्य प्राधिकरण, सल्लागार समितीच्या एका सदस्याला अध्यक्ष म्हणून निर्देशित करील.
 - (३) उपरोक्त उप-नियम (१) अन्बर्धे गठित करण्यात आलेल्या सल्लागार समितीस राज्य प्राधिकरणाला आपत्ती व्यवस्थापनाच्या विविध पैलूवर आपल्या शिकारशी करण्यासाठी राज्य प्राधिकरणाने समितीकडे निर्दिष्ट केलेल्या वाबी विचारात घेता एक किंवा अधिक उप समित्या गठित करता येतील.

(४) सल्लागार समितीने उप समिती गाँठत केल्यास सल्लागार समितीचे अध्यक्ष उप समितीतील एका सदस्यास उप समितीचे अध्यक्ष म्हणून निर्देशित करतील.

(५) सल्लानार समितीच्या सदस्यांचा कार्यकाळ राज्य प्राधिकरणाद्वारे ठरविण्यात येईल.



- (६) महाराष्ट्र शासनाच्या सचिव दर्जाच्या अधिकाऱ्यांना अनुशेय असलेल्या दराने सल्लागार समितीच्या सदस्यांना प्रवासभक्ता व दैनिकचत्ता अनुशेय असेल.
- १. सल्लागार सिमतीच्या सदस्याचा राजीनामा.— सल्लागार सिमतीच्या कोणत्याही सदस्यास राज्य प्रधिकरणाच्या अध्यक्षास आपल्या स्वाक्षरीने तथा आशयाची लेखी सूचना देऊन सल्लागार सिमतीच्या सदस्य पदाचा राजीनामा देता येईल आणि ज्या दिनांकास राज्य प्रधिकरणाच्या अध्यक्षाने अशा सूचनेस मंजुरी दिली असेल त्या दिनांकामासून असा राजीनामा मंजूर होईल.
- १०. सल्लागार समितीतील रिक्त पर्द.— अईता, राजीनामा किंवा मृत्यू या कारणांमुळे किंवा अन्य कारणांमुळे सल्लागार समितीच्या सदस्याचे पद रिक्त झाले असेल तर सदर रिक्त पद नव्याने नामनिर्देशनाद्वारे राज्य प्राधिकरणांकडून भरता येईल. अशारितीने नामनिर्देशित केलेली व्यक्ती ज्या सदस्याच्या जागी तिचे नामनिर्देशन करण्यात आले असेल, त्या सदस्याच्या उवेरित कालावधीसाठीच सदर पद धारण करील.
 - ११. राज्य कार्यकारी समितीची रचना.— (१) राज्य कार्यकारी समितीत खालीलप्रमाणे सदस्य असतील.—

अ	मुख्य सचिव	पदसिद्ध अध्यक्ष
ল	अपर मुख्य संचिव (गृह)	पदिसद्ध सदस्य
व्य	अपर मुख्य सचिव किंवा प्रधान सचिव (वित्त)	पदिसद्ध सदस्य
\$	अपर मुख्य सचिव किंवा प्रधान सचिव (महसूल)	पदसिद्ध सदस्य
\$	अपर मुख्य सचिव किंवा प्रधान सचिव किंवा सचिव (मदत व पुनर्वसन)	पदसिद्ध सदस्य

- (२) अपर मुख्य सचिव किंवा प्रधान सचिव किंवा सचिव (मदत व पुनर्वसन) हा समितीचा मुख्य कार्यकारी अधिकारी असेल आणि समितीच्या बैठकीचे संयोजन करेल.
- (३) राज्य कार्यकारी समितीच्या मुख्य कार्यकारी अधिकान्यास राज्य कार्यकारी समितीच्या अध्यक्षाच्या मान्यतेने, समितीच्या बैठकांना विशेष आमंत्रित म्हणून इतर शासकीय अधिकारी किया तज्ज्ञ किया सल्लागार यांना आंमित्रत करता येईल.
- १२. राज्य कार्यकारी समितीने अनुसराबयाची कार्यपच्यती.— (१) राज्य कार्यकारी समितीच्या अध्यक्षास आवश्यक वाटेल तेव्हा राज्य शासनाच्या निर्वेशांची अंमलबजावणी करण्याकरिता अशा अंमलबजावणीच्या कार्यपद्धतीवावत राज्य प्राधिकरणाकडून मार्गरशंन घेता वेईल.
 - (२) राज्य कार्यकारी समितीच्या अध्यक्षास, आकस्मिक परिस्थितीमध्ये राज्य कार्यकारी समितीचे सर्व किंवा कोणतेही अधिकार वापरण्याचा अधिकार असेल, मात्र अशा अधिकारांचा वापर हा राज्य कार्यकारी समितीची कार्योत्तर मान्यता घेण्याच्या अधीन राहिल.
 - (३) राज्य कार्यकारी समितीचा अध्यक्ष, हा राज्य कार्यकारी समितीच्या बैठकीचे अध्यक्षपद भूववील. परंतु, राज्य कार्यकारी समितीच्या कोणत्याही बैठकीचे अध्यक्षपद भूवविण्यास तो असमर्थ असेल त्याबाबतीत तो, बैठकीचे अध्यक्षपद भूवविण्यासाठी, राज्य कार्यकारी समितीच्या सदस्यापँकी एका सदस्यास नामनिर्देशित करील.
 - (४) राज्य कार्यकारी समितीच्या अध्यक्षास पुढील बाबीसंदर्भांत एक किंवा अधिक अधिकारी नियुक्त करता येतील :—
 - (क) राज्यकार्यकारी समितीचा अध्यक्ष म्हणून त्याची कार्ये पार पाडण्यात त्याला सहाय्य करणे.
 - (ख) राज्य कार्यकारी समितीच्या दैठकी संबंधीचा समृचित अभिलेख ठेवणे.
 - (ग) राज्य कार्यकारी समितीच्या वैदर्कीमध्ये घेतलेल्या निर्णयांची वेळेत अंमलबजावणी केली आहे. याची सुनिश्चिती होण्याच्या दृष्टीने पाठपुरावा करणे आणि
 - अध्यक्ष त्यांना नेमून देईल अशी इतर कार्य पार पाडणे.

भाग सार-अ--- २९---२

एच २२६१---२



- १३. राज्य कार्यकारी समितीच्या बैठका.— (१) राज्य कार्यकारी समितीचा अध्यक्ष राज्य कार्यकारी समितीच्या बैठकीचा दिनांक देळ व ठिकाण ठरवील.
 - (२) राज्य कार्यकारी समितो जेका आवश्यक बाटेल तेका परंतु तीन महिन्यातून किमान एकदा बैठक घेईल.
 - (३) आपत्कालीन परिस्थिती व्यतिरिक्त राज्य कार्यकारी समितीचा मुख्य कार्यकारी अधिकारी किमान तीन दिवस अगोदर त्या समितीचा बैठकीची सूचना देईल आणि बैठकीची कार्यसूची प्रसृत करील. आपत्कालीन परिस्थिती उन्नवत्यास अथवा मोठ्या आपतीची परिस्थिती असल्यास सुरत्वीत कार्यक्षम व तत्पर प्रतिसाद देण्याची सुनिश्चिती करण्याच्या दृष्टीने, राज्य कार्यकारी समितीची तालडीने बैठक घेण्यात येईल.
 - (४) राज्य कार्यकारी सनिती प्रत्येक बैठकीचे कार्यवृत्त राज्य प्राधिकरणाला अप्रेषित करील.
- १४. राज्य कार्यकारी समितीने उपसिमित्या गठीत करणे.— (१) राज्य कार्यकारी समितीस तिची कार्ये कार्यक्षमपणे पार पाडण्यासाठी जेव्हा जेव्हा आवश्यक असेल तेव्हा तेव्हा एक किंवा अधिक उप समित्या गठीत करता येतील.
 - (२) राज्य कार्यकारी सनिती तिच्या सदस्यांमधून अशा प्रत्येक उप समितीवर अध्यक्ष नियुक्त करील.
- १५. जिल्हा आपत्ती व्यवस्थापन प्राविकरण गठीत करणे.— (१) मुंबई शहर आणि मुंबई उपनगर हे जिल्हे बगळता राज्यातील प्रत्येक जिल्ह्यासाठी जिल्हा आपत्ती व्यवस्थापन प्राधिकरण पुढील प्रमाणे बनलेले असेल :—

क	जिल्हाधिकारी	पदसिद्ध अध्यक्ष
দ্ৰ	जिल्हा परिषदेचा अध्यक्ष	पदसिद्ध सह अध्यक्ष
ŢŢ	अपर जिल्हाधिकारी किंदा निवासी उप जिल्हाधिकारी	पदीसद्ध सदस्य
單	पोलीस अधीक्षक	पदसिद्ध सदस्य
ड	जिल्ह्याचा मुख्य वैद्यकीय अधिकारी किंवा जिल्हाचिकित्सक	पदसिद्ध सदस्य
भ्	जिल्ह्याचा कार्यकारी अभियंता (सार्वजनिक बांधकाम विमाग)	पदिसद्ध सदस्य
छ	जिल्ह्याचा कार्यकारी अभियंता (पाटर्बधारे)	पदसिद्ध सदस्य

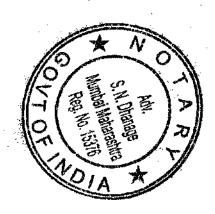
- (२) जिल्ह्याचे अपर जिल्हाधिकारी किंवा निवासी उप जिल्हाधिकारी हे जिल्हा प्राधिकरणाचे युख्य कार्यकारी अधिकारी आणि संयोजक असतील.
- (३) अध्यक्षास नेव्हा आवश्यक वाटेल तेव्हा महानगरपालिका आयुक्त, पोलीस आयुक्त, सनादेशक राज्य राखीव पोलिस वल, समादेशक राष्ट्रीय छात्र सेना, गृहरक्षक दल किंवा नागरी सुरक्षा दल जांचे अधिकारी आणि अध्यक्षास वीग्य वाटेल अशा अशासकीय संस्थांचे प्रतिनिधी यांना, जिल्हा प्राधिकरणाच्या बैटकीस उपस्थित राहण्याची विनंती करता येईल.
- (४) जिल्हा प्राधिकरणाचा मुख्य कार्यकारी अधिकारी हा जिल्हा प्राधिकरणाच्या अध्यक्षका त्याची कार्ये पार पाउण्यात सहाय्य करील आणि तसेच, राज्य शासनाकडून किंवा जिल्हा प्राधिकरणाच्या अध्यक्षकडून त्याला सोर्पावण्यात आलेल्या अधिकारांचा वापर करील आणि कार्ये पार पाडील.
- (५) जिल्हा प्राधिकरणाच्या अध्यक्षास आकस्मिक परिस्थितीत जिल्हा प्राधिकरणाचे सर्व किया कोणतेही अधिकार वापरण्याचा अधिकार असेल. मात्र अशा अधिकारांचा वापर हा जिल्हा प्राधिकरणाची कार्योत्तर मान्यता घेण्याच्या अधीन असेल.
- १६. जिल्हा प्राधिकरणाची बैठक.— (१) जिल्हा प्राधिकरण जेव्हा आवश्यक वाटेल तेव्हा परंतृ तीन महिन्यातूनिकमान एकदा आणि जिल्हा प्राधिकरणाच्या अध्यक्षास योग्य वाटेल अशा बेळी व ठिकाणी बैठक चेईल.
 - (२) जिल्हा प्राधिकरणाचा अध्यक्ष हा जिल्हा प्राधिकरणाच्या बैठकीचे अध्यक्षस्थान भूवविल.



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- (३) जर कोणत्याही कारणास्तव जिल्हा प्राधिकरणाचा अध्यक्ष जिल्हा प्राधिकरणाच्या बैठकीस उपस्थित राहू शकला नाही तर बैठकीस उपस्थित असलेले सहअध्यक्ष अध्यक्षस्थान भुषवतील. अध्यक्ष व सहअध्यक्ष उपस्थित नसल्यास सर्वात ज्येष्ठतम शासकीय सदस्य या बैठकीचे अध्यक्ष स्थान भृषवील.
- १७. जिल्हा प्राधिकरणाद्वारे सल्लागार समिती व इतर समित्या गठीत करणे.— (१) जिल्हा प्राधिकरणास त्यांची कार्ये कार्यक्षमतेने पार पाडण्यासाठी जेव्हा आवश्यक असेल तेव्हा एक किंवा एकापेक्षा अधिक सल्लागार समित्या गठीत करता येतील.
 - (२) जिल्हा प्राधिकरण आपल्या सदस्यांमधून वरील उपनियम (१) मध्ये निर्दिष्ट केलेल्या समितीच्या अध्यक्षांची नियुक्ती करील.
 - (३) सल्लागार समितीच्या व इतर समित्यांच्या सदस्यांचा पदावधी हा जिल्हा प्राधिकरणाकडून ठरविण्यात येईल.
 - (४) सल्लागार समितीच्या सदस्यांना आणि समितीशी संबंधित तज्ज्ञ व्यक्तींना जिल्हा दंडाधिकाऱ्याला अनुज्ञेय असलेल्या वराप्रमाणे प्रवास भत्ता व दैनिक भत्ता अनुज्ञेय असेल.
- १८. सल्लागर समितीच्या आणि जिल्हा प्राधिकरणाने गठित केलेल्या इतर समितीच्या सदस्यांचा राजीनामा.— जिल्हा प्राधिकरणाने गठीत केलेल्या सल्लागार समितीच्या किंवा इतर समितीच्या कोणत्याही सदस्यास जिल्हा प्राधिकरणाच्या अध्यक्षांना उद्देशून स्वतःच्या स्वाक्षरीने तशा आशयाची लेखी सूचना देऊन सल्लागार समितीच्या किंवा इतर समित्यांच्या सदस्य पदाचा राजीनामा देता येईल आणि ज्या दिनांकास जिल्हा प्राधिकरणाच्या अध्यक्षांनी अशा सुचनेला मंज्री दिली असेल त्या दिनांकापासन असा राजीनामा अंगलात येईल.
- १९. जिल्हा प्राधिकरणाद्वारे गठिल सल्लागार समितीमधील आणि इतर समित्यांमधील रिक्त पदे.— जिल्हा प्राधिकरणाने गठित केलेल्या सल्लागार समितीच्या किंवा इतर समित्यांच्या सदस्यांचे पद हे अनहंता, राजीनामा, मृत्यू किंवा अन्य कारणांमुळे रिक्त ज्ञाले असेल तर ते रिक्त पद नव्याने नामनिर्देशनाद्वारे जिल्हा प्राधिकरणास भरता येईल. अशा रीतीने नामनिर्देशत केलेली व्यक्ती, ज्या सदस्याच्या जागी तिचे नामनिर्देशन करण्यात आले असेल त्या सदस्याच्या वर्वरित कालावधीसाठीच केवळ पद धारण करील.
- २०. **वार्षिक अहबाल.** राज्य प्राधिकरण प्रत्येक वर्षातून एकदा कलम ७० च्या तरतुदीनुसार वितीय वर्ष समाप्त आल्यापासून ९ महिन्यांच्या आत वार्षिक अहबाल तयार करील आणि तो राज्य शासनामार्फत विधानमंडळाच्या दोन्ही सभागृहायुढे ठेवण्यात येईल.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने,

मेघा गाडगीळ, शासनाच्या अपर मुख्य सचिव.



REVENUE AND FORESTS DEPARTMENT

Madam Cama Marg, Hutatma Rajguru Chowk, Mantralaya, Mumbai 400 032, dated the 24th January 2019

MOTIFICATION

DISASTER MANAGEMENT ACT, 2005.

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No. DMU. 2018/CR 247/DM 1.— In exercise of the powers conferred by sub-sections (1) and (2) of section 78 of the Disaster Management Act, 2005 (53 of 2005), the Government of Maharashtra hereby makes the following rules, namely:—

- Short title.—These rules may be called the Maharashtra Disaster Management Rules, 2019.
- 2. Definitions.- (1) In these Rules, unless the context otherwise requires.-
 - (a) "Act" means the Disaster Management Act, 2005 (53 of 2005);
 - (b) "saction" means a section of the Act.
- (2) Words and expressions used in these rules but not defined hereinabove shall have the same meanings as are respectively assigned to them in the Act.
- Composition of the State Disaster Management Authority. The State Disaster Management Authority
 shall consist of the following Chairperson and nine members, namely:—

(a)	The Chief Minister of Maharashtra,	ex officio Chairperson;
(b)	Revenue Minister,	ex officio member;
(c)	Finance Minister,	ex officio member;
(d)·	Home Minister,	ex officio member;
(e)	Relief and Rehabilitation Minister,	ex officio member;
(i)	Public Health Minister,	ex officio member;
(g)	Three persons having knowledge and experience in disaster risk reduction, to be nominated by the	non-official members;

- Chairperson;
 (h) The Chairperson of the State Executive Committee, ex official member & Chief Executive Officer.
- A. Term of office and conditions of service of the members of the State Authority.— (1) The term of office of non-official members nominated under clause (g) of rule 3 shall be for a period of five years from the date they assume charge as a member of the State Authority.
- (2) Notwithstending the term of office mentioned in sub-rule (1), every non-official member of the State Authority shall hold office at the pleasure of the Chairperson.
- 5. Resignation.— Any member of the State Authority may resign from the office of member of the State Authority by giving a notice in writing under his hand to that effect to the Chairperson of the State Authority and such resignation shall take effect from the date on which such notice is accepted by the Chairperson.
- 6. Vacancies.— Where a vacancy occurs in the office of a member of the State Authority by reason of disqualification, resignation, death or otherwise, the vacancy may be filled in by fresh nomination. The person so nominated shall hold office only for the remainder of the term of the member in whose place he has been nominated.
- 7. Meetings of the State Authority.— (1) The State Authority shall meet as and when necessary but at least once in six months, and at such time and place as the Chairperson of the State Authority may think fit.

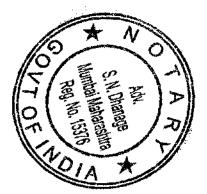
- (2) The Chairperson of the State Authority shall preside over its meetings.
- (3) If, for any reason, the Chairperson of the State Authority is unable to attend the meeting of the State Authority, the Vice-Chairperson of the State Authority shall preside over the meeting. If the Chairperson and Vice Chairperson both are unable to attend or if no member has been appointed as Vice-Chairperson of the State Authority, the senior most official member present in the meeting, shall preside over the meeting.
- 8. Constitution of Advisory Committee by the State Authority.— (1) The State Authority may, as and when it considers necessary, constitute an Advisory Committee under sub-section (1) of section 17 of the Act, consisting of experts in the field of disaster management and having practical experience of disaster management to make recommendations on different aspects of disaster management.
 - (2) The State Authority may designate a member of the Advisory Committee as the Chairperson thereof.
 - (3) An Advisory Committee constituted under sub-rule (1) above may, having regard to the matters referred to it by the State Authority for making its recommendations on different aspects of disaster management to the State Authority, constitute one or more sub-committees.
 - (4) If the Advisory Committee has constituted Sub-Committees then the Chairperson of the Advisory Committee shall designate any one of the members of Sub-Committee as the Chairperson thereof.
 - (5) The term of office of the members of the Advisory Committee shall be determined by the State Authority. —
 - (6) A member of the advisory committee shall be entitled to receive travelling allowances and daily allowances at the same rate as are admissible to the Secretary to the Government of Maharashtra.
- 9. Resignation of a member of Advisory Committee.— Any member of the Advisory Committee may resign from the office of member of the Advisory Committee by giving a notice in writing under his hand to that effect to the Chairperson of the State Authority and such resignation shall take effect from the date on which such notice is accepted by the Chairperson of the State Authority.
- 10. Vacancies in Advisory Committee.— Where a vacancy occurs in the office of a member of the Advisory Committee by reason of disqualification, resignation, death or otherwise, the vacancy may be filled in by the State Authority through a fresh nomination. The person so nominated shall hold office only for the remainder of the term of the member in whose place he has been nominated.
- 11. Composition of the State Executive Committee.— (1) The State Executive Committee shall consist of the following members, namely:-

	• • • • • • • • • • • • • • • • • • • •	
(a)	The Chief Secretary,	ex officio Chairperson;
(b)	The Additional Chief Secretary (Home)	ex officio member;
(c)	The Additional Chief Secretary (Finance) or	ex officio member;
	Principal Secretary (Finance),	

(d) The Additional Chief Secretary or ex officio member;
Principal Secretary (Revenue),

(e) The Additional Chief Secretary or Principal Secretary or, Secretary (Relief and Rehabilitation).

ex officio member;



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- (2) The Additional Chief Secretary or Principal Secretary or Secretary (Relief and Rehabilitation) shall be the Chief Executive Officer and convener of the meetings of the State Executive Committee.
- (3) The Chief Executive Officer of the State Executive Committee may call other Government officers or experts or consultants with the approval of the Chairperson of the State Executive Committee to attend its meetings as Special Invitees.
- 12. Procedure to be followed by the State Executive Committee.— (1) The Chairperson of the State Executive Committee may, as and when required, for implementation of the directions of the State Government, seek guidance from the State Authority, as to the modelities of such implementation.
 - (2) The Chairperson of the State Executive Committee shall, in case of emergency, have the power to exercise all or any of the powers of State Executive Committee, but exercise of such powers shall be subject to ex post facto retification by the State Executive Committee.
 - (3) The Chairperson of the State Executive Committee shall preside over the meetings of the State Executive Committee:

Provided that, in case of his inability to preside over any meeting of the State Executive Committee, he shall nominate one of the members of the State Executive Committee to preside over the meeting.

- (4) The Chairperson of the State Executive Committee may appoint one or more officers,-
- (a) to assist him in the performance of his functions as the Chairperson of the State Executive Committee;
 - (b) to maintain proper records relating to the meetings of the State Executive Committee;
- (c) to take follow up action to ensure that the decisions taken in the meetings of the State Executive Committee are implemented in time; and
 - (d) to perform such other functions as the Chairperson may assign to them.
- 13. Meetings of the State Executive Committee.— (1) The Chairperson of the State Executive Committee shall decide the day, time and place of a meeting of State Executive Committee.
 - (2) The State Executive Committee shall meet as often as necessary but atleast once in three months.
 - (3) The Chief Executive Officer of the State Executive Committee shall give notice of its meeting and circulate its agenda at least three days in advance, unless there is an emergency situation on occurrence of a major disaster or a situation of such a threatening disaster, when the State Executive Committee shall meet at the earliest to ensure a smooth, efficient and prompt response.
 - (4) The State Executive Committee shall forward the minutes of every meeting to the State Authority.
- 14. Constitution of Sub committees by the State Executive Committee.— (1) The State Executive Committee may, as and when necessary, constitute one or more sub committees, for efficient discharge of its functions.
 - (2) The State Executive Committee shall, from amongst its members, appoint the Chairperson of each such sub-committee.
- 15. Constitution of the District Disaster Management Authority.— (1) A District Disaster Management Authority for each district in the State, other than Mumbai city and Mumbai suburban Districts shall consist of the following, namely,—

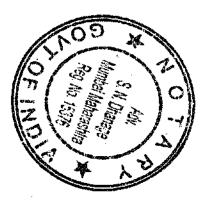
(a)	The District Collector,	ex-officio Chairperson;
(b)	The Chairperson of the Zilla Parishad,	ex-officio Co-Chairperson;
(c)	The Additional Collector or Resident Deputy Collector,	ex-officio member;
(d)	The Superintendent of Police,	ex-officio member;
(e)	The Chief Medical Officer of the district or District Civil Surgeon,	ex-officio member;
(f)	The Executive Engineer (Public Works Department) of the district,	ex-officio member;
(g)	The Executive Engineer (Irrigation) of the district,	ex-officio member.

- (2) The Additional Collector or Resident Deputy Collector of the District shall be the ex officio Chief Executive Officer and Convener of the District Authority.
- (3) The Municipal Commissioner, Police Commissioner, Commandant (State Reserve Police Force), Commandant (National Cadet Corps), Officer in charge of Home Guards or Civil Defence and such representatives of non-Government organizations as may be considered appropriate by the Chairperson, may be requested to attend the meetings of the District Authority, as and when considered necessary by the Chairperson.
- (4) The Chief Executive Officer of the District Authority shall assist the Chairperson of the District Authority in the discharge of his functions and also exercise such powers and perform such functions as may be assigned to him by the State Government or the Chairperson of the District Authority.
- (5) The Chairperson of the District Authority shall, in case of emergency, have the power to exercise all or any of the powers of the District Authority but the exercise of such powers shall be subject to ex-post facto ratification of the District Authority.
- 16. Meetings of the District Authority.— (1) The District Authority shall meet as and when necessary but at least once in three months, and at such time and place as the Chairperson of the District Authority may think fit.
 - (2) The Chairperson of the District Authority shall preside over the meetings of the District Authority.
 - (3) If, for any reason, the Chairperson of the District Authority is unable to attend the meeting of the District Authority, the Co-Chairperson shall preside over the meeting. If the Chairperson and the Co-Chairpersons are both not present, then the senior most official member present in the meeting, shall preside over the meeting.
- 17. Constitution of Advisory Committees and other Committees by the District Authority.—(1) The District Authority may, as and when it considers necessary, constitute one or more advisory committees and other committees for the efficient discharge of its functions.
 - (2) The District Authority shall, from amongst its members, appoint Chairperson (s) of the Committee(s) referred to in sub-rule (1) above.
 - (3) The term of office of the members of the Advisory Committee and other Committees shall be determined by the District Authority.
 - (4) Any person associated, as an expert with the advisory committee or any other committee shall entitled to receive travelling allowances and daily allowances at the same rate as are admissible to the District Magistrate of the district.

- 18. Resignation of a member of Advisory Committee and other Committees constituted by the District Authority.— Any member of the Advisory Committee or other Committees constituted by the District Authority may resign from the office of member of the Advisory Committee or other Committees by giving a notice in writing under his hand to that effect to the Chairperson of the District Authority and such resignation shall take effect from the date on which such notice is accepted by the Chairperson of the District Authority.
- 19. Vacancies in Advisory Committee and other Committees constituted by the District Authority.—Where a vacancy occurs in the office of a member of the Advisory Committee or other Committees constituted by the District Authority by reason of disqualification, resignation, death or otherwise, the vacancy may be filled in by the District Authority by a fresh nomination. The person so nominated shall hold office only for the remainder of the term of the member in whose place he has been nominated.
- 20. Annual Report.— The State Authority shall prepare, once in every year, within nine months of the end of the financial year, an Annual Report as per the provisions of section 70 and forward it to the State Government for being laid before each House of the State Legislature.

By order and in the name of the Governor of Maharashtra,

MEDHA GADGIL, Additional Chief Secretary to Government.



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राजेश भूषण, आईएएस सचिव

RAJESH BHUSHAN, IAS

SECRETARY

Exhibit - "Q"



भारत सरकार स्वास्थ्य एवं परिवार कल्याण विभाग स्वास्थ्य एवं परिवार कल्याण मंत्रालय Government of India Department of Health and Family Welfare Ministry of Health and Family Welfare

Azadi_{Ka} Amrii Mahotsav

D.O No. Z.26015/1/2022-DMCell 18th February 2022

Dear Chief Secretary,

This is regarding measures that need to be taken in view of the sustained decline in the number of new Covid-19 cases across the country. From time to time, this Ministry has been advising and guiding the States/UTs regarding recommended strategies for testing, surveillance, containment and restrictions keeping in view the District as a unit.

- 2. Taking into account the significant decline in the Covid-19 cases across the country, the States have been undertaking various measures to reopen economic and social activities. There is a need to follow a risk assessment-based approach on the opening of economic activities without losing the gains made so far in the fight against the virus.
- 3. In this context, this Ministry's earlier guidance shared with States/UTs on multiple occasions regarding the recommended strategies for testing, surveillance and containment based restrictions, keeping the District as a unit for decision making, are still valid.
- 4. Evidence-Based Decision making: At the district level there should be constant review of emerging data based on a sustained and critical level of testing to facilitate decision for restrictions/relaxation based on evidence. Such decisions should be taken at State/UT level after proper analysis of the local situation, such as the emergence of new cases/clusters, case positivity, population affected, the geographical spread of cases & hospital infrastructure preparedness.

5. Broad-based framework for relaxation/restrictions: In order to identify areas where restrictions need to be imposed/continued in districts/areas, the following broad-based framework is provided to aid States UTs:

S. No.	Parameter	Thresholds
1	Test positivity	Test positivity of 10% or more in the last week
OR		
2	Bed occupancy	Bed occupancy of more than 40% on either oxygen supported or ICU beds

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011
Tele: (O) 011-23061863, 23063221, Fax: 011-23061252, E-mail: secyhiw@nic.in

TRUE COPY

ADVOCATE FOR ____

S. N. Dhanage

O. Reg., No. 18376

A TO S. T. Dhanage

A TO S. N.
- a) States need to watch the trajectory of cases in particular geographies to ensure that the areas reporting positivity rate above 10% and/or bed occupancy more than 40% on either oxygen supported or ICU beds should undertake required enforcement, containment, and restriction measures.
- b) As the case trajectory may vary from State to State and there would be variation in the spread of infection within States also, there is a need to take decisions with respect to containment and restriction measures primarily at the local/sub-national level by concerned State and District Administration.
- c) Continued focus on community participation for adherence to Covid Appropriate behavior including proper wearing of mask and physical distancing (2 gaz ki doori), as directed under the national directives for Covid-19 management under Disaster Management Act, will however be important measures to be undertaken across the country.
- 6. Some of the strategic areas of intervention focusing on containment, test, track, surveillance, clinical management, vaccination and Covid Appropriate Behaviour to be taken up are as follows:
- Relaxation in various activities duly following the National Directives for Covid-19
 management under Disaster Management Act
- i. Focus will be on graded relaxation to support the resumption of economic activities.
- Social/sports/entertainment/academic/cultural/religious/festival-related and other gatherings and congregations may be resumed. The decision for allowing these activities shall be taken up by the concerned States duly guided by the principles as enunciated above.
- iii. Offline classes can be resumed in academic institutes without any restrictions. However, the school administration may also leverage a hybrid model of imparting education through online and offline modes.
- iv. Marriages and funerals/last rites may be allowed.
- v. All shopping complexes, cinema halls, restaurants & bars, sports complexes, gyms, spas, swimming pools, and religious places may be allowed to operate at full capacity.
- vi. Public transport (railways, metros, buses, cabs) to operate without any capacity restrictions.
- vii. There shall be no restrictions on inter-state and intra-state movement including transportation of essential goods.
- viii. All offices, both government and private, may function without any capacity restrictions.
- ix. All industrial and scientific establishments, both government and private may be allowed.
- x. While allowing all such activities, it is imperative that the national directive including use of mask & physical distancing shall be strictly followed in all public places.
- xi. The activities as mentioned above are primarily indicative and States/UTs should make a careful analysis of the local situation, areas to be covered, and extent of case positivity and transmission to decide on the relaxations/restrictions. Such decisions by States/UTs must be linked to the local epidemiological situation of Covid-19, based on a sustained critical level of testing and monitoring of case positivity.



IL Testing and surveillance:

States will continue with the strategy of 'Test-Track-Treat-Vaccinate' and implementation of Covid Appropriate Behavior across the district as the ongoing strategy in managing COVID-19.

- a) Ensure sustained critical level of testing as per the testing guidelines.
- b) Monitoring of Influenza-like illness (ILI) & SARI cases to be taken up in all Health facilities for early warning signals of the spread of infection.
- c) The surge in cases including clustering of cases should be monitored.
- d) States to ensure continued focus on genomic sequencing of international passengers, collection of samples from sentinel sites (identified health facilities) and local clusters of cases, duly following the guidelines laid by MoHFW to capture early warning signals on variants.

III. Clinical Management

- i. States to ensure sufficient availability of dedicated Covid health infrastructure as per the ongoing case trajectory.
- ii. Ensure that Home isolation protocol is followed wherever required for asymptomatic and mild cases and specific monitoring shall be continued for high-risk cases.
- iii. Non-Covid health services shall also be fully operationalized in all health facilities.
- IV. Vaccination: Ensure 100% coverage of left out first and second dose eligible beneficiaries in an accelerated manner. Special focus to be given to those districts where the first & second dose coverage is less than the national average. The door-to-door vaccination campaign need to be strengthened. Similarly, precaution dose & adolescent vaccination shall also be taken up for all eligible people.

As far as schools are concerned, the district administration, in collaboration with school management, may ensure vaccination of all teaching and non-teaching staff.

All activities, like restaurants, gym, spas, sports, swimming pools, etc. considered for resumption of services shall promote 100% vaccination of the eligible staff.

V. Community engagement and Covid Appropriate Behaviour:

Ensure advance engagement and information so that there is no misinformation or panic, transparent communication on hospital and testing infrastructure availability, regular press briefings etc. Participation of community backed by strict enforcement is necessary for ensuring Covid Appropriate Behaviour. Evidence-based information shall be regularly made available to the community accordingly.

Yours sincerely

(Rajesh Bhushan)

To: Chief Secretary/ Administrators of all States/UTs



Government of Haryana Haryana State Disaster Management Authority

No. DMC-SPO-2020/1618

Pated: 16.02.2022

ORDER

In continuation of HSDMA order No. BMC-SPO-2020/1325 dated 05.02.2022 vide which guidelines of Widmani Alert-Surakhsit Haryana' were issued to be implemented in the State.

Now, in exercise of the powers conferred under Section 22(2)(h) of the Disaster Management Act, 2005, the undersigned in my capacity as Chairperson, State Executive Committee directs to remove all the restrictions issued vide guidelines of Widmunian Alert-Surakhsit Haryana' in the State.

However, the residents of the State are advised to strictly follow COVID appropriate behavioural norms including social distancing.

(SAINUTEVENT) SITAL)
Chief Secretary-cum-Chairperson
Haryana State Executive Committee

To

1: All Administrative Secretaries in the State of Haryana.

2. The Director General of Police.

3. All Beputy Commissioners in the State of Haryana.

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ADVOCATE FOR



IN THE HIGH COURT OF JUDICATURE AT BOMBAY, CIVIL APPELLATE JURISDICTION PUBLIC INTEREST LITIGATION NO. 84 OF 2021

Freroze Mithiborwala

- Petitioner

Vs..

The State of Maharashtra and Ors.

- Respondents

WITH

PUBLIC INTEREST LITIGATION NO. 85 OF 2021

Yohan Tengra

PETITIONER

VERSUS

The State of Maharashtra And Others.
-: INDWX:

RESPONDENTS

SR. NO.	EXHI BITS	PARTICULARS	<u>PAG</u> FROM	ES TO
1.		Copy of Affidavit	0 3	10-7-
2.	Ri	True copy of the Rules.	pzr-	137
3.	R2	Trite copy of the SOP, issued on 1541 July 2021.	(38	JL19)
4.	R3	True copy of the sample daily data which is shared with all the officers and once such data.	148	172
5.	R4	True copy of the letter written by the Central Government on 3 rd August 2021,	173	129
6.	R5	True copy of the order dated 27th August 2021,	125	175
1		LASTPAGE	175	

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ADVOCATE FOR



IN THE HIGH COURT OF JUDICATURE AT BOMBAY, CIVIL APPELLATE JURISDICTION

PUBLIC INTEREST LITIGATION NO. 84 OF 2021

Firoz Mithiborwala

Petitioner

VERSUS

The State of Maharashtra And Others.

Respondents.

With

PUBLIC INTEREST LITIGATION NO. 85 OF 2021

Yohan Tengra

Petitioner

VERSUS

The State of Maharashtra And Others.

Respondents

AFFIDAVIT

I, Aseem Surendrakumar Gupta, Age 51 Adult, Occ. Government Service, being the Principal Secretary, Disasler Management, Relief and Rehabilitation Department, Government of Maharashtra and the Member Secretary State Executive Committee, under the Disaster Management Act, at Mumbai solemnly state as under:



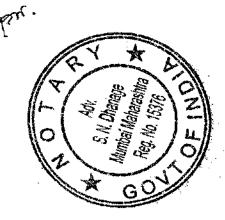




- I say that I am filing the affidavit on behalf of the State Government and the State Executive Committee.
- 2. I say that the State Executive Committee has been constituted under the provisions of section 2(r) read with section 20 off the Disaster Management Act. (This Act is hereinafter referred to for the sake of brevity and convenience throughout affidavit as the "said Act").
- 3. I invite the attention of this Honourable Court to refer to the Rules which have been framed under the provisions of section 78 of the said Act. These Rules are published in the Maharashtra Government Gazette on 24th January 2019.

 (Hereinafter referred to as "Said Rules). For ready reference a copy of the Rules is enclosed hereto and is marked as EXHIBUT-R1.
- 4. I say that three SOP's are under consideration in the present matter. I say that the first SOP, is the SOP which is issued on 15th July 2021. Copy of the said is enclosed hereto and marked as EXHIBIT-R2.
- 5. I humbly say that the perusal of this order shows the following two things.





- (a) That this order is issued in the peculiar facts and circumstances of the case by the Chief Secretary, who, by virtue of his post also happens to be the Chairman of the State Executive Committee.
- (b) That the said order has been issued for the purpose of giving some relaxation in case of those persons, who have been vaccinated with both the doses of the Covid-19 vaccine and for whom 15 days have lapsed since the administration of the second dose of the vaccine and who are in possession of Final Vaccination Certificate, issued through the Covid Portal, then such persons are exempted from the mandatory requirement of possessing a negative RTPCR report, on their entry into the State.

In other words this order of 15th July 2021, which is the first impugned order is for the purpose of providing relaxation in existing restrictions rather than, providing for the imposition of new ones.

6. I respectfully invite the attention of this Ildomunable Court to refer to the provisions of rule 12(2) of the said Rules, which empowers the Chief Secretary, as Chairman of State Executive Committee to use all or any of the powers of the State Executive Committee. I humbly say that therefore, it

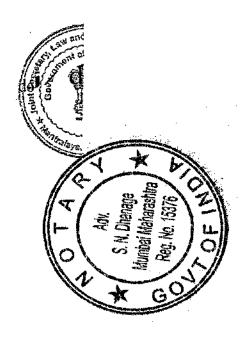




cannot be said that the decision which has been taken by the Chief Secretary is without any authority in law.

7. I humbly request that the circumstances in which such decisions are taken are required to be taken into consideration. I say that right from the day, when the Covid had invaded our State, daily up-to-date data is shared with all the responsible officers of the State including inter-alia (but not limited only) members of the State Executive Committee. I say that this was deliberately made broad based and it was not confined only to the members, of the State Executive Committee or to the members of the State Disaster Management Authority. This is done for the reasons that the more it is broad based, by responses, and the feedback of the officers, throughout the State of Maharashtra even at the grass root level we would be in a better position to understand the same of Covid 19 disease and appreciate impacts of various measures being taken by Government of India as well as Government of Maharashtra, in addition to that of State Executive Committee and various District Disaster Management Authorities, in conjunction with those of Public Health Department in terms of need and availability





of curative drugs, hospital beds, oxygen and ventilators as mandated by the protocol of treatment being released from time to time by the Ministry of Health and Family Welfare, Government of India and Public Health Department, Government of Maharashtra. I say that this broad consultations and disbursal of information to all has helped the State as a whole to combat the situation more effectively.

8. I respectifully submit that it may kindly be appreciated that State of Maharashtra was just getting out of deadly second wave of Covid 19 that saw anything from 90000 to 1000000 deaths, out of about 40,00,000 total cases of Covid 19, highest single day active cases just short of 7,00,000, and single day new active cases about 80000 as well as peak demand of oxygen to the tune of about 1700 MT, as against capacity of 1200 MT production daily in the State. State had to undertake emergency measures on a daily basis to make oxygen as well as medicines like Ramdesivir etc. available. State was under severe lockdown during this wave and the period under consideration was a period of gradual reduction in these numbers and requirements and thus of graded lifting of lockdown. It may please be







appreciated that though lockdowns are emergency measures that are taken with immediate effect, lifting of sanctions while on curve of retreat of disease has to be graded and with an eye on impact of these reductions on these numbers. One has to be very very dynamic in response to impact, adverse or otherwise of the lifting of sanctions. It may also be appreciated that public transport has the twin dimensions of being critical for economic activities of a city as well as high potential spreader of pandemic. Thus impugned order of relaxing the passenger transport for the failty vaccinated passengers must be seen in this light to appreciate the rationale behind these decisions.

9. I humbly say that in such circumstances the discussions used to take place, almost daily, either in person or through various modern methods such as video conferencing etc. I say that the discussions were not confined only to the members of the State Executive Committee but included other members of State Covid Task Force, District Disaster Management Authorities, State and District Public Health Authorities and also representatives of various





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organisations for arriving at final decisions by State Executive Committee.

- 10. I humbly say that it is also important to note two more aspects.
 - (a) On account of the restriction which was imposed by the State Government itself as well as due to significant numbers of District level officers, doctors and health staff getting quarantined themselves due to contracting Covid19 disease, the number of the staff who were working in the Mantralaya had to be reduced to Minimal Level of 15% as a result there was dearth of the helping hands at that time in Mantralaya.

(b) Secondly I say that entire reliance, therefore, was placed either on the WhatsApp groups, SMSs or others modern modes, though informal, methodologies like Zoom, Google Meet, Microsoft Team etc. In other words every possible method was used for the purpose of preparing, finding interacting. assessing. and immediate solution for the purpose of mitigating the

problem.

- Further another important thing that may kindly be 11. taken into consideration is that whether there was any emergency situation, which justified the Chief Secretary as the Chairman of the State Executive Committee taking decision under the provisions of rule 12(2) or not, is required to be considered from the point of view of the prevalent situation.
- It is humbly submitted that formal recording of minutes of the decision making process was not possible at the relevant time, and absence of these records may not be termed as contravention of undermining the genuine broad based discussions with all the concerned that took place on the basis of daily factual reports circulated by the Public Health Department, Government of Maharashtra to all and decisions promulgated by the Chief Secretary must be perceived keeping in mind the very fast changing situation at that time.
- 13.I say that, therefore, when it was brought to the notice of the Chief Secretary that not only grave public inconvenience is being caused by forcing all persons coming to the state to go for RT-PCR test valid for 48 hours but also is causing a great strain on the limited





resources available for carrying out these tests and thus causing delays in getting the reports even for citizens who are not travelling but have come in contact with Covid-19 positive persons or showing symptoms, only for the purpose of ameliorating the inconvenience as well as ensuring that most of resources are diverted towards testing and reporting cases of more urgent nature, urgent decision was taken by the Chief Secretary after due deliberations with concerned officers, and such decision as stated above is perfectly justified under the provisions of rule 12 (2) of the said Rules, even if, due to absence of formal recording of discussion or formal holding of meeting, one is inclined to discard the fact that even members of State Executive Committee did take part in the discussion

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14.1 say that, therefore, in the light of what has been said above the following two things are clear viz. (a) the officer had the authority to take the decision and (b) secondly, the officer had reasons to act quickly and by treating it as an emergency situation and his perception and assessment of the situation justifying such action cannot be doubted now,



particularly when its bonafide are not doubted by anybody including the present Petitioners.

15. However, I must concede that the requirement of rule 12 (2) of the said Rules provide that the post facto sanction is required to be taken has not been done in the instant case. And though it may be humbly defended due to volatility and speed with which circumstances were changing, such orders were also getting modified dynamically, whole attention was towards reacting to rapidly evolving situation and that it was difficult to adhere strictly to the procedural rules and it may also be respectfully submitted that the requirement of rule 12 (2) of the said Rules is not mandatory in nature so far as the time frame is concerned, because rule 12 (2) does not mandate that such approval is required to be taken in the immediate next meeting of the State Executive Committee. It is nevertheless must be admitted that it was desirable and expected that formally such decisions should have been got ratified in coming formal SEC meetings for want of procedural compliances. I humbly crave the leave of this Hon. Court for this procedural lapse and request that this lapse should not be called upon to vitiate the bonafide promulgations of Chief





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Secretary as Chairman of SEC in exercise of powers conferred under rule 12(2) of the said Rules, especially on the background that the copies of this were also brought to the notice of all the officers including other State Executive Committee members immediately.

- 16.I humbly say that, this not for the purpose of justiffying the breach of nile 12 (2) but for the purpose of bringing to the notice of the Hon'ble Court that the requirement of rule 12 (2) which are directory in nature and non compliance of that cannot be equated with non application of mind, as alleged by the Petitioners herein in absence of any material.
- 17.I also humbly wish to bring to the kind notice of this Hon.

 court that the practice of sharing the present pandemic situation is even followed now. For instance, I invite the attention of the Homble Court to refer to the daily data which is shared with all the officers and such data sheets are enclosed to this Affidavit and marked as EXFIBIT-R3.
- 18.I may also however bring to the notice of Homble Court that post this decision which was taken by the Chief Secretary, the Central Government wrote letter on 3rd August 2021, copy of that letter enclosed to this Affidavit



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and marked as EXHIBIT-R4 addressed to the Additional Government Health, Secretany, Public Chief Maharashtra, The said letter is self-explanatory. I say that in the light of that letter the order which was passed by the Chief Secretary, on 15th July 2021, was superseded by another order dated 27th August 2021. A copy of that order is enclosed to this Affidavit and marked as EXHIBIT- R5. It is submitted that the letter which has been written by the Central Government dated 3rd August 2021, should be taken as a direction given by the Central Government under the provisions of section 24 (1) of the said Act and therefore immediately the order issued on 15th July 2021 was withdrawn. Because of these subsequent development, the post facto approval may not be required because said order dated 15th July 2021, itself is withdrawn on 27th August 2021.

19. I humbly bring to the kind notice of this Hon. Court that so far as the SOP of 10th August 2021 is concerned, it is not issued by the State Executive Committee. It has been issued by the Public Health Department, Government of Maharashtra. I say that the Government of Maharashtra is fully entitled to issue the same under the provisions of

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section 38 (1) read with section 24 (1) of the said Act. It therefore cannot be said that the said SOP is issued without having authority in law.

20. So far as the material before the Government is concerned, I say that the Hon'ble Court may take the judicial notice of the fact that the Public Health Department was compiling daily the data on the disease spread, its impact, its requirements in terms of medicines and supplies etc. It may also be appreciated that information was compiled and the input was from every corner of the State of Maharashtra, from public as well as private hospitals, District Disaster Management Authorities, various labs conducting tests etc.

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- 21. It may be humbly brought to the kind notice of Hon. Court that data and the material was before the State Government to the extent possible and on the basis of that, this decision is taken.
- 22. I humbly state that even this order dated 10th August 2021 is also in the nature of the relaxation and it cannot be said that there was no material at all.

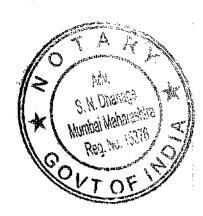


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23.1 say that the deliberations, the discussions, the collective application of mind, was done, by the State Executive Committee members as well as by the Government Officers, who are not technically the members of the State Executive Committee but who nonetheless are responsible for the implementation of the decision of the State Government which is different from the State Executive Committee technically as per the provision of the Disaster Management Act, on various platforms like Video Conferencing tools available or physically, without formally calling notices on paper but imforming through various channels like WhatsApp, SMS or by voice phone etc. It may also please be appreciated that many decisions were taken after multiple rounds of discussions and it was not that there were only one meeting, in which all the decisions were taken.

24. The third, is dated 11th August 2021. This has been issued by the then Chief Secretary of the Government of Maharashtra. And same process was followed for this order too, focusing on deliberations and discussions to come to conclusions on the basis of evolving situation



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informed to all through daily reports and finally promulgating orders under the authority of Chief Secretary and Chairman of SEC. Whatever has been stated by me, in respect of the similar orders, which has been issued, on 15th July 2021 will apply mutatis mutandis, in respect of this order dated 11th August 2021 also.

25.I very humbly say that for the very same reasons it can be said that this order dated IIth August 202I was issued by the Competent Authority and that there was enough material in the nature of the daily figures of the Covid management and the broad based feedback and the broad based responses we have received, from various parts, of the State and which ultimately result in the homogenous application of mind, by all the members, as stated above.

26.I humbly state that the only procedural lapse which has happened is that there was no post facto sanction by SEC, though decision was informed to all the members along with all the officers who are charged with implementation.

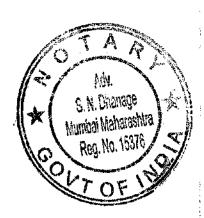




27.I humbly say that we could have taken the post facto sanction even now also during the pendency of the Petition, but we were advised, that since the matter is being argued before the Honourable Court therefore without taking the permission of the Honourable Court we should not proceed, to take the post facto sanction. We are however ready, to put it for the post facto sanction so far as the impugned orders are concerned, even now also.

28.I humbly say that in the light of the subsequent orders, which have been issued by the State Government the order dated 11th August 2021 and the order dated 15th July 2021 have been overruled and has been expressly so stated in Affidavit of the Chief Secretary dated 2Pt December, 2021 so far as these orders are concerned.

29.I say that in the light of this it is only in pursuance of the query which was made by the Honourable Court in respect of the orders, which are actually superseded and no more remain in force. This affidavit has been filed to show what was the material and how the Government of Maharashtra acted in such circumstances.





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- 30. I very humbly repeat that the material on the basis of the which the decisions are taken was the everyday Covid figures which were shared on the broad based platform, the discussion which took place, without following the traditional method of issuing the agenda, but on a broad based was the more informal manner.
- 31. Merely because it a formal procedure of post-fact sanction was not completed and deliberations and discussions happened by using the modern technology without any paper trail it would not be correct, for the Petitioners to say, that there was no application of mind at all and there was no meeting, at all as alleged by the Petitioners.
- 32.I humbly say that the affidavit as per the order passed by the Hönnomable Court was required to be file by the Chief Secretary. However the Honorable President of India is in the city and Chief Secretary could not affirm the affidavit himself due to limit of 12.30 PM in the day, in the peculiar facts and circumstances of the ease, the affidavit was required to be made by the Chief Secretary. I request the

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Honourable Court may be kind enough, to allow to take the affidavit rather than insisting, in the light of the aforesaid facts, the affidavit to be done, by the Chief Secretary.

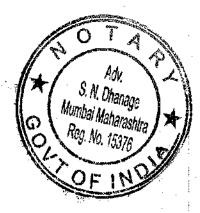
33. However I say that as soon as the Chief Secretary gets himself relieved, from that I will bring this fact, to the Notice of the Chief Secretary for his perusal.

Since I am the Secretary of the State Executive Committee
I thought that in response to the direction given by the
Honourable Court, I must bring the authority and the
material for the notice of the Konourable Court.

Place: Mumbai

Date 11.02.2022

Deponent
Principal Secretary
Diagster Management,
Relief and Rehabilitation







VERIFICATION

I say that the contents of this Affidavit are true to the best of my personal knowledge and the legal instructions, where in are true to the best of my belief which belief is based upon the legal instructions and advice given to me by my Advocate which I believe to be correct.

Solemnly affirmed at Mumbai on this 11th day of February 2022.

Deponent

I KNOW DEPONENT

Assistant Govt. Pleader, Eigh, Court (&S.) Minning

6t8ctk3

SOLEMNLY AFFIRMED

BEFORE ME BY DEPONENT

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WHO IS IDENTIFIED

COAKLO bounds.

Appliate Elde (Will Cem,

Som to Hift Com. Ments

Joint Secretary

Government of Mahamshira Law and Judiciary Department

Maniralaya, Mumbai 400 032





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BNI NG. MANIENLYGORETAN



स्थाराज्यं ज्ञासस्य शासमा

असमार्या भाग चार-अ

वर्ष ५, अंबर छो

गुल्बार, जावेच्यो २४, २०९१मास ४, ऋषे १६७०

पुष्ठे १०, किंमत : रुपये १०,००

تروق م

क्ष कामक क्षामध्यक्ष

अधिकृत प्रस्कात

महाराष्ट्र शासनाने केंद्रीय अधिकियमांन्द्रश्चे तथार केलेले (अस्म रहा, एक-का आधि एक-अर कंपको प्रिकट केलेले नियम व आदेश बंक्यविद्या) ल्डिम्स व आदेश

> महसूल ब कप्र विभागा (अवत व पुनर्वानुष्र) भाषान आक्षांपार्ग, ह्वास्था सन्ताकुत चौक्र, मंत्रालय, मुंवई ४०० ०३२, विसंता ३४ जानेवारी २०२८

अधिस्पना

अपनी व्यवसामन अधिनियम, २००५.

क्रमांक आसमा २०८/म मा २००५ आमा पर च्या अधिकाम अधिकाम अधिकाम २००५ (२००५ वा ८३) च्या क्रमा ५०० प्राप्त व्या अधिकाम १००५ (२००५ वा ८३) च्या क्रमा ५०० प्राप्त व्या अधिकाम १००५ वा १३ व्या क्रमा ५००५ (२००५ वा ८३) च्या क्रमा ५०० व्या १००५ व्या १००५ व्या १००५ व्या क्रमा ५००५ व्या १००५ व्या १०० व्या

- संक्रिक नावः— का निमार्शना वडार्क्य आगसी कारकक्ष्यक्तियम् २०१९ असे म्हणावे.
- २. क्रम्माः—(६) वा निवर्णसंभेदेक्कंनुसञ्चतुम्ब अर्थ अपेक्षित नसेल तर, बानिवसांमध्ये
 - (अ) "अर्थिकसमा स्ताने सामने सम्माने सामने स्वाने स्वानिक्यम अधिक्यम २०४५ (२००० हा ५) :
 - (वा) "कताब" स्थाने ओविस्यताचे करामा आहा आहे
- (२) या विक्रमां प्रधार कार्यकात आलेले. परंहु बहाइया न केरोती रहन के सक्ताकोग ग्रांसा अस्तिनक्षमा असुक्रमें को अर्थ नेमृन दिला असेल तोच अर्थ असेल.
- 3. समय आस्त्री दश्यस्थायम् प्रामिक्तरणासी स्वक्ताः सम्प आस्त्री स्वक्तामा प्रामिक्तरणासे हे पुद्रीतानस्ये अध्यक्षा व उस्त सवस्य, यांचे मिळून बनलेले असेल:-

奇	पुरुद्धे भग्राद्धा	भवन्य स्टब्स्
ਥ	महसूल मंत्री।	पत्तरिसद सदस्य
TR.	वित्त मंत्री	पदसिद्ध सदस्य
घ	गृह मंत्री	पद्मारिसङ् स्क्रम्म

भाग चार-अ---२९--?

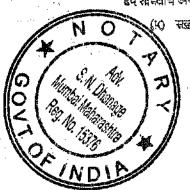
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3 5	महत्तवस्त्रमंत्रम्न मंत्री	गर्रावेडहारा न्स्य
34	सार्वपरिक आरोग्य मंत्री	पदसिद्ध सदस्य
v	अध्यसांत्री मामसिर्देशित केलेल्या द्याच्यी क्लेके न्यूरीक्टरपानी अस्त्रम असुनर्स् असलेल्या तीन व्यक्ती	अञ्चलक्षेपसम्प
জ	राज्यामीकाओं समितीचे अध्यक्ष	प्रदेशिद्ध सदस्य व मुख्य पुर्कासम्बद्धी अभिनारी

- ४. सस्य फर्जेन्नल्याका सन्तर्यात्व नेवायसी आणि पदध्यी.— (१) विश्वन र च्या इंड (छ) अवयोपस्यनिर्देशित केलेड्च सरकारकीय सन्दर्भावश्यत्वर्थोक्षण्यानीयस्य प्रविकारणकेश्वरस्य म्हणून कार्ययात्वरम् केल्यात्वा दिल्लासहस्य पासर्थोद्धात्वर असोव्ह
- (भ) धप्-निर्पम् (१) सध्ये पदामधी नमून देखोला असस्त तरीही सम्य प्राध्यमणामा प्रत्येक अस्मसकीय सदस्य, अध्यक्षिकी में की असेपर्यंत पद धारण करील.
- ५. राजीनामा.— राज्य प्राधिकरणाच्या कोणत्याही सदस्यास राज्य प्राधिकरणाच्या अध्यक्षास उद्देशहा सहा श्राह्मणाच्या स्वाक्षरीने लेखी सूचना देऊन राज्य प्राधिकरणाच्या सुदक्षा पहला सबीताला देशा मेर्जून शाणि अध्यक्षाने ज्या विजानक अशा सूचनेता मंजूरी दिली असेल त्या दिनांकापासून असीराजिनोमा अंत्रस्वात्स्येक्टर.
- ६. क्रिक्त पदे:— असंता, रान्वेर्निमा, मृत्यू या कारणांमुळे किंदा खुटाड्य, राज्य प्राधिकरणाच्या सदस्याचे पव जिल्ह्यालें असेल कारक्षेत्रिकाट्य तामित्रेरेळाची नत्काते शरणात मेर्क्ट, अशामित्रीले सामित्रिकेतात खेल्ट्यी कालां, ज्या स्वाहणेट्य घटाविकानामार्गिकाव कारकार्वे आते आयेलात्वा वर्षतित कालावशीकारिता पद थारण करील.
- ७. बजा अभिन्तरणाच्या केन्नर— (१) शासा अधिकार (४) नेवा भाषासम्ब अभेकरतेवा प्रनेत्रका परिन्यांका जिसान प्रमाण अभिन्यासिक्षांका व्याप्यासकोषास्त्रकार असलोगी व विकासी केन्त्र प्रोतंत्र.
 - (१) रहम्प्याध्यित्रस्थाचा कल्याम्य प्राधिकरणाच्या बैक्ट्रीपे अध्यक्षस्थानी असेल.
 - (३) कम्प प्रविकारपाट्या अध्यक्षत वय कोरूरमात्री व्यवस्थात राज्य प्रक्रिक्शणप्राच्या हैदलीज व्यवस्थित वयमे सक्षय महोत्कासराज्यास्त्रिक्षस्थात्रसाध्यक्ष बैटलीचे अध्यक्षयद पूर्वविल.

चा भाषात्रास स ठपायाक्ष या क्षेत्रांत्राही सब्धित प्रसणे कात्र्य प्रमेल का क्षित्रा प्रस्त मिलक्षका स्थानक म्हणून कोणस्याही सनस्यानी चितुक्री क्रमणात् आली नकेल तर उपस्थित सहयास सर्वात जेव्हतम सदस्य सदर केंद्रसकेंग्ने अध्यक्षम पृथवील.

- ८. सन्द्र प्राधिकरणाद्वारे सहस्वस्थार समिती गतित सेर्पकोः— (१) राज्य प्राधिकरणास जेका चेका ख्वास्त्रक कोट्स तेव्हा तेव्हा अधिनियमाच्या कलम १७ च्या पोट-कलम (१) सन्द्रमें, क्षापत्ती महत्त्रप्रमात्म्यम् विविध फेल्ल्क्वत सित्तास्त्री करण्यस्तिचै आपंत्री व्यवस्थापन केर्माचील तज्य आणि आपभीक्र्यकस्थापनाच्या आयंत्र कार्यस्थापनाच्या आयंत्र असम्बद्धाः कार्यस्थापन केर्माचील तज्य आणि आपभीक्र्यकस्थापनाच्या आयंत्र कार्यस्थापनाच्या करणा पर्वति करता पर्वति
 - (२) राष्ट्रामाधिकारण, सर्वानास सनिवीच्या एका सदस्यमा अध्यक्ष प्रवासिक स्वीतः
 - (३) उपयोग्ता ट्यम्निमम (१) अन्वये गतिक इस्त्यात वज्रोहका सक्त्रागान समितीस प्राप्य प्रक्रिकारणाचा खाणती स्वरमानातास्त्रा विविध पेलूवर भागवा जिस्तारस्त्री कद्वायास्त्रात्ती सम्माप्रिक्त्यपाने सुविधिकाई निर्माट वेस्तेरका समी कियासत देश इक्किकास्त्रीक्ष्यान्
 - स्वाल्यास्य समितीने उप त्यामात्री अधिक केहवाज अस्तराक्रय सिनितीने अक्यान हप समितीतीले एका सदस्यास
 हप सिनितीने अध्यक्ष म्हणून निर्देशित करतील.



(५) स्वलम्बर समितीच्या अस्वयांम्या अस्यं साम्बर्गाम्यामामामामित्रस्य वास्त्रे साम्बर्गाम्या

- (६) स्वयसद्ध प्राप्तताच्या सचिव दर्जाच्या अधिकाऱ्यांना अनुज्ञेय अक्षत्वेत्वा दराने सत्त्रवारा सक्षितीच्या सन्त्रवांचा सवासभागा च देनिकथसा श्रणुकेश असेल.
- ५. सालाका सिन्तीचा सबस्याचा राजीतामाः— सरतासार सिन्तीच्या वर्ध्यायारी महस्यस याच्य प्रधानकामाण अवस्थान आसावा स्वाक्षरीने तथा अवस्थाची लेखी सूचना देऊन सत्त्रावार अभितीच्या स्वयस्य प्रकार स्वीताता देवा देवेल सामित्रया विज्ञांकास राज्य प्रविक्तरपाच्या अभ्यक्षाने सारा सूचलेस संव्योगिता अनेत्रव्यक्ष विज्ञांकापासून असा स्वीताया मेशू सेह्नें राज्ये
- १०. स्टल्लाइ स्मित्रितिष्ठ रिक्ट पदे— अर्धना, तसीमाधा किया मृद्या कु कारणंगुळे लिला अस कारणंगुळे सखालास् समित्रीच्या सबस्याचे पद रिनत झाले असेल तर सदर रिनत पद नक्षाते नामपिदेशगदासे ग्राकाकिकाखामकून माता केरित वस्त्रितिवे नामनिदेशित केरिति व्यवती च्या क्लासाच्या शाली तिचे नामित्रितान कारणात् अवले असेल, २०७ सदस्याच्या अर्थित करलाजिसाठीय कमराया थास्त्र क्रीति
 - ११. राज्य कार्यस्त्री संस्तिचि रचना. (६) राज्य कार्यकारी सिम्बर्गि खालीलप्रमाणे सदस्य असतील.—

ঞা	मुक्ति	परिनक्त अपन्छ
ক্ষ্	अस्य मुख्य सुन्दि ((व)	पदसिद्ध स्रदस्य
ক্ষ	अप्रभूट्यातांड्य किंवा प्रथम सचिव (किंस)	भविसह सहस्र
ड	अञ्चर्धस्त्रेय हिन्द्रभागमनिय (मृहसूर)	पश्चिम् अ दस्य
Ę	असर मुख्य सच्छित विकास प्रधान स्वीतन विकास स्वीत्व (सरहास पुनर्मना)	क्विड्ड इंडस्य

- (२) असा शुक्र किन्स प्रधाद स्थित किना स्थाद स्थित किना स्थित (भारत स पुनर्वसन) क्ष क्षिकीया मुख्य कर्तात्रको अधिकारी असेना आणि समिनीका केटकीये संयोजन करेल.
- (३) एक कर्यकारी सवितीच्या भुम्म कर्त्रकारी अधिकाऱ्यास गाव्य कर्मकारी समितिच्या अध्यक्षाच्या वान्यतेथे, सर्वितीच्या वैत्रकांना तिसोप आर्थकार क्ष्णून श्राप्तासकीय अधिकारी मिल्झ अञ्च किता-सरकानार आंचा एसमितित करता येईल.
- ६२. सङ्ग कर्म्यामी स्मितीपि अनुसरावयाची कर्म्यस्ति।— (१) राज्य कामंत्रारी राष्ट्रिकीच्य मध्यस्य आवश्यक ब्रहेल तेत्रा राज्य वाक्ष्याच्या निर्वेशांची अम्बनमाधणी कृत्यमृत्तित्ता अश्य आंख्यमणातणीव्या कार्यस्त्रतिम्नवत सम्भ प्राधिकरणात्रवृत्र सर्गक्ष्यंन घेता येईल.
 - (३) एक्ट कर्क्ट्राची समितीच्या अध्यक्षास, आमस्मिक परिस्थितीमध्ये सम्य कर्णावारी सिक्सीचे स्त्रं किया क्रोणिती अधिकार बापरण्याच्या अधिकार असेल, मान अक्षा अधिकारांचा हापर है स्टा कर्मकारी सिक्सीची कार्योत्तर मान्यता घेण्याच्या अधीन राहिल.
 - (३) ख्रम्य कार्यकारी सिर्मितींस अध्यक्ष, हा राज्य वोर्पिकरीं स्वितिष्ठेच्या बैठकीचे अध्यक्षण्य भूवलेला. प्रांतु, सम्म क्वर्यक्रव्य सिमितीच्या कोण्यत्वाकी बैठकीचे अध्यक्षण्य भूविषण्यासाती, सभ्य कार्यकारी सीमितीच्या कार्यक्रिय क्वरायाचित्र स्वत्याक्रिय स्वत्याक्रिय स्वत्याक्रिय स्वत्याक्रिय स्वत्याक्रिय स्वत्याक्रिय करील.
 - (४) राज्य कार्यकारी सन्दिन्द्या अध्यक्षास पृढील बाबीसंदर्भात एक किंवा अधिक अधिकारी नियुक्त करता येतील :---
 - (क) सन्यकार्यकारी स्त्रीतिचा अध्यक्षाम्ख्यून त्वाके हर्क्यात्यार महण्याव त्वाला स्त्राव्य करणे.
 - (ख) राह्मक्तराहेकाचे समितीच्या बेठली पांचंबीचा समृचित उक्तिलेख देखां.
 - (प) सम्मा क्यांश्रेणसे सुनिजीच्या बैठकीमध्ये मॅसेलेखा मिर्पसचि वेळेत अंगलबजावणी केली आहे; याची सुनिश् होत्याच्या दृष्टीने पाळ्यसमा करणे आणि
 - (स्प) अभ्याक्ष्यस्थांना नेमून देईल अशी इतर कार्ये पार पाडणे.

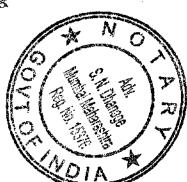
भागमार-अस-१९--३

व्यक्तम् ज्ञानमः क्रमानः असामाण भ्यम स्वर-प्र, जारेकारी २४, २०१९/पाय ४, शक्ते १८८०

- १३. जडा कैपिकीरी सबिसीम्बा चैतका.— (१) सङ्घ काम्रेस्ट्राते समितीचा शक्तक सन्य कार्यनाते सिक्सीम्बा केटाकेक विरामकोकटकाविकाम करबीक.
 - (२) स्टब् कार्यस्मतं ग्रामिती जेस्स क्रमायमः वाटेल तेव्हा परंतु तीन महिन्यत्तृन क्रिम्बत एकदा बैठक घेईल.
 - (३) अग्रावकातीन परिस्थिती व्यविदिक्त सम्बाहार्यकारी समितीमा मुख्य कार्यकारी अधिकारी कियस तीन दिवस अगोदर स्या अभिक्रीच्या केंनिति सुम्हारहेंद्र आण्य वैक्कींको न्यांकार्य प्रमुख वर्षित्री अग्रावकार्योत परिक्रिक्ती कार्यकार्य वास्त्रा प्रमुख्य देण्याची सुदिन्तिक्ती कार्यकार्या वृष्टीने, राज्य न्तर्यकारी समितीची बातावीते वैठक घेष्णास येईल.
 - (४) सन्त्र कार्यन्त्र सं समिती प्रत्येक केटलीचे क्रहंस्त्र प्रमयप्राधिकारणाचा अधिपत क्रारित.
- हर. सम्य करिकीं समितीने वर्षासिक्रिया गर्कील व्हाची.— (१) राज्य कार्यकीं समितीस क्षिमी कार्ये कार्यक्रियम्सणे बार प्राचनात्राक्री जेलक्ष्मिया असरक्षाक्र असेलमोस होत्स्य एक किंवा क्षिक्षस्त्रप्य समित्या गठीत करता वेतील.
 - (२) सम्मान्तर्वे व्यक्ति सेचिती तिच्यां सदस्यांमधून अश्च प्रत्येक उप समितीयर अध्यक्ष वियुक्त क्रील.
 - एक जिल्हा कार्सी व्यवस्थान प्रशिवरण ग्रकीत करणे.— (१) चुंस्यं रहर खीगिग्धंबर्ष व्यनगरने क्रिक्टे बगाउक सहस्वीत प्रकेश विस्तानकी विकासभासी व्यवस्थापताप्रधिकरण सुरीक्षक्राहे.कनतेले कुलेक:—

ন্দ	जिल्हाधिकारी	पक्षित्र समक्ष
ख	िल्हा पहिन्देत्य इस्प्रम्	पदांसक सन् असमा
ij	अपर जिल्हाधिकारी किया निवासी डप जिल्हाधिकारी	पदसिद्ध सुदस्य
¥	पोल्डा गर्वेस्स	महीसद सहस्य
ङ	जिल्ह्याचा मुख्य वैद्यकीय अधिकारी किंवा जिल्हाचिकित्सक	फाईक्छसदस्य
ভা	जिल्हाचा कार्यकारी अभियंता (सार्वजनिक बांधकाम विभाग)	फ्रियक्ट्रस्य
ह्य	विक्वाचा वर्ताक्त्री अक्तिनंत्रा(पाटकंक्षेपे)	भवसिद्ध सुदक्ष

- (२) जिल्लाको अन्य जिल्लाधिकारी किया सिर्वासी उप जिल्लाधिकारी हे बिल्ला प्राधिकाणान्ये मुख्य कार्यकाकी असिकारी आणि संस्थेतका असतील.
- (१) अध्यक्षास जेव्हा आवश्यक वाटेल तेव्हा यक्कतागरपतिस्थ अञ्चाहत, पोन्त्रीय आवृहत, समादेशक राज्य राखीय पोलिस बल्दा, स्वाग्रेशक स्वद्रीय कक्क क्षेपा, पृष्टकक दल ब्रिट्स सामरी सुरक्षा यन बांझे अधिकारी आणि अध्यक्षास बोस्प बाटेल अक्षा अक्षान्तरीय संस्कृषेक्रतिविक्षीपांचा, व्यवस्थापक संस्कृतिस स्ववस्थापक संस्कृतिस सहण्याची सिद्धी स्ट्राप्योचेत.
- (४) खिल्हा प्रस्किरमामा कुछ व्यक्तियों अधिकारी हा जिल्हा प्रक्षिकरमान्या अध्यक्षास स्वामी स्वयं पत्र पहलपात रहान्य कर्तन आणि ससेव, सम्प शासनाकडून विस्त्र जिल्हा प्रक्षिकरणाज्या अस्यक्षाकडून स्वामा सेन्द्रियपात असोवास अधिकार्याकाकामात्वर्यका समितासर्वेभार पानीला
- (९) किराहा अभिवारण्याकण काम्यक्षास कामाजिक्त पविश्वितील निर्तने कविद्यपालो सर्व किया क्टेरमेटी सम्बद्ध साहारण्याचा अभिकात अमेरेंड, पहा अला कविद्यांहा। पास्तात जिल्हा प्राधिकरणान्त्रे स्माहित सालहा केवान्या स्मीत सहेत.
- रहा. जिल्हा अधिकंत्रवाची वैदिकः = (६) व्याक अधिकास्य केवा श्वात्रक्त बादेल देखा पांतृ तिन बहिल्हातृतीकतृत्त एहका अभिनेत्रात्वावाधिकस्या क्लाकापाकोसायादेल स्वाप्तेकी व विकासी केटकार्ककृत
 - (२) किल्साप्रक्षेत्रसंगाचा अव्यक्ष हा चिल्हा प्रक्षित्रप्रणाच्या वैदिनेचे अध्यक्षस्यान प्रविद्वित



महाकर् सामान्यात्रा वसासस्य भागवन्त्रा यहांवाले २४, २०१९/स्वयास्त, यहो १९४०

(क्षे) ज्ञान्त्रेणस्थातीः कात्रपातत्त्व किरात प्रभिक्षरणाचा अध्यक्ष जिल्हा प्रभिक्षरणान्य विद्यात्ति उपस्थित कृतिका प्रभिक्षरणान्य अध्यक्ष जिल्हा प्रभिक्षरणान्य स्वर्थनान्य स्वर्थनान्य स्वर्धन्य स्वर्थनान्य स्वरंभनान्य स्वर्थनान्य स्वरंभनान्य स्वरंभन्य स्वरंभवन्य स्वरंभन्य स्वरंभन्य स्वरंभवन्

१७. जिल्हा प्राधिकसमाहारे सङ्काराङ्ग समिती व इक्क स्थित्या गर्धतः वस्त्रोः— (()) पृष्ठमा प्राधिकसम्बद्धाः त्यांचीः कार्ये कार्यक्षस्तेने पार्रपासम्बद्धाः जैनेक् अक्क्सस्तः असेना हेक्क प्रक्त विकारणकारोबाः अधिक सक्तावान सिवासा गर्धीलावस्ता स्वीतन

- (६) जिल्हाः प्रश्निकरणाः अवस्थात्वा सवकांक्ष्युताक्ष्वेत्रः अस्तिस्य। (१) मण्डो निर्दित्यः केलेल्या सक्तिस्याः अध्यक्षांचीः नियुक्तीः। करीलः
 - (६)) सुल्लागाह्यसमितीच्या व इतर स्विन्द्रयांच्या समृहक्तंन्या प्रतानक्षेत्रका विश्वत प्राधित्वरस्य तस्त्र विश्वयां व्यास
- (४) स्प्रताबार् समितीच्या स्वत्रसंत्रा अस्णिस्मितीको संबंधिकातान्त्र व्यर्क्तीनः जिल्हा दंडाधिकाऱ्याला अनुसेश असक्षेत्रका व्याक्राणे प्रवास्थ्या संबंधिक भक्षाअस्तोना असे

१८. स्टानाहर स्वितिष्टिक काण्डिः किटा प्राधिकरणाने परिता केलेल्या इत्तर समितीस्था स्वर्थात्वा राजीसक्तर विक्टा प्राधिकरणानेण्यीत वेल्लेखा सरकारत स्वित्वोच्या किटा इत्तरस्थितिस्य कोणात्वासी सन्द्रवास्थ विक्ला प्रतिकृतस्थ अध्यक्षका देता वेद्वा स्वतास्था स्वादिकेष्ट्रशाध्यक्षका लेखी सूचना देवा स्वताणात्स्य किटा इत्तर सित्वोच्या किटा प्रतिकृतिका स्वर्थ प्रमाणात्स्य विक्रा विकार स्वर्ण प्रतिकृतिका विकार प्रतिकृतिका स्वर्थ प्रमाणात्स्य अध्यक्षका सेव्या विकार सित्वोच्या विकार स्वर्थ प्रमाणात्स्य स्वर्थ प्रमाणात्स्य स्वर्थ प्रमाणात्स्य स्वर्थ प्रमाणात्स्य स्वर्थ स्वर्य स्वर्थ स्वर्य स्वर्थ स्वर्थ स्वर्थ स्वर्थ स्वर्य स्वर्थ स्वर्य स्वर्थ स्वर्थ स्वर्थ स्वर्थ स्वर्य स्वर्थ स्वर्थ स्वर्य स्वर्थ स्वर्य स्वर्थ स्वर्य स्वर्थ स्वर्य स्वर्य स्वर्य स्वर्य स्वर्थ स्वर्य
१२४ फिलाई प्रमुखिकरण्याहरे गरिता सहत्वमार रहीकोमबीत्र आगि। इत्य समिद्धांबधील स्थित परे. - जिल्हा प्रमित्त सामाने जिल्ला माहित केरोनका सामाने समिती क्या किया काल स्थित स्थाने पर के अनंता, राजीमाना, गृहणू मिन्ना अग्रान्तालां मुझे किता आने अपेति के विकास नहन्ते नामनिर्देशनाक्षणे जिल्हा प्राविकारणास्त्रणास्त्रणाक्षणे केरोति ज्ञा सेरिकिन्ताकिर्प्रका केरोली व्यक्ती, ज्या सहस्वाच्या आग्रीकिय नामनिर्देशनकार आले असेन क्यान्त्रास्थाना अग्रीकार काला सेरिकिन्ताकिर्प्रकार केरोली व्यक्ती, ज्या सहस्वाच्या आग्रीकार केरोली क्यानिर्देशनकार केरोली व्यक्ती आग्रीकार केरोली केर्या सेरिकिन्ताकिर्प्रकार केरोली व्यक्ती, ज्या सहस्वाच्या आग्रीकार केरोली क्याने केर्या सेरिकिन्ताकिर्प्रकार केरोली केर्या सेरिकिन्ताकिर्प्रकार केरोली केर्या केर्या सेरिकिन्ताकिर्प्रकार केर्या सेरिकिन्ताकिर केर्या सेरिकिन्ताकिर्प्रकार केर्या सेरिकिन्ताकिर केरिके सेरिकिन्ताकिर केरिकेन केर

२०० वार्षिक अस्साम् - सम्भवसीनम्याणानेतः वर्षत् । एसाक नस्तामाध्यः वर्षे सम्भव स्टब्सामसूरः ९ महिन्तांन्या आगः वार्षिक अस्ताम सवार करील वार्षिम्यो बाजनाया सञ्जयात्रेतः विकानांद्रकालकाले के समागृहापुदे देवण्यात येईल.

महासदाक्षे राज्यचार क्रिंमश्कादेशासुसस्यवादयो.

मेखा गाडगीळ. शास्त्राच्या अञ्चनुस्य सचिव.



सहराष्ट्र प्रात्मन करान्त्र अस्प्रांप्रण भाग चारन्य, जानेकावे २४, रूपस्थान ४, वर्षे १९४०

REVENUE AND FORESTS DEPARTMENT

Madam Cama Marg, Mutatma Rajguru Chowk,

Mantraleya, Mumbai 400 032, dated the 24th January 2019

NOTIFICATION

DISASTER MANAGEMENT ACT, 2005.

No. DMU. 2018/CR 247/DM 1.— In exercise of the powers conferred by sub-sections (1) and (2) of section 78 of the Character Management Act, 2005 [53 of 2005], the Gaussian Management of Malacashtra hereby makes the following rules, namely:—

- 1. Short tribe. These rules may be called the Mainarashtra Diaaster Management Rules, 2019.
- 2. Definitions.-- (1) in these Rules, unless the context otherwise requires,--
 - (e) "Act" means the Dissetter Management Act, 2005 (53 of 2005);
 - (b) "section" means a section of the Act.
- (2) Words and expressions used in these rules but not defined bereinabove shall have the same meanings as are respectively assigned to them in the Act.
- 3. Composition of the State Disaster Management Authority. The State Disaster Management Authority shall consist of the following Chainperson and nine members, namely:

(a)	The Chief Minister of Mahareshtra,	ex officio Chairperson;
(b)	Espanue Minister,	ex officio member;
(c)	Finance Minister,	ex officio member;
(d)	Home Minister,	ex officio member;
(e)	Relief and Rehabilitation Minister,	ex officio member;
(f)	Public Health Minister,	ex officio member;
(E)	Three persons having knowledge and experience in disaster risk reduction, to be nominated by the Chairperson:	non-official members;

- (h) The Chairperson of the State Baccutive Committee, ex officio member & Chief Executive Officer.
- 4. Term of office and conditions of service of the members of the State Authority.—(1) The term of office of non-official members nominated under clause (g) of rule 3 shall be for a period of five years from the date they assume charge as a member of the State Authority.
- (2) Netwithstanding the term of office mentioned in sub-rule (1), every non-official member of the State Authority shall hold office at the pleasure of the Champerson.
- 5. Resignation.—Any member of the State Amhority may resign from the office of member of the State Amhority by giving a notice in writing under his hand to that effect to the Champerson of the State Amhority and such resignation shall take effect from the date on which such notice is accepted by the Champerson.
- 6. Waterwiss.—Where a vacancy occurs in the office of a member of the State Amhority by reason of disqualification, resignation, death or otherwise, the vacancy may be filled in by fresh nomination. The person so nominated shall hold office only for the remainder of the term of the member in whose place he has been nominated.
- 7. Meetings of the State Authority— (1) The State Authority shall meet as and when necessary but at least once in six months, and at such time and place as the Chainperson of the State Authority may think fit.



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- (2) The Champerson of the State Authority shall preside over its meetings.
- (3) If, for any reason, the Chairperson of the State Authority is unable to attend the meeting of the State Authority, the Vice-Chairperson of the State Authority shall preside over the meeting. If the Chairperson and Vice Chairperson both are unable to attend or if no member has been appointed as Vice-Chairperson of the State Authority, the senior most official member present in the meeting, shall preside over the meeting.
- 8. Constitution of Advisory Committee by the State Authority.— (I) The State Authority may, as and when it considers necessary, constitute an Advisory Committee under sub-section (I) of section 17 of the Act, consisting of experts in the field of disaster management and having practical experience of disaster management to make recommendations on different aspects of disaster management.
 - (2) The State Authority may designate a member of the Advisory Committee as the Chairperson thereof.
 - (3) An Advisory Committee constituted under sub-rule (1) above may, having regard to the matters referred to it by the State Authority for making its recommendations on different aspects of disaster management to the State Authority, constitute one or more sub-committees.
 - (4) If the Advisory Committee has constituted Sub-Committees then the Chairperson of the Advisory Committee shall designate any one of the members of Sub-Committee as the Chairperson thereof.
 - (5) The term of office of the members of the Advisory Committee shall be determined by the State Authority. =
 - (6) A member of the advisory committee shall be entitled to receive travelling allowances and daily allowances at the same rate as are admissible to the Secretary to the Government of Maharashtra.
- 9. Resignation of a member of Advisory Committee—Any member of the Advisory Committee may resign from the office of member of the Advisory Committee by giving a notice in writing under his hand to that effect to the Chairperson of the State Amhority and such resignation shall take effect from the date on which such notice is accepted by the Chairperson of the State Amhority.
- 10. Wateracles in Advisory Committee.—Where a vacancy occurs in the office of a member of the Advisory Committee by reason of disqualification, resignation, death or otherwise, the vacancy may be filled in by the State Austhority through a fresh momination. The person so nominated shall hold office only for the remainder of the term of the member in whose place he has been nominated.
- 11. Composition of the State Executive Committee:— (1) The State Executive Committee shall consist of the following members, parasity:

/ing i	nemoers, namesy:	
(a)	The Chief Secretary,	ex officio Chaliperson;
(b)	The Additional Chief Secretary (Faome)	ex officio member;
(c)	The Additional Chief Secretary (Rinance) or	ex officio member;
	Principal Secretary (Finance),	
(d)	The Additional Chief Secretary or	ex officio member;
	Principal Secretary (Revenue),	
(e)	The Additional Chief Secretary or	ex officio member;

Principal Secretary or, Secretary (Relief and

Rehabilitation),



- (2) The Additional Chief Secretary or Principal Secretary or Secretary (Relief and Rehabilitation) shall be the Chief Secretary Officer and convener of the meetings of the State Secretary Committee.
- (3) The Chief Executive Officer of the State Executive Committee may call other Government officers or experts or consultants with the approval of the Chainperson of the State Executive Committee to attend its meetings as Special Invitees.
- 12. Procedure to be followed by the State Executive Committee.— (1) The Chairperson of the State Executive Chambilities may, as and when required, for implementation of the directions of the State Government, seek guidance from the State Anthority, as to the modalities of such implementation.
 - (2) The Chairperson of the State Executive Communities shall, in case of emergency, have the power to exercise all or any of the powers of State Executive Communities, but exercise of such powers shall be subject to expost facto ratification by the State Executive Communities.
 - (3) The Chainperson of the State Executive Committee shall preside over the meetings of the State Executive Committee:

Provided that, in case of his insbility to preside over any meeting of the State Executive Communities, he shall nominate one of the members of the State Executive Committee to preside over the meeting.

- (4) The Chainperson of the State Executive Committee may appoint one or more officers,
- (a) to assist him in the performance of his functions as the Chalaperson of the State Executive Committee;
 - (b) to maintain proper records relating to the meetings of the State Executive Committee;
- (6) to take follow up action to ensure that the decisions taken in the meetings of the State Executive Committee are implemented in time; and
 - (d) to perform such other functions as the Chairperson may assign to them.
- 13. Mestings of the State Executive Committee:— (1) The Chainperson of the State Executive Committee shall decide the day, time and place of a meeting of State Executive Committee.
 - (2) The State Executive Committee shall meet as often as necessary but atteast once in three months.
 - (3) The Chief Executive Officer of the State Executive Communities shall give notice of its meeting and circulate its agenda at least three days in advance, unless there is an emergency situation on occurrence of a major disaster or a situation of such a threatening disaster, when the State Executive Communities shall meet at the earliest to ensure a smooth, efficient and prompt response.
 - (4) The State Essentive Committee shall forward the minutes of every meeting to the State Authority.
- 14. Constitution of Sub committees by the State Executive Committee. (2) The State Executive Committees may, as and when necessary, constitute one or more sub committees, for efficient discharge of its functions.
 - (2) The State Exerctive Committee shall, from amongst its members, appoint the Champerson of each such sub-committee.
- 15. Constitution of the District Disorder Monagement Authority— (1) A District Dispeter Management Authority for each district in the State, other than Mumbai city and Mumbai suburban Districts shall onsist at the following, namely,—

समाम् असम् राज्यम् वस्त्वात्मा साग मार-स, नार्शनार्धः राः, रश्याचायः ४. शने स्वय

(a)	The District Collector,	ex-officio Chainperson;
(b)	The Chairperson of the Zilla Parishad,	ex-officio Co-Chairperson;
(c)	The Additional Callactor or Resident Deputy Callector,	ex-officio member;
(ď)	The Superiorendent of Police,	ex-officio member;
(e)	The Chief Medical Officer of the district or District Civil Surgeon,	ex-officio member;
Ŋ	The Executive Engineer (Public Works Department) of the district,	ex-officio member;
(ai	The Famulie Funineer (Buigation) of the district.	ex-officio member.

- (2) The Additional Collector or Resident Deputy Collector of the District shall be the ex officio Chief Executive Officer and Convener of the District Authority.
- (3) The Municipal Commissioner, Police Commissioner, Commendant (State Beserve Police Force), Commendant (National Cadet Cosps), Officer in charge of Home Guards or Civil Defience and such representatives of non-Government organizations as may be considered appropriate by the Champerson, may be requested to attend the meetings of the District Anthority, as and when considered necessary by the Champerson.
- (4) The Chief Executive Officer of the District Authority shall assist the Chainperson of the District Authority in the discharge of his functions and also exercise such powers and perform such functions as may be assigned to him by the State Government or the Chainperson of the District Authority.
- (5) The Chainperson of the District Anthority shall, in case of emergency, have the power to exercise all or any of the powers of the District Anthority but the exercise of such powers shall be subject to ex-post facto ratification of the District Anthority.
- 16. Meetings of the District Authority.—(1) The District Authority shall meet as and when necessary but at least once in three months, and at such time and place as the Champerson of the District Authority may think fit.
 - (2) The Chairperson of the District Anthority shall preside over the meetings of the District Anthority.
 - (3) If, for any reason, the Chairperson of the District Authority is unable to attend the meeting of the District Authority, the Ch-Chairperson shall preside over the meeting. If the Chairperson and the Chairpersons are both not present, then the senior most official member present in the meeting, shall preside over the meeting.
- 17. Constitution of Advisory Committees and other Committees by the District Authority.— (1) The District Authority may, as and when it considers necessary, constitute one or more advisory committees and other committees for the efficient discharge of its functions.
 - (2) The District Anthority shall, from amongst its members, appoint Chalaperson (s) of the Committee(s) referred to in sub-rule (1) above.
 - (3) The term of office of the members of the Advisory Committee and other Committees shall be determined by the District Authority.
 - (4) Any person associated, as an expert with the advisory committee or any other committee shall entitled to receive travelling allowances and daily allowances at the same rate as are admissible to the District Magistrate of the district.

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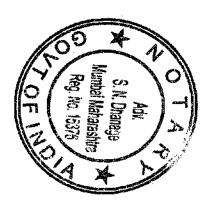
महराष्ट्र ग्रासन राज्यक क्सायका कीर्पे वस्तका, कुल्नेहारी राष्ट्र, ६०१कामाय ४, राहे १९४०

- 18. Resignation of a member of Advisory Committee and other Committees constituted by the District Authority—Any member of the Advisory Committee or other Committees constituted by the District Authority may resign from the office of member of the Advisory Committee or other Committees by giving a notice in writing under his hand to that effect to the Chairperson of the District Authority and such resignation shall take effect from the date on which such notice is accepted by the Chairperson of the District Authority.
- 19. Vocancies in Advisory Committee and other Committees constituted by the District Authority.— Where a vacancy occurs in the office of a member of the Advisory Committee or other Committees constituted by the District Authority by reason of disqualification, resignation, death or otherwise, the vacancy may be filled in by the District Authority by a fresh nomination. The person so nominated shall hold office only for the remainder of the term of the member in whose place he has been nominated.
- 20. Amusel Report.—The State Authority shall prepare, once in every year, within nine months of the end of the financial year, an Annual Report as per the provisions of section 70 and forward it to the State Government for being laid before each House of the State Legislature.

By order and in the name of the Governor of Maharashtra.

MEDHA GADGIL, Additional Chief Secretary to Government.

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138

GOVERNMENT OF MAHARASHTRA Department of Revenue and Furest, Disaster Management, Idelief and Reimbilitation, Mantralaya, Mumbar 400 032 No: DMU/2020/CR, 92/DisM-1, Dated: 15th July, 2021

ORDER

in exercise of the powers conferred under the Disaster Management Act 2005, the tradesigned in the capabily of the Chairperson of the State Executive Committee of the State Disaster Management Authority hereby decreek that pursons who have been vaccinated with both doses of the COVID 19 vaccine and 15 days have lapsed since the administration of several dose of the vaccine and is in possession of the final vaccination certificate issued through the COVID portal than made persons be exempted from mandatory requirement of possession a negative RIPCR report outfield entry into the State.

It is admined that this exemption is applicable for domestic or well as international personal total.

It is mandated that, despite this exemption order in place, all passengers, irrespective of states of vaccination many hypothesis fallow Cavid Appropriate Behaviour (Mexing made frames) social destanding etc.) at till these.

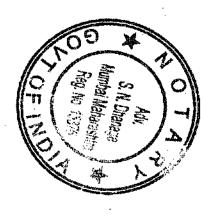
Thenime interval of the validity of the UTINCR sex for all other persons will now be 72 hours indeedlof 48 hours.

TO ORDER OF AND LA MAINTE OF THE COVERBOR OF MAHARASHIRA

(Situran, scurte) Eldef Scoreiory

District	3-Jui-21	2-Jul-21	3-Jul-21	4-Jul-21
Mumbai	600	343	625	1058
Thane	509	301	224	288
Palghar	174	130	237	100
Raigad	818	551	761	92
Batnagiri	375	454	458	434
Shahudurg	387	536	251	273
Pune	1360	1336	1554	87
Setara	809	652	404	108
Sangil	762	239	3350	O O
lkolhepur	391	1433	1319	190
Solapur	284	394	142	210
Washik	324	397 -	7/5	Đ
Almednagar	471	359	396	Ð
Jalgaon	90	77	0	11
Marahubar	28	7	0	Đ
Daule	85	31	23	0
Austangabad	385	160	55	203
Jaine	26	15	27	0
Be ed	239	172	43	312
lahur	121	47	0	28
Parbhani	59	31	33	3
Magoli	11	24	0	0
Manded	11B	219	2	0
Campanabad	65	72	147	0
Amarayati	16	45	49	3
Akola	25	24	87	6
Washim	30	17	4	28
Multibana	0	0	Ō	0
Yazatmai	37	Đ	0	0
Magour	121	Ð	0	٥
Wardha	22	Ö	O	0
E)emtiara	34	281	5	0
Gondia	0	0	1 .	0
Chandrapur	7	3	0	29
6adchiroli	51	34	3	15
Other states/country	0 и	0	O	0
Total	8534	8385	8395	3378

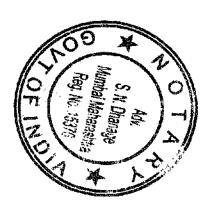
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5-Jul-21	6-Jul-21	7-Jul-21	8-Jul-21	9-Jul-21
182	793	635	530	780
527	449	700	643	392
128	65	176	205	499
1062	763	636	577	947
103	820	461	1024	420
361	320	1116	182	323
1928	1292	292	1465	970
1429	1725	692	634	894
1565	1068	1090	1063	907
3559	1438	1453	731	2457
512	437	245	337	429
427	115	160	108	D
409	377	421	411	358
41	41	28	18	0
5	15	1	6	163
178	0	103	0	145
162	114	92	98	206
0	9	O	O .	40
176	113	191	280	142
102	0	12	30	70
20	13	50	14	106
0	0	0	0	0
0	25	7	29	10
0	42	13	98	0
65	42	46	0	2
Ç	11	62	2	21
17	19	0	19	34
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15	10	29	8	0
0	397	149	276	35
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4	13	10	9	21
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13027	10548	8899	8815	10458



10-Jul-21	11-Jul-21	32-Jul-21	13-Jul-21	14-Jul-21
199	674	802	938	128
474	502	507	744	520
Ð	163	353	497	549
849	69	1034	712	499
3229	371	454	576	311
157	60	553	675	254
352	110	2923	1113	445
998	172	3158	765	594
284	805	1594	1188	1104
278	2080	3291	1972	571
214	225	560	358	249
186	0	397	145	210
452	18	551	540	100
. 0	Ö	200	116	15
68	210	95	1	3
0	0	0	8	11
105	239	357	74	81
5	O	132	0	9
106	93	97	127	102
0	45	47	17	15
40	13	б	55	4
9	Q	7	2	5
25	Ō	2	7	9
34	51	138	129	16
30	24	60	18	75
1	24	8	21	5
1	24	17	14	39
20	0	29	1	D
12	0	0	5	5
0	0	25	11	44
0	7	ď	21	17
4	0	7	2	2
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88	17	30	71	75
6	17	\$	105	8
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802 <i>6</i>	6013	15277	10978	6067



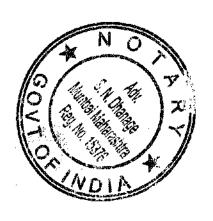
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15-Jul-21	16-Jul-21	17-Jul-21	13-Jul-21	19-Jul-21
	440	695	416	6 56
674	265	462	352	2503
916	200	80	13	17
11	749	502	548	649
368	302	184	419	539
146	212	133	48	478
353	1391	1839	1035	1453
1112	1345	898	543	1283
1012		1193	691	1082
398	2458	359	1149	1707
1742	3009	611	381	485
280	342	1441	0	293
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90	193	~ 	2	29
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19	17	17 0	0	0
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15	1	10	7	62
11	89	34	23	14
11	18	27	0	0
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85	19	0		20
118	114	92	17	
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7391	13452	8950	5756	13051

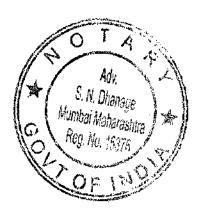
Adv.
S. N. Dhanage
Mumbai Maharashtra
Reg. No. 15376

20-Jul-21	21-Jul-21	22-Jui-21	23-Jul-21	24-Jul-21
304	578	541	604	2154
1071	873	689	780	289
24	131	93	53	103
321	367	640	357	237
289	334	319	223	181
55	97	492	103	77
1033	869	824	1150	909
585	209	11:12	731	835
883	1147	866	823	748
1347	1189	495	105	695
261	335	455	166	844
44	124	169	175	0
445	821	615	116	0
51	16	0	28	9
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319	0	35	145	0
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25-Jul-21	26-Jul-21	27-jul-21	28-Jul-21	29-Jul-21
984	782	740	252	363
166	490	2092	229	275
371	12	83	218	3473
441	630	306	345	318
166	320	271	749	145
77	483	290	235	186
994	969	1151	÷633	901
248	1035	765	818	€53
1117	995	2197	222	1933
290	2180	1982	488	1688
262	445	684	342	454
Ð	426	207	131	53
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134	148	0	0	0
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98	187	349	160	201
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5212	11077	12645	6105	11032

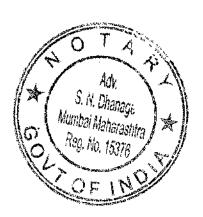


30-Jul-21	31-Jul-21	1-Aug-21	2-Aug-21	3-Aug-21
401	466	320	436	567
234	174 _	242	446	352
48	121	Ō	333	56
426	392	308	459	375
205	162	235	224	327
137	129	38	201	196
1233	1361	968	715	966
701	866	328	3343	1136
983	1051	500	487	1311
1026	943	302	852	751
483	609	192	658	448
85	58	35	352	84
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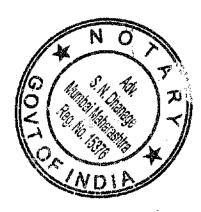


4-Aug-21	5-Aug-21	6-Aug-21	7-Aug-21	8-Aug-21
310	525	186	636	486
285	2 08	230	238	357
26	81	128	59	7
246	248	311	317	218
385	251.	218	194	115
171	132	47	171	87
1339	1437	1082	1281	915
656	324	251	1118	777
604	€43	\$69	711	912
1023	57£	537	620	618
398	319	659	432	46
121	99	50	65	99
1430	820	833	926	22
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174	311	140	254	124
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11	1089	0	11	5
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3	0	8	2.62	0
	1	3	1	3
	5	7	0	
- 3 0	68	5	6	
0	0	0	0	0
7436	6718	38591	9356	4895



9-Aug-21	10-Ang-21	161-14 dg 2 ² 1	12-Aug-21 -	- 13-Aug-21
258	331	350	1276	349
203	273	423	0	0
68	121	0	225	0
275	297	180	508	382
306	193	137	205	193
285	225	105	239	21
945	1208	510	1153	. 1033
976	1291	796	572	512
583	855	389	580	180E
320	517	474	£80	509
437	1312	564	2354	507
	353	49	95	31
282 1557	24	1776	1041	474
1227	16	0	1	24
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	26	0	0	55
0	186	168	232	.152
216	68	- 64	A1	78
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Carry and and the second	165	135	131	52
28	23	3 .	16	9
11	82	0	0	10
4	66	0	0	3
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34	126			
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Integrated Disease Surveillance Programme (IDSP)



Public Health Department, Maharashtra

COVID-19 Related Updates Media Bulletin Bate 15th August 2021

At a glance:-

- 3,710 patients discharged today; 61,89,933 COVID-19 patients discharged after full recovery until today; Recovery rate in the state is 96.83 %
- 4,797 new cases in the state today
- 130 COVID-19 deaths reported in the state today. Case fatality rate is the state is 2.11%.
- Cut of 5,09,59,730 laboratory samples 63,92,660 have been tested positive (12.54 %) for COVID-19 until today.
- Contractly 3,59,642 people are in home quarantine and 2,453 people are in institutional quarantine.

t. Active cases in the states:

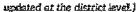
As on today, there are 64,219 active cases in the state. Details of district-wise active cases are as follows:

Sr. No.	District/Municipal Comporation	COVID-19 cases	Recovered patients	Desths	Deaths due to other causes	Active cases
1	Mumbai	739331	717844	15981	2410	3096
2	Thane	592976	574998	11147	34	6797
3	Palgiar	133997	130253	3249	14	481
4	Raigad	185427	180913	4347	7	1160
5	Rzonagiri	74074	70173	2187	4 ·	1710
6	Stathudurg	49734	46979	1276	15	1464
7	Pune	. 1104041	1070231	18740	322	14743
8	Satara	229450	216 326	5550	27	7547
9	Sangli	194716	182429	5274	9	7004
10	Kollespur	201087	191784	5707	5	3591
11	Solopur	196854	186219	5062	99	5474
12	Nashik	404073	394384	8573	1	1115
13	Alimednagar	298248	286490	6 344	1.	5413



Sr. No.	District/Municipal Ossporation	COVED-19 rases	Recovered putients	Deaths	Deaths due to other causes	Active cases
14	Jaleaon	139827	136811	2571	32	313
15	Manuhurbar	39971	39019	948	3	1
16	Dhule	46277	45609	552	12	4
17	Austangabad	154648	149892	4200	14	542
18	Jaina	60354	58994	1199	1	1 6 0
19	Beed	100009	95929	2551	7	1412
20	Tagnt	91254	88327	2408	5	513
21	Parbhani	52285	51004	1220	18	43
22	Hingoli	18430	17843	498	1	88
23	Nanded	90670	87953	2662	6	49
24	Ownzesbad	65325	62403	1841	111	970
25	Amaravati	96030	94338	1637	2	53
25	Akola	58650	57192	1421	4	33
27	Washim	41633	40993	618	3	19
28	Britihana	84895	84093	756	6	30
29	Yavelmal	75223	74421	1782	4	16
30	Мадриг	493088	483672	9138	71	207
31	Wardha	58348	56972	1204	165	7
32	Ellandera	60041	58917	1113	10	1
33	Gondia	40535	599 59	568	7	. 1
34	Снамвари	88713	87003	1607	. 4	99
35	Gadchiroli	30300	29566	672	32	30
	Other states/country	1 46	. 0	115	2	28
	Total	6392660	6189933	135039	3469	64219

(Mate: Inflammation of recovered patients is taken from the COVID-19 portal. The same inflammation is being updated at the district level.)





4,797 new Cowid-19 cases were reported in the state today. The state tally of COVID-19 positive patients is now 63,92,660 Dismict-wise details of cases and deaths until today are as follows:

		C	2505	Deaths		
Sr. No.	Districtly Composation	Daily Prog.		Daily Prog.		
1	MCGM	262	739331	4	15981	
2	Thane	48	99492	1	2149	
3	TMC	50	139360	C	2072	
4	Navi Mumbai	51	116097	2	1927	
5	KDMC	45	143 114	0	2708	
8	UliasagarMC	7	21405	0	636	
7	Ebisandi Pijangur MC	1	11102	0	478	
8	Mera Elizyeardar MC	24	57406	2	1177	
9	Paighat	20	55392	0	1219	
10	Vasai Vinar MC	19	78505	1	2030	
·····	&rigad	95	113217	1	3031	
12	Panvel MC	77	73210	1	1315	
	Mumbai circle total	699	1652731	12	34724	
	Nashik	75	159208	0	3647	
13				<u>ļ</u>		
14	Nashik MC	30	234774	0	4590	
15	Mulegaon MC	O	10091	0	336	
15	Alessadnagar	748	231814	2	4767	
17	Altenandnagar MC	41	66434	0	1577	
18	Dhule	0	26259	0	358	
19	Divide MC	0	20018	О	294	
20	lalgaon	5	106967	2	2022	
21	Jalgaon MC	0	32860	1	549	
22	Mandapar	2	39971	0	948	
	Nashik Circle total	901	928396	5	19188	
23	Pune	436	335746	6	6378	
24	PMC	244	507461	5	8922	
25	PCMC	93	259834	2	3440	
26	Sclaper	582	163927	11	3506	

Adv. S. N. Ohanage TO A TO THE PROPERTY OF THE PR

Sr. No.	Mission/Cooperation		Cases		Desths
····		Doily	Prog.	Daily	Prog.
27	Solapur MC	8	32927	0	1456
28	Satara	619	229450	31	5550
	Pune circle total	1982	1530345	5 5	29352
29	Roditalon	200	151244	14	4424
30	€cilteperMC	54	49843	18	1283
31	Sangli	357	151639	2	3967
32	Sangli MC	82	43077	0	1307
33	Sissibudurg	67	49734	4	1276
34	Rainagiri	151	74074	28	2187
	Kolhapur circle total	921	519611	45	14444
35	Autzogabad	25	61341	1	1878
36	Assempled MC	12	93307	1	2322
37	Jalna	10	60354	Q	1199
38	Hingofi	6	18430	Ö	498
39	Parbiteni	1	34066	0	781
40	Parbhani MC	1	18219	0	439
	Amangabad circle total	55	285717	2	7117
41	<u>Estur</u>	δ	67942	0	1772
42	Læfar MC	0	233,12	Ö	536
43	Osmanabad	5 4	55325	1	3841
44	Eæed	123	100009	9	2661
45	Manded	4	46567	o .	1528
48	Nanded MC	Q.	44103	0	1034
	Latur circle total	197	347258	10	9572
47	Ažola	1	25477	0	6 54
48	Akola MC	0	33173	0	767
49	Awawati	6	52366	0	1030
50	Amuawati MC	0	43664	0	607
51	Yawamal	0	76223	D	1782
52	Buldhana	24	84895	0	756

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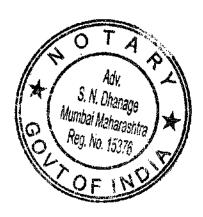




Sr. No.		Cases		Dentits	
3f. 19O.	District/Corporation	Daily	Prog.	Daily	Prog.
53	Washim	4	41633	0	618
11.7	Akola Carde total	35	357431	0	6224
54	Nagpur	0	129470	0	3079
55	Negour IVIC	ı İ	363618	0	6059
56	Wardha	3	58348	0	1204
· 5 7	E jendara	1	60041	0	1113
58	Gondia	0	40535	. 0	568
59	Claumkapur	0	59202	0	. 1118
60	Chastiapur MC	2	29511	0	489
61	Gadchiroli	0	30300	0	672
	Wagpur Circle total	7	771025	0	14302
	Other states/Countries	0	146	0	116
	Grand total	4797	6392660	130	135039

(This report is prepared based on, figures provided by the authorized laboratories on Canaral Goncomment's COVID-19 Portal. Because the laboratory report scrutiny and the availability of figures accordingly is an on-going process, state cumulative numbers are subject to change.)

THIS REPORT IS PREPARED AS PER THE DATA AVAILABLE ON 15th Acquist 2021
State Common Control Room: 020-2612 7394;
Toll-line helpline: 104





Integrated Disease Surveillance Programme (IDSP)



Public Health Department, Medarashtra

COVID-19 Related Updates Media Brolletin Date 13th August 2021

At a glance:-

- 5,881 patients discharged today; 61,80,871 COVID-19 patients discharged after full recovery until today; Recovery rate in the state is 95,85 %
- 6,685 new cases in the state today
- 158 COVID-19 deaths reported in the state today. Case fatality rate is the state is 2.11 %.
- Out of 5,05,45,552 laboratory samples 63,82,076 have been tested positive (12,63,96) for CONID-19 until today.
- Charactity 3,70,890 people are in home quarantine and 2,676 people are in institutional quarantine.

1. Active cases in the states:

0

As on today, there are \$3,004 active cases in the state. Details of district-wise active cases are as follows:

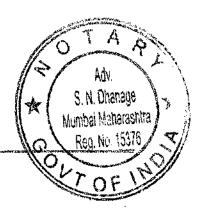
Sr. No.	District/Municipal Comperation	COVID-19 cases	Excessred patients	Draths	Deaths due to other causes	Active cases
1	isónulő	738804	717275	15979	2413	3137
2	Thane	592508	574998	11117	34	6359
3	Pobjiai	133926	130140	3230	14	542
4	Strignd	. 185051	180439	4325	6	1290
5	R om sgiri	73772	69920 .	2165	4	3582
δ	Steelhalurg	49590	46825	1265	15	1484
7	Pune	1102203	1058655	18724	322	34522
8	Saince	228087	215498	5494	27	7058
9	Sangli	193621	181586	5257	g	5659
30	Biciliagou	200469	190600	5884	5	4200
11	Salapur	195592	185648	5035	99	4810
12	Meshix	403855	B94383	8571	1	911
13	Altractiongar	295588	284737	6326	1.	5524



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Sr. No.	District/Municipal Chapteration	COVID-19 cases	Recovered patients	Deaths	Deaths due to other causes	Active cases
14	Jalgaon	139816	136811	2666	32	307
is	Mandurbar	39968	39016	948	3	1
16	Dhule	46277	45609	652	12	4
17	Ammegabad	154586	149825	4198	14	549
18	Jalna	60333	58994	1199	1	139
19	Seed	99745	95521	2648	7	1569
20	Laitur	91224	88327	2406	5	485
21	Parbhani	52282	51004	1220	18	40
22	#EngoS	18423	17843	498	1	81
23	Nænded	90660	87941	2662	8	51
24	Osmanabad	65173	62204	1839	111	1019
25	Ameravati	96018	94322	1637	2	57
26	Akola	58647	57186	1420	4	37
27	Washim	41627	40986	617	3	21
28	Buldhana	84854	84075	766	6	5
29	Kaussinal	76223	74421	1782	4	16
30	Massant	493079	483591	9138	71	279
31	Wardha	58343	56969	1204	165	5
32	Riendara	50039	58915	1113	10	1
33	Gondia	40535	39957	568	7	3
34	Chandrapur	88696	87003	1606	4	83
35	Gedchiroli	30295	29566	672	32	25
	Other states/country	145	O	116	2	28
	Total	6382076	5180871	134730	3471	63004

(Note: Information of recovered patients is taken from the COMID-13 portal. The same information is being applicated at the district level.)



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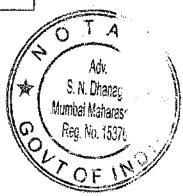
6,686 new Covid-19 cases were reported in the state today. The state taily of COVID-19 positive patients is now 63,82,076 Mismics-wise details of cases and deaths until today are as follows:

Sr. No.	Distinct/Cooperation		le ce s	Deaths	
. N. 140.	ensembly confidence	Dally	Prog.	Daily	Prog.
1	MCGM	284	738804	4	15979
2	Thane	57	99404	1	2138
3	TMC	49	139255	0	2072
4	Navi Mumbal	49	315982	3	1918
5	KUMC	44	148014	5	2704
6	Ulharanagar MC	15	21396	8	531
7	Ebixandi Wijempur MC	0	11099	0	478
8	Mire Sieyander MC	29	57358	0	1176
9	Palghar	20	55365	0	1220
30	Vəsai Virar MC	23	78561	4	2010
11	Raigad	135	113009	0	3014
12	Panvel MC	65	73052	O	1312
	Mumbai circle total	770	1651299	25	34652
13	Mashik	45	159073	ם	3646
14	Nashik MC	31	234703	1	4590
15	Mal≅gaon MC	0	30090	0	335
16	Alizuskinagar	1019	230281	17	4750
17	Altomadnagar MC	34	56307	2	1576
18	Dinle	0	26259	0	358
19	Direte MC	1	20018	0	294
20	Jalgaon	11	106938	1	2019
21	Jalgaon MC	2	32860	1	547
22	Moothabar	. 0	39968	a	943
	Mashik Cincle total	1143	925515	22	19153
23	Puna	673	335726	18	6369
24	PMC	274	506932	3	8917
25	PCMC	225	259545	5	3438
26	Schapur	784	162684	25	3580

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Sr. No.	District/Cooperation	(Cases		Deaths	
.3C 140.		Daily	Prog.	Daily P		
27	Solsour MC	10	32908	4	1455	
28	Satera	1020	228087	13	5494	
	Pune circle total	2985	1525882	69	29253	
29	Kciitagur	406	150753	7	4400	
30	Solitagur MC	67	49716	2	1264	
31	Sangli	626	150745	14	3952	
32	Sangli MC	118	42876	7	1305	
33	Smähudurg	92	49590	i	1266	
34	E zanegiri	157	73772	4	2166	
· · · · · · · · · · · · · · · · · · ·	Foiltepur circle total	1476	517452	35	14353	
35	Amangabad	20	61295	0	1877	
36	Aunangabad MC	9	93291	0	2321	
37	Jalna	8	50333	0	1199	
38	Magoli	2	18423	0	498	
39	Parbhani	1	34064	0	781	
40	Parbhani MC	0	18218	0	439	
٠.	Autangabad circle total	40	285624	0	7115	
41	Catuer	18	67922	Ð	1770	
42	Cabur MC	4	23302	0	636	
43	Osmanabad	77	65173	3	1839	
44	Beed	127	99745	4	2648	
45	. Nanded	2	46558	0	1628	
46	NandedMC	3	44102	0	1034	
	Lateur circle total	231	345802	7	9555	
47	Akola	1	25476	0	654	
48	Akola MC	2	33171	0	765	
49	Anexewati	1	52359	0	1030	
58	Amarawati MC	0	43659	O	607	
51	Yèswaimal	3	76223	Ũ	1782	
52	Buližbana	16	84854	0	765	





Sr. No.	Districtly Comporation	Cases		Deaths	
		Daily	Prog.	Daily	Prog
53	Washim	3	41627	D	617
	Akola Circle total	26	357369	0	6222
54	Wagpur	1	129467	0	3079
55	RegurMC	7	363612	0	6059
36	Wardba	1	58343	0	1204
57	Shandara	0	60039	o	1113
58	Goodia	0	40535	0	568
59	Cheedrapur	0	59187	0	1118
60	Chandrapurius:	0	29509	O	488
61	Gadehiroli	5	30295	0	672
	Nagpur Circle total	14	770987	0	14301
	Other states/Countries	0	146	D G	116
	Grand total	5586	6382076	158	134730

(This report is prepared based on, figures provided by the authorized laboratories on Camral Government's COVID-19 Portal. Because the laboratory report scrutiny and the evailability of figures occordingly is an on-going process, state cumulative numbers are subject to change.)

THIS REPORT IS PREPARED AS PER THE DATA AVAILABLE ON 13th August 2021
State Corona Control Room: 020-2512 7394;
Toll-five helpline: 104

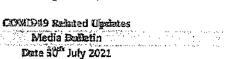






Integrated Disease Serveillance Programme (IDSP)

Public Mizalth Daysstment, Midsenshtra



At a glance:

- 7,431 patients discharged today; 60,83,319 COVID-19 patients discharged after full recovery until today; Recovery rate in the state is 96.61 %
- 6,600 new cases in the state today
- 231 COVID-19 deaths reported in the state today. Case fatality rate is the state is 2.1 %.
- Out of 4,77,60,862 baboratory samples 62,95,756 have been tested positive (13.18%) for CDWID
 19 until today.
- Chroently 4,79,533 people are in home quarantine and 3,289 people are in institutional quarantine.

I. Active cases in the state:-

As on today, there are 77,494 active cases in the state. Details of district-wise active cases are as follows:

Sr. 840.	illistrict/Municipal Congression	COMD49 cases	Recovered parients	Desits	Deaths due to other causes	Active cases
1	Munbai	734434	710759	15380	2583	5402
2	Time	588621	571567	21030	34	5990
3	Palgiar	133253	128925	3197	14	3117
4	Baigad	,183205	175923	4219	6	3057
5	Fainagiri	71226	67D41	2049	4	2132
8	Sindbudurg	48040	44878	1224	15	1923
7	Pene	1088340	2053600	38465	273	16001
8	Sulara	217858	204652	5255	25	7935
9	Sangil	183303	170611	5028	8	7656
10	36dHeapur	193174	181093	5495	5	6 581
11	Solepur	187134	177737	4835	91	4471
12	Mashik	402458	392990	8521	1	946
13	Almedragar	285250	273656	6148	1	5445





Sr. No.	District/Municipal Corporation	COVID-19 cases	Recovered patients	Deaths	Deaths due to other causes	Active cases
14	Jalgaon	139719	136513	2644	32	530
15	Mandurbar	39958	38998	948	3	9
16	Dhule	46257	45161	652	12	432
17	Ausangabad	153968	149376	3991	14	587
18	Jalon	60134	58844	1197	1	92
19	Exed	97372	93067	2593	7	1705
20	Latur	90855	87942	2403	6	504
21	Parbhará	52239	50738	1220	18	263
22	Hingod	18387	17818	498	1	70
23	Sanded	90537	87473	2656	6	452
24	Osmanabad	63935	61161	1810	109	855
25	Ameravati	94814	92914	1636	2	262
26	Akola	59060	57482	1420	4	154
27	Washim	41583	40879	617	3	84
28	Bulificana	84575	83668	754	6	147
29	Kawaimal	76228	74305	1777	4	142
30	Magpur	492985	482028	9128	71	1758
31	Wardha	58322	56777	1203	165	177
32	Eduandara	60033	58643	1113	10	267
33	Gondia	40532	39858	567	7	100
34	Сінанаўгарыг	88614	86841	1604	4	165
35	Gadchiroll	30147	29391	572	30	54
	Other states/country	146	0	115	2	28
	Total	6296756	6083319	132566	3377	77494

(Mate: Information of recovered patients is taken from the COVIV-IP portal. The same information is being updated at the district level.)







II. Creases

6,600 new Cavid-19 cases were reported in the state today. The state telly of COVID-19 positive patients is now 62,96,756 District-wise details of cases and deaths until today are as follows:

Sr. Mo.	Districtly Composation		Cases	Deaths		
		Daily	Prog.	Daily	Prog.	
1	MCGM	322	734434	7	15880	
2	Thane	5 5	98643	2	2121	
3	TMC	57	138480	8	2058	
4	Navi Mambai	83	115094	3	1888	
S	RDMC	80	147132	0	2591	
8	Wilespagar MC	30	21268	0	522	
7	Birinandi Mijaropur MC	0	11081	1	477	
8	Mice Ehrpenier MC	40	55923	1	1173	
9	Palgbar	29	55090	2	3217	
10	Vasei Witar MC	46	78163	O	1980	
11	Raigad	185	111237	9	2920	
12	Panyel MC	90	71968	4	1299	
	Mumbai circle total	1007	1639513	37	34325	
23	Mashik	58	158217	0	3627	
14	Nashik MC	31	234163	7	4351	
15	Malegaon MC	1	10078	1	333	
15	Alexandragar	824	219307	7	4588	
17	Ailsacadnagar MC	27	65943	1	1360	
18	Li talis	4	26247	O	358	
19	EhrleMC	2	20010	O	294	
20	Jaigaon	7	106887	2	2005	
21	Jelgaon MC	0	32832	0	639	
22	Minachuder	0	39958	0	948	
	Mashik Clurke total	952	913642	18	18913	
23	Pane	6 75	327673	11	6229	
24	PMC	247	503562	3	8879	
25	PCMC	156	257105	5	3358	
26	Salepur	409	154425	8	3420	

Da Nia	Picture de Commonstique	C	ases	Deaths	
Sr. No.	District/Corporation	Daily	Prog.	Daily Prog.	
27	Solequar M/C	10	32709	0	1415
28	Satara	830	217868	40	5255
	Pune circle total	2327	1493342	67	28556
29	Kalitepur	519	144799	26	4273
38	Kolhapur MC	160	48375	11	1222
31.	Sangli	637	142072	10	3759
32	Sangli MC	147	41231	2	1259
33	Sinchwdurg	174	48040	5	1224
34	Rzenagiri	215	71226	17	2049
	Kolhegur circle total	1852	495743	71	13796
35	Aurangabad	28	60814	29	1585
36	Amangabad MC	6	93154	1	2306
37	Jaina	8	60134	0	1197
38	Hingoli	1	18387	0	498
39	Parbhasi	4	34028	0	781
40	Parbhani MC	1	18211	0	439
	Aunangabad circle total	48	284728	30	6906
41	1201	30	67581	0	1769
42	Lainir MC	9	23174	ū	634
43	Osmanabad	50	63935	0	1810
4 4	Bæsď	185	97372	3	2593
45	Namded	1	46521	0	1622
46	Nended MC	- 1	44066	0	1034
	Lattur circle total	276	342749	3	9462
47	Akola	1	25609	a	654
48	Aŝola MC	0	33451	0	766
49	Amerawati	60	51594	0	1029
50	Amarawati MC	17	43220	0	607
51	Tavelmal	2	76228	0	1777
52	Relitivana	15	84575	. 2	754

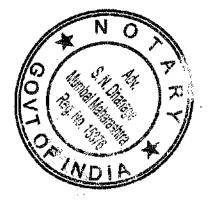


Sr. No.	Districty Composition	Cases		Deaths	
	tagainnà chui bha at (Oi)	Daily Pro		Daily	Prog
53	Washim	9	41583	1	617
	Akola Clarile total	104	356260	3	5204
54	Magpur	4	129431	0	3078
55	Nagpu MC	8	363554	0	5050
56	Wardha	1	58322	2	1203
57	Bhandara	0	50033	Ö	1313
58	Condia	3	40532	0	557
59	Chambrour	7	59139	0	1316
60	Свиминарии 1946С	1	29475	0	488
51	Gadchiroli	30	30147	0	672
	ਨਿਵਤੂਆ Circle total	34	770633	2	14287
	Other states/Countries	O	146	O	116
	Grand total	5500	6296756	231	13256

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(This report is prepared based on, figures provided by the authorized laboratories on Cantral Government's COMO-19 Portal Because the laboratory report scrutiny and the availability of figures accordingly is an on-going process, state cumulative numbers are subject to change.)

This report is prepared as per the data available on 50° July 2021 Shats Carona Control Room: 020-2612 7394; Toll-live helpline: 104





Integrated Disease Serveillance Programme (IDSP)



Public Health Department, Maharashtra

CDVID-19 Related Opulates
Media Bulletin
Date 15th July 2021

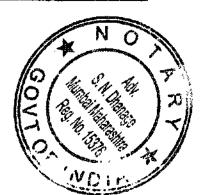
At a glacoust:

- 7,391 patients discharged today; 59,52,192 COVED-19 patients discharged after full recovery until today; Racovery rate in the state is 96.17 %
- 2,010 new cases in the state today
- 170 COVID-19 deaths reported in the state today. Case fatality rate is the state is 2.04%.
- Out of 4,48,24,211 laboratory samples \$1,89,257 have been tested positive (13,21%) for COMID-19 until today.
- Charrently 5,81,266 people are in home quarantine and 4,471 people are in anstitutional quarantine.

I. Active cases in the states:

As on today, there are 1,07,205 active cases in the state. Details of district-wise active cases are as follows:

Sr. Mo.	Methica/Municipal Comporation	CCVID-19 cases	Recovered patients	Deaths	Draths due to other causes	Active cases
3	Municai	729791	700859	15667	2340	10925
2	Tame	587115	360811	10618	33	15653
3	Palghar	128242	124159	2932	13	1138
4	Raigad	176345	168887	3953	5	3500
5	Katnagiri	67590	62395	1892	4	3299
6	· Smithudurg	45324	41755	1105	16	2448
7	Pune `	1072423	1037193	17577	252	17401
8	Satera	205626	192860	4957	. 26	7783
9	· Sangli	169231	153273	4605	7	11346
10	Kolitegeur	179807	163384	5155	4	11264
11	Solapur	130108	171387	4711	89	3921
12	₩ashik	400781	389388	7892	1	3500
13	Affrondnagar	274398	264522	5356	1	4319



Sr. No.	District/Musicipal Composation	COVID-19 cases	Becovered patients	Deaths	Deaths due to other causes	Active cases
14	Jalyaon	139425	136231	2640	33	521
15	Maadurbar	39390	38369	948	3	70
16	Dinie	45972	45048	645	12	267
17	Ausangsbad	152821	148480	3799	14	528
18	Jalna	59925	58327	1176	1	421
19	Reed	95476	90079	2572	7	2818
20	Lamer	90267	87570	2287	6	404
21	Fæb hani	51945	50554	1186	14	191
22	l Li ngoli	18321	17780	459	1	71
23	#Nismded	90493	87367	2666	7	453
24	Osmanabad	62810	60317	1739	104	650
25	Anmavati	94473	92675	1595	2	201
26	Altola	58992	57454	1370	4	154
27	Washim .	41562	40756	633	3	170
28	Buldhena	84293	83235	714	6	338
29	Yaveimal	76046	74271	1748	4	23
30	yerou	492885	482028	8493	71	2293
31	Wardha	58551	56724	1196	165	466
32	Steentera	50075	58643	1116	10	306
33	Gondia	40467	39834	560	7	66
34	Chamiltapur	88113	86499	159 0	2	22
35	Gadchiroli	30028	29078	680	31	239
	Other states/country	145	0	118	2	26
	Total	6189257	5952192	1.26560	3300	107205

(Note: Information of recovered patients is taken from the COVID-19 portal. The same information is being updated at the district level.)



Carrery:

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8,010 new Covid-19 cases were reported in the state today. The state tally of COVED-19 positive patients is now 61,89,257 District-wise details of cases and deaths until today are as foliaws:

3 11014 02302323.		C	xses	Depths		
Sr. No.	Desirity Corporation	Daily	Prog.	Daily	Prog.	
1	MCGM	528	729791	13	15667	
	Thane	96	101429	0	2025	
3	TMC	78	137419	0	2058	
4	Navi Mumbai	97	113549	3	1815	
5	KIDMC	127	145731.	Đ	2524	
5	OM regenagat MC	1.5	21109	0	584	
7	Blikmodi Mjarapur MC	3	11091	0	478	
8	Mira Biogenier MC	50	56787	٥	1132	
9	Palcher	83	53201	2	1169	
30	Vasal Vitar MC	77	75041	10	1763	
11	Reigad	334	106575	19	2691	
12	PenvelMC	112	69770	4	1252	
	Mumbai circle total	1610	1521493	51	33170	
13	Meler	123	157148	1	3451	
14	Nashik MC	62	233567	0	4109	
15	Malegron MC	2	10066	0	322	
15	Alternadnagar	412	209354	3	4227	
17	Atomodnager MC	24	55044	0	1329	
18	Dinle	8	25109	0	354	
19	létale MC	5	19863	0	291	
20	lalgaon	7	106798	0	2009	
21	Jalgaon MC	0	32627	1	831	
22	- Senaturbar	2	39390	0	943	
	Mashik Circle total	645	899966	5	17681	
23	Pune	591	318615	1	5997	
24	PMC	346	499467	16	3577	
25	PCMC	217	254341	9	3003	
26	Solapur .	403	147637	5	3301	
	<u> </u>					



St. No.	Districtly Corporation		Cases	Deaths		
······································		Daily Prog.		Daily	Prog	
27	Sologon MC	8	32471	0	141	
28	Satara	963	205626	18	495	
	Pune circle total	2528	1458157	49	2724	
29	Kelliepur	979	134208	26	4028	
30	Kellispur MC	270	45599	1	1127	
31	Sangli	864	130454	5	3426	
32	Sangli MC	142	38777	2	1179	
33	Stathudurg	149	45324	4	1105	
34	Ramagiri	341	67590	5	1892	
	Kalibapur circle total	2745	461952	45	12757	
35	Amangahad	53	59808	8	1520	
36	Amangahad MC	15	93013	1	2279	
37	Jaina	4	59925	0	1176	
38	#Engoli	1	18321	1	459	
39	Parbhani	11	33763	0	756	
40	Parbbani MC	0	18182	0	430	
	Auuzogabad circle total	84	283012	10	5630	
41	Later	21	67253	0	1670	
42	Later MC	9	23014	0	617	
43	Osmanabad	59	62810	1	1739	
44	Beed	147	9547 6	1	2572	
45	Nanded	1	46451	0	1625	
46	Nanded MC	2	44042		1041	
	Latur circle total	239	339046	2	9254	
17	Akola	6	25567	1	625	
18	Akola MC	3	33425	1	745	
9	Amarawati	12	51332	0	1003	
o	Ambarawati MC	4	43141	0	592	
1	Yawaimal	3	76045	1	1748	
2	Bultiliana	7	84293	2	714	



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Sr. No.	District/Corporation		ases	Deaths	
M. 140.	Lasanich Cealsoxation	Daily	Prog.	Daily	Prog.
53	Washim	8	41562	0	633
	Akola Cincle total	43	335366	5	6050
54	Megpu	6	129282	1	2603
55	Мадриг МС	11	363603	2	5890
56	Wardha	6	58551	0	1196
57	Shevdera	2	50075	O	1116
58	Gondia	2	40467	0	550
59	Chandrapur	13	58782	0	1099
60	ChambapurMC	5	29331	0	491
б1	Gadchiroli	71	30028	0	680
	Negour Circle total	115	770119	3	13635
	Other states/Countries	0	146	C	118
	Grand total	8010	6189257	170	12655

(This report is prepared based on, figures provided by the authorized laboratories on Central Government's COVID-19 Portal. Because the laboratory report scrutiny and the availability of figures accordingly is an on-going process, state cumulative numbers are subject to change.)

THIS REPORT IS PREPARED AS PER THE DATA AVAILABLE ON 15th July 2021
State Options Control Room: 020-2512 7394;
Tok-free helpling: 104





Integrated Disease Surveillance Programme (IDSP)



Public Realth Department, Maharashtra

COVID-18 Related Updates

Media Bulletin

Date 1⁸ July 2021

At a glames:

- 8,634 patients discharged today; 58,28,535 COVID-19 patients discharged after full recovery until today; Recovery rate in the state is 96.01%
- 9,195 new cases in the state today
- 252 COVID-19 deaths reported in the state today. Case fatality rate is the state is 2.01%.
- Out of 4,18,75,217 laboratory samples 60,70,599 have been tested positive (14.5%) for COVID-19 until today.
- Clusterity 5,15,285 people are in home quarantine and 4,339 people are in institutional quarantine.

I. Active cases in the state:-

As on today, there are 1,15,667 active cases in the state. Details of district-wise active cases are as follows:

5r. No.	ਜ਼ਿੰਦਸ਼ਾਂ/Municipel Comparation	COVID-19 cases	Streevered patients	Deaths	Draths due to other causes	Axtive cases
1	Mumbei	722878	692498	15472	2303	12605
2	Thane	580152	553624	10390	33	16105
3	Falghar	125436	121246	2712	13	1465
4	Raigad	158889	160167	3529	2	5191
- 5	&ainagiri	62357	53124	1751	4	5478
6	Sindhudurg	41814	36321	1020	16	4457
7	Pune	1056217	1022114	16812	205	17086
8	Satara	193851	181523	4653	25	7650
9	Sangti	155042	140618	4038	4	10382
10	Keilhapur	158071	140870	4702	4	12495
11	Solopur	174586	166785	4590	85	3226
12	Mashik	398639	387268	7784	1 ·	3586
13	Almedongar	268273	260008	5466	1	2798





Sr. No.	Distract/Municipal Geoporation	COVID-19 cases	Recovered patients	Deaths	Deaths due to other causes	Active cases
14	roeglet.	139218	135669	2630	33	885
15	Nandurber	39029	37794	947	3	285
16	Dhule	45830	44549	644	12	625
17	Amangabad	151420	146734	3593	14	1079
18	Jaina	59762	58090	1152	1	519
19	Beed	93287	88035	2523	7	2722
20	Kahur	89915	87155	2233	6	521
21	Parbhard	\$1756	50147	1178	14	417
22	HangoM	18284	17732	446	1	105
23	Nanded	90394	87017	2662	7	708
24	Osmanabad	61898	59566	1704	102	52 6
25.	Amaravati	94084	92203	1522	2	357
26	Akola	58871	57182	1352	4	333
27	Washim	41393	40543	630	3	217
28	Bulidhana	84025	83119	688	6	212
29	Yawamal	75969	74186	1736	4	43
30	(spgpur	492532	481091	8453	71	2917
31.	Wardha	58471	56635	1192	165	479
32	Etendara (60061	58322	1115	10	614
33	Gondia	40436	39769	559	7	. 101
34	Cheestrapur	87930	86124	1355	2	249
35	Gadchiroli	29583	28707	646	28	202
	Other states/country	146	0	118	2	25
	Total	6070599	5828535	122197	3200	116667

(Note: information of recovered patients is taken from the COVED-19 portail. The same information is being updated at the district level.)



II. Chener

9,195 new Ctarid-19 cases were reported in the state today. The state tally of COVID-19 positive patients is now 60,70,599 District-wise details of cases and deaths until today are as follows:-

Sr. No.	Disastl/Cosporation	<u> </u>	Tases	Deeths	
	· · · · · · · · · · · · · · · · · · ·	Deily	Prog.	Daily	Prog
1	MCGM	656	722878	21	1547
2	Thane	90	100014	0	2003
3	TMC	91	136137	1	2034
4	Navi Mumbai	148	111888	0	1769
5	KDMC	91	144115	0	2418
6	Whaspagar MC	8	20977	1	567
7	Minardi Mijamapau MC	5	11029	D	474
8	Mira Bhayandar MC	69	55991	0	3125
9	Palghar _.	123	52189	o	3122
10	Vasai Viror MC	300	73247	2	1590
11	Raipad	481	100989	0	2314
12	Panvel MC	143	67900	0	1215
	Mumbai circle total	2004	1597355	25	3210
13	Mashik	156	155824	5	3422
14	Mashik MC	57	232768	2	4044
15	Malegaon MC	0	10047	, 0	318
36	Alamadnagar	443	203495	3	4139
27	Aliamadnagar MC	16	54778 0		1327
18	C bule	17	26014	0	353
19	Emule MC	3	19816	0	291
20	Jalgaon	15	106635	0	2002
21	Jalgaon MC	2	32583	0	528
22	Mandarbar	1	39029	0	947
	íšashík Circle total	721	8 9 0989	10	37471
23	Pune	602	310556	12	5795
24	PMC .	305	494647	105	8270
25	PCMC	253	251014	2	2747
26	Solapur	502	142413	7	3201



Sr. No.	District/Congeniation	C	lases	Deaths	
34.130.	manus composition	Daily Prog.		Daily Pro	
27	Schper MC	13	32273	0	1389
28	Sætara	935	193851	17	4653
	Pune circle total	2610	1424754	143	26055
29	Keliegau	1057	117132	11	3683
30	Soiltepur MC	398	40939	2	1019
31	Sangh	739	113623	27	29 27
32	Sangli MC	204	36419	5	1111
33	Similaudurg	371	41814	6	1020
34	Bztnagiri	497	62357	10	17 51
	Kolitapur circle total	3266	417284	61	11511
35	Amangabad	141	58719	0	1335
36	Amangabad MC	23	92701	0	2258
37	Jaina	18	59762	О	1152
38	Hagoli	1	18284	0	446
39	Parbhani	16	33608	2	750
40	Parbhani MC	5	18148	0	428
	Aurangabad circle total	204	281222	2	6369
41	Letter	25	66994	0	1629
42	Lectur MC	9	22921	0	504
43	Otemanabad	48	61898	1	1704
44	Beed	103	93287	5	2523
45	Namded	. 2	46398	1	1621
46	Standed MC	5	43996	1	1041
	Latur càrcle total	192	335494	8	9122
47	Akola	8	25495	٥	611
48	Akola MC	7	33375	0	741
49	Amarawati	19	51058	0 .	967
50	Ameriawati MC	11	43026	0	555
51	Yawatmal	18	75969	0	1736
52	# Balidbens	36	84025	1	688





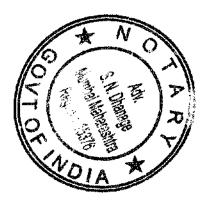
Sr. No.	District/Corporation	c	258S	Deaths	
	ment of the second of the seco	Deily	Prog.	Deaily	Prog.
53	Washim	25	41393	0	630
	Akola Circle total	314	354342	1	5928
54	perations	14	129172	2	2577
55	NeggoutAC	23	363360	0	5876
56	Wardhe	9	58471	0	1192
57	Binodara	1	50061	0	3115
58	Gondia	8	40436	0	559
59	Cientiapur	10	58648	0	3073
60	CheadaguriMC	3	29232	0	482
61	Gadchiroli	15	29583	0	646
	Nagour Circle total	84	769013	2	13520
	Other states/Countries		146	.:	113
	Grand total	9195	6070599	252	12219

(Note: Of the 252 deaths reported today, 206 occurred in the last 48 hours and 46 in the last week. This report is prepared based on, figures provided by the authorized laboratories on Cantrol Generalment's COWD-19 Portel. Because the laboratory report scrutiny and the evallability of figures accordingly is an on-going process, state cumulative numbers are subject to change.)

THIS REPORT IS PREPARED AS PER THE DATA AVAILABLE ON II^A July 2021 State Contine Common Room: 020-2512 7394;

Tolk-fire belpline: 104











धना सरकार खारथ्य एवं परिवार कत्याण मंत्रालय भित्रीमि भव्य, नई दिल्ली - 1100क्ष

Government of Endla Menstry of Health & Family Welfare Nirman Briavan, New Delhi - Beggin

DONO. Z. 280169160121-DMOH Dated, the 3^{rt} August, 2021

क्षास्ती आहूजा, था.प्र.से. अपर सचिव Arti Ahuja, IAS Additional Secretary Tele; 011-23061066 1 23063809 E-mail: ash-inobhiv@nie in

Den St,

This is with refigurace to the order issued by Government of Mahanashira under Disaster Management Act, 2005, DMUIZOZOICR 92 dated TES July 2021, wherein it is mentioned that;

"... imal vaccination certificate issued through the COWIN portal then such persons be exempted from mandetory requirement of possessing a negative RTFCR report on their entry lato the State. It's clarified that this exemption is applicable for domestic as well as international passengers"

In this regard, it is highlighted that studies have indicated that while currently available COVID-19 vaccines provide definitive protection against severe manifestations of the disease, these vaccines may also reduce the viral had.

However currently, there is no international who clear guidance (indicating vaccine efficacy in preventing discusse as well as infection, impact on community transmission, duration of protection etc.) which may be accepted internationally besides bilateral/multilateral arrangements. More was already written to WHO-India to expedite their research and come up with an updated guideline.

Specific attention is invited to the guidelines assued by Government of Midharashtra as above and considering that detailed guidelines for international travel are already issued by Union Fleefit Ministry in consultation with Ministry of Civil Ariation, it may not be correct if different Slates have different policies for international passenger entry into the country. This will head to chaos, confusion amongst international travellers and international traffic concentrations at certain points of entry which are manned by Central agencies.

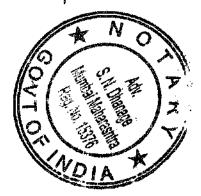
Considering above, it is requested that the above guidelines issued by State Government to the extent of Externational Travel may be kept in abeyance and the guidelines issued by Government of India in that respect may be followed.

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Your sincyrely,

CALAPTO

Sini Pradesp Kunner Vyas, IAS Principal Secretary (Health), Government of Minimarashtra, Mantralaya, Mundai-400 001, psec publical thin habrashtraggowin



Copy, for information, to:

- 1 Ms. Usha Padhee, Joint Secretary, Ministry of Civil Awiation, Rajiv Gandhi Ghavisu, Block B Safdarjung Airport Axea New Deibi 110003
- 2. Secretary (HFW),Gol
- 3. Chief Secretary Government of Maharashtra, Mantrikaya, Mutubai 400 032 Tel: 022-22025042/ 22793954/ 22028762 chelegicuri. Diahareshira gov in

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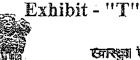






राजेखा भूषण, धाईपाञ्च सामित

RAJESH BHUSHAN, LAS SECRETARY



्र प्रमास प्राचन भनेते विभाग विभाग प्रमास प्राचनित्रं क्षिमी विभाग विभाग प्रमास विभाजनां मिनित्रे विभाग विभाग

Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O. No@1/S@HFW//Omicrom/Mahai2021 01 December, 2021

)eaobry60,

This is with reference to the Govt. Of Maharashtra Order No. DMU/2020/ICR_92/DisM-1 dated 30th Nov. 2020, vide which the following restrictions have been imposed:

Mandatory RTPCR testing of all international travellers at the Mumbai airport, irrespective of country of origin

ill. Mandatory 14-day home quarantine for all international passengers, despite

.. being tested RTPCR Negative upon arrival

ill, Mandatony RTPCR test for passengers planning to undertake connecting flights after disembarking at Mumbai and further travel subject to a negative RTPCR result

iiV. Requirement of negative RTPCR test 48 hours prior to date of journey, for domestic passengers travelling from other States to Maharashtra

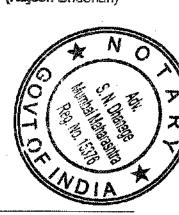
Durm Legards.

2. This is in divergence with the SoPs & Guidelines issued by Ministry of Health & Family Welfare, Govt. of India. I would, therefore, urge you to align the Orders issued by the State with the Guidelines issued by the Ministry of Health & Family Welfare, Govt. Of India, so that uniform implementation of the guidelines may be ensured across all States/UTs. I would also advise that such modified orders of the State Government are given wide publicity to obviate any inconvenience to travellers.

Yours sincerely

(Rajesh Bhushan)

Dr. Pradeep Kumar Vyas
Additional Chief Secretary
Department of Health & Family Welfare
Government of Maharashtra
Mumbai
Email: psec.pubhealth@mairasshtracovirin



TRUE COPY

Room No. 156, A-Wing, Nirman Bhewan, New Delhi-110 611
Tele: (O)011-23061863,23069221,F5x0101240902522, E-meil: secyhfw@nic.in

ATWOCATE FOR



सार्च सी एए आर - राष्ट्रीय निवास बिहास संस्थात

বিদ্দিনি স্বায়ুপ্তিদান আনুর্বাঞ্চান্যদেহিন্ত স্বাহ্বিত অনুষ্ঠান চালা ক্ষেত্রির ছা মুক্তাত ক্ষরতার নাম্বিক, মধরে ক্টেনিং

I C M R. NATIONAL INSTITUTE OF VIROLOGY

Indian Council of Westical Research telaineam of Health Research Ministry of Media & Femily Welfore Golf, of India

20 - प. छ. \$1\$557 क्से, छेन्ड केंसर तंत्रक ११, कुरे - 441 004, 25](.) 20-A. Dr. Ambedkar Road, Post Box No. 11, Pune 411 001, India. Feli: NIV Cemp +91-020-28127591,25008290, Fax: 26122869, 261286431/ NIV Pashan +91-020-28108390 Fax: No. 25871895 / 25870840 E-mail: circotor.miv@comrg.oviin Website: www.niv.co.in

No. 1/1/2022 RTL/Admn. - 2/394

t4 in January. i(it2

To.

Sh. Shrekanth RG 12 L, Ramaswamy Nagar, Kamarajar Road, Near Tyagi NG, Singanallur, Coimbatore, Tamilhadis = 641 015

Sub: Online applications under Right To Information Act, 2005 Ref.: Registration No. NKOXFPRSE222/000044 dated 10.01 2022

Sir,

We are in receipt of your above applications, seeking information under RTI Act, 2005. Please note that, in your application you have mentioned as "Does it concern the kife or liberty of a Person: No", however, in the attachment, you have mentioned the application as emergency request under Section 76 of the Indian Evidence Act 1872 seeking supporting documents for deprivation of your life and liberty. The information sought by you is furnished below:

 Ewidence discuratents Of scientificexperiments condilicted for the conclusion and declaration of corona COVID-19 as an infictions disease.

 Evidence documents of scientific experiment conducted by the Indian government or ICMR or NIV to detect the corona COVID-19 virus and how it spreads in the community.

3. Evidence discharants of scientific experiment continued by the hidian government to isolate and contains the extracted purified corona COVID-19 virus without any residue or any other foreign particles.

This is not part of one records. Hence, this information cannot be shared.

Below are the references:

- a. Sankete, Present et al. "First isolation of SARSCOSV22 Hom clinical samples in India." The Indian journal of medical research vol. 151,2 & annp; 3 (2020): 244-256. doi:10.4103/jmr.IJMR-1029-20
- Provide evidence documents of scientific experiments conducted to prove that wearing of face mask which can reduce a

This is not part of our records. Hence, this information cannot be shared!

डिक्ट प्रारस्य बांसदात् वहरूते वीवरण संक्रमधाँ सा गर्वाम केन्द्र राष्ट्रीय बीतव्यत केंद्र पीरिको, क्रमण रहे हतेजा के सिर् रामान क्लोग्आका



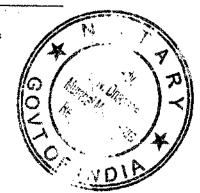
WORLD HEALTH ORGANIZATION

Collaborating Centre for Emerging Viral Infections National Influenza Centre Referral Lab for Polic, Wiessles and Rubella

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pessons breathing ability and social distancing will prevent or reduce the spread of infinitious disease.

Reports and exidence horn scientific

Reports add exidence from scientific studies conducted to prove that if corona COVID-19 is an infectious disease then that is not transmitted or less transmitted to others by those who have been vaccinated and that it is only, transmitted or increasingly spread by those who have not been receivated.

This is not part of our records. Hence, this information cannot be shared.

 Has any law been passed to state that COVID-19 vaccine is mandatory

7. Are vaccines safe unificult an), adverse reactions of side effects if fitel are considered safe thren please provide documentary evidence including clinical test trails that has been under aken by ICMR or NIV or MoHFW to substantiate the claim that COVID-19 vaccine is safe.

Beliari are the references:

In collaboration with BBIL Hydrabad, ICMIR had developed inactivated COVID-119 vaccine [Coverin] and participated in the clinical trials.

a. Ella R. Vadrevu KM, Jogdand H, Prasad SD, Retitli S, Sarangi V, Gannenr B, Saphal GN, Yadiar P, Abraham P, Pandia S. Safety and immunogeniciti trial of an inradivared SARS-Coll-i vaccino IBB 152: a phase IL doubleblind, randomised control trial.

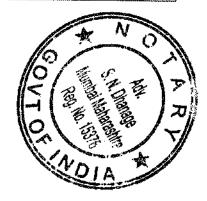
b. Ella R, Redityr S. Blackrielder W. Pondar V. Yadav P. Sarangi V, Aileni VK, Kantungo S, Raii S, Redity P, Vennia S. Efficacy, safety. and lottigotot ilmuntogenicity of 1-as inactivated SARS-CoV-2 vaccine (BBV152): interimt results of a randontised, doubtle-blind. commolled, phase 3 trial. The Lanceer 2021 Dec 11;398(10317):2173-84.

C" Ettia R, Retitity S. Josephand Hil. Sarengil V, Ganneru B, Prasad S, Das D. Raju D, Pratori U. Sapktal G. Yadav P. Safety and immunogenitity of an inactivated SARS-CoW-2 randing. BBV 152: intetim results fixor a double-folind, randomised, multicentre, phase 2 trial, and 3-month follow-up of a double-tolinid, randomised phase I trial. The Lancet Infectious Diseases, 2021 Mar 8.

8. If the vaccine is declared safe then can you guarantee that the vaccine that is administrated provides 1000 percent protection from another occurrence of corona infection.

9^ Does ICMR or NOV or MoHFW or any government or private vaccine companies Of bodies provide compansation or

This is first part of our records. Mence, this information caused be shared.



Insurance for any loss of any kind because of adverse reaction after taking the vaccine. Ito. Is u'earing of masks mandatory to shield

- ito. Is u'earing of masks mandatory to shield one from getting infected by COVID-19 if yes then please provide details or results of any scientific study or medical research or experiments conducted by ICMR or NIV or Mailiff'V or any other government body to prove that u'earing of masks can prevent spread of COVID-19
- 11. IS an IRT-PCR and a Rapid PCR test mandatory for a headthyl personi to travel within the country or outside the country.
- h2. If yes, please provide the details off any scientific study of medical research or experiments conducted by the ICMR or NIV or MoHFW or any government body to substantiate that RTPCR and the Rapid PCR tests centainly help in identification of COVID-19 infection.

This is not part of our records. Hence, this information cannot be shared.

If you are not satisfied with this reply, you may appeal within 30 days of receipt of this letter. The Appellate Authority, in respect of the information flumished above is. Prof. Phila Abraham, Director, ICMR-National Institute of Virology, Pune.

Thanking you,

Yours sincerely.

Dr. Deepti Parashar CPIO & Scientist-É





-डॉ. किरीट सोमैया



श्री मिलिंद नार्वेकर याँचा सपोली समुद्र किनार्यावरील सीआरजेड ३ क्षेत्रामध्ये अनिथकृत बेकायदेशीर बंगला पाडला





२४४महिलातस्यक्षणानकः

A SECTION AS PORTED TO SECTION AS PARTY

२४ हर अधिक घोटाळ्याची ई डी. सी बी आय. आयकर, पोलीसद्वारा चोकंशी सुरु

र् १८ प्रकरणात त्यायालयः लोकायकतः NGT ग्रीन प्राधिकरणः, मानव अधिकार आयोगः, पोलीस प्राधिकरणः....सनावणी सरू

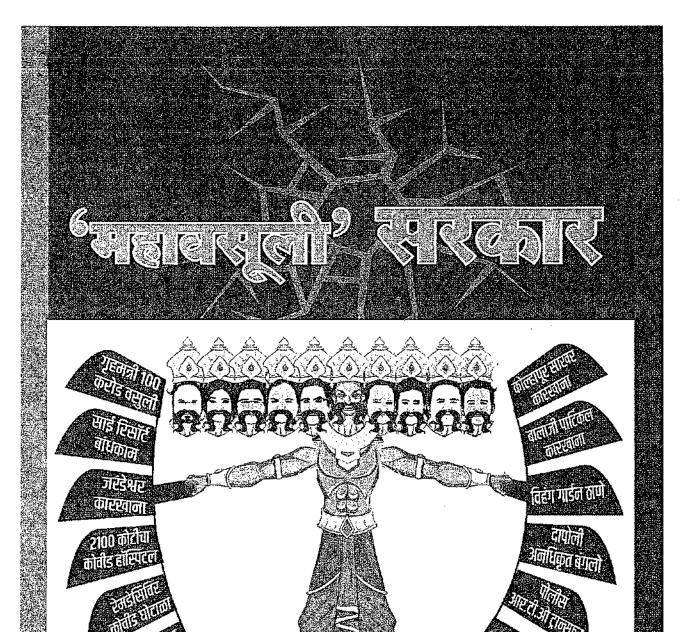


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गेल्या २७ महिन्यात ठाकरे सरकारचे २ डझनहून अधिक मंत्री / नेते / अधिकारी घोटाळ्यात सापडले आहेत. हे घोटाळे उघडकीस आले, पुराष्यांसह विभिन्न यंत्रणेमार्फत त्याचा पाठपुरावा ही सुरु आहे. इन्कमटॅक्स, प्रवर्तन निदेशालय (ED), न्यायालय, लोकायुक्त, विभिन्न प्राधिकरण, सहकार मंत्रालय, आर्थिक गुन्हे अन्वेषण विभाग (EOW), कंपनी मंत्रालय अशा विभिन्न तपास यंत्रणेद्वारा तपास सुरु आहे, अनेकांवर कारवाई सुद्धा झाली आहे.

- मंत्री अनिल देशमुख वसूली व मनी लाँडरींग
- संजय राऊत रू.५५ लाख घोटाळा
- ्रमुख्यमंत्यांचे सचिव मिलिंट नार्वेकर यांचा अनचिकृत बंगला
- ेमंत्री हसन मुश्रीफ रु.१५००० कोटी जयोस्तृते कंपनी घोटाळा
- ेशिवसेना नेते श्री. आनंद अडसूळ सिटी बँक घोटाळा
- .पोलीस अधिकारी/ शिवसेना प्रवक्ते सचिन वाझे– वसूली कांड
- 'शिवसेनेचे नेते/ पोलीस अधिकारी श्री. प्रटीप शर्मा— वसुली कांड
- पोलीस आयुक्त श्री. परमबीर सिंह- फरार
- उपमुख्यमंत्री अजित पवार मित्र परिवार रु.१०५० कोटी बेनामी
- १०. शिवसेनेचे नेते आमदार प्रताप सरनाईक अनेक घोटाळे
- ११. मंत्री अनित परब अनिवकृत रिसॉर्ट
- १२. खासदार भावना गवळी रु. १०० कोटी घोटाळा
- १३. ठाकरे सरकार/ बृहन्मुंबई महानगरपालिका रु २.५५ कोटींची दहिसर येथील जमिन र. ९०० कोटीमध्ये घेण्याचा घोटाळा
- १४. कोविड रेमडेसिवीर घोटाळा

- १५. मुंबई महानगरपालिका १ कोटी कोविड वॅक्सिन (लस) जागतिक निविदा घोटाळा
- १६. मुंबई महानगरपालिका/ पालक मंत्री कोविड ऑक्सिजन टॅंक/ टाकी
- १७. मुंबई महानगरपालिका/ मुख्यमंत्री कार्यालय " ५००० खाटांचे कोविड हॉस्पिटल रु. २१०० कोटींचा घोटाळा"
- १८. शिवसेना नेते रविंद्र वायकर व भागिदार यांचा कोर्लर्ड, अलिबाग जमिन/ बंगले चोटाळा
- १९. मंनी जितेंद्र आव्हाड व पोलिसांद्रारा ठाणे येथील करमुसे अपहरण, मारहाण
- २०. नांदेड धर्माबाद येथील सहकारी पतसंस्था १२५० शेतकार्यांच्या नावे करोडो रुपयांचे बेनामी आर्थिक व्यवहार, रु २३५ कोटी कर्ज घोटाळा
- २१. अर्जुन खोतकर मिल परिवार/ भागिदार बेनामी व्यवहार जालना साखर कारखाना चोटाळा
- २२. लातुर बालाघाट, प्रियदर्शनी, जागृती कारखाना अपारदर्शक आर्थिक व्यवहार घोटाळा
- २३. जरंडेश्वर साखर कारखाना घोटाळा
- २४. पुणे येथील वक्फ बोर्ड जमिन घोटाळा

शेखल्यारा <u>भाग्यास</u>हा≅

- े केंद्र सरकार, राज्य सरकार, मंत्रालयात पाठपुरावा
- मुंबई उच्च न्यायालयात १ + १ याचिका
- लोकायुक्तोकडे ७ याचिका (सुनावणी सुरु)
- मानव अधिकार आयोग ३ याचिका
- पोलिस प्राधिकरण २ याचिका
- नॅश्वनल ग्रीन ट्रिक्युनल (NGT) १ याचिका
- TRAI मध्ये १ याचिका
- अनुसूचित जाती आयोगमध्ये १ याचिका
- महिला आयोगाकडे १ याचिका

क्वित/धरिकारीस्प्राध्यस्त्र/देत

- गृहमंत्रीअनिल देशमुख जैल मध्ये
- आनंद अइसूळ ईंडीद्वारा अटक, हॉस्पिटल मध्ये भरती
- मंत्री जितेंद्र आव्हाड अटक व जामिनावर सुटका
- शिवसेना उमेदवार प्रदिप शर्मा (पोलिस अधिकारी) जेल मध्ये
- शिवसेना प्रवक्ते पोलिस API सचिन वाझे जेल मध्ये
- मुंबई पोलिस आयुक्त श्री. परमबीर सिंह फरार

















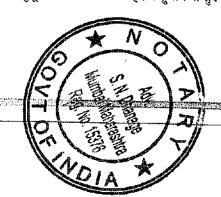
इकडे तिकडे चोही कडे..... घोटाळेच घोटाळे महिन्याची रु. १०० कोटीची वसूली ते मनसुख हिरेन हत्या

- १. मंत्री श्री. अनिल देशमुख जेल मध्ये महिन्याची १०० कोटींची वसुली, १०० हून अधिक कोटींचे मनी लॉडरिंग, बेनामी संपत्ती.....
- २. श्री. संजय राऊत वांना भ्रष्ट पद्धतीने आलेले रु. ५५ लाख ईडीला परत दावे लागले.
 - "चोरी का माल वापस करना पडा"
 - पीएमसी बँक एचडीआयएल प्रवीण राऊतकडून हे ५५ लाख रुपये श्री. संजय राऊत परिवाराच्या खात्पात आले होते.
- ३. मुख्यमंत्री उद्भव ठाकरे यांचे सचिव श्री. मिलिंद नार्वेकर दापोली येथे समुद्र किनाऱ्यावर अनिधकृत बेकायदेशीर बंगला बांधत होते. आम्ही आक्षेप घेतला. भारत सरकारच्या पर्यावरण मंतालयाच्या टीमने भेट दिली. श्री. मिलिंद नार्वेकर यांनी स्वतः तो बंगला पाडला.
- ४. राष्ट्रवादी काँग्रेसचे मंत्री श्री. हसन मुश्रीफ यांनी रु. १५,००० कोटींचे त्यांच्याच ग्रामविकास खात्याचे कंताट आपल्याच कुटुंबाच्या जयोस्तुते मॅनेजमेंट प्रा. ति, कंपनीला दिले. आम्ही हा विषय मांडला अखेरीस ठाकरे सरकारलाहा कॉन्ट्रक्टरद्द करावा लागला.
- ५. शिवसेना नेते माजी खासदार श्री. आनंद अडसूळ सीटी को-ऑपरेटीव्ह बँकेच्या घोटाळ्यात गुंतले आहेत (रू. ९२० कोटी). त्यांना ईडीने अटक केली पण लगेचचत्यांना रुग्णालयात दाखल करून च्यावे लागले.
- ६. निलंबित पोलीस अधिकारी व शिवसेना प्रवक्ते श्री. सचिन वाझे यांना ठाकरे सरकारनी परत नोकरीत घेतले. वाझेला ५० कोटी रुपयांच्या वसूलीची धमकी व मनसूख हिरेनच्या हत्या बद्दल वाझेची अटक झाली, ते सध्या तुरुंगात आहेत.
- ७. शिवसेनेचे २०१९ विधानसभा निवडणुकीतील उमेदवार श्री. प्रदिप शर्मा यांना ही नोकरीत परत घेण्यात आले वसुली व सुपारी घेऊन हत्याप्रकरणात ते ही तुरुंगात आहेत.
- ८. ठाकरे सरकारने श्री. परमबीरसिंह यांची मुंबई पोलिस आयुक्त म्हणून नियुक्ती केली व आता त्याच परमबीर सिंह वर ठाकरे सरकारने डझनभर खंडणीचे गुन्हे दाखल केले आहेत, परमबीर सिंह सध्या फरार आहेत.
- ९. उपमुख्यमंत्री श्री. अजित पवार अर्थमंत्री असताना ते महाराष्ट्र राज्य सहकारी बँकेचे सर्वेसर्वा होते. त्यांनी जरंडेश्वर साखर कारखाना बेनामी पद्धतीने आपल्याच एका कंपनीच्या ताब्यात आणला, बळकावला. ईडीने जरंडेश्वर साखर कारखाना नुकताच जप्त केला आहे.
- १०. ईडी व आयकर खात्याची **श्री. अजित पवार, मिन्न, परिवार, कंपन्यांवर** १९ दिवस धाडीचालल्या. रु. १०५० कोटींची बेनामी संपत्ती बाहेर आली.
- ११. शिवसेनेचे नेते व प्रवक्ते आ. प्रताप सरनाईक यांनी एनएसईएल गैरव्यवहातील ३५ कोटी रुपये बळकावल्याचे आढळले. त्यांनी टिटवाळा येथे ७८ एकर जमीन खरेदी केली व ती ईडीने जप्त केली आहे.
- १२. **श्री. प्रताप सरनाईक यांनी** त्यांच्या विहंग गार्डन बिल्डिंग प्रकल्पामध्ये बेकायदेशीरपणे पाच मजले बांचले आहेत. त्यांना २१ कोटी रुपये दंड भरण्यास सांगण्यात आले आहे. हा गैरव्यवहार आम्ही उचडकीस आणला आहे. लोकायुक्तांसमोर सुनावणी चालू आहे.





- १३. शिवसेनेचे मंत्री श्री. अनिल परब / सहकारी यांचे बांद्रा पूर्व, मुंबई येथील म्हाडा इमारतीमधील कार्यालय बेकायदेशीर असल्याचे आढळले. लोकायुक्तांनी ते पाडण्याचे आदेश दिले.
- १४. श्री. अनिल परव यांनी कोरोनाच्या कालावधीत दापोली येथे समुद्रिकनाऱ्यावर एक अनिधकृत पंचतारांकित रिसॉर्ट बांधले. आम्ही हा गैरव्यवहार उच्ड केला. अखेरीस महाराष्ट्र सरकारला अनिल परब यांचे रिसॉर्ट पाडण्याचा आदेश देणे भाग पडले आहे. सच्या लोकायुक्तांसमोर सुनावणी चालू आहे.
- १५. शिवसेनेच्या **खा.** भावना गवळी या रु. १०० कोटींच्या गैरव्यवहारात गुंतल्याचे आढळले आहे. त्यांचे भागीदार आणि सहकारी श्री. सईद खान यांना एक महिन्यापूर्वी अटक केली असून ते तुरुंगात आहेत. भावना गवळी यांच्या विरोधात कठोर कारवाई अपेक्षित आहे.
- १६. मुंबई महानगरपालिका २१०० कोटी रुपयांच्या कोविड रुग्णालय गैरव्यवहारात गुतलेली आढळली आहे. ठाकरे सरकारने ही जमीन ६ ऑक्टोबर २०२० रोजी एका बिल्डरला ६२ कोटी रुपयांना मालकी हक्काने हस्तांतरित केली. ताबडतोब काही तासात मुंबई महानगरपालिकेने हीच जमीन त्या बिल्डरकडून २१०० कोटी रुपयांना खरेदी करण्याची तयारी दर्शविली, लोकायुक्तांसमीर झालेल्या सुनावणीत ठाकरे सरकारने आणि मुंबई महानगरपालिकेने मान्य केले की अपारदर्शीपणे व्यवहार झाला आणि कंताट रह केले.
- १७. शिवसेना, मुंबई महानगरपालिका यांनी जागतिक टेंडर काढून एक कोटी कोरोना व्हॅक्सिन खरेदी करण्याची घोषणा केली. या जागतिक टेंडरसाठी जे अकरा प्रस्ताव आले होते ते सर्व संशयास्पद प्रस्ताव होते. मुख्यमंत्री श्री. उद्भव ठाकरे यांना, मुंबई महानगरपालिकेला सर्व प्रस्ताव फेटाळणे भाग पडले आणि एक कोटी व्हॅक्सिन्ससाठीचे संशयास्पद जागतिक टेंडरही रह करावे लागले.
- १८. ठाकरे सरकारचा रेमडेसिन्हीर घोटाळा हाफकीन इन्स्टिट्यूटने ५२,००० रेमडिसिव्हर इंजेक्शनची खरेटी प्रत्येकी ६६८ रुपयांना केली. त्याच वेळी मुंबई महानगरपालिकेने प्रत्येकी १,६६८ रुपयांनी ७२,००० रेमडिसिव्हिर इंजेक्शन घेतले. एकाच कालावधीत हाफकीन इन्स्टिट्यूट या राज्य सरकारच्या संस्थेकडून रेमडिसिव्हरची प्रत्येकी ६६८ रुपये दराने खरेदी आणि मुंबई महानगरपालिकेकडून प्रत्येकी १,६६८ रुपये दराने.
- १९. शिवसेना पक्षप्रमुख श्री. उद्भव ठाकरे यांनी २८ नोव्हेंबर २०१९ रोजी मुख्यमंत्रिपदाची शपथ घेतली. मुंबई महानगरपालिकेने दुसऱ्याच दिवशी २९ नोव्हेंबर २०१९ रोजी अल्पेश अजमेरा बिल्डर्सकडून १०० कोटी रुपयांना जमीन खरेदी केली आणि ३४९ कोटी रुपये दिले सुद्धा. बिल्डरने ही जमीन २ कोटी ५५ लाख रुपयांना खरेदी केली होती.
- २०. शिवसेना नेते श्री. रविंद्र वायकर आणि भागीदार यांनी कै. अन्वय नाईक यांच्याकडून जमीन आणि त्याच जमिनीवरील संशयास्पद १९ बंगलेही खरेदी केले. आम्ही हा विषय उपस्थित केला, घोटाळा उचड केला. अखेरीस घोटाळा सिद्ध झाला.
- २१. श्री अनंत करमुसे यांचे त्यांच्या घरातून राही साडेअकरा वाजता मंही श्री. जितेंद्र आव्हाड व पोलिस सुरक्षा रक्षकांनी अपहरण केले होते. गेले १५ महिने अनंत करमुसे उच्च न्यायालयात न्याय मिळण्यासाठी धडपडत होते. काही दिवसांपूर्वी आव्हाड यांना अटक करण्यात आली आणि नंतर त्यांची जामीनावर मुक्तता करण्यात आली.
- २२. मुंबईच्या महापीर श्रीमती किशोरी पेडणेकर यांनी वरळी येथील गोमाता जनता एसआरएस सोसायटी मध्ये अर्था डझनहून अधिक गरिबांचे / लाभार्थींचे गाळे अनिषकृतिरत्या स्वत:च्या ताब्यात घेतले आहेत. फोर्जरी ही केली आहे बनावटी / खोट्या सह्या व कागदपत्रांद्वारा हे गाळे ताब्यात घेतल्याचे पुरावे ही न्यायालयात सुपूर्त करण्यात आले आहेत व सुनावणी सुरु आहे.



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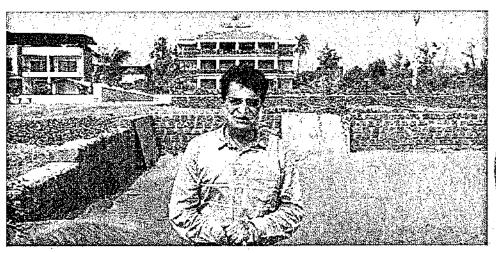
ठाकरे सरकारचे मंत्री श्री अनिल परब यांनी मौजे मुरुड ता. दापोली येथे अनिधकृत साई रिसॉर्ट बायला आहे त्या संबंधात भाजपा नेते डॉ. किरीट सोमैया यांनी महामहीम राज्यपाल यांच्याकडे तक्रार केली होती, डॉ. सोमैयां समवेत खा. श्री गोपाळ शेट्टी, आमदार श्री मिहिर कोटेचा, आमदार श्री राम कदम, श्री राहुल नार्वेकर, श्री संजय उपाध्याय हे राज्यपालांना भेटले होते.

राज्यपालांनी याची चौकशी करण्याची सूचना लोकायुक्त यांना केली होती / आहे.

महाराष्ट्राचे लोकायुक्त जस्टिस विद्यासागर कानडे यांच्याकडे या याचिकेची सुनावणी सुरू झाली आहे. लोकायुक्त यांनी श्री किरीट सोमैया यांनाही या सुनावणीच्या वेळी बोलावले होते. 5 ऑक्टोबर रोजी लोकायुक्तांकडे सुनावणी झाली.

- 1. लोकायुक्त यांनी या याचिके संबंधी आंतरिम निर्देश सुनावणी दरम्यान दिले ज्यात, या रिसॉर्ट मध्ये झालेल्या फोर्जरी, फ्रॉड संबंधात चौकशी साठी महाराष्ट्राचे गृह सचिवांना 7 डिसेंबरला इजर राहाण्याचे निर्देश दिले.
- 2. महाराष्ट्र पर्वावरण मंत्रालय व महाराष्ट्र सागरी किनारा प्राधिकरण यांना सुद्धा पुढच्या सुनावणी दरम्यान हजर राहण्यास सांगितले आहे.
- 3. सुनावणीत महाराष्ट्र सरकारच्या वतीने हा रिसॉर्ट अनिधकृत असल्याचे मान्य करण्यात आले आहे.
- 4. महाराष्ट्र सरकारच्या वतीने महाराष्ट्राचे अतिरिक्त सचिव श्री नितीन करीर यांनी लोकायुक्तांकडे निवेदन करताना जी अकृषिक परवानगी घेतली गेली त्यात बनावट पद्धतीने फसवणूक केली गेल्याचे सांगितले.
- 5. पर्यावरण मंत्रालयाने सुद्धा हा रिसॉर्ट CRZ च्या प्रतिबंधीत क्षेत्रात (no development zone) बांधला आहे व तो तोडावाच लागणार असे म्हंटले.
- 6. अश्या प्रकारे फसवणूक, घोटाळा करून अकृषिक परवानगी देण्यात आली त्या अधिकाऱ्यांविरुद्ध चाँकशी चे आंदेश महाराष्ट्र सरकारने दिले आहेत.

श्री अनिल परबांचा रिसॉर्ट अनिधकृत आहे हे आता ठाकरे सरकारनेच मान्य केले आहे, हा रिसॉर्ट ताबडतोब तोडावा व अनिल परबांची मंत्रिमंडळातून त्वरित हकालपट्टी करावी अशी मागणी भाजपा नेते डॉ. किरीट सोमैया यांनी केली आहे.





ठाकरे सरकारचे मंत्री श्री अनिल परब यांनी मौजे मुरुड, ता. दापोली, जि. रत्नागिरी येथे अनधिकृत साई रिसॉर्ट बांधले आहे त्या विरोधात भाजपा नेते डॉ किरीट सोमैया यांनी नॅशनल ग्रीन ट्रिब्यूनल (NGT) येथे याचिका दाखल केली आहे.

नॅशनल ग्रीन ट्रिब्यूनलने २९ सप्टेंबर २०२१ च्या सुनावणी दरम्यान श्री अनिल परब, श्री सदानंद कदम, श्री विभास साठे यांच्या बिरुद्ध नोटीस जारी करण्याचे निर्देश दिले आहेत. त्या प्रमाणे श्री अनिल परब, श्री सदानंद कदम आणि श्री विभास साठे यांना या संबंधीची नोटीस जारी करण्यात आली आहे.

या अनिधकृत रिसॉर्टची मालकी कोणाची?

याचिकाकर्ते डॉ. किरीट सोमैया यांनी हा रिसॉर्ट अनिधकृतरीत्या श्री अनिल परब यांनी बांधला. ही जागा श्री बिभास साठे यांच्याकडून श्री अनिल परव यांनी विकत घेतली. श्री विभास साठे यांनी किंवा त्यांच्या नावाने खाडाखोड (फोर्जरी) करून अकृषिक परवाना घेण्यात आला. तसेच हा अनिधकृत रिसॉर्ट श्री सदानंद कदम यांनी विकत घेतला असे आपल्या याचिकेत म्हटले आहे.

श्री अनिल परब, श्री सदानंद कदम आणि श्री विभास साठे यांना या संबंधात नोटीस जारी करण्यात आल्या आहेत, पुढची सुनावणी २५ नोव्हेंबर २०२१ ला होणार. BEFORE THE NATIONAL GREEN TRIBUNAL, WESTERN ZONE BENCH, PUNE

Original Application No. 58/2021 (WZ) I.A. No. 73/2021 (WZ)

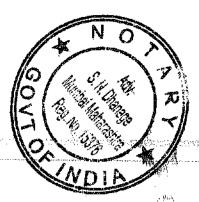
> Dr. Kirit Somaiya V/s. State Of Maharashtra & Ors.

To

Shri Anil Dattatray Parab Proposed Respondent No. 6
Transport Minister, Govt. Of Maharashtra
Ravi Kiran 58/2625, Gandhi Nagar,
Near Bank Of Maharashtra, Bandra (E), Mumbai- 400051
[9820413505; aniidattatra/@gmail.com]

NOTICE

- 1. The above titled Original Application is posted for admission on 25.11, 2021 at 10.30 AM through Video Conferencing before The National Green Tribunal, Western Zone Bench, Pune.
- Picase note that you shall make yourself available, or represent through authorized legal representative, on the date and place indicated herein above, in default, the said Application will be heard and determined in your absence.
- 3. Given under my hand and the scal of this Tribunal, this the 05.10.2021.



Assistant Registrar, NG

Encl: Compilation 1 & II along with the order

(For Orders, Cause Lists & other information, please visit on a cliente gangeroutelmnation in



राष्ट्रवादी काँग्रेसचे मंत्री श्री. हसन मुश्रीफ यांनी रु. १५,००० कोटींचे त्यांच्याच ग्रामविकास खात्याचे कंताट आपल्याच कुटुंबाच्या जयोस्तुते मॅनेजमेंट प्रा. लि. कंपनीला दिले. आम्ही हा विषय मांडला अखेरीस ठाकरे सरकारलाहा कॉन्ट्रक्ट रह करावा लागला.

नवभारत

भाजपा के आरोपों से डरी आघाड़ी सरकार

मुश्रीफ के दामाद का ठेका रह

 मृंबई, तबभागत न्युज नेटबर्क, भाजपा नेता एवं पूर्व सांसद किरीट सोमैया ने राज्य के ग्रामीण विकास मंत्री हसन मुश्रीफ पर एक बार फिर हमला बोला है. उन्होंने कहा कि कोरोना काल में जहां एक तरफ मुख्यमंत्री उद्भव ठाकरे ठाकरे सहित तमाम लोग घर में बैठे थे, वहीं दूसरी तरफ सरकार में बड़े पैमाने पर भ्रष्टाचार चल रहा था. सोमैया ने कहा कि शत-प्रतिशत मंत्रालय बंद होने के बावजद शरद पवार के शिष्य 15,000 करोड़ रुपये लूट रहे थे. भाजपा कार्यालय में आयोजित पत्रकार परिषद में सोमैया ने कहा कि हसन मुश्रीफ के दामाद मतीन मंगोली की जयोस्तृते मैनजमेंट कंपनी को दिया गया 1,500 करोड़ रुपये का ठेका आखिरकार रह कर दिया गया है.



परब पर भी साधा निशाना



समिया ने मुश्रीक के साथ ही

शिवसेना नेता और परिवहन मंत्री अनिल परब पर भी निशाना साधा है , उन्होंने बताया कि अनिल परब को नेशनल ग्रीन द्विखूनल के सामने पेश होने का आदेश दिया गया है .

संजय राऊत को चुनौती

सोमैया ने पिपरी-चिंचवड़ नगर निगम में कथित घोटाले के संबंध में संजय राऊत की तरफ से लिखे गए एक पत्र का भी जवाव दिया . उन्होंने कहा कि आपको जांच पड़ताल करने का अधिकार है . क्या मुख्यमंत्री पूछताछ नहीं कर सकते ? जांच करें कि घोटाला कहां हुआ, कार्रवाई करें, आपको कौन रोक रहा है ? अगर ईओंडब्ल्यू की बात है तो पूछने दीजिए.

■ सौमैया ने बताया कि 27,000 ग्राम पंचायतों के टीडीएस स्टिनें का भुगतान करने के लिए 10 वर्षों के लिए अनुबंध दिया गया था. कंपनी को मतीन ने 8 महीने पहले खरीदा था.

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राज्यातील ग्रामपंचायती, पंचायत समित्या व जिल्हा परिषदांमध्ये तसेच ग्रामविकास विभागाच्या अधिपत्याखालील इतर कार्यालयांमध्ये GST TDS, Income Tax वरील TDS/TCS तसेच Labour Cess, रॉयल्टी आणि इंन्द्रयुरन्स इत्यादी प्रकारच्या वजावटी यांचा भरणा/ रिटर्न्स भरण्यासाठी एजन्सीची निवड करणेबाबत.

महाराष्ट्र शासन ग्राम विकास विभाग

शासन निर्णय क्रमांक : संकीर्ण-२४२०/प्र.क्र.१९ /आपले सरकार कक्ष बांघकाम भवन,२५,मर्झबान पथ. फोर्ट,मुंबई-४००००१ दिनांक: १३ सप्टेंबर, २०२१

वाचा: १. ग्रामविकास विभाग शासन निर्णय क्रमांक संकिर्ण-२४२०/प्र.क. १९/आसक, दि.१० मार्च, २०२१

> २.ग्रामविकास विभाग शासन शुध्दीपत्रक क्रमांक संकिर्ण-२४२०/प्र.क्र.१९/आसक, दि.२९ जुलै, २०२१

> ३.ग्रामविकास विभाग शासन निर्णय क्रमांक संकिर्ण-२४२०/प्र.क्र.१९/आसक, दि.६ सप्टेंबर, २०२१



वित्त मंत्रालय, भारत सरकार यांची शासन अधिसुचना क्रमांक ५०/२०१८, दि. १३ सप्टेंबर, २०१८ तसेच त्या अनुषंगाने वित्त विभाग, महाराष्ट्र शासन यांनी दि.१८ सप्टेंबर, २०१८ रोजी काढलेली अधिसुचना आणि वित्त विभाग परिपत्रक क्रमांक: संकीर्ण-२०१८/प्र.क्र.१४४/२०१८/कोषा-५, दि. २८ सप्टेंबर, २०१८ अन्वये सर्व शासकीय, निम शासकीय संस्था, स्थानिक स्वराज्य संस्था, सार्वजनिक उपक्रमातील आस्थापनांना वस्तू व सेवा कर अधिनियमाखाली GST करावर २% TDS (१% CGST आणि १% SGST किंवा २% IGST) भरणे अनिवार्य आहे. त्याचप्रमाणे आयकर कायद्यातील तरतुदी नुसार आयकरावरील TDS/TCS भरणे अनिवार्य आहे. सदर TDS/TCS ची रक्कम शासनाने निर्धारीत केलेल्या वेळेपुवीं भरणे अनिवार्य आहे. अन्यथा, या

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देखील अद्याप कोणत्याही ग्रामपंचायतीने सदर ससंस्थेकडून काम करून घेण्यासाठी प्रतिसाद दिलेला नसल्याची बाब निदर्शनास आली. वास्तविक GST वा तत्सम करांचे रिटर्स भरण्यासाठी शासनाने ग्रामपंचायतींना प्रशिक्षित मनुष्यबळ उपलब्ध करून दिले होते. परंतु ग्रामपंचायती सदर संस्थेकडून काम करून घेण्यास इच्छुक नसतील तर त्यांना सक्ती करणे योग्य नसल्याने यासंदर्भात शासनाने घेतलेल्या निर्णयाचा पुनिविचार करण्याची बाब शासनाच्या विचाराधीन होती. शासन निर्णय:

राज्यातील ग्रामपंचायती, पंचायत समित्या व जिल्हा परिषदांमध्ये तसेच या विभागाच्या अधिनस्त इतर शासकीय कार्यालयांमध्ये GST TDS, Income Tax वरील TDS/TCS तसेच Labour Cess, रॉयल्टी आणि इंन्श्युरन्स इत्यादी प्रकारच्या वजावटी यांचा भरणा/ रिटर्स भरणेकरिता मे जयोस्तुते मॅनेजमेंट प्रा.िल. या संस्थेची निविदा प्रक्रियेद्वारे केलेली निवड रह करण्यात येत आहे.

2. यासंदर्भात शासनाने निर्गमित केलेला ग्रामविकास विभाग शासन निर्णय क्रमांक संकिर्ण-२४२०/प्र.क.१९/आसक, दि.१० मार्च, २०२१ व त्याअनुषंगाने निर्गमित केलेले शासन शुध्दीपत्रक दि.२९ जुलै, २०२१ आणि शासन निर्णय दि.६ सप्टेंबर, २०२१ रह करण्यात येत आहेत.

3. यासंदर्भात शासनाने में जयोस्तुते मॅनेजमेंट प्रा.लि. या संस्थेसोबत दि.३० मार्च, २०२१ रो केलेला करारनामा रह करण्यात येत आहे.

सदर शासन निर्णय महाराष्ट्र शासनाच्या <u>www.maharashtra.gov.in</u> या संकेतस्थळातूर उपलब्ध करण्यात आले असून त्याचा संकेताक २०२११०१४९३८३५२० असा आहे. हा आदेश डिजीटल स्वाक्षरीने साक्षांकित करुन काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने,

(प्रविण देविचंद जैन) उप सचिव, महाराष्ट्र शासन

प्रत.

- १. मा. राज्यपाल यांचे सचिव
- २. मा.मुख्यमंत्री यांचे प्रधान सचिव
- ३. मा. उप मुख्यमंत्री यांचे प्रधान सचिव
- ४. मा. सभापती विधान परिषद यांचे खाजगी सचिव
- ५. मा. अध्यक्ष विधानसभा यांचे खाजगी सचिव, विधानभवन मुंबई
- ६. मा. विरोधी पक्ष नेते विधान परिषद/ विधानसभा यांचे खाजगी सचिव, विधानभवन मुंबई
- ७. सर्व विधानमंडळ सदस्य, विधानभवन मुंबई
- ८. शासनाचे मुख्य सचिव

Dr. Kirit Somaiya

Chartered Accountant, Ph.D. Former Member of Parliament



Bharatiya Janata Party

कृपया प्रकाशनार्थ

दि. २१ ऑक्टोबर, २०२१

श्री हसन मुश्रीफ यांच्या जावयाला दिलेला १५०० कोटींचा कॉन्ट्रॅक्ट रद्द- डॉ. किरीट सोमैया

ठाकरे सरकारचे ग्राम विकास मंत्री श्री हसन मुश्रीफ यांनी आपल्या जावयाच्या जयोस्तूते मॅनेजमेंट प्रा. ति. कंपनीला १० वर्षांचा १७०० कोटींचा कॉन्ट्रॅक्ट दिला होता. महाराष्ट्रातील २७००० ग्राम पंचायतीचे TDS रिटर्न पुढच्या १० वर्षापर्यंतजयोस्तूते मॅनेजमेंट प्रा. ति. कंपनी फाइल करणार आणि त्यासाठी प्रत्येक ग्रामपंचायत ने सुमारे ५०,००० रुपये प्रती वर्षी द्यावयाचा हा कॉन्ट्रॅक्टहोता. दर वर्षी जयोस्तूते मॅनेजमॅट कंपनीला यातून १५०० रुपये आवक होणार होती.

भाजपा नेते डॉ. किरीट सोमैया यांनी या घोटाळे बाज कंपनीला घोटाळेबाज मंत्री श्री हसन मुश्रीफ अपारदर्शकरित्या १० मार्च २०२१ रोजी १० वर्षाचाकॉन्ट्रॅक्ट दिला हा बोटा ळा सप्टेंबर महिन्यात उघडकिस आणाला होता.जयोस्तूते मॅनेजमेंट प्रा. ति. कंपनीची स्थापना जरी २०१२-१३ मध्ये झाती असेल, परंतु श्री हसन मुश्रीफ यांचे जावईशी मतीन यांनी ही कंपनी ८ महिन्यापूर्वीच विकल घेतली. गेल्या ८ वर्षात या कंपनीची काहीही आवक नाही, व्यवसाय नाही.२०१९-२० ची उलाढाल (Turnover) शून्य.

कशा पद्धतीने हा घोटाळा करण्यात आला, कंपन्यांची लेयर उभी करून श्री हसन मुश्रीफ यांच्या जावयाची मालकी लपवण्याचा अट्टाहास श्री मुश्रीफ यांनी केला होता. काल ग्रामविकास मंत्रालयात माहिती अधिकार अंतर्गत डॉ. किरीट सोमैया यांनी या कॉन्ट्रॅक्ट दिलेल्या फाईलचे इन्स्पेक्शन, अवलोकन केलं त्यात धक्कादायक बाब उघडकीस आली आहें.

- 1. अशा पद्धतीने केंद्र सरकारने जोनिधी ग्रामपंचायतच्या खाल्यात जमा केला आहे तोलुटण्याचा डाव हा मे २०२० मध्ये रचण्यात आला.
- 2. ५ मे २०२० ला ग्रामविकास मंत्रातय, ग्रामविकास मंत्री यांनी अशा पद्धतीने सगळ्या ग्रामपंचायतींचा एका कंपनीला द्यावा व त्याच्या टेंडर प्रक्रियेचा प्रारंभ करावा असा निर्णय घेतला.
- 3. डॉ. किरीट सोमैया यांनी काल फाईल नोटिंग पाहिले त्यात आश्चर्याजनक बाब समोर आली की ५ मे २०२० ला हा निर्णय घेण्यात आला त्याचे फाईल नोटिंग्सग्रामविकास मंत्रालयाच्या फाईलीत उपलब्ध आहेत.
- 4. ज्यावेळी संपूर्ण महाराष्ट्र १००% लॉकडाऊन मध्ये होता, मंत्रालय, सरकारी कार्यालय, न्यायालय, मुख्यमंत्री सगळेच आपापल्या घरी बंद होते त्यावैळेला हा निर्णय करण्यात आला.
- १० मार्च २०२१ सा मृक्षीफ साहेबांनी आदेश देऊन जयोस्तूते मॅनेजमेंट प्रा. सि. कंपनी ला हा कॉन्ट्रॅक्ट देण्यात

भाजपा में हा घोटाळा बाहेर काढला प्रदेशाध्यक्ष श्री चंद्रकांत पाटील यांनी या संबंधी आक्षेप घेतला. ग्रामविकास मंशलय, भारत सरकार यांनी या संबंधी महाराष्ट्र सरकारकडून स्पष्टता मागविली.

आता १४ ऑक्टोबर २०२१ रोजी श्री प्रविण देविचंद जैन यो उपसचिवांच्या नावाने ग्रामविकास खात्याचे एक परिपत्रक हे सरकारी संकेतस्थळावर अपलोड करण्यात आली आहे त्यात १० मार्च २०२१ चा जयोस्त्ते मॅनेजमेंट प्रा. ति. कंपनीता देण्यात आलेला कॉन्ट्रॅक्ट स्द्द करण्यात येत आहे असे म्हंटले आहे.

१५०० कोटींचा हा ठाकरे सरकारचे मंत्री श्री हसन मुश्रीफ यांचा घोटाळा आता सिद्ध झाला आहे त्यांची ताबडतोब मंत्रीमंडळातून हकालपट्टी करावी अशी डॉ. किरीट सोमैया यांनी मागणी केली आहे.

(कार्यालय सचिव)

❷ kiritsomaiya@gmail.com ❷ www.kiritsomaiya.com ❷ KiritSomaiyaBJP ❷ @kiritsomaiya

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ठाकरे सरकारचे उपमुख्यमंत्री श्री. अजित पवार यांचे आर्थिक व्यवहार, उलाढाल आश्चर्य देणारीच आहे. पवारांचे मित्र, बिल्डरांकडून श्री. अजित पवार आणि त्यांच्या परिवाराच्या सदस्यांच्या खात्यात कोट्यावधी रुपयांची (शंभरहून अधिक) अपारदर्शक नामी व बेनामी आवक. पवार परिवाराचे जावई आणि अन्य सदस्यांच्या खात्यात कोट्यावधी रुपयांची ट्रान्सफर.

- 1. श्री. अजित पवार (स्वत:)
- 2. सौ. सुनेत्रा अजित पवार (पत्नी)
- 3. श्री. पार्थ अजित पवार (मुलगा)
- 4. श्रीमती आशाताई अनंतराव पवार (आई)
- 5. सी. विजया मोहन पाटील (बहीण)
- 6. श्री, मोहन पाटील (जावई)
- 7. सौ. नीता पाटील (बहीण)



गेली १९ दिवस इन्कम टॅक्स आता इंडी ची धाड, शोध (सर्च) सुरु आहेत. १,०५० कोटी रुपयांची बेनामी संपत्ती समोर आली आहे, त्याचबरोबर १८४ कोटी रुपयांची रोख रक्कम, दांगिने (ज्वेलरी), आर्थिक व्यवहारांचे कागदपत्र इ. इन्कम टॅक्सच्या हाती लागले.

जरंडेश्वर साखर कारखाना, दौंड साखर कारखाना, श्री. अंबालिका शुगर प्रा. लि. व अन्य कंपन्यांचे आर्थिक व्यवहार, तसेच श्री. अजित पवार मित्र परिवाराच्या, समूहाच्या विभिन्न कंपन्यांच्या बरोबरची हेराफेरी समोर येत आहे.

डझनावारी कंपन्यांचा आर्थिक व्यवहार अंतर्गत ट्रान्सफर हे बेनामी संपत्ती व मनी लॉड्रीगसाठी कंपनीची लेयर / शिडी तयार करणं, करोडो रूपयांची हेराफेरी.

श्री. अजित पवारांनी नामीबेनामी संपत्तीसाठी पवार परिवाराचे जावई श्री. मोहन पाटील यांचा ही उपयोग केलेला दिसत आहे. ईडी व इन्कम टॅक्सची चौकशी चालू आहे.



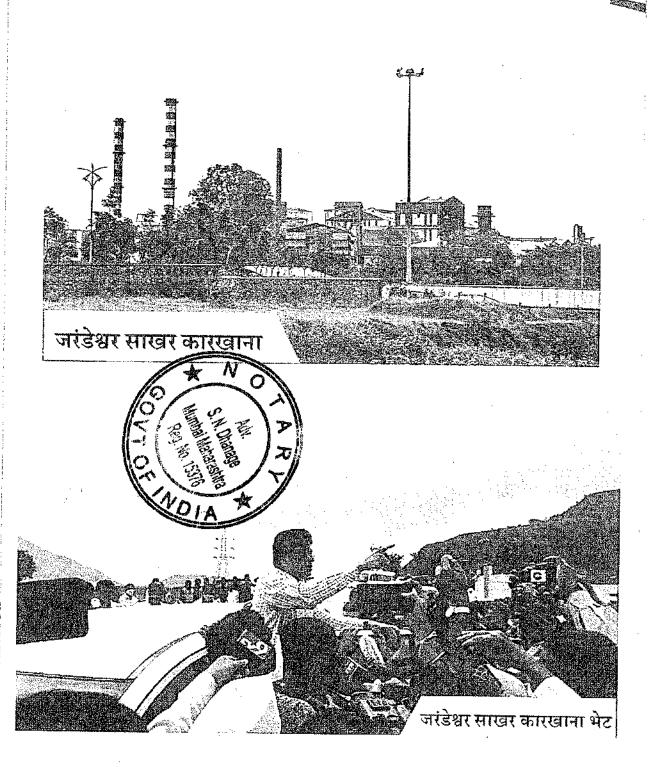
अजित पवार, मित्र परिवार घोटाळा

गुरू कमोडिटीजने स्पार्कलिंग सॉईल (अजित पवार), शिवालिक बिल्डर्स (विवेक जाधव), ओंकार रियल्टर्स (बाबुलाल वर्मा) यांच्या भागीदारीत जरडेश्वर साखर कारखाना विकत घेतला.

गुरू कमोडिटीजने जरंडेश्वर साखर कारखाना जरंडेश्वर शुगर मिल्स लिमिटेडला ४५ वर्षांच्या दीर्घ मुदतीच्या भाडेतत्त्वावर दिला.

जरंडेश्वर साखर कारखाना हा स्तरित कंपन्यांच्या मालकीचा आहे, ज्यांचे मालक आहेत...

- मोहन पाटील (अजित पवार यांची बहीण सौ. विजया पाटील यांचे पती)
- नीता पाटील
- सुनेत्रा पवार



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उद्धव ठाकरे यांनी २८ नोव्हेंबर रोजी मुख्यमंत्रीपदाची शपथ घेतली. ठाकरे सरकारने सत्तेवर आल्या आल्या कोणता निर्णय घेतला तर दहिसर येथील एका बिल्डरला ९०० कोटींची जमीन बहाल करण्याचा.

गेल्या १० वर्षांत दहिसर येथील ७ एकर जिमनीच्या खरेदीचा प्रस्ताव महिला गेला होता , मात्र तो स्वीकारला गेला नव्हता. निशल्प रिऍलिटी ने हा भुखंड खरेदी करण्याचा प्रस्ताव दिला होता.

या जागेवर १०० टक्के अतिक्रमणे आहेत. बृहन्मुंबई महानगरपालिकेने या जिमनीच्या खरेदीचा प्रस्ताव फेटाळून लावला होता. ही जमीन खरेदी करण्याचा प्रस्ताव म्हणजे बृहन्मुंबई महापालिकेची कोट्यवधींची उधळपट्टी करण्यासारखे आहे, असे स्पष्ट मत नींदिवले होते.

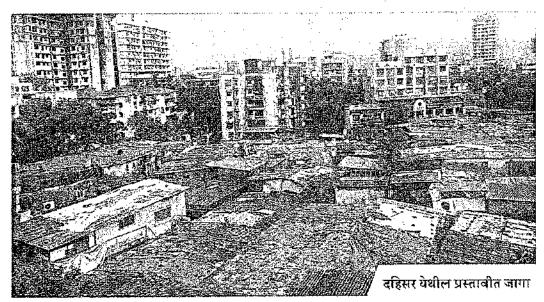
बृहन्मुंबई महानगरपालिकेचे त्यावेळचे आयुक्त प्रवीण परदेशी यांनी महापालिकेच्या सुधार समितीला पत्र पाठवून या जमिनीचा तरबा घेण्यास स्पष्ट विरोध दर्शविला होता.

२ नोव्हेंबर २०१९ रोजी महापालिकेच्या सुधार समितीने या भूखंडाच्या ताब्याचा प्रस्ताव मांडला होता.

मात्र परदेशी यांनी तो फेटाळला. निशल्प रिऍलिटी ने मांडलेला हा प्रस्ताव कसा अव्यवहार्य आहे आणि त्यामुळे तो फेटाळणे कसे आवश्यक आहे, याबाबतची सविस्तर टिप्पण्णी दिली होती.

- २ नोव्हेंबर रोजी झालेल्या सुधार समितीच्या बैठकीत या जागेची प्रत्यक्ष पाहणी करण्याचा प्रस्ताव मांडला.
- २८ नोव्हेंबर रोजी उद्धव ठाकरे यांनी मुख्यमंत्रीपदाची शपथ घेतली.

२९ नोव्हेंबर रोजी सुधार समितीची विविध विषयांवर चर्चा करण्यासाठी बैठक होणार होती. या बैठकीत दिहसर एकसर येथील भूखंडाच्या खरेदीचा विषय नव्हता. मात्र हा विषय तातडीचा विषय म्हणून हा भूखंड खरेदी विषय बैठकीच्या कार्यक्रमपत्रिकेत घुसडण्यात आला.





प्रवीण परदेशी यांनी महापालिका आयुक्त असताना या भूखंडाची किंमत ५४ कोटी च्या आसपास आहे, असे स्पष्ट मत नोंदविले होते.

१५ ऑक्टोबर २०१९ रोजी तत्कालीन आयुक्त प्रवीण परदेशी यांनी काढलेल्या सूचनापत्रकात, अशा कोणत्याही जागेचा ताबा कोणत्याही अडचणीविना मिळाला पाहिजे, असे मत नोंदविले होते.

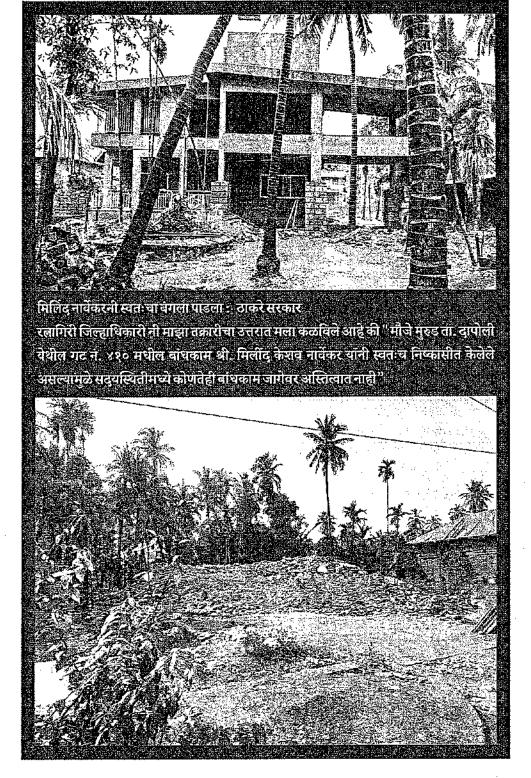
या भूखंडाचे मूल्य निर्धारण ३५४ कोटी करण्यात आले त्यावेळीही परदेशी यांनी त्यास तीव्र आक्षेप घेतला होता.

असे असताना ठाकरे सरकारकडून महापालिकेच्या वित्त विभागाला या भूखंडाच्या खरेदीपोटी ३४९ कोटी, १४ लाख १९ हैं।र १३ रु. इतकी रक्कम तातडीने देण्यात यावी, अशी सूचना देण्यात आली. बिल्डरकडून ५४ कोटी रु. चा भरणा अनामत कम म्हणून अगोदरच करण्यात आला होता. त्यामुळे १५ फेब्रुवारी २०२० रोजी उर्वरीत २९४ कोटी रु. चा मोबदला निशल्प ऍलिटी ला देण्यात आला.

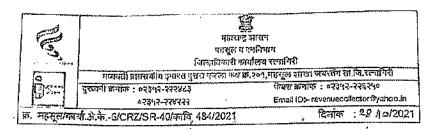
आता संबंधित बिल्डर या जागेचे ३४९ कोटी रु. हे मूल्यनिर्धारण चुकीचे आहे, असा दावा करीत आहे. या बिल्डरने नागपूर येथील महसूल न्यायाधिकरणाकडे अपील करून या भूखंडाची किमत ९०० कोटी रु . असल्याचा दावा केला आहे. या विल्डरने मुंबई महापालिकेकडे उर्वरीत ५५० कोटी रु. देण्याची मागणी केली आहे.

सदर भूखंडाची मी प्रत्यक्ष पाहणी केली असून या भूखंडावरील अतिक्रमणे हटविणे शक्य नाही असे माझे स्पष्ट मत बनले आहे.

राज्य सरकार आणि बृहन्मुंबई महापालिका २८ नोव्हेम्बर २०१९ पर्यंत अतिक्रमण असलेला हा भूखंड एवड्या चड्या किमतीत घेण्यास विरोध करीत होते. मात्र उद्धव ठाकरे मुख्यमंत्री झाल्यावर एका रात्रीत राज्य सरकारची आणि महापालिकेची भूमिका बदलली आणि ९०० कोटींच्या भूखंडाची भेट एका बिल्डरला देण्यात आली.







प्रति,

(4117)

डॉ. किरीट सोमैया माजी संसद सदस्य, रा. ९/सी, मीलम मगर, फेज-2, मुलुंड (पुर्व), मुंबई-400 081

विषय : मौजे मुन्ड ता. दापोली बेपील श्री. मिलींद नार्वेकर यांच्या अनिधकृत

वंगस्याचे बांधकामावावत .

संदर्भ : 1. आपना अर्ज क्र. KS/MUM/770/2021 दिलांक 26/06/2021

महोदय,

मींजे मुरुड ता. दापोली येथील स.मं. 410 मध्ये श्री. मिलिंद केशव नार्वेकर यांनी सीअन्स्नेड क्षेत्रमध्ये विनापरवाना बांधकाम केले असलेवाबत संदर्भीय तकार अर्ज या कार्यातयाकडे प्राप्त झाले आहेत. सदर तकार अर्जप्रकरणी उपविभागीय अधिकारी दापोली, उपविभाग दापोली यांचा चांकशी करण्यात आली असुन, उपविभागीय अधिकारी दापोली, उपविभाग दापोली यांचा चांकशी अहवाल दिनांक 22/09/2021 रोजीचे प्राप्तन्तये या कार्यात्मयाकडे प्राप्त झाला आहे.

उपिभागीय अधिकारी दापोली, उपिभाग दापोली यांच्या अहवालाचे अवलोकन केले असता भौजे मुरुड ता. दापोली येथील गट नं. 410 मधील बांधकाम श्री. मिलींद केशव नार्वकर बांनी स्वतःच निष्कासील केलेले असलेमुळे सदयस्थितीनध्ये कोणतेही बांधकाम जागेवर अस्तित्वात नाही. पहन वादातील बांधकान पुर्णतः निष्कासील झालेले आहे. सोवल उपविभागीय अधिकारी दापोली, विभाग दापोली बांच्या अहवालाची प्रत नाहितीस्तव सादर करणेल थेत आहे.

आपला विश्वास्,

मा. जिल्हाधिकारी रत्नागिरी यांच्या मान्यतेने

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. (संजय शिंदे) अपर जिल्हाधिकारी जिल्हाधिकारी कार्यालय रत्नागिरी

प्रत : कक्ष अधिकारी, महसूल द वनविभाग, महालय, मुख्य इमारत, पहिला मजला, मादाम कामा मार्ग, ह्ताहमा राजगुरु चौक, मुंबई-400 032 योजकडे माहितीसाठी सादर

Dr. Kirit Somaiya

Chartered Accountant, Ph.D Former Member of Parliament



Bharatiya Janata Party

कृपया प्रसिद्धीसाठी

मुंबई, 16 डिसेंबर 2020

श्री. प्रताप सरनाईकचे "विहंग गार्डन बी" बिल्डिंग्स् अनधिकृत -किरीट सोमैया

विहांग ग्रुप ऑफ़ बिल्डर्स ने बांधलेले विहंग गार्डन ठाणे, चे बी 1 आणि बी 2 अशा दोन इमारती, अनिधकृत असून कारवाई करण्याचे आदेश 2012 मध्ये देण्यात आले होते. ह्या दोन्ही बी 1 आणि बी 2 ला अजून पर्यंत वापर परवाना (Occupation Certificate OC) मिळाले नाही. ह्या इमारतीचे 9 ते 13 मजले अनिधकृत आहे आणि ताबडतोब तोडण्याचे आदेश ही, 2012 मध्ये देण्यात आले होते.

भाजप नेते डॉ. किरीट सोमैया यांनी माहिती अधिकारा खाली केलेल्या अर्जाच्या उत्तरात ठाणे महापालिकांनी त्यांना ही माहिती दिली आहे.

ज्याच्या अंतर्गत विहंग गार्डनच्या इमारत 'A' साठी वापर परवाना प्रदान करण्यात आलेला आहे. परंतु, B1 व B2 इमारतीसाठी कोणताही वापर परवाना (O.C.) देण्यात आले नाही.

यासंबंधात ठाणे महानगरपालिकेकडे श्री. प्रताप सरनाईक यांनी अपिल केल्यानंतर काही अटीवर अनिधकृत बांधकाम तोडण्याचे काम तात्पुरते थांबवण्यात आले. ठाणे महापालिकेचे तत्कालीन आयुक्तांनी एकमहिन्याची मुदत दिली होती त्याला आता ८ वर्षे झाली.

शिवसेना नेते श्री. प्रताप सरनाईक यांनी विहंग गार्डनच्या B1 व B2 तेरा मजली इमारतीचे अनिधकृत बांधकाम केले, यातील सदिनकेची विक्री करून प्रामाणिक मध्यमवर्गीय ग्राहकांची फसवणूक केली आहे, शिवसेनेच्या अखत्यारीतील ठाणे महापालिकेने श्री. प्रताप सरनाईकच्या या फसवणूकीला संरक्षण दिले आहे.

- डॉ. किरीट सोमैया यांनी या फसवणूकीच्या विरोधात, अनिधकृत बांधकामाच्या विरोधात श्री. प्रताप सरनाईक, विहंग ग्रुप ऑफ बिल्डर्सच्या विरोधात ताबडतोब कारवाई करावीअशी मागणी केली आहे.
- डॉ. सोमैया यांनी भाजपात ठाणे महापालिका गटाचे नेते श्री. संजय वागुले सोबत काल ठाणे महापालिकेच्या संबंधित अधिकाऱ्यांशी प्रत्यक्ष भेट घेतली. या अनधिकृत बांधकामा विरोधात आतापर्यंत कारवाई का नाही? यासंबंधी तक्रारही केली.
 - श्री. सोमैया व श्री. वागुले यांनी विहंग गार्डन या इमारतीची पण प्रत्यक्ष पाहणी केली.

या इमारतीत श्री. प्रताप सरनाईक यांचे कार्यालयही आहे, तसेच प्रताप सरनाईक यांचे घोटाळेबाज भागीदार श्री. अमित चंदोळे तेही या इमारतीत 12/13 व्या मजल्यावर राहत आहेत.

(सचिव)

🛮 kiritsomaíya@gmail.com 🖾 www.kiritsomaíya.com 💢 KiritSomaíyaBJP 💢 @kiritsomaíya

Neetam Nagar, Mulund, Mumbai-400 081 • Tel.: 022-21634152 • Mob.: 9869220027





शिवसेनेचे नेते व प्रवक्ते आ प्रवाप सन्ताईक यानी एनएसईएल गेरव्यवहातील ३५ कोटी रूपरे नळका वल्याचे आढळले. त्यांनी टिटवाळा येथे ७८ एकर जमीन खरेटी केली व ती ईंडीने जप्त केली आहे. श्री. प्रताए सरनाईक यांनी त्याच्या विह्या गार्डन विल्डिंग प्रकल्पामध्ये बेकायदेशीरपणे पाच मजले वाधने आहेत. त्यांना २१ कोटी रुपये दंड भरण्यासासागण्यात आले आहे. हा गैरव्यवहार आम्ही उघडकीस ्र आणला आहे. लोकायुक्तांसमार सनावणी चालु आहे.



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राश्चित्रं क्यानिक प्रश्नारके कारण विचारकारी व स्था विचान का पारणां र क्रमाणी है है। निर्माणमा कारणां क्रमाणी पार्टिन रेगाविकासने स्वामा क्षेत्रं रहे.

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वार प्रकार करता प्रदेश कुरहें कर संकार नहीं नोधित करता वेशका वार्य कर अग्र के पूर्व कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर कर कर के विकार कर कर के विकार कर कर के विकार कर कर के विकार कर के विकार कर कर के विकार कर कर के विकार कर के विकार कर के विकार कर कर के विकार कर कर के विकार कर के विकार कर



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Dr. Kirit Somaiya Chartered Accountant Ph.D Former Member of Parliament



Bharatiya Janata Party

कुपया प्रकाशनार्थ

वि. 10 जानेवारी, 2021

ED चांनी श्री.प्रताप सरनाईक यांच्या विहंग आस्था हौसिंग कंपनीच्या गुरवली, टिटवाळा येथील 1.12 जिमनी/मिळकतींचा तावा घेतला !!! - किरीट सोमैया

शिवसेना नेते थ्री. प्रताप सप्ताईक आणि श्री. मोहित अप्रवाल यांनी NSEL घोटाळवाचे ₹100 कोटी विहांग आस्था होसिंग कंपनी LLP मधे वळविले (divorted) होते. टिटवाळा येथील गुरवली गावात 112 जमिनी घेतल्या होत्या.

दि. 31 जानेवारी, 2014 रोजी प्रवर्तन निदेशालय (ED) यांनी या जिमनी संबंधी Attachment/जारीचे आदेश दिले होते. न्यायालयीन प्रक्रियेत ट्रिक्यूनल Tribunal ने त्याला मान्यता ही दिली होती/आहे.

आता या जिमनीचा प्रत्यक्ष वाबाही ED ने काल घेतला. श्री. प्रवाप सरनाईक यांचा असा एकशे वारा साव बारा (112, 7/12) एकंदर 78.27 एकर जिमनीचा ताबा काल ED ने घेतला. ED ने या जागेवर आपले बोर्डही लाक्ले आहेत.

"PMLA कायद्वातर्गंत या जमिनींचा कब्जा Directorate of Enforcement, Mumbai तर्फे घेण्यात आला आहे. Prevention of Money Laundering Act, 2002 च्या अंतर्गत या जमिनींचा ताजा अधिकृतिरत्या घेण्यात आला आहे. या जमिनींचर अतिक्रमण (Trespassing Prohibited) करण्यास बेदी आहे. या जमिनी संबंधी कोणींदी कोणत्याही प्रकारचा आर्थिक व्यवहार करण्यात येक नये बोर्ड ही ED अधिकारी योच्या आर्देशावरून लावण्यात आले आहे.

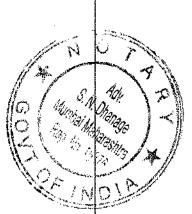
भाजप नेते थ्री. किरीट घोमैया यांनी एक महिन्यापूर्वी या जागेची भेट बेतली होती. थ्री, प्रताप सरनाईकच्या NESL घोटाळ्यातंतं या जमिनींवर ED ने अप्रीची नोटिस काढली होती. या जमिनींचे पाठच्या दारातून व्यवहार होत अस्रत्याची तकार डॉ. किरीट घोमैया यांनी ED कड़े केली होती. याचा भाग म्हणून ED ने आता या तकारी संवर्भात कारवाई करताना ED नेव जागेवा ताबाच घेतला आहे.

श्री. प्रठाप सरनाईकचे भागीदार श्री. मोहित अग्रवाल यांनी NSEL चा 250 कोटी रुपयांचा घोटाळा केला होता, त्यातले र 100 कोटी, ह्या विहाग आस्था कंपनी मधे, अशा जिमनी/मिळकती घेण्यासाठी वापरले होते. त्यामुळे ही जरीची कारवाई झाली आहे.

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श्री. अनंत करमुसे याचे त्यांच्या भरावत रातो साइंअकरा वाजता मंत्री श्री. जितेद्र आव्हाङ व पोलिस सुरक्षा रक्षकांनी अपहरण केले होते. गेले १५ महिने अनंत करमुसे उच्च न्यावालयात न्याय मिळण्यासाठी धडण्डत होते. काही दिवसापूर्वी आव्हाड यांना अटक करण्यात आली आणि नंतर त्याची जामीनावर मुक्तता करण्यात आली.

दिजयादशमीच्या हार्दिक गुभेच्छा

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आव्हाड याना अटक, सुटका

करमुसे मारहाणप्रकरणी गृहनिर्माणमंत्र्यांवर अखेर कारवाई

अधेपारं केलवुक पोस्टबस्प सिक्ति इतिनीक्षर अवेट करतुरे प्रांत आर्थन्य मराहरण्डकाची सुनिवर्णनर्स नितेष्ठ आशाह जना मुख्यारे परिस्तान भएक केली. स्थायानयाने आकाद यांना कानोत मंत्रु केसा असस्याचे महेंद्रती टाम्बर्प पोलन अधुक्त भवनीत सिंह

केंडवेंटर आसन गहफरे करमूसे र्थानी अञ्चाद योज्याविषयी आक्षेपाई फेसवुक येल केली होती. या रेस्टरना पेक्तिन करम्से खेन भाक्त वगहून सम्बंद बेडर्न आ**दा**ह पोच्या कार्यकातील जीवस्थाका हैले. तिये स्यांत १५ ते २० लगांनी बेदन रहाण केला होती, या महरहकारिया



नक्षर्यत प्रदेश होते. गुल्या वर्षी ५ एप्रिल ग्रेजी पहलेल्या क नदनेप्रकरणी वर्तकतम्बर प्रातिस ठाण्यात गुन्हा दाळाल भारण्यात अन्य होता, त्याबळी एप्रिल महिन्यत पेहिन्संत्रं पान आरोपीना अंदर्क केली होती, या प्रकरणात तीन पेड़ीन बांच्या अटक झालो होती. दोड रूपानितर या प्रकरणात महस्मिनांगमंत्री

लवकर सुनावणीच्या विनतीनंतर..

पेलिलांकडून जितेंद्र आव्हीं इ यांच्याविरोधात कारवाई होत नसल्याने अनंत करमुने याना और. अनिकृद मृनु पांच्यामार्डन मुंबई उच्च न्यव्यतवान प्रीवदारी रिट याचिका केली आहे, या सानिकेची दक्षल मेत उच्च न्यायालयाने साधान मानहाणीविषयोचे पुरावे अमलेले सर्व संबंधत सीसीटीदी पुटेन आणि कॉल रेकाईस उप्यातील न्यायदंडाविकारी न्यायालयात राग करण्याचे निर्देश मेरूका वर्षे २६ एप्रिल सेची वर्तक नगर पोलिसांना दिले होते. न्यनंतर आक्रांड यांच्या आवाजान्त्रं पोतित्वंकडे नम् केलेली ध्यनिकित ह अन्य समीक्षत्र पुरावे करमुसे यांनी यावयी जानेवाएँ महिन्सत प्रतिज्ञापत्रातीवत द्रश्य न्यायाल्यातही जमा करो. त्यानंतर यात्रस्नी प्रश्नवी सुनावणी झाली नक्षती. साव, बनही दिवार्जपूर्वीत करमुस यांनी याविषया संवकर सुनावणी देवण्याची विनंती करणार्यं अर्वे उच्चे न्यत्यालयात केला आहे. याच अस्त्यभूनीवर पेलिनाकडून से अटकेची कारखाई ज्ञाल्याचे बोलले जात आहे.

नितेद आव्हाड यांना गुरुवाच अटक आव्हाह स्वतः वर्तकानम्

न्यायानयाने त्याना जाभीन मजूर केला. पीलिस राज्यात हजर झाले. त्यानंतर ं दहा हजार रूपसंच्या जातमुख्लेक्सावर पंक्तिसंनी त्यांचा जवाब नोंदवून त्याना जामीन मंजूर करण्याद आला.

६६ वर्शनंतर शेवटी न्यायालयाने न्याय दिला. गृहनिर्माणमञ्जी जितेद्र आव्हाड यांना अटक करण्याचे आदेश दिले. ठाणे मोलिसानी त्योना अटक केली. अनंत करमुसेला न्याय मिळाला. आता अशा गुंड मंख्यांना मंत्रिमंडळात हेव नर्य. आम्ही ग्रज्यपालांकहे जितेर आव्हाड याची हकाल्पट्टी करण्याची मागणी करणार

- किरीट सोमया, भाजदवे नेते

मारहाणीच्या या प्रकरणापस्ये मुख्य सूत्रपाराला अटक कधी होणार, असा प्रश्न करत शालपनेही आव्हाड पांच्यांदर नेन घटला होता.



वः स्रकाल

'जरंडेश्वर' वा मालक कोण ?

» पान II वरून

तुम्हाला सात तासांमध्ये ८५ कोटींचे कर्ज कसे मिळाले. लवकरच हा घोटाळा समोर येणार आहे. मी पाच वक्तव्यासंदर्भात 'आता अजित प्रवार यांची नजर किसन वीर कारखान्यावर गेली आहे का?' असा प्रतिप्रधन करत श्री. सोमय्या यांनी थेट योलणे ज्ञान्त्र कोणत्याही कारखान्यासंदर्भात

जांडेश्वर'संबंधित कॅपन्यांचा अजित पवार याच्याशां सबध

(पान १ बरून) उपमुख्यमंत्री अजित प्रवार बांच्यासह खासदार सुप्रिया सुन्दे, सुख्यमंत्री ठद्धव ठाक्रे वसेच महाविकास आधार्डा सरकारमधील मंत्र्यांवर शरसंधान साधले.

सीनस्या महणाले, इपप्रोदेशिक परिचरन अधिकारी बजरंग फरमाट यांच्या मालमन्त्री पाहणी करण्यसाठी यारामतीत आली आहे. खरमाटे यांच्यासंबंधी युधवारी लोकापुध्यांगुढे झालेल्या सुरावणीत राज्य सरकारने खुलो चौकशी करणार ्राम रूपनी टाट्सल्या दंगल्यांची महिती कोणी दिला? मंत्रे अन्ति पत्य प्रत्यामंत्रधी शिवसनतील काही नेत्यांक इन महिती पुग्वली जाल असंन्याच्या आग्नावर एंग्यट्या म्हणाले, मला प्रामंबंधी प्रवली करम साध्याक इन महिता दिली गेली असेल, तर मंग रहमी बद्धव प्रमुख्य योच्या १९ बंगल्यांची महिती कोणी दिली, हेही आग्नेप करणाऱ्यांची दांगले

मेससं शिखातिक विरुद्धं, चरंदेश्वर शुगर मिल्स आ, लि, या सगळ्यांचा एकमेकांशी, आंजत प्रवार यांच्याशी संबंध व पृथिका आहे, असा आरंप कस्त्र स्टासी सोक्झो स्वाती, अशी प्रशाबर त्यांनी हा विषय राज्याच्या पर्यावरण खात्याचा आहे. मुख्यमंत्री ठडाव ठाकरे, पर्यावरणमंत्री आदित्य ठाकरे यांनी त्यान तक्ष यालावे, अव्योक्त मागणी त्यांनी केली.



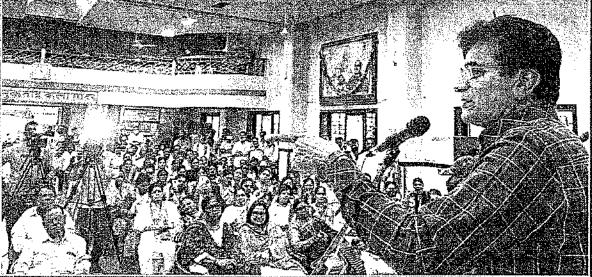
जरंडेश्वर साखर कारखाना चे सस्थापक शेतकऱ्या सोबत ई डी कार्यालयात तक्रार दाखल केली





Eldojojok

किर्वर योदीया व्याह्य कार्यका विवास







धारतीयं इन्तां पार्वे (क्र



N. Dhanage

Date: 11.01.2022

To,

Shri Bhagat Singh Koshyari

Governor of Maharashtra

Add: Raj Bhavan, Walkeshwar Road,

Malabar Hill, Mumbai-400035

Email: governor-mh@nic.in

Phone +91-22-23632660

Sub: Proceedings being initiated against Shri. Uddhav Thackery & Ors., on the basis of deemed sanction.

Ref: My earlier complaint dated 13th October, 2021, by way of mail on your official E-Mail.

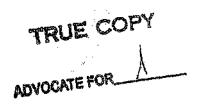
Hon'ble Sir.

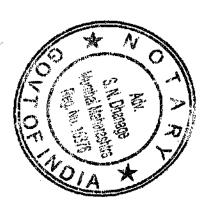
1. I had sent you the above referred complaint for prosecution against Shri. Uddhav Thackery, Chief Minister of Maharashtra & Ors. The name of accused are as under;

आरोपी: 1. श्री उद्धव ठाकरे मुख्यमंत्री महाराष्ट्र राज्य, मंत्रालय, मुंबई

2. श्री. अजित पवार उप- मुख्यमंत्री, महाराष्ट्र राज्य, मंत्रालय, मुंबई

3. श्री राजेश टोपे आरोग्य मंत्री , महाराष्ट्र राज्य, मंत्रालय, मुंबई





4. श्री आदित्य ठाकरे पर्यटन मंत्री, महाराष्ट्र राज्य, मंत्रालय, मुंबई

5. श्री. सीताराम कुंटे मुख्यसचिव, महाराष्ट्र राज्य, मंत्रालय, मुंबई

6. श्री इकबाल चहल आयुक्त, बृहमुंबई महानगरपालिका, मुंबई

7. श्री सुरेश काकाणी अतिरिक्त कमिशनर बृहमुंबई महानगरपालिका, मुंबई



2. My prayer was for granting me the sanction to prosecute Shri. Uddhav Thackery, Chief Minister of Maharashtra. The said prayer of my complaint reads thus;

"२०. विनंती: तरी आपणास नम्र विनंती की,

१) लस कंपन्यांना हजारो कोटींचा गैरफायदा पोहोचवण्यासाठी भारतीय संविधान केंद्र शासनाचे निर्देश व माननीय सर्वोच्च व उच्च न्यायालयाच्या आदेशाची अवमानना करून नागरिकांच्या मूलभूत अधिकारांचे उल्लंघन करणारे व त्यांच्या जिवाला धोका निर्माण करणारे असंवैधानिक व बेकायदेशीर गुन्ह्यात वर नमूद आरोपी व त्यांना सहकार्य करणारे इतर सर्व आरोपी यांच्याविरुद्ध भारतीय दंड विधान च्या कलम 109, 166, 167, 115, 52, 192, 193, 199,

200, 302,505, 304,120 (B), 34 आणी 'आपत्ति व्यवस्थापन कायदा 2005' चे कलम 51 (b), 55 आदी विविध गुन्ह्यांमध्ये फौजदारी कारवाई करण्याकरिता फौजदारी प्रक्रिया संहिता कलम 197 अंतर्गत परवानगी देण्यात यावी.

२) आरोपींना मुंबई महापालिकेच्या माध्यमाने बिल गेट्स व रॉकरफेलर फाऊंडेशन या संस्थाकडून लस कंपन्यांच्या फायद्याचे प्रकल्प राबविण्यासाठी मिळणारा निधी व आदित्य ठाकरे यांचे फार्मा मिफियासोबत संबंधाची चौकशी करण्याचे आदेश देण्यात यावे.

3) खोट्या, बनावट व शास्त्रीय आधार नसलेल्या गोष्टींच्या आधारे आरोपींनी राज्यात मास्क व इतर विविध निर्नंध व लॉकडाऊन थोपून नागरिकांच्या रोजगाराचे, वित्त व जिवीत्वाचे अतोनात नुकसान केल्यामुळे आरोपीविरुद्ध कठोर कारवाई करून आरोपींची मालमत्ता जप्त करून सर्व नागरिकांना नुकसान भरपाई देण्यासंबंधी कारवाईसाठी योग्य आदेश देण्यात यावे;

४) अर्जदाराच्या जीवाचे काही बरेवाईट झाल्यास सदरचा अर्ज हेच अर्जदाराचे मृत्यूपूर्व बयान समजण्यात येवून आरोपींना माझ्या मृत्यूस जबाबदार ठरवून त्यांच्याविरुद्ध हत्येचा कट रचून हत्या घडवून आणल्याची कारवाई करावी. आरोपींना जामीन न देता तुरुंगात ठेवून केस चालविण्यासाठी सीबीआय व इतर अधिकऱ्यांनी न्यायालयात अर्ज देण्याचे निर्देश द्यावेत.

५) अर्जदारास योग्य ते पोलिस संरक्षण पुरविण्याचे आदेश देण्यात यावेत. (A copy of complaint by sent by me dated 13.10.2021 marked and annexed herewith at Annexure "A")

- 3. That, since my prayer was not rejected within a period of 3 months, therefore I am going to proceed against Shri. Uddhav Thackery, Chief Minister of Maharashtra & Ors on the basis of deemed sanction.
- 4. That, my complaint was given on 13th October, 2021 by way of email and on 13th January, 2022 the period of 3 months will be over.

(A copy of Gmail receipt dated 13.10.2021 marked and annexed herewith at Annexure "B")

5. The directions issued by the Hon'ble Supreme Court (in para 81) in **Dr. Subramanaan Swamy Vs. Dr. Manmohan Singh and another, AIR 2012** SC 1185 are as under:

"81.....

- "(a) All proposals for sanction placed before any Sanctioning Authority, empowered to grant sanction for the prosecution of a public servant under Section 19 of the PC Act must be decided within a period of three months of the receipt of the proposal by the concerned authority.
- (b) Where consultation is required with the Attorney General or the Solicitor General or the Advocate General of the State, as the case may be, and the same is not possible within the three months mentioned in clause (a) above, an extension of one month period may be allowed. But the request for consultation 3 is to be sent in writing within the three months mentioned in (a) above. A copy of



the said request will be sent to the prosecuting agency or the private complainant to intimate them about the extension of the time limit.

(c) At the end of the extended period of time limit, if no decision is taken, sanction will be deemed to have been granted to the proposal for prosecution, and the prosecuting agency or the private complainant will proceed to file the chargesheet/complaint in the court to commence prosecution within 15 days of the expiry of the aforementioned time limit."

Also Relied on:

- (i) Vincet Narain Vs. Union of India, (1998) 1 SCC 226 (Three-Judge Bench)
- 6. In Shashikant Prasad Vs. The State Thru C.B.I. (2013) 83 ACC 215 it is ruled as under;

"Deemed Sanction ~Section 409,420,467,120(B) Etc., of IPC.

13. As such if Investigating Officer asked for grant of sanction from the Government, after expiry of time limit fixed as above, the prosecuting agency or complainant may ask the Trial Court to proceed in the matter on the basis of deemed sanction.

15. In view of the above facts and circumstances of the case and law propounded by the Apex Court no illegality or infirmity is found in impugned order passed by the Trial Court taking cognizance in the Natter to prosecute the accused person including petitioner.

this matter the Trial Court after discussing the merit of the court, proceeded to summon the petitioner and the learned Counsel or the petitioner has not argued on merit of the case and pressed only point of deemed sanction, so no finding is required to be

recorded by this Court at this stage on merit of the case; In view of the above, the petition sans merit and is dismissed."

7. Hence, on the basis of above law I am going to proceed against accused Shri. Uddhav Thackery, Chief Minister of Maharashtra & Ors treating on the basis of deemed sanction.

Place: Mumbai

Date: 11.01.2022

Yours truly

Rashid Khan Pathan



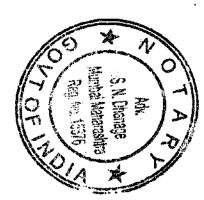
COMPLAINT AND APPLICATION UNDER SECTION 197 OF CR.P.C. FOR URGENT PERMISSION TO PROSECUTE ACCUSED.

दिनांकः १३.१०.२०२१

प्रति, माननीय श्री. भगतसिह कोश्यारी राज्यपाल, महाराष्ट्र राज्य, राजभवन, मुंबई – ४०००२३.

अर्जदार :		
	विरुद्ध	
आरोपी:	1. श्री उद्धव ठाकरे)
	मुख्यमंत्री महाराष्ट्र राज्य, मंत्रालय, मुंबई)
	2 . श्री. अजित पवार)
	उप- मुख्यमंत्री, महाराष्ट्र राज्य, मंत्रालय, मुंबई)
	3. श्री राजेश टोपे)
	आरोग्य मंत्री , महाराष्ट्र राज्य, मंत्रालय, मुंबई)
•		
	4. श्री आदित्य ठाकरे	.)
	पर्यटन मंत्री, महाराष्ट्र राज्य, मंत्रालय, मुंबई)

Page 1 of 32



5. श्री. सीताराम कुंटे	}
मुख्यसचिव, महाराष्ट्र राज्य, मंत्रालय, मुंबई)
6. श्री इकबाल चहल)
आ युक्त, बृहमुंबई महानगरपालिका, मुंबई)
•	
7. श्री सुरेश काकाणी)
अतिरिक्त कमिशनर)
बहमंबई महानगरपालिका, मंबई)



विषय: १) लस कंपन्यांना हजारों कोटींचा गैरफायदा पोहोचवण्यासाठी भारतीय संविधान, केंद्र शासनाचे निर्देश व माननीय सर्वोच्च व उच्च न्यायालयाच्या आदेशाची अवमानना करून नागरिकांच्या मूलभूत अधिकारांचे उल्लंघन करणारे व त्यांच्या जिवाला धोका निर्माण करणारे असंवैधानिक व बेकायदेशीर गुन्ह्यात वर नमूद आरोपी व त्यांना सहकार्य करणारे इतर सर्व आरोपी यांच्याविरुद्ध भारतीय दंड विधान च्या कलम 109, 166, 167, 115, 52, 192, 193, 199, 200, 302,505, 304 120(B), 34 आणी 'आपत्ति व्यवस्थापन कायदा 2005' चे कलम 51 (b), 55 आदी विविध गुन्ह्यांमध्ये फौजदारी कारवाई करण्याकरिता परवानगी मिळण्यासाठी फौजदारी प्रक्रिया संहिता कलम 197 अंतर्गत अर्ज.

- २) आरोपींना मुंबई महापालिकेच्या माध्यमाने बिल गेट्स व रॉकरफेलर फाऊंडेशन' या संस्थाकडून लस कंपन्यांच्या फायद्याचे प्रकल्प राब्विण्यासाठी मिळणारा निधी व आदित्य ठाकरे यांचे फार्मा मिफियासोबत संबंधाची चौकशी करण्याचे निर्देश देणेबाबत.
- 3) खोट्या, बनावट व शास्त्रीय आधार नसलेल्या गोष्टींच्या आधारे आरोपींनी राज्यात मास्क व इतर विविध निर्बंध व लॉकडाऊन थोपून नागरिकांच्या रोजगाराचे, वित्त व जिवीत्वाचे अतोनात नुकसान केल्यामुळे आरोपींविरुद्ध

कठोर कारवाई करून आरोपींची मालमत्ता जप्त करून सर्व नागरिकांना नुकसान भरपाई देण्यासंबंधी कारवाईसाठी योग्य आदेश देणेबाबत.

- ४) अर्जदाराच्या जीवाचे काही बरेवाईट झाल्यास सदरचा अर्ज हेच माझे मृत्यूपूर्व बयान समजण्यात येवून आरोपींना माझ्या मृत्यूस जबाबदार ठरवून त्यांच्याविरुद्ध हत्येचा कट रचून हत्या. घडवून आणल्याची कारवाई करावी. आरोपींना जामीन न देता तुरुंगात ठेवून केस चालविण्यासाठी सीबीआय व इतर अधिकन्यांनी न्यायालयात अर्ज देण्याचे निर्देश देणेबाबत.
- ५) अर्जदारास योग्य ते पोलिस संरक्षण पुरविण्याचे आदेश देणेबाबत.

माननीय महोदय,

TO THE WASHINGTON AND MANAGEMENT OF A CONTROL OF A CONTRO

- १. अर्जदार हा वरील ठिकाणाचा रहिवासी असून सामाजिक कार्यकर्ता आहे.
- २. सदर अर्जाद्वारे अर्जदार हा आरोपीविरुद्ध फौजदारी कारवाई करण्याकरिता आवश्यक ती परवानगी मागत असून फौजदारी प्रक्रिया संहिता चे कलम 197 नुसार आपण ती परवानगी व्वरित द्यावी ही विनंती करीत आहे.
- ३. सदरचा अर्ज हा खालील मुद्द्यावर आधारित आहे.

	क्रमांक	विषय	मुद्दा	पान
		,	क्रमांक	क्रमांक
	1.	रेल्वे, कार्यालय, आस्थापना अश्या विविध ठिकाणी लस	ų	દ્
		घेतलेले व न घेतलेल्या लोकांमध्ये भेदभाव करून त्यांच्या		
6		दैनंदिन व इतर रोजगारावर गदा आणून त्यांना तस घेण्यास		
12/3 22	₩	भाग पाडून त्यांच्या मूलभूत अधिकारांचे उल्लंघन करणे व		
日 《	$oldsymbol{\mathcal{X}}_{s}^{(i)}$	त्यांच्या जीव धोक्यात घालून तसीच्या दुष्परिणामामुळे		·
	~//	होणाऱ्या हत्येसाठी कारणीभूत ठरणे.		
WOIA	2.	कोरोना पासून बरे झालेल्या लोकांना सर्वात जास्त सुरक्षित	દ્	१२

,			
	मानून त्यांना सर्व नियमापासून मुक्त करून त्यांना लस		
	घेण्याची गरज नाही असे विविध शास्त्रज्ञ, डॉक्टर व तज्ञांनी		
	स्पष्ट केल्यानंतरसुद्धा ती बाब लपवून नैसर्गिक		
	प्रतिकारशक्ती असलेल्या लोकांना सुद्धा लस घेण्यासाठी		
	प्रत्यक्ष व अप्रत्यक्ष निर्देश देऊन व्हॅक्सीन माफियांना फायदा		
	पोहचविण्यासाठी केलेला गुन्हा उघड करणारे पुरावे.		
3.	आदित्य ठाकरे यांचा गुन्ह्यातील सहभाग बाबतचे पुरावे	ь	१७
4.	मास्कचा बेकायदेशीर निर्बंध आणून नागरिकांकडून खंडनी	6	१८
	उकळणे.		
5.	भ्रष्टाचाराची व्याप्ती लाखो कोटींमध्ये.	९	२०
6.	आरोपींनी कट रचून दाबलेले इतर प्रभावी उपचार:	१०	२१
	आयव्हरमेक्टीन, व्हिटामीन डी, नॅचरोपॅथी व उच्च		
	न्यायालयाने प्रमाणित केलेले Anandia आयुर्वेदिक औषध.		
	भ्रष्ट अधिकाऱ्यांचे बेताल व मूर्खांसारखे काही नियम	00	20
7.	अट जावपराचाव बतात व मूखासारख काहा विवस	११	२४
8.		१२	२५
	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास		
	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी		
8.	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत.	१२	રહ
	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत. लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु शकत नाही		
8.	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत. लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु शकत नाही त्यामुळे लक्षणे नसलेल्या लोकांची चाचणी करण्याची	१२	રહ
8.	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत. लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु शकत नाही त्यामुळे लक्षणे नसलेल्या लोकांची चाचणी करण्याची आवश्यकता नसल्याचे तज्ञांनी स्पष्ट केल्यानंतरही जनतेच्या	१२	રહ
8.	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत. लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु शकत नाही त्यामुळे लक्षणे नसलेल्या लोकांची चाचणी करण्याची आवश्यकता नसल्याचे तज्ञांनी स्पष्ट केल्यानंतरही जनतेच्या पैश्यांचा दुरुपयोग करुन त्या लोकांनी टेस्ट करण्याचे आदेश	१२	રહ
8.	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत. लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु शकत नाही त्यामुळे लक्षणे नसलेल्या लोकांची चाचणी करण्याची आवश्यकता नसल्याचे तज्ञांनी स्पष्ट केल्यानंतरही जनतेच्या	१२	રહ
8.	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत. लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु शकत नाही त्यामुळे लक्षणे नसलेल्या लोकांची चाचणी करण्याची आवश्यकता नसल्याचे तज्ञांनी स्पष्ट केल्यानंतरही जनतेच्या पैश्यांचा दुरुपयोग करुन त्या लोकांनी टेस्ट करण्याचे आदेश	१२	રહ
8.	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत. लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु शकत नाही त्यामुळे लक्षणे नसलेल्या लोकांची चाचणी करण्याची आवश्यकता नसल्याचे तज्ञांनी स्पष्ट केल्यानंतरही जनतेच्या पैश्यांचा दुरुपयोग करुन त्या लोकांनी टेस्ट करण्याचे आदेश देवून भा. द. वि. 409, 323, 220 आदी कलमांअंतर्गत गंभीर	१२	રહ
9.	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत. लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु शकत नाही त्यामुळे लक्षणे नसलेल्या लोकांची चाचणी करण्याची आवश्यकता नसल्याचे तज्ञांनी स्पष्ट केल्यानंतरही जनतेच्या पैश्यांचा दुरुपयोग करुन त्या लोकांनी टेस्ट करण्याचे आदेश देवून भा. द. वि. 409, 323, 220 आदी कलमांअंतर्गत गंभीर अपराध.	१३	२ ५
9.	भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत. लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु शकत नाही त्यामुळे लक्षणे नसलेल्या लोकांची चाचणी करण्याची आवश्यकता नसल्याचे तज्ञांनी स्पष्ट केल्यानंतरही जनतेच्या पैश्यांचा दुरुपयोग करुन त्या लोकांनी टेस्ट करण्याचे आदेश देवून भा. द. वि. 409, 323, 220 आदी कलमांअंतर्गत गंभीर अपराध. व्हॅक्सीन च्या दुष्परिणामामुळे आजपर्यंत एकूण 4956 इतक्या	१३	२ ५



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		आहेत.		
	11.	फौजदारी प्रक्रिया संहिताचे कलम १९७ नुसार आरोपीविरुद्ध	१५	२७
		कारवाईसाठी परवानगी बाबत कायद्यातील तरतूद.		
	12.	'साथरोग अधिनियम १८९७ (Epidemic Act.	१६	२८
		<u>1897)'</u> चे कलम २ व 'आपत्ती व्यवस्थापन कायदा,		
		२००५' चे कलम १२ व १३ नुसार नागरिकांना		
		लॉकडाऊन व इतर निर्बंध आणि उपाययोजनांमुळे		
		होणारी नुकसान भरपाई देणे बंधनकारक असतांना ती न		
		देता जनतेच्या रकमेचा अपहार करून लस व इतर		
		कंपन्यांच्या फायद्यासाठी गैरमार्गाचा अवलंब		
		केल्याप्रकरणी आरोपी क्रमांक १ उद्धव ठाकरे हे		
		भा.दं.वि. ४०९, ४२० इ. कलमांतर्गत दोषी आहेत.		
	13.	खोट्या, बनावट व शास्त्रीय आधार नसलेल्या गोष्टींच्या	१७	३१
		आधारे आरोपींनी राज्यात विविध निर्बंध व लॉकडाऊन थोपून		
		नागरिकांच्या रोजगाराचे, वित्त व जिवीत्वाचे अतोनात		
		नुकसान केल्यामुळे आरोपींविरुद्ध कठोर कारवाई करून		
		आरोपींची मालमत्ता जप्त करून सर्व नागरिकांना नुकसान		
		भरपाई देणे आवश्यक आहे.		
	14.	अर्जदाराने या आधी आरोपी मंत्री व अधिकाऱ्याविरुद्ध दाखल	१८	38
		याचिका व आरोप खरे ठरल्याचे पुरावे.		
	15.	विनंती.	२०	₹१
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४. देशात मार्च 2020 पासून कोरोना चा शिरकाव झाला असून त्यापासून बचाव करण्याच्या नावावर अनेक भ्रष्टाचार झाले असून कट रचून महाराष्ट्रातील अनेक नागरिकांची थंड डोक्याने हत्या करण्यात आली आहे व अनेक नागरिकांचा रोजगार हिरावून घेऊन कसेही करून व्यक्तिसन कंपन्यांचा हजारो कोटींचा फायदा कसा होईल यासाठी आरोपींनी पदाचा दुरुपयोग

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करून जनतेच्या निधीचा दुरुपयोग करून केलेल्या गंभीर गुन्ह्यांचे स्पष्ट पुरावे या तक्रारीसोबत दाखल करण्यात येत आहे.

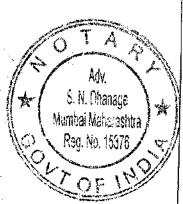
५. रेल्वे, कार्यालय, आस्थापना अश्या विविध ठिकाणी लस घेतलेले व न घेतलेल्या लोकांमध्ये भेदभाव करून त्यांच्या दैनंदिन व इतर रोजगारावर गदा आण्न त्यांना लस घेण्यास भाग पाइन त्यांच्या मूलभूत अधिकारांचे उल्लंघन करणे व त्यांच्या जीव धोक्यात घालून लसीच्या दुष्परिणामामुळे होणाऱ्या हत्येसाठी कारणीभूत ठरणे:-

५.१ केंद्र सरकारने व देशातील विविध न्यायालयांनी वेळोवेळी निर्णय देवून स्पष्ट कायदा ठरवून दिला आहे की कोरोना ची लस (वॅक्सीन) घेणाऱ्या व्यक्तीला सुद्धा पुन्हा कोरोनाची लागण होत्ज शकते व तो सुद्धा कोरोनाचा संसर्ग पसरवू शकतो त्यामुळे लस घेतलेल्या व्यक्तीला सुद्धा वॅक्सीन न घेतलेल्या व्यक्तीप्रमाणेच सर्व निर्बंध लागू राहतील. लस घेतलेल्या व्यक्तीमध्ये आणी लस न घेतलेल्या व्यक्तीपध्ये कोणताही फरक नसतो त्यामुळे त्यांच्यामध्ये कोणताही भेदभाव करता येणार नाही. जर लस न घेणाऱ्यांसोबत भेदभावपूर्ण वागणूक करुन त्यांना कोणत्याही लाभापासून वंचित ठेवल्यास ते नागरिकांच्या घटनादत्त मुलभूत अधिकारांचे उल्लंघन ठरते व असे गैरकृत्य करणारे अधिकारी, मंत्री इत्यादी हे भारतीय राज्यघटनेच्या कलम 14, 19, 21 चे उल्लंघन केल्याप्रकरणी 'भा. द. वि.' चे कलम 166, 188' तसेच 'आपत्ती व्यवस्थापन कायदा, 2005 चे कलम 51, 55' नुसार कारवाईस पात्र ठरतात.

५.२. तस (वॅक्सीन) घेणे किंवा न घेणे हे ऐच्छिक असून कोणतीही वैद्यकीय उपचार पद्धती स्वीकारणे व नाकारणे हा प्रत्येक व्यक्तिचा मूलभूत अधिकार आहे. त्याकरीता कोणालाही प्रत्यक्ष किंवा अप्रत्यक्ष दबाव आणता येणार नाही असा स्पष्ट कायदा सर्वोच्च न्यायालय, दिल्ली व इतर विविध उच्च न्यायालय यांनी ठरवून दिला आहे.

4.3. तसेच गुवाहाटी उच्च न्यायालय, मणीपूर, त्रिपुरा, मेघालय आदि बन्याच उच्च न्यायालयाने कोरोना लसी संदर्भात असे भेदभाव करणारे राज्य शासनाचे आदेश स्थगीत व खारीज केले आहेत. ते आदेश केंद्र सरकार (Union of India) उत्तरवादी असतांना पारित केले असल्यामुळे देशातील सर्व राज्यांना लागू आहेत. [Registrar Meghalaya Vs. State of Meghalaya 2021 SCC OnLine Megh 130. In Re: Dinthar Incident Aizawl Vs. State of Mizoram 2021 SCC OnLine Gau 1313.]

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५,४. केंद्र सरकारचे निर्देश खालील लिंक वर उपलब्ध आहेत.

Link: https://drive.google.com/file/d/1DVWL0m4Do08uZJBZ7P5Y URwyxza-r-t/view?usp=sharing

५.५ . व्हॅक्सीन माफियांकडून नागरिकांना विविध प्रकारे बातम्या पसरवून भिती दाखवून, खोट्या फसव्या जाहिराती द्वारे रूस घेण्यास दबाव आणण्याचा प्रयत्न केला गेला. परंतु तरीही लोक व्हॅक्सीन घेण्यासाठी तयार नसल्यामुळे कंपन्यांनी भ्रष्टाचार करुन आरोपींना हाताशी धरुन गैरमार्गाचा अवलंब करुन महाराष्ट्रातील नागरिकांना लस घेण्याकरीता रेल्वे पास, पगार रोखणे, राज्यात येण्यास बंदी आदी विविध माध्यामातून दबाव बनविण्यास सुरुवात केली आहे.

५.६. त्या भ्रष्टाचाराचाच एक भाग म्हणून आरोपींनी दि. 15 जुलै 2021 रोजीच्या आदेशानुसार महाराष्ट्र राज्यात प्रवेश करण्यासाठी कोरोना लसीचे (वॅक्सीनचे) दोन्ही डोज आवश्यक करुन लस घेतलेल्यांनाच प्रवेश दिला जाईल असा बेकायदेशीर आदेश जारी केला. तसेच लोकल ट्रेन मध्ये सुद्धा प्रवास करणाऱ्यांना असेच बंधन घातले.

५.७. कोरोनाची रुस ही केवळ प्रायोगिक चाचणी स्तरावर असून लसीचे अनेक जीवघेणे दुष्परीणाम सुद्धा आहेत. अनेक लोकांना लस घेतल्यामुळे मृत्यू, आंधळेपणा, रक्त गोठून आजार व मृत्यू, लकवा (पक्षाघात), बिहरेपणा, हृदयाचे झटके असे विविध गंभीर दुष्परीणाम झाल्याचे पुरावे असून कोरोनाचे दोन्ही डोज घेणारे अनेक डॉक्टर्स व नागरिकांचा मृत्यू कोरोनानेच झाल्याचे पुरावे शासनाकडे उपलब्ध आहेत.

लस प्रभावी नसल्याबाबतची माहिती खुद्द मुख्यमंत्री उद्धव ठाकरे (आरोपी क्र. 6) यांनी व्यांच्या दि. 2 एप्रिल 2021 रोजीच्या जनतेस उद्देशून केलेल्या भाषणात दिली होती. (16 मिनिटावर पहावे)

Link:- https://www.youtube.com/watch?v=CMdiiWpUhEo

५.८. इंडियन मेडिकल असोसिएशन चे पूर्व अध्यक्ष के. के. अग्रवाल व दिल्लीतील 60 डॉक्टर्स ज्यां के को लसीचे दोन्ही डोस घेतले होते. परंतु त्यांचा मृत्यू कोरोनानेच झाला होता.



Link: i) https://www.ndtv.com/india-news/dr-kk-aggarwal-ex-chief-of-india-medical-association-ima-dies-of-covid-19-coronavirus-2443827

ii) https://theprint.in/health/at-least-60-delhi-doctors-have-died-in-2nd-covid-wave-families-are-left-to-pick-up-pieces/661353/

५९. ठाणे येथील 75 डॉक्टर्स चा मृत्यू कोरोनाने झाल्याची बातमी दि. 01 जुलै 2021 रोजी दै. लोकमत मध्ये प्रकाशित झाली होती.

Link: https://drive.google.com/file//1eZGQoHzzl4pUShRYt7U0YZ82zvJ4UYEn/view?usp=sharing

५.१०. लसींच्या दुष्परिणामांमुळे लोकांचे मृत्यू होत असल्यामुळे 11 युरोपियन देशांनी कोव्हीशिल्ड (Astrazenica) या लसीला बंदी घातली होती.

Link:-

५.२१. परंतु आरोपींनी नागरिकांना होणाऱ्या दुष्परिणामासंबंधी कोणतीही दखल घेतलेली नाही.

५.१२. आरोपींना कट रचून त्याच 'अप्रभावी' लसीचे गुण-दोष लपवून, इतर प्रभावी व दुष्परिणाम रहित व स्वस्त उपचार जनतेला न सांगता केवळ लस हाच उपाय असल्याचे भासवून जनतेची फसवणूक करून जनतेवर प्रत्यक्ष व अप्रत्यक्ष रीत्या दबाव टाकून त्यांना लस घेण्यास भाग पाडून त्यांचा जीव धोक्यात टाकून लस निर्माता कंपनीला हजारो कोटींचा गैरफायदा पोहचविण्यासाठी शासकीय यंत्रणेचा दुरुपयोग केल्याप्रकरणी सर्व आरोपी अधिकारी व राजकीय नेते यांच्याविरुद्ध भादंवि 420, 302, 304, 52, 115, 409, 471, 474, r/w 120 (B), 34 आणि 'आपत्ती व्यवस्थापन कायदा चे कलम 51 (b) व 55 व कायदयातील इतर तरतुर्दीअंतर्गत फौजदारी करणे आवश्यक आहे.

५.१३. या आधीसुद्धा असाच गैरकायदेशीर पणा करणारे महाराष्ट्राचे तत्कालीन वनमंत्री स्वरुपसिंह नाईक व शासनाचे अति. मुख्य सचिव अशोक खोत यांना न्यायालयाच्या आदेशाच्या विरुद्ध जावून निर्णय घेवून न्यायालयाची अवमानना केल्याप्रकरणी सर्वोच्च न्यायालयाने १ महिने तुरुंगात पाठविले होते.



५.१४. तसेच सर्वोच्च न्यायालयाने तत्कालीन मुख्यमंत्री विलासराव देशमुख यांचा तुघलकी निर्णय रद्द करून सरकारवर १० लाख रुपये दंड बसविला होता.

५.१५. आरोपी मंत्री व अधिकाऱ्याविरुद्ध लागू असलेल्या संबंधित कायदेशीर कलमांची व्याख्या पुढीलप्रमाणे आहे.

आपत्ती व्यवस्थापन अधिनियम, २००५

51. अडथळा इत्यादींसाठी शिक्षा

(1) जो कोणी वाजवी

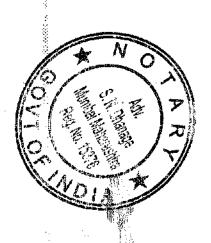
कारणाखेरीज :-

(ख) या अधिनियमा अंतर्गत केंद्र सरकार किंवा राज्य सरकार किंवा राष्ट्रीय कार्यकारी समिती किंवा राज्य कार्यकारी समितिने किंवा त्यांच्या वतीने दिलेले कोणतेही निर्देश मानण्यास नकार देत असेल;

तो दोषी सिद्ध झाल्यास, त्याला एक वर्षापर्यंतचा कारवास किवा दंड, किंवा दोन्हींची शिक्षा होऊ शकते, आणि जर असा मज्जाव किंवा निर्देश पाळण्यास नकार दिल्यामुळे जीवितहानी किंवा संकटाची स्थिती उद्धवू शकते अशा स्थितीत तो दोषी सिद्ध झाल्यास दोन वर्षांपर्यंतच्या कारावासाची शिक्षा होऊ शकते.

55. सरकारच्या खात्यांद्वारे केलेले गुन्हें

(1) जिथे या अधिनियमा अंतर्गत कोणत्याही सरकारी विभागाकडून गुन्हा झालेला असेल, तिथे अशा गुन्ह्यासाठी विभाग प्रमुखाला, तोपर्यंत दोषी मानण्यात येईल आणि त्याप्रमाणे तो आपल्याविरूद्ध कारवाई करण्यासाठी आणि दंड भोगण्यासाठी पात्र होईल, जोपर्यंत की तो सिद्ध करीत नाही की गुन्हा त्याच्या नकळत झाला आहे किंवा त्याने असा गुन्हा घडण्यापासून रोखण्यासाठी योग्य ती उपाययोजना केली होती;



(2) उप-विभाग (1) मध्ये कोणतीही बाब असून देखील, जिथे या अधिनयमा अंतर्गत कोणत्याही सरकारी विभागाकडून गुन्हा झालेला असेल आणि हे सिद्ध झाले असेल की तो गुन्हा विभाग प्रमुखाशिवाय इतर कोणत्याही अधिकाऱ्याच्या संमतीने किंवा त्याच्या अपरोक्ष किंवा तो गुन्हा कोणत्याही निष्काळजीपणामुळे झाल्याचे सिद्ध झाल्यास अशा अधिकाऱ्याला त्याबद्दल दोषी ठरविले जाईल आणि त्याप्रमाणे तो कारवाईस सामोरा जाण्यासाठी किंवा शिक्षा भोगण्यास पात्र ठरेल.

Disaster Management Act, 2005

51. Punishment for obstruction, etc.—

(1) Whoever, without reasonable cause — (1) Whoever, without reasonable cause—"

(b) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act, shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years. notes on clauses Clauses 51 to 58 (Secs. 51 to 58) seeks to lay down what will constitute an offence in terms of obstruction of the functions under the Act, false claim for relief, misappropriation of relief material or funds, issuance of false warning, failure of an officer to perform the duty imposed on him under the Act without due permission or lawful



excuse, or his connivance at contravention of the provisions of the Act. The clauses also provide for penalties for these offences.

55. Offences by Departments of the Government.—

(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence. (1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence."

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

६. कोरोना पासून बरे झालेल्या लोकांना सर्वात जास्त स्रिक्षित मान्न त्यांना सर्व नियमापासून मुक्त करून त्यांना लस घेण्याची गरज नाही असे विविध शास्त्रज्ञ, डॉक्टर

६.६. अथ्या कोरोनातून बन्या झालेल्या व्यक्तीला तस देने म्हणजे त्याच्या शरीराची प्रतीकारशक्ती दुषित करने ठरत असून त्याचे जीवघेणे दुष्परीणाम होऊ शकतात याबाबत जगातील विविध देशांमध्ये शास्त्रज्ञांनी दिलेले अहवाल हे आरोपींना नोटीस व याचिकद्वारे आधीच देण्यात आले आहेत.

लिंक:-

https://drive.google.com/file/d/1InQtiLvYb3IJO-

RSCGI3mtdULT3y2ur0/view

६.७. भारतात करण्यात आलेल्या 'सीरो सर्व्हें' नुसार अशी व्हॅक्सीन पेक्षा जास्त प्रभावी प्रतिकारशक्ती असलेले एकूण ७०% पेक्षा जास्त नागरिक आहेत. ती संख्या वाढत आहे.

६.८. त्यामुळे अश्या लोकांना कोरोना निर्बंधांपासून सर्वात आधी सूट मिळणे आवश्यक आहे व त्यामुळे सामान्य जन-जीवन लवकरच सुरळीत होण्याची शक्यता आहे. परंतू तसे केल्यास व्हॅक्सीन कंपन्यांचे लाखो कोटींचे नुकसान होण्याची शक्यता. असल्यामुळे व्हॅक्सीन निर्माता कंपन्यांच्या माफियांनी साकारमधील भ्रष्ट नेते व अधिकारी यांना हजारो कोटींची लाच देवून केवळ लस घेणाऱ्यांनाच लोकल ट्रेन मध्ये प्रवास तसेच ऑफिसमधील कर्मचारी हॉटेल व इतर आस्थापनांमध्ये काम करणाऱ्या लोकांचे लसीकरण केले असले पाहिजे असे बेकायदेशीर निर्बंध लावणे सुरु केले. तसेच शिक्षकांच्या,विद्यार्थ्यांच्या लसीकरण करण्याचा सपाटा चालविला.

६.९. महाराष्ट्रात नागरिकांचे हित सोडून स्वतःचे हित जपणारे बेकायदेशीर आदेश, निर्देश देणारे संबंधीत सर्व अधिकारी व मंत्र्यांविरुद्ध फौजदारी कारवाई करण्याकरीता दोन याचिका मुंबई उच्च न्यायालयात दाखल करण्यात आल्या आहेत.

दुसरी याचिका 'अवेकन इंडिया मूक्सेंट' चे श्री योहान टेंगरा यांनी दाखल केली आहे. याचिकेची प्रत:

Link:- https://drive.google.com/file/d/1E6eyO6mi-tV25|hkbEN8SUDvxpANatXL/view

'अवेकन इंडिया मुक्तमेंट' चे फिरोज मिठीबोरवाला यांनी ती याचिका दाखल केली आहे. त्या याचिकेमध्ये बेकायदेशीर आदेश पारीत करणारे महाराष्ट्राचे मुख्य सचिव सीताराम कुंटे, अप्पर



सचिव श्रीरंग घोलप, मुंबई महापालिका आयुक्त इकबाल चहल यांना उत्तरवादी बनविण्यात आले असून त्यांच्याविरुद्ध फौजदारी कारवाईची मागणी करण्यात आली आहे.

याचिकेची प्रत:-

लिंक: https://drive.google.com/file/d/1faalsVdH7Ff2j7o8p3lN_eDJDIs2JOb/view?usp=sharing

६.२०. भ्रष्ट मंत्री व सरकारच्या भ्रष्ट नीती व दडपशाहीमुळे तस घेणाऱ्या नागरिकांना तसीच्या दुष्परीणामांमुळे जीवघेणे त्रास झालेले असून कित्येक लोकांचे मृत्यु झालेले आहे. कोणाला आंधळेपणा, बहिरेपणा येतो, पक्षघात, लुळेपणा येतो. हा सर्व प्रकार सामूहिक नरसंहार (Mass Murder) मध्ये मोडतो त्यामुळे त्या सर्व गुन्ह्यामध्ये आरोपी व्यक्तिशः जबाबदार असून आरोपीविरुद्ध कठोर कारवाई आवश्यक आहे.

६.११. आरोपींच्या अभयदानामुळे महाराष्ट्रात अपोलो हॉस्पीटल सारखे भ्रष्ट व अनैतिक हॉस्पीटल यांनी व्हॅक्सीन कंपनीसोबत मिळून खोटे स्लोगन तयार केले की "No one is safe unless everyone is Vaccinated." आणि त्या हॉस्पिटल विरुद्ध कारवाई करणे बंधनकारक असतांना भ्रष्ट मंत्री व अधिकारी मूग गिळून गप्प बसले. खोट्या जाहिरातीसाठी त्यांच्यावर कारवाई करणे आवश्यक असतांना ती कारवाई करण्यास टाळाटाळ केली. यावरून आरोपी मंत्री व अधिकाऱ्यांचे त्या गुन्ह्यास समर्थन होते हे सिद्ध होते.

६.१२. जनतेच्या पैशावर सर्व सुविधा घेवून नागरिकांचे व देशाचे हित न जोपासता पदाचा दुरुपयोग करून लस कंपन्यांच्या गैरफायद्यासाठी पदाचा दुरुपयोग करणान्या अश्या अधिकारी व मंत्र्यांना भा. द. वि. ४०९ मध्ये जन्मठेपेची म्हणजेच आजन्म कारावासाच्या शिक्षेची तरतूद आहे. सदरचा कोरोना लस कंपन्यांना फायदा पोहचविण्यासाठी आदेश व निर्बंध काढण्याचा भ्रष्टाचार हा दरवर्षी लाख कोटींच्या पेक्षा जास्त आहे. अश्या भ्रष्ट अधिकान्यांविरुद्ध कारवाई करण्यासाठी सर्वोच्च न्यायालयाने स्पष्ट कायदा ठरवून दिला आहे. [Noida Vs. Noida (2011)6 SCC 527, Vijay Shekhar Vs. Union of India (2004) 4 SCC 666] त्याच कायद्याच्या आधारे महाराष्ट्राचे भ्रष्टाचारी गृहमंत्री अनिल देशमुखांविरुद्ध गुन्हे

दाखल होऊन दोन अधिकाऱ्यांना सी.बी.आय, इ.डी यांनी अटक केली आहे. अनिल देशमुख सध्या फरार आहेत.

६.१३. जागतिक आरोग्य संघटना World Health Organization (WHO) च्या अधिकाऱ्यांनी सदर कोरोना घोटाळा Corona Scandal/Scam मध्ये आरोपींना मदत केल्याप्रकरणीच्या पुराव्यासहित एक सविस्तर तक्रार मानव अधिकार सुरक्षा परिषदेचे महासचिव यांनी पंतप्रधान नरेंद्र मोदी व मुख्यमंत्री अमित शाह यांना दि. 30 जून 2021 रोजी पाठविली. त्यामध्ये व्हॅक्सीन माफिया बिल गेट्स, एम्स चे डॉ. रणदीप गुलेरीया, WHO च्या डॉ. सौम्या स्वामिनाथन, युट्यूब, गुगल, ट्वीटर व काही मिडीयातील लोक यांनी कट रचून लाखो लोकांचे खून (Mass Murder) व जनसंहार (Genocide) केल्याचे संपूर्ण पुरावे व भारत सरकारच्या संसदीय समिती चा चौकशी अहवाल देवून दोषींविरुद्ध भादवि 302, 115, 304, 109, 409, r/w 120(B) आदी कलमांअंतर्गत फौजदारी कारवाईची मागणी केली.

Link:-

- (i) https://rashidkhanpathan.blogspot.com/2021/07/corona-frauds-secretary-general-of.html
- (ii) https://greatgameindia.com/bill-gates-path-tribal-girls-india/

६.१४. भारताच्या मानव अधिकार सुरक्षा परिषदेच्या त्या तक्रारीची दखल संपूर्ण जगभरात घेतली गेली असून त्याबाबत फ्रांस, अमेरिका, इंग्लंड, जर्मनी आदी देशांमध्ये चर्चा सुरु झाली आहे. France Soir मध्ये ती बातमी ठळकरीत्या प्रकाशीत करण्यात आली आहे.

Link:- https://www.francesoir.fr/societe-sante/plainte-oms-india-peine-de-mort

६.१५. त्या तक्रारीनंतर पंतप्रधान नरेंद्र मोदी यांनी लगेच देशाचे स्वास्थमंत्री डॉ. हर्षवर्धन यांची केंद्रीय मंत्रिमंडळातून हकालपट्टी केली आहे. तसेच आयुष्य मंत्रालयाच्या National Institute ने डॉ. विश्वरुप चौधरी यांनी सुचिवलेली नॅचरोपॅथीची उपचार पद्धती ही कोरोना वर १०० टक्के प्रभावी असून कोणतेही दुष्परीणाम न होता तसेच कोणतेही बंधने न पाळता सुद्धा



कोरोना रुग्ण बरा होत असल्याचे पाहणीत स्पष्ट झाल्यामुळे ती पद्धती वापरण्याची शिफारस केली आहे.

Link:-

http://www.indianewscalling.com/news/111319-naturopathy-based-protocolfor-covid-treatment-approved-by-nin-ayush-ministry-dr-biswaroop-guru-.aspx

७. आदित्य ठाकरे यांचा गुन्ह्यातील सहभाग बाबतचे पुरावे :-

७.१. आरोपी क्रमांक ४ आदित्य ठाकरे याने या कटात पुढाकार घेवून सर्वांना (१००% लोकांना) व्हॅक्सींन (लस) देण्याचा कट रचला. त्याबाबत त्याने ट्विटरवर पोस्ट केलेला फोटो खालील लिंक वर उपलब्ध आहे.

িক: https://twitter.com/shrawan20104132/status/144820460041096806
5?t=54hwWD8 pCigohu26OMGnQ&s=08

७.२. आरोपी क्र. ४ यांच्या म्हणण्यानुसार आरोपी क्र.६ इकबाल चहल व आरोपी क्र.७ सुरेश काकाणी यांनी मुंबईतील सोसायट्यांना पत्र पाठवून माहिती मागितली व लोकांना से घेण्यास दबाव आणण्यास सुरुवात केली .

७। या गैर कृत्यायांबाबत आरोपी क्र. ६ व ७ यांना भा. द. वि. १६६,१८८,व आपत्ति र मैवस्थापन कायदा, २००५ चे कलम ५१ (ब), ५५ व ६० अंतर्गत कारवाईची नोटिस देण्यात आली आहे.

लिंक:<u>https://drive.google.com/file/d/1G5VPFwMGQILSLQdqawOyZR</u> uVDDBwuEt4/view?usp=sharing

७.४ . सरकारी अधिकाऱ्याने केंद्र शासनाच्या निर्देशांचे उल्लंघन करून त्यांच्याविरुद्ध जाऊन बेकायदेशीर निर्देश व निर्बंध जारी करणे हा आपत्ती व्यवस्थापन कायदा 2005 चे कलम

51(b), 55 अंतर्गत शिक्षापात्र अपराध असून कलम 55 नुसार असा गुन्हा करणारे सरकारी अधिकारी व त्याचे सर्व विरेष्ठ हे सहआरोपी ठरतील अशी तरतूद करण्यात आली आहे.

८. मास्कचा बेकायदेशीर निर्वंध आण्न नागरिकांकडून खंडनी उकळणे:

८.१. केंद्र सरकारच्या आरोग्य मंत्रालयाने त्यांच्या दि. 27 मे 2021 च्या आदेशानुसार मास्क लावणे बंधनकारक नसून ऐच्छिक असल्याचे व निरोगी लोकांना मास्क लावण्याची आवश्यकता नसल्याचे माहिती अधिकाराअंतर्गत कळविले आहे.

Link:

https://drive.google.com/file/d/10f35twtB2sUl -

RWtb2vgsJK70YGAPfP/view?usp=sharing

८.२. केंद्र सरकारच्या ICMR ने दिनांक ११.०५.२०२१ रोजी माहिती अधिकारात दिलेल्या माहितीनुसार कोरोना विषाणू चा आकार हा 70 to 80 NM (नॅनोमीटर) आहे तर चांगल्या मास्कची छिद्राची साईझ (Pore Size) ही 0.1 to 0.3 um मायक्रोमीटर असते म्हणजेच कोणत्याही उच्च कोटीच्या मास्कच्या एका सूक्ष्म भागातून शेकडो विषाणू जावू शकतात. महणजेच मास्कमुळे काहीही बचाव होत नाही.

केंद्र सरकारच्या उत्तराची प्रत खालील लिंक वर उपलब्ध आहे.

Link: https://drive.google.com/file/d/13 mYTaRxteoXFZ-RS RZqu0BzC-Rh5Mz/view?usp=drivesdk

८.३. तसेच मास्कमुळे कोरोनाचा प्रसार थांबत असल्याचे कोणतेही वैज्ञानिक दृष्ट्या ग्राह्य असे पुरावेच उपलब्ध नाहीत

मास्कचा वापर करण्यासाठी आणणारे निर्बंध लावण्याकरिता फाईनच्या नावावर खंडणी उकळण्याकरीता जे काही खोटे पुरावे आरोपी लोकांनी तयार केले आहेत ते पुरावे फक्त RTPCR टेस्ट च्या आधारावर तयार करण्यात आले असून तो निष्कर्ष हा चुकीचा आहे कारण भारत देशात RTPCR टेस्टची Cycle Threshhold ही 35 असून त्या सायकलला एकूण 97% खोटे निष्कर्ष असतात. त्या निष्कर्षांच्या आधारे नागरिकांच्या मूलभूत हक्कांचे उल्लंघन करणारे



कोणतेही निर्णय घेता येणार नाही असे स्पष्ट आदेश 'लेसबन कोर्ट ऑफ अपील पोर्तुगाल' च्या उच्च न्यायालयाने आपल्या आदेशात स्पष्ट केले आहे. त्या आदेशाची प्रत खालील लिंक वर उपलब्ध आहे.

Link:

松本 医前后动物 整合的复数形式 田田

https://drive.google.com/file/d/1Fmf7u4siFfcwgQ2fNcDOcmjVW8DwLYMI/view?usp=sharing

८.४. त्याशिवाय नियमीत मास्क लावल्यामुळे लोकांकडून त्यांच्याच नाकाद्वारे सोडलेला कार्बन डायऑक्साइड परत आत घेतला जातो व शरीराला योग्य ऑक्सिजन न मिळाल्यामुळे फुफुसे (Lungs) निकामी होण्याची व श्वसनाचे अनेक आजार बळावण्याची शक्यता असते. तसेच ज्या लोकांना श्वासाचे आजार आहेत त्यांनी मास्क घालणे म्हणजे मृत्यूला जवळ बोलविण्यासारखे आहे.

याबाबत शास्त्रीय पुरावे खालील लिंकवर उपलब्ध आहेत.

Link:

https://docs.google.com/document/d/1jA4mec3wGWDIshaaxHRSvdBq_it 3vsgG/edit?usp=sharing&ouid=113592654188847511554&rtpof=true&s d=true

८.५. असे असतांना आरोपींनी लोकांमध्ये भीती पसरवण्यासाठी व त्यांचा गैरहेतू साध्य करण्यासाठी बेकायदेशीरपणे मास्क चे निर्बंध आणून फक्त मुंबईतील लोकांकडून दंडाच्या नावाखाली एकूण ७१ कोटी रुपयांपर्यंत खंडणी वसूल करून गंभीर फौजदारी अपराध केला भाहे. भारतीय दंड संहिताचे कलम ५२ नुसार त्यांची कृती दृष्ट हेतूने केलेल्या गुन्ह्यात मोडते.

"Section 52 of Indian Penal Code

<u>कलम ५२</u> ज्या वेळेस एखादी घटना प्रामाणिकपणे आणि जरुर ती काळजी न घेता केली जाते तेव्हा ती सद्भावपूर्वक केली नाही असा अर्थ निघतो. **Section 52.** "Good faith". —Nothing is said to be done or believed in "good faith" which is done or believed without due care and attention."

९ . भ्रष्टाचाराची व्याप्ती लाखो कोटींमध्ये:-

- ९ .१. महाराष्ट्रात एकूण १३ कोटी लोक राहतात. सध्या एका व्यक्तीस लसींचे दोन डोज घेण्यासंबंधी सूचना आहेत. जर १० कोटी पात्र लोक धरले तर जवळपास २० कोटी लसींचे डोज विकले जाणार. त्यानंतर लोकांना भीती दाखवून बुस्टर डोज व इतर अनेक युक्त्या करुन लाखो कोटी रुपये कमविण्याच्या व जनतेला नेहमीच वेगवेगळी निर्बंध लादून बेकायदेशीर नियम बनवून गुलामीत ठेवण्यासाठीच्या दुष्ट हेतूने या भ्रष्ट अधिकारी व मंत्र्यांनी प्लॅन करुन ठेवले आहेत.
- **९.२.** त्याच कटावा एक भाग म्हणून आरोपींनी सरकारकडे लसींचा साठा उपलब्ध नसतांना अचानक रेल्वे प्रवास व ऑफिस आस्थपणा मध्ये काम करण्यासाठी त्वरीत लस घेण्याचे नियम आणले. त्यामागे त्यांचा उद्देश होतो की लोकांना लस घेण्यासाठी खाजगी रुग्णालयात पळावे लागेल व तिथे काळाबाजार होईल व कंपन्यांना अधिक फायदा होईल. मुंबई, पनवेल भागात कित्येकांना एक लस १००० ते ३००० रुपयांपर्यंत विकत घ्यावी लागल्याची माहीती आहे.
- ९.3. जर खाजगी रुग्णालयात लसीची किंमत १००० रुपये जरी धरली आणी भ्रष्ट अधिकाऱ्यांनी व मंत्र्यांनी लस कंपन्यांच्या फायद्यासाठी लसींचे बुस्टर डोज वैगेरे वाढविणे सुरु केले तर प्रत्येक डोज चे आदेश हे लस कंपन्यांना व खाजगी रुग्णालयांना जवळपास २० हजार कोटी रुपयांचा अवैध व्यवसाय व पर्यायी लाभ करुन देणारे ठरतात त्यापैकी काही हजार कोटी रुपयांची लाच ही संबंधीत मंत्री, अधिकारी, मुख्य सचिव, आरोग्य सचिव, जिल्हाधिकारी, डॉक्टर्स आदी लोकांना दिली जाते आणी ते सर्व लोक कसेही करुन लस घेण्यासाठी लोकांवर दबाब आणतात.
- **९.४.** त्याकरीता त्यांच्या कटात सामील AIIMS चे डॉ. रणदीप गुलेरीया सारख्या डॉक्टरांना लसींची खोटी जाहीरात करण्याकरीता युट्यूब वर बोलाविले जाते व तो खोटी जाहिरात करतों की 'लस पूर्णतः सुरक्षित आहे'. लोकांना लसीचे दुष्परीणाम सांगीतले जात नाही. परंतु व्हॅक्सीन कंपन्यांनी कितीही मार्केटींग केली तरीही लोक लस घेण्यासाठी पुढे येत नसल्याचे कळल्यानंतर रातोरात बोगस नियम बनवून व निर्वंध घालून जनतेला लस घेण्यास बाध्य केले जात आहे.



व्हॅक्सिन कंपन्यांच्या फायद्यासाठी जनतेचा जनतेचा जीव धोक्यात घातला जातो. यावरुन आरोपींनी नैतीकतेची नीच पातळी गाठली असल्याचे स्पष्ट होते.

९.५. सदर प्रकरणात भ्रष्ट टास्क फोर्स सदस्य व डॉक्टरर्स यांचे फार्मा कंपन्यांसोबतचे लागेबांधे व त्या कंपन्यांकडून निधी घेणारे डॉक्टर्स कसे लोकांना फसवे आणि खोटे सल्ले देत आहेत याबाबत सर्व पुराव्यासह एक तक्रार केंद्र स्वास्थ मंत्री श्री. मनसुख मांडविया यांना देण्यात आली असून दोषींवर कारवाईची मागणीही करण्यात आली आहे. त्या पुराव्याची व नोटीसची प्रत खालील लिंक वर उपलब्ध आहे.

Link:

https://drive.google.com/file/d/1lfAoqzG9KWlsoGDuvswmevnK3_UhAhf H/view?usp=sharing

१०. <u>आरोपींनी कट रचून दाबलेले इतर प्रभावी उपचारः आयव्हरमेक्टीन, व्हिटामीन</u> डी, नॅचरोपॅथी व उच्च न्यायालयाने प्रमाणित केलेले Anandia आयुर्वेदिक औषधः-

आ <u>आयव्हरमेकटींन</u> :-

१० . १. कोरोना रुग्णास "आयवरमेक्टीनची" (Ivermectin) गोळी दिल्यास रुग्णास पुर्ण आराम मिळतो रोगी पुर्ण बरा होतो, त्याचा मृत्यू होत नाही. त्याचा जीव जात नाही व त्या औषधाचे कोणतेही घातक दुष्परिणाम नाहीत असा निष्कर्ष देशातील विविध राज्यांच्या विशेषश समिती व आंतरराष्ट्रीय दर्जाच्या अमेरिका, ब्रिटेन, मधील संस्था FLCC, BIRD यांच्या लाखो लोकांवरील निष्कर्ष चाचणीचे अहवाल उपलब्ध आहेत.

१० . २. नुकतेच 'मुंबई उच्च न्यायालयाने' 28 में 2021 रोजी 'गोवा सरकारच्या' बाजूने निकाल देत इवरमेक्टीन चा वापर करण्यास परवानगी दिली आहे. [PIL WP NO. 1172 OF 2021 South Goa Advocates Association & Ors. Vs. State of Goal

१० .३. आयवरमेक्टीनची (Ivermectin) गोळी कोणत्याही मेडिकल स्टोअर्स मध्ये स्वस्त दरात अंदाजे 30 रुपयात उपलब्ध आहे. त्याचा कुठेही तुटवडा नाही.



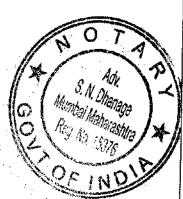
१०.४. आयवरमेक्टीनचची गोळी घेतल्याने शेवटच्या स्टेजचा कोरोना आजार सुद्धा पूर्णपणे बरा होवून लोकांचे जीव वाचविण्याची त्या गोळीची क्षमता जगभरात सिद्ध झाली असून व्हेंटिलेटरवर असलेल्या ८८ वर्षीय वृद्ध महिलेस सुद्धा 'आयवरमेक्टीन' (Ivermectin) या गोळीच्या उपचाराने वाचविल्याचे पुरावे व अमेरिकेच्या न्यायालयाचे आदेश इंडियन बार असोसिएशनच्या वेबसाईट वर उपलब्ध आहेत:-

- (i) www.indianbarassociation.in
- (ii) https://indianbarassociation.co.in/?page_id=2103
- (iii) https://indianbarassociation.co.in/?page_id=2097

१०.५. आयव्हरमेक्टिन, व्हिटॅमिन डी, आयुर्वेदिक नॅचरोपॅथी, होमीयोपॅथीक आदी व्हॅक्सिनपेक्षा जास्त प्रभावी व दुष्परिणाम विरहीत उपचारामुळे व्हॅक्सिन कंपन्यांना कोट्यवधींचा तोटा होत असल्यामुळे आरोपींनी कट रचून त्या औषधांची परिणामकारकता लोकांपुढे येवू नये याकरिता यु-ट्यूब, द्विटर, फेसबुक अश्या सोशल मीडियावर त्यांची चर्चा करण्यास बंदी घातली व कसेही करून व्हॅक्सिन हाच कोरोनावर प्रभावी उपाय आहे हे दाखविण्याच्या खोटा प्रयत्न केला. आयव्हरमेक्टिन हे औषध कित्येक वर्षांपासून सर्वात सुरक्षित औषध म्हणून जागतिक आरोग्य संघठन (WHO) च्या लिस्ट मध्ये आहे. तसेच आयुर्वेदिक, नॅचरोपॅथी द्वारे कोरोनाचे लाखो रुग्ण बरे झाल्याचे पुरावे उपलब्ध असतांना त्याला विचारात न घेता केवळ चार महिन्यात तयार केलेल्या व ज्यांची परिणामकारता सिद्ध न झालेल्या व्हॅक्सिनला पुढे आणण्याकरिता हजारो कोटींचा भ्रष्टाचार करण्यात आला व व्हॅक्सिनचे जीवघेणे दुष्परिणाम लपवून त्याचाच प्रचार करण्यात आला व नागरिकांना लस घेण्यास बाध्य करण्यात आले.

१०.६. अश्याप्रकारे आयवरमेक्टीनला बाजूला ठेवून तस (Vaccine) चाच आग्रह धरुन कित्येक नागरिकांचे जीव धोक्यात घालून त्यांना महागडे व घातक दुष्परिणाम असलेले औषध देणे हा औषध कंपनीचे माफियांकडून सरकारी यंत्रणेचा केलेला गैरवापर व नागरिकांची चालिवलेली फसवणूक असल्याचे सिद्ध झाले आहे.

१०.७. नुकतेच काही औषध व लस निर्माता कंपनीच्या माफिया यांनी [वर्ल्ड हेल्थ ऑर्गनायझेशन (WHO)] जागतिक आरोग्य संघटनाच्या पदाधिकान्यांना हाताशी धरून मुख्य



सायंटीस्ट डॉ. सौम्या स्वामीनाथन यांच्या मार्फत आयवरमेक्टीन संदर्भात चुकीची माहिती पसरविण्याचा प्रयत्न केला.त्याबाबत तीला कायदेशीर नोटिस पाठविल्यानंतर तिने तो ट्वीट काढून टाकला (Deleted her tweet)

- 1. https://indianbarassociation.in/wp-content/uploads/2021/06/LEGAL-NOTICE-FOR-CONTEMPT JUNE-13-2021.pdf
- 2. https://youtu.be/brlZ 77uqn8
- 3. https://www.bitchute.com/video/62kUVBYFAliV/

बा <u>नॅचरोपॅथी</u>:-

१० .८. आयुष मंत्रालयाचे National Institute of Naturopathy, Pune यांनी डॉ. बिश्वरुप चौधरी यांनी दिलेल्या नॅचरोपॅथीची उपचार पद्धती व त्यांचे अहमदनगर येथील उपचार केंद्रावर भेट देवून ही कोरोना वर १०० टक्के प्रभावी असून कोणतेही दुष्परीणाम न होता तसेच कोणतेही बंधने न पाळता सुद्धा कोरोना रुग्ण बरा होत असल्याचा अहवात सादर केला असून त्या पद्धतीचा वापर कोरोना बरा करण्याकरीता करण्यासाठी प्रभावी शिफारस केली आहे.

१०.९. डॉ. बिस्वरुप चौधरी यांच्या उपायामध्ये फक्त फळांचा रस व (Fluid Diet) च्या माध्यमातून लाखो कोरोना रुग्ण घरीच बरे झाल्याचे पुरावे आहेत. त्यांना मास्क किंवा सोशल डिस्टंसींग वॅगेरे कोणतेही निर्वंध नव्हते.

१० .१०. आंध्र प्रदेश सरकार व उच्च न्यायालयातर्फे प्रमाणीत आनंदीया यांचे आयुर्वेदिक औषध:-

१०.११.१. आंध्र प्रदेश मधील आयुर्वेदतज्ञ श्री. आनंदीय यांनी (A), (B) व (K) नावाचे आयुर्वेदिक औषधांचे मिश्रण तयार करून त्याद्वारे कोणतेही दुष्परीणाम न होता कोरोनाच्या रुग्णांना ठीक केले आहे. ते औषध मोफत उपलब्ध आहे.

१०.११ .२ त्या औषधाच्या वापराला व्हॅक्सीन माफियांनी बदनाम करण्याचा व त्यावर सरकारी अधिकाऱ्यांकडून बंदी आणण्याचा प्रयत्न केला.



त्याविरोधात उच्च न्यायालयात सुनावणी होऊन न्यायालयाने सरकारला त्या औषधाची प्रभावकरीता तपासण्याचे आदेश दिले.

१०.१०.३ सरकारने उच्च न्यायालयात शपथपत्र सादर केले की, ते औषध कोरोनावर फार प्रभावी आहेत.

१०.१०.४ त्यानंतर उच्च न्यायालयाने श्री. आनंदीया यांना त्या औषधांद्वारे कोरोनाच्या रुग्णांचा इलाज करण्याची परवानगी दिली व सरकारी अधिकाऱ्यांनी त्यांच्या कामात अडथळा आणू नये अशी ताकीद दिली. ते आदेश Ponnekanti Mallikarjuna Rao Vs. State of Andhra Pradesh, rep. by its Chief Secretary to Government 2021 SCC OnLine AP 2171, नुसार प्रकाशित झाले आहे.

Link:

https://drive.google.com/file/d/1bwLsa7h9KRLJTp9azEYzcjT0UpQ00hz / view?usp=sharing

११ भ्रष्ट अधिकाऱ्यांचे बेताल व मुर्खांसारखे काही नियम -

११ .१. RT-PCR test दर १४ दिवसांनी करण्याचे आदेश-:

वरील आदेशाला काहीही अर्थ नाही किंवा वैज्ञानिक आधार नाही कारण ज्या व्यक्तीने RT-PCR test केली असेल, त्या व्यक्तीला अर्थ्या तासात, एका दिवसात कधीही कोरोना होतू शकतो. एकदा RT-PCR test केली म्हणजे त्याला पुढच्या १४ दिवसात कोरोना होत नाही असा काही नियम नाही. हा केवळ मूर्खपणाचा कळस आहे. तरी सुद्धा RT-PCR test बनवणाऱ्या कंपन्या आणि टेस्ट करणाऱ्या प्रयोगशाळा यांचा हजारो कोटींचा गैरफायदा करण्याकरीता आणि जनतेचे दैनिक जीवन विस्कळीत करुन, त्यांना अधिक गरीब बनविण्याकरीता कट रचल्याचे स्पष्ट झाले आहे. जनता अधिक गरीब होतून नेहमी निर्बंधात गुलाम म्हणून राहावी अथ्या दुष्ट हेतूने असे वेगवेगळे चुकीचे नियम बनविल्याचे दिसून येते.

११.२ आरोपींनी असे अनेक बेकायदेशीर व बेताल नियम बनविले आहेत. जसे बसेस, रिलायंस मेट्रो मध्ये सर्वांना जाण्यास परवानगी दिली तर लोकल ट्रेन मध्ये फक्त लस घेणाऱ्यांनाच



परवानगी दिली. म्हणजे आरोपींच्या मते कोरोना व्हायरस हा लोकल ट्रेन मध्ये पसरतो व मेट्रो मध्ये किंवा लोकल बसेस मध्ये कोरोना पसरत नाही.

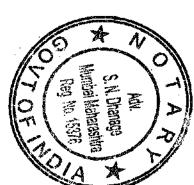
१२ .<u>भा.दं.वि. 120(B) नुसार गुन्ह्यात सहभागी होणे, गुन्ह्यास प्रोत्साहन देणे व गुन्हा</u> होण्यापासून रोखणे या कारणांसाठी सर्व आरोपी दोषी आहेत.

१२.१. नुकतेच आरोपी क्रमांक 4 आदित्य ठाकरे याने मुंबईतील सोसायट्यांना पत्र पाठवून लस घेतलेल्या व न घेतलेल्या लोकांची माहिती मागविली आहे. त्या प्रकारामुळे लोकांच्या मूलभूत अधिकारांचे उल्लंघन होत असून त्यांच्या दबावतंत्रामुळे सामान्य नागरिकांना त्यांच्या इच्छेविरुद्ध लस घेण्यास भाग पाडून त्यांचा जीव धोक्यात घालण्याचे काम आरोपींनी केले आहे.

मा. सर्वोच्च न्यायालयाने स्पष्ट कायदा ठरवून दिला आहे की गुन्ह्यात प्रत्यक्ष व अप्रत्यक्ष सहभागी होणारे आरोपी हे भादंवि 120(B) नुसार मुख्य आरोपी इतक्याच शिक्षेस पात्र ठरतील आणि कटाचा भाग म्हणून केलेल्या गुन्ह्यांसाठी थेट पुरावा देण्याची आवश्यकता नाही. Raman Lal vs. State of Rajasthan 2001 CRI.L.J. 800.

"Conspiracy – I.P.C. Sec. 120 (B) – Apex court made it clear that an inference of conspiracy has to be drawn on the basis of circumstantial evidence only because it becomes difficult to get direct evidence on such issue – The offence can only be proved largely from the inference drawn from acts or illegal ommission committed by them in furtherance of a common design – Once such a conspiracy is proved, act of one conspirator becomes the act of the others – A Coconspirator who joins subsequently and commits overt acts in furtherance of the conspiracy must also be held liable – Proceeding against accused cannot be quashed."

१३. <u>लक्षणे नसलेला व्यक्ती कोरोनाचा प्रसार करु राकत नाही त्यामुळे लक्षणे नसलेलया</u> लोकांची चाचणी करण्याची आवश्यकता नसल्याचे तज्ञांनी स्पष्ट केल्यानंतरही जनतेच्या पैश्यांचा दुरुपयोग करुन त्या लोकांनी टेस्ट करण्याचे आदेश देवृन भा. द. वि. 409. 323, 220 आदी कलमांअंतर्गत गंभीर अपराध.



१३ .१ जगात विविध शासीय तज्ञ समीती, डॉक्टर्स व वैज्ञानिकांनी वेळोवेळी केलेल्या अभ्यासावरुन हे स्पष्ट झाले आहे की ज्या व्यक्तीला कोरोनाची लक्षणे नसतील तर त्या व्यक्तीच्या शरीरात कोरोनाचे विषाणू जरी असतील तरीही तो कोरोनाचा प्रचार व प्रसार करु शकत नाही.

त्याचे कारण म्हणजे त्याच्या शरीरात विषाणू संख्या फार कमी असते आणि त्यामुळे त्या व्यक्तीकडून कोरोनाचा प्रसार होण्याची शक्यता नसते. त्याबाबतचे २५ लाख लोकांवर केलेले शास्त्रीय पुरावे खालील लिंक वर उपलब्ध आहे.

लिंक:

https://drive.google.com/file/d/1lhNEe-

XOWoAzOBZxqCQPyWCY_Z4Cwwsr/view?usp=sharing

- १३ .२ असे असतांना आरोपींनी कोणत्याही शासीय व वैज्ञानिक आधाराशिवाय, महाराष्ट्रात लक्षणे नसलेल्या लोकांच्या कोट्यावधी RT-PCR व RAT चाचण्या करुन, जनतेच्या कोट्यावधी रुपयांचा दुरुपयोग व अपहार केला आहे.
- **१३ .३** त्याकरीता आरोपींविरुद्ध भा. द. वि. ४०९ आदी कलामांअंतर्गत कारवाई आवश्यक आहे. तसेच आरोपींनी बेकायदेशीर नियमांच्या आधारे त्या बेकायदेशीर व अनावश्यक चाचण्यांच्या आधारे लक्षणे नसलेल्या लोकांना कारंटाईन करून त्यांच्या मूलभूत हक्कांचे उल्लंघन करून भा. द. वि . २२०, ३४१ आदी कलमांतर्गत गुन्हा केला आहे. याबाबत मा. पोर्तुगाल कोर्ट ऑफ अपील लेसबन यांचे आदेश लागू पडतात.

Link: https://drive.google.com/file/d/1Fmf7u4siFfcwgQ2fNcDOcmjVW8DwLYMI/view?usp=sharing

- १४ . व्हॅक्सीन च्या दुष्परिणामामुळे आजपर्यंत एकूण 4956 इतक्या लोकांचे मृत्यू झाले आहेत त्या करीता व्हॅक्सीन घेण्याकरीता दबाव आणणारे सर्व आरोपी हे त्या हत्येसाठी जबाबदार आहेत.
- १४ .१. आजपर्यंत कोरोंनाच्या दुष्परिणामांमुळे मृत्यू झालेल्या लोकांची एकूण माहिती व संबंधीत प्रकाशीत बातम्या खालील लिंकवर उपलब्ध आहेत.



Link:

https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfwaI1NJRt0D_YP/view?usp=sharing

१५ . <u>फौजदारी प्रक्रिया संहिताचे कलम १९७ नुसार आरोपींविरुद्ध कारवाईसाठी</u> परवानगी बाबत कायद्यातील तरतृदः-

१५.१. आरोपींनी केलेले गुन्हे हे गंभीर आरोपींच्या लोकसेवक या नात्याने काम करण्याच्या कर्तव्याचा भाग नसून त्यांच्याविरुद्ध फौजदारी कारवाई करण्याकरीता कोणत्याही परवानगीची आवश्यकता नसल्याचा स्पष्ट कायदा मा. सर्वोच्च न्यायालयाने ठरवून दिला आहे.

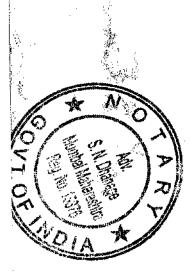
[Punjab State Warehousing Corporation Vs. Bhushan Chander (2016) 13 SCC 44]

१५.२ तरीसुद्धा एक खबरदारीचा भाग म्हणून सदरचा अर्ज आपणाकडे देण्यात येत असून आपणास विनंती की आपण मा. सर्वोच्च न्यायालयाचे आदेश <u>Subramanian Swamy Vs</u> <u>Manmohan Singh (2012) 3 SCC 64</u> प्रकरणात ठरवून दिलेल्या कायद्यानुसार योग्य ती कारवाई करावी.

१५.३. मा. सर्वोच्च न्यायालयाने ठरवून दिलेल्या कायद्यानुसार राज्याचे मुख्यमंत्री व इतर मंत्र्याविरूद्ध फौजदारी कारवाई करण्याकरिता परवानगी देण्याचा अधिकार मा. राज्यपाल यांना आहे.

Minister or Chief Minister to be Public Servant: A Chief Minister or a Minister are in the pay of the Government and are, therefore, public servants within the meaning of S. 21(12) of the I.P.C. [See: M. Karunanidhi Vs. Union of India, AIR 1979 SC 898 (Five-Judge Bench)].

Governor Competent to grant for prosecution of Chief Minister or Ministers: Governor is competent to grant sanction for prosecution of Chief Minister or Ministers for offences committed under the P.C. Act, 1988 and in proper cases



Governor may act independently of or contrary to the advice of his Council of Ministers in exercise of his discretionary powers under Article 163 of the constitution. See: M.P. Special Police Establishment Vs. State of M.P. & Others, (2004) 8 SCC 788 (Five-Judge Bench).

१६. साथरोग अधिनियम १८९७ (Epidemic Act, 1897) चे कलम २ व आपत्ती व्यवस्थापन कायदा, २००५ चे कलम १२ व १३ नुसार नागरिकांना लॉकडाऊन व इतर निर्बंध आणि उपाययोजनांमुळे होणारी नुकसान भरपाई देणे बंधनकारक असतांना ती न देता जनतेच्या रकमेचा अपहार करून लस व इतर कंपन्यांच्या फायद्यासाठी गैरमार्गाचा अवलंब केल्याप्रकरणी आरोपी क्रमांक १ उद्भव ठाकरे हे भा.दं.वि. ४०९, ४२० इ. कलमांतर्गत दोषी आहेत.

१६.१ आपत्ति व्यवस्थापन कायदा, २००५ चे नियम १२ व साथरोग अधिनियम, १८९७ चे नियम २ अंतर्गत ज्या ज्या लोकांचे नुकसान झाले असून त्या सर्वांना नुकसान भरपाई देण्याची जबाबदारी ही महाराष्ट्राचे मुख्यमंत्री आरोपी क्र. १ उद्धव ठाकरे यांची होती परंतु त्यांनी त्याबाबत आपले कोणतेही कर्तव्य पार पाडले नाही त्याउलट सर्व निधी त्यांनी व्हॉक्सिन कंपनीच्या फायद्यासाठीच खर्च करण्याचा तडाखा चालवला आहे. या वरून त्यांचा गैर हेतू सिद्ध होतो.

१६.२. आपत्ति व्यवस्थापन कायदा, २००५ चे नियम १२ व १३ पुढीलप्रमाणे:-

- "१२. क्षितिपूर्ती च्या किमान मापदंडाकरिता मार्गर्शक तत्वे "राष्ट्रीय प्राधिकरण, आपत्तीमुळे प्रभावित झालेल्या व्यक्तिंना मदत करण्याच्या किमान मानकांसाठी मार्गर्शक तत्त्ववांची शिफारस करेल, ज्यात समाविष्ट
 - (i) मदत शिबिरांमध्ये निवारा, अन्न, पिण्याचे पाणी, वैद्यकीय सुविधा आणि स्वच्छतेसाठी पुरवल्या जाणाऱ्या किमान आवश्यकता (ii) विधवा आणि अनाथांसाठी करण्यात येणाऱ्या विशेष तरतुदी; (ii) जीवित हानी आणि



घरांच्या नुकसानीच्या विरूद्ध सहाय्य आणि उपजीविकेच्या साधने पुनर्संचयीत करण्यासाठी सहाय्य; (iv) आवश्यक असणारी इतर मदत.

१३. कर्ज परतफेड इ. मध्ये साहाय्य - राष्ट्रीय प्राधिकरण, मोठ्या आपत्तींच्या बाबतीत, आपत्तीग्रस्त व्यक्तींना कर्जाची परतफेड करण्यास साहाय्य किंवा अशा सवलतीच्या अटींवर ज्या योग्य आहेत, नवीन कर्ज देण्यासाठी शिफारस करू शकते.

12. Guidelines for minimum standards of relief.—The National Authority shall recommend guidelines for the minimum standards of relief to be provided to persons affected by disaster, which shall include,— (i) the minimum requirements to be provided in the relief camps in relation to shelter, food, drinking water, medical cover and sanitation; (ii) the special provisions to be made for widows and orphans; 9 (iii) ex gratia assistance on account of loss of life as also assistance on account of damage to houses and for restoration of means of livelihood; (iv) such other relief as may be necessary.

13. Relief in loan repayment, etc.—The National Authority may, in cases of disasters of severe magnitude, recommend relief in repayment of loans or for grant of fresh loans to the persons affected by disaster on such concessional terms as may be appropriate.

१६.३ . साथरोग अधिनियम, १८९७ (Epidemic Act) चे नियम २ पुढीलप्रमाणे;

"२. अशा प्रादुर्भावास किंवा प्रसारास प्रतिबंध करण्यासाठी[त्यास] आवश्यक वाटतील त्या उपाययोजना स्वतः करू शकेल किंवा एखाद्या व्यक्तीस तसे करण्यास फर्मावू शकेल अगर तिला तसे करण्याची शक्ती देऊ शकेल आणि जाहीर नोटिशीद्वारे, आवश्यक वाटतील असे तात्पुरते निर्बंध विहित करून,

शकेल, आणि तसेच, <u>झालेला खर्च (भरपाईची रक्कम जसेल तर अशी रक्कम</u> धरून) कशा रीतीने व कोणाकडून भागवण्यात येईल ते ठरवून देऊ शकेल."

2. Power to take special measures and prescribe regulations as to dangerous epidemic disease.—(1) When at any time the 7 [State Government] is satisfied that 7 [the State] or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease, the 8 [State Government], if 9 [it] thinks that the ordinary provisions of the law for the time being in force are insufficient for the purpose, may take, or require or empower any person to take, such me asures and, by public notice, prescribe such temporary regulations to be observed by the public or by any person or class of persons as 9 [it] shall deem necessary to prevent the outbreak of such disease or the spread thereof, and may determine in what manner and by whom any expenses incurred (including compensation if any) shall be defrayed.

१६.४ . यापूर्वी १८९६, १९१८ पुणे प्लेग मध्ये झालेल्या नुकसानीचे ब्रिटिश सरकारने याच नियमांतर्गत पीडित नागरिकांना नुकसानीची भरपाई दिली होती.

१६.५. पीडित नागरिकांना नुकसान भरपाईची रक्कम देण्यास टाळाटाळ करण्यासाठी सरकारकडे कोणतेही निमित्त उपलब्ध नव्हते कारण सरकार सर्व अधिकारी कर्मचारी लोकप्रतिनिधी आमदार खासदार यांना पूर्ण पगार देत होते सर्वसामान्य माणसाचा उदरनिर्वाह वगळता इतर सर्व काही व्यवहार सुरळीत सुरू होते म्हणूनच सामान्य माणसांना नुकसान भरपाई न देण्यामागे आरोपींकडे कोणतेही संयुक्तिक कारण नव्हते परंतु त्यांनी नागरिकांना नुकसान भरपाई दिली नाही यावरुन आरोपींचा दुष्ट तो सिद्ध होतो.



१७. खोट्या, बनावट व शास्त्रीय आधार नसलेल्या गोष्टींच्या आधारे आरोपींनी राज्यात विविध निर्वंध व लॉकडाऊन थोपून नागरिकांच्या रोजगाराचे, वित्त व जिवीत्वाचे अतोनात नुकसान केल्यामुळे आरोपींविरुद्ध कठोर कारवाई करून आरोपींची मालमत्ता जप्त करून सर्व नागरिकांना नुकसान भरपाई देणे आवश्यक आहे.

१८. <u>अर्जदाराने या आधी आरोपी मंत्री व अधिकाऱ्याविरुद्ध दाखल याचिका व आरोप</u> खरे ठरल्याचे पुरावे:-

अर्जदाराने या आधीसुद्धा महाराष्ट्राचे मुख्यमंत्री उद्धव ठाकरे, गृहमंत्री अनिल देशमुख, पोलीस आयुक्त परमवीर सिंग, पोलीस निरीक्षक सचिन वाझे, खासदार संजय राऊत आदींनी विरुद्ध फौजदारी कारवाई करण्याकरिता सर्वोच्च न्यायालयात याचिका (Writ Petition (Cri.) Diary No. Rashid Khan Pathan Vs Uddhav Thackeray 5009 of 2021) ही दिनांक 22.02.2021 रोजी दाखल केली होती व त्या याचिकेची प्रत आरोपींवर तामिळ सुद्धा केली होती त्या याचिकेची प्रत आरोपींवर तामिळ सुद्धा केली होती त्या याचिकेची प्रत आरोपींवर तामिळ सुद्धा

लिक:https://drive.google.com/file/d/1HZkXKrLVf4xklvc6xtPOQTUes1min Hu9/view?usp=sharing

ती याचिका दाखल झाल्यानंतर आरोपींनी स्वतःच एकमेकांविरूद्ध आरोप करून अर्जदाराचे आरोप खरे ठरले असल्याचे सिद्ध केले होते.

अर्जदाराने आरोप केलेल्यांपैकी गृहमंत्री अनिल देशमुख व पोलिस आयुक्त परमवीर सिंग हे सध्या फरार आहे व पोलीस निरीक्षक सचिन वाझे हे तुरुंगात आहेत.

- १९. आरोपींच्या गुन्हयातील सहभागाबाबत व त्यांचे गुन्हे सिद्ध करणारे पुरावे (एकूण पाने २०००) सोबत Link वर दिली आहेत.
- २०. विनंती : तरी आपणास नम्र विनंती की,

१) लस कंपन्यांना हजारो कोटींचा गैरफायदा पोहोचवण्यासाठी भारतीय संविधान, केंद्र शासनाचे निर्देश व माननीय सर्वोच्च व उच्च न्यायालयाच्या



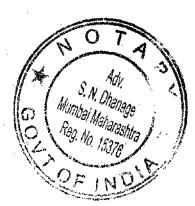
आदेशाची अवमानना करून नागरिकांच्या मूलभूत अधिकारांचे उल्लंघन करणारे व त्यांच्या जिवाला धोका निर्माण करणारे असंवैधानिक व बेकायदेशीर गुन्ह्यात वर नमूद आरोपी व त्यांना सहकार्य करणारे इतर सर्व आरोपी यांच्याविरुद्ध भारतीय दंड विधान च्या कलम 109, 166, 167, 115, 52, 192, 193, 199, 200, 302,505, 304 120(B), 34 आणी 'आपत्ति व्यवस्थापन कायदा 2005' चे कलम 51 (b), 55 आदी विविध गुन्ह्यांमध्ये फौजदारी कारवाई करण्याकरिता फौजदारी प्रक्रिया संहिता कलम 197 अंतर्गत परवानगी देण्यात यावी;

- ?) आरोपींना मुंबई महापालिकेच्या माध्यमाने बिल गेट्स व रॉकरफेलर फाऊंडेशन या संस्थाकडून लस कंपन्यांच्या फायद्याचे प्रकल्प राबविण्यासाठी मिळणारा निधी व आदित्य ठाकरे यांचे फार्मा मिफियासोबत संबंधाची चौकशी करण्याचे आदेश देण्यात यावे;.
- ३) खोट्या, बनावट व शास्त्रीय आधार नसलेल्या गोष्टींच्या आधारे आरोपींनी राज्यात मास्क व इतर विविध निर्बंध व लॉकडाऊन थोपून नागरिकांच्या रोजगाराचे, वित्त व जिवीत्वाचे अतोनात नुकसान केल्यामुळे आरोपींविरुद्ध कठोर कारवाई करून आरोपींची मालमत्ता जप्त करून सर्व नागरिकांना नुकसान भरपाई देण्यासंबंधी कारवाईसाठी योग्य आदेश देण्यात यावे;
- ४) अर्जदाराच्या जीवाचे काही बरेवाईट झाल्यास सदरचा अर्ज हेच अर्जदाराचे मृत्यूपूर्व बयान समजण्यात येवून आरोपींना माझ्या मृत्यूस जबाबदार ठरवून त्यांच्याविरुद्ध हत्येचा कट रचून हत्या. घडवून आणल्याची कारवाई करावी. आरोपींना जामीन न देता तुरुंगात ठेवून केस चालविण्यासाठी सीबीआय व इतर अधिकऱ्यांनी न्यायालयात अर्ज देण्याचे निर्देश द्यावेत.
- ५) अर्जदारास योग्य ते पोलिस संरक्षण पुरविण्याचे आदेश देण्यात यावेत.

दिनांक:-१३.१०.२०२१

स्थळ:. पुस

Reham



ANNEXURE "B"



Rashid Khan Pathan <rashidkhanpathan81@gmail.com>

[IMPORTANT] COMPLAINT AND APPLICATION UNDER SECTION 197 OF CR. PC.FOR URGENT PERMISSION TO PROSECUTE ACCUSED.

1 message

Rashid Khan Pathan <rashidkhanpathan81@gmail.com> To: governor-mh@nic.in Co: Rashid Khan Pathan <rashidkhanpathan81@gmail.com> Wed, Oct 13, 2021 at 7:13 PM

ਧੁਰਿ

माननीय श्री. भगतसिह कोश्यारी

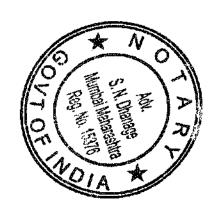
राज्यपाल, महाराष्ट्र राज्य, राजभवन, मुंबई – ४०००२३.

अर्जदार: श्री. रशीद खान पठाण, पत्र व्यवहाराचा पत्ता: १/ब/३ नित्यानंदम बाग,आर.सी मार्ग, चेंबुर, मुंबई, ४०००७४ ईमेल: rashidkhanpathan81@gmail.com

विरुद्ध

आरोपी: 1. श्री उद्धव ठाकरे मुख्यमंत्री महाराष्ट्र राज्य, मंत्रालय, मुंबई

- 2 . श्री. अजित पवार उप- मुख्यमंत्री, महाराष्ट्र राज्य, मंत्रालय, मुंबई
- श्री राजेश टोपे
 आरोग्य मंत्री , महाराष्ट्र राज्य, मंत्रालय, मुंबई
- श्री आदित्य ठाकरे
 पर्यटन मंत्री, महाराष्ट्र राज्य, मंत्रालय, मुंबई
- 5. श्री. सीताराम कुंटे मुख्यसन्दित, महाराष्ट्र राज्य, मंत्रालय, मुंबई
- 6. श्री इकबाल चहल आयुक्त, बृहमुंबई महानगरपालिका, मुंबई
- 7. श्री सुरेश काकाणी अतिरिक्त कमिशनर बृहमुंबई महानगरपालिका, मुंबई



विषय: १) लस कंपन्यांना हजारो कोटींचा गैरफायदा पोहोचवण्यासाठी भारतीय संविधान, केंद्र शासनाचे निर्देश व माननीय सर्वोच्च व उच्च न्यायालयाच्या आदेशाची अवमानना करून नागरिकांच्या मूलभूत अधिकारांचे उल्लंघन करणारे

- प्राथि। 2022, 16:43 Gmail [IMPORTANT] COMPLAINT AND APPLICATION UNDER SECTION 187 OF CR. PC.FOR URGENT PERMISSION ...

 पृच्या जिवाला धोका निर्माण करणारे असंवैधानिक व बेकायदेशीर गुन्ह्यात वर नमूद आरोपी व त्यांना सहकार्य करणारे इतर सर्व आरोपी यांच्याविरुद्ध भारतीय दंड विधान च्या कलम 109, 166, 167, 115, 52, 192, 193, 199, 200, 302,505, 304 120(B), 34 आणी 'आपत्ति व्यवस्थापन कायदा 2005' चे कलम 51 (b), 55 आदी विविध गुन्ह्यांमध्ये फौजदारी कारवाई करण्याकरिता परवानगी मिळण्यासाठी फौजदारी प्रक्रिया संहिता कलम 197 अंतर्गत अर्ज
 - २) आरोपींना मुंबई महापालिकेच्या माध्यमाने बिल गेट्स व रॉकरफेलर फाऊंडेशन' या संस्थाकडून लस कंपन्यांच्या फायद्याचे प्रकल्प राबविण्यासाठी मिळणारा निधी व आदित्य ठाकरे यांचे फार्मा मिफियासोबत संबंधाची चौकशी करण्याचे निर्देश देणेबाबत
 - 3) खोट्या, बनावट व शास्त्रीय आधार नसलेल्या गोष्टींच्या आधारे आरोपींनी राज्यात मास्क व इतर विविध निर्बंध व लॉकडाऊन थोपून नागरिकांच्या रोजगाराचे, वित्त व जिवीत्वाचे अतोनात नुकसान केल्यामुळे आरोपींविरुद्ध कठोर कारवाई करून आरोपींची मालमता जप्त करून सर्व नागरिकांना नुकसान भरपाई देण्यासंबंधी कारवाईसाठी योग्य आदेश देणेबाबत
 - ४) अर्जदाराच्या जीवाचे काही बरेवाईट झाल्यास सदरचा अर्ज हेच माझे मृत्यूपूर्व बयान समजण्यात येवून आरोपींना माझ्या मृत्यूस जबाबदार ठरवून त्यांच्याविरुद्ध हत्येचा कट रचून हत्या. घडवून आणल्याची कारवाई करावी. आरोपींना जामीन न देता तुरुंगात ठेवून केस चालविण्यासाठी सीबीआय व इतर अधिकऱ्यांनी न्यायालयात अर्ज देण्याचे निर्देश देणेबाबत.
 - ५) अर्जदारास योग्य ते पोलिस संरक्षण पुरविण्याचे आदेश देणेबाबत.

आपला

श्री. रशीद खान पठाण ईमेल:- rashidkhanpathan81@gmail.com

COMPLAINT AND APPLICATION UNDER SECTION 197 OF CR. PC.FOR URGENT PERMISSION TO PROSECUTE 698K



REPORT NO. 72



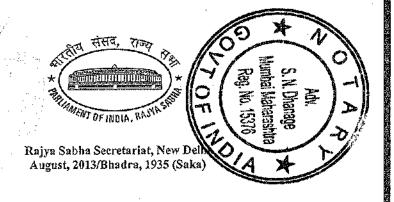
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DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

SEVENTY SECOND REPORT

Alleged Irregularities in the Conduct of Studies using Human Papilloma Virus (HPV) Vaccine by Path in India (Department of Health Research, Ministry of Health and Family Welfare)

> (Presented to the Rajya Sabha on 30th August, 2013) (Laid on the Table of Lok Sabha on 30th August, 2013)



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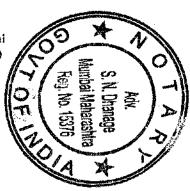
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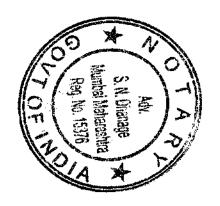


Rajya Sabha Secretariat, New Delhi August, 2013/Bhadra, 1935 (Saka)



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COMPOSITION OF THE COMMITTEE (2009-10)

RAJYA SABHA

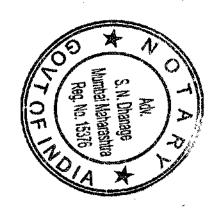
- 1. Shri Amar Singh Chairman
- 2. Shrimati Viplove Thakur
- Dr. Radhakant Nayak
- Shri Janardan Dwivedi
- Shri Balbir Punj
- 6. Dr. Prabhakar Kore
- 7. Shrimati Brinda Karat
- 8. Shrimati Vasanthi Stanley
- 89. Dr. M.A.M. Ramaswamy
- 10. Dr. Anbumani Ramadoss

LOK SABHA

- 11. Shri J. M. Aaron Rashid
- 12. Shri Ashok Argal
- 13. Shrimati Sarika Devendra Singh Baghel
- 14. Shri Vijay Bahuguna
- 15. Dr. Chinta Mohan
- 16. Shrimati Tabassum Hasan
- 17. Dr. Sanjay Jaiswal
- 18. Shri S. R. Jeyadurai
- 19. Dr. (Shrimati) Kruparani Killi
- 20. Shri N. Kristappa
- 21. Dr. Tarun Mandal
- 22. Shri Datta Meghe
- 23. Dr. Jyoti Mirdha
- 24. Shrimati Jayshreeben Patel
- 25. Shri R.K. Singh Patel
- 26. Shri M. K Raghavan
- 27. Dr. Anup Kumar Saha
- 28. Shrimati Meena Singh
- 29. Dr. Arvind Kumar Sharma
- 30. Shri Pradeep Kumar Singh
- 31. Shri Ratan Singh

SECRETARIAT

Shrimati Vandana Garg, Additional Secretary Shri R. B. Gupta, Director Shrimati Arpana Mendiratta, Joint Director Shri Dinesh Singh, Assistant Director Shri Satis Mesra, Committee Officer



[&]quot; Ceased to be a Member w.e.f. 1st July, 2010.

E Ceased to be a Member w.e.f. 30th June, 2010.

COMPOSITION OF THE COMMITTEE (2010-11)

RAJYA SABHA

- 1. Shri Brajesh Pathak Chairman
- 2. Shri Janardan Dwivedi
- 3. Shrimati Viplove Thakur
- 4. Dr. Vijaylaxmi Sadho
- 5. Shri Balbir Punj
- 6. Dr. Prabhakar Kore
- @7. Shrimati Brinda Karat
- 8. Shrimati Vasanthi Stanley
- 9. Shri Rasheed Masood
- 10. Shrimati B. Jayashree

LOK SABHA

- 11. Shri Ashok Argal
- 12. Shrimati Sarika Devendra Singh Baghel
- 13. Shri Vijay Bahuguna
- 14. Shrimati Tabassum Hasan
- 15. Dr. Sanjay Jaiswal
- 16. Shri S. R. Jeyadurai
- 17. Dr. Kruparani Killi
- 18. Shri Nimmala Kristappa
- 19. Dr. Tarun Mandal
- 20. Shri Datta Meghe
- 21. Dr. Jyoti Mirdha
- 22. Dr. Chinta Mohan
- 23. Shrimati Jayshreeben Patel
- 24. Shri R.K. Singh Patel
- 25. Shri M. K Raghavan
- Shri J. M. Aaron Rashid
 Dr. Anup Kumar Saha
- 28. Dr. Arvind Kumar Sharma
- 29. Shrimati Meena Singh
- 30. Shri Pradeep Kumar Singh
- 31. Shri Ratan Singh

SECRETARIAT

Shrimati Vandana Garg, Additional Secretary Shri R.B. Gupta, Director Shrimati Arpana Mendiratta, Joint Director Shri Dinesh Singh, Assistant Director Shri Satis Mesra, Committee Officer



Ceased to be a Member w.e.f. 18th August, 2011.

Nominated to the Committee w.e.f. 21st September, 2010.

COMPOSITION OF THE COMMITTEE (2011-12)

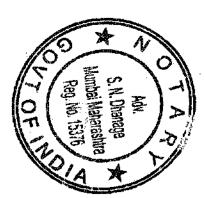
RAJYA SABHA

- 1. Shri Brajesh Pathak Chairman
- ². Shri Janardhan Dwivedi
- %3. Shrimati Viplove Thakur
- 4. Dr. Vijaylaxmi Sadho
- 5. Shri Balbir Punj
- 6. Dr. Prabhakar Kore
- 7. Shrimati Vasanthi Stanley
- Shri Rasheed Masood
- 9. Shrimati B. Jayashree
- 10. Shri Derek O'Brien

LOK SABHA

- 11. Shri Ashok Argal
- *12. Shrimati Harsimrat Kaur Badal
- @13. Shri Vijay Bahuguna
- 14. Shrimati Raj Kumari Chauhan
- 15. Shrimati Bhavana Gawali
- 16. Dr. Sucharu Ranjan Haldar
- 17. Dr. Monazir Hassan
- 18. Dr. Sanjay Jaiswal
- 19. Shri S. R. Jeyadurai
- 20. Shri P. Lingam
- 21. Shri Datta Meghe
- 22. Dr. Jyoti Mirdha-
- 23. Dr. Chinta Mohan ...
- 24. Shri Sidhant Mohapatra
- 25. Shrimati Jayshreeben Kanubhai Patel
- 26. Shri M. K. Raghavan
- 27, Shri J. M. Aaron Rashid
- 28. Dr. Arvind Kumar Sharma
- 29. Shri Radhe Mohan Singh
- 30. Shri Ratan Singh
- 31. Dr. Kirit Premjibhai Solanki

vacant vide resignation w.e.f. 30th April, 2012.



ceased to be a Member w.e.f. 27th January, 2012 and re-nominated to the Committee on 2nd February, 2012.

Vacant vide resignation w.e.f. 2nd April, 2012. Vacant vide resignation w.e.f. 9th March, 2012 and renominated as Member w.e.f. 04th May, 2012. ceased to be a Member w.e.f. 29th June, 2012.

SECRETARIAT

Shrimati Vandana Garg, Joint Secretary
Shri R. B. Gupta, Director
Shrimati Arpana Mendiratta, Joint Director
Shri Dinesh Singh, Deputy Director



COMPOSITION OF THE COMMITTEE (2012-13)

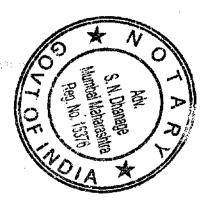
RAJYA SABHA

- 1. Shri Brajesh Pathak Chairman
- 2. Dr. Vijaylaxmi Sadho
- *3. Dr. K. Chiranjeevi
- 4. Shri Rasheed Masood
- 5. Dr. Prabhakar Kore
- 6. Shri Jagat Prakash Nadda
- 7. Shri Arvind Kumar Singh
- &8. Shri D. Raja
- 9. Shri H. K. Dua
- 10. Shrimati B. Jayashree
- '11. Shri Mohd. Ali Khan
- *12. Shri Rajkumar Dhoot

LOK SABHA

- @13. Shri Ashok Argal
- 14. Shri Kirti Azad

- 15. Shri Mohd. Azharuddin
- 16. Shrimati Sarika Devendra Singh Baghel
- 17. Shri Kuvarjibhai M. Bavalia
- 18. Shrimati Priya Dutt
- 19. Dr. Sucharu Ranjan Haldar
- 20. Mohd. Asrarul Haque
- 21. Dr. Monazir Hassan
- 22. Dr. Sanjay Jaiswal
- 23. Dr. Tarun Mandal
- 24. Shri Mahabal Mishra
- 25. Shri Zafar Ali Naqvi
- 26. Shrimati Jayshreeben Patel
- 27. Shri Harin Pathak
- 28. Shri Ramkishun
- 29. Dr. Anup Kumar Saha
- 30. Dr. Arvind Kumar Sharma
- 31. Dr. Raghuvansh Prasad Singh
- 32. Shri P.T. Thomas
- f33. Shri Chowdhury Mohan Jatua



Ceased to be Member of the Committee w.e.f. 28th October, 2012.

Ceased to be Member of the Committee we.f. 24th July, 2013.

Nominated as a Member to the Committee w.e.f. 27th August, 2013. Nominated as a Member to the Committee w.e.f. 27th August, 2013. Ceased to be Member of the Committee w.e.f. 9th January, 2013.

Nominated as a Member to the Committee w.e.f. 14th December, 2012.

SECRETARIAT

Shri P.P.K. Ramacharyulu, Joint Secretary Shri R. B. Gupta, Director Shrimati Arpana Mendiratta, Joint Director Shri Dinesh Singh, Deputy Director Shri Pratap Shenoy, Committee Officer



PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorized by the Committee to present the Report on its behalf, do hereby present this Seventy Second Report of the Committee on the "Alleged Irregularities in the Conduct of Studies Using Human Papilloma Virus (HPV) Vaccine" by Programme for Appropriate Technology in Health (PATH) in India.

- 2. The Committee first took up the issue about the trial of HPV vaccine on the children in Khammam district of Andhra Pradesh and Vadodra district of Gujarat and reported deaths of the children therefrom in its meeting held on 06th April, 2010 during the course of examination of Demands for Grants (2010-11) of Department of Health Research and sought exact status in this regard from the Secretary, Department of Health Research. Subsequently, taking serious view of the procedural and ethical lapses on the part of the Ministry, the Committee sought the matter of allowing trial of the vaccine as also the approval for its marketing in the country to be enquired into. The Committee also desired the Ministry to take further appropriate action in the matter and apprise it of the follow-up action taken in this regard at the earliest. As a sequel to the Committee's recommendation, a Committee was appointed by the Government of India to enquire into Alleged Irregularities in the Conduct of Studies Using Human Papilloma Virus (HPV) Vaccine" by Programme for Appropriate Technology in Health (PATH) in India on 15th April, 2010. The Final Report of the Committee appointed by the Government of India to enquire into Alleged Irregularities in the Conduct of Studies Using Human Papilloma Virus (HPV) Vaccine" by Programme for Appropriate Technology in Health (PATH) in India was made on 15th February, 2011.
- 3. The Committee thereafter deliberated on the subject in its meetings held on 25th July, 2011 and 24th May, 2013.
- 4. During the course of examination of the subject, the Committee heard the views of the Secretary, Department of Health Research and other officials of the Department on 25th July, 2011 and Secretary, Department of Health Research and Drug Controller General of India (DCGI) on 24th May, 2013.
- 5. During the finalization of its Report, the Committee relied upon the following documents/papers:-
 - (i) Background note received from the Ministry;
 - (ii) Final Report of the Committee Appointed by the Government of India to enquire into "Alleged Irregularities in the Conduct of Studies Using Human Papilloma Virus (HPV) Vaccine" by Programme for Appropriate Technology in Health (PATH) in India;
 - (iii) Oral Evidences tendered by Secretary, Department of Health Research and DCGI; and
 - (iv) Replies to the questionnaires received from the Department of Health Research.
- 6. The Committee considered the Draft Report and adopted the same in its meeting held on 29th August, 2013.



7. For facility of reference and convenience, observations and recommendations of the Committee have been printed in bold letters in the body of the Report.

New Delhi; 29th August, 2013 Bhadra 7, 1935 (Saka) BRAJESH PATHAK, Chairman, Department-related Parliamentary Standing Committee on Health and Family Welfare



ACRONYMS

1. AE - Adverse Event

2. AEFI - Adverse Event Following Immunization

3. ANM - Auxiliary Nurse Midwife

4. AP - Andhra Pradesh

5. AIIMS - All India Institute of Medical Sciences

6. ASHA - Accredited Social Health Activist

7. CDSCO - Central Drugs Standard Control Organisation

8. CTRI - Clinical Trials Registry- India

9. CORT - Centre for Operations Research and Training

10. DCGI - Drug Controller General of India

11. DGHS - Director General of Health Services

12. DHR - Department of Health Research

13. DG, ICMR - Director General, Indian Council of Medical Research

14. FCRA - Foreign Currency Regulation Act

15. FERA - Foreign Exchange Regulation Act

16. FEMA - Foreign Exchange Management Act

17. GCP - Good Clinical Practice

18. GAVI - Global Alliance for Vaccines and Immunizations

19. HPV - Human Papilioma Virus

20. HMSC - Health Ministry Screening Committee

21. HoD - Head of Department

22. ICMR - Indian Council of Medical Research

23. MEA - Ministry of External Affairs

24. MHA - Ministry of Home Affairs

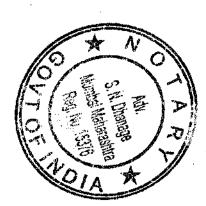
25. MoU - Memorandum of Understanding

26. MEA - Ministry of External Affairs

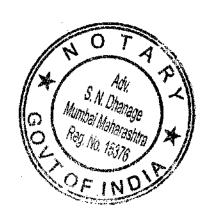
27. MHA - Ministry of Home Affairs

28. NGO - Non-Governmental Organization

29. NRHM - National Rural Health Mission



30. NTAGI	- National Technical Advisory Group on Immunizatio	n
31. O&G	- Obstetrics and Gynaecology	
32. PATH	- Programme for Appropriate Technology in Health	
33. PBC	- Public Benefit Corporation	
34. PPP	- Public-Private Partnership	
35. PSURs	- Periodic Safety Update Reports	
36. RoC	- Registrar of Companies	
37. RBI	- Reserve Bank of India	
38. SAE	- Serious Adverse Event	
39. UIP	- Universal Immunization Programme	
40. USFDA	- United States Food and Drug Administration	
41. WHO	- World Health Organisation	

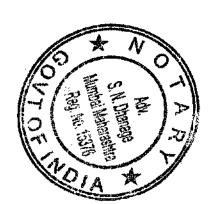


REPORT

I. BACKGROUND

- 1.1 During March, 2010 the entire world was shocked by the media reports about the deaths of some female children and adolescents in Khammam district of Andhra Pradesh after being administered Human Papilloma Virus (HPV) vaccines. The vaccination trials were carried out by an American agency viz. Programme for Appropriate Technology in Health (PATH). The project was reportedly funded by Bill and Melinda Gates Foundation, an American charity.
- 1.2 Several questions were asked and concerns expressed in the media and well meaning quarters on the role of government agencies including Indian Council of Medical Research (ICMR) and Drugs Controller General of India (DCGI) in approving and facilitating the trials, which was against ail laws of the land and even international ethical norms and rules; misuse of government funds, man-power, facilities and infrastructure for a private project of dubious nature; use of logo of National Rural Health Mission (NRHM), an official programme of the Union Government during these vaccination drives to give it respectability and official endorsement; and above all the blatant violation by PATH of all regulatory and ethical norms laid down by the Government of India for the purpose as also possible violations of such norms prescribed and very scrupulously enforced in the Country of its origin viz. United States of America.
- 1.3 Taking cognizance of these reports, the Committee (2009-10) which was examining the Demand for Grants (2010-11) of the Department of Health Research at that point of time sought a detailed clarification from the Government in the matter. In response the Secretary of the Department of Health Research and DG, ICMR informed the Committee that it was a vaccine against the Human Papilloma Virus which causes cervical cancer in women. The Drugs Controller General, India had given approval for marketing of HPV vaccines in India as a vaccine to be prescribed by the clinicians as per schedule 'Y' of the Drugs and Cosmetics Rules and then for a post-marketing surveillance trial. The Committee was informed that the proposal for trial came two years earlier (though later on during the Committee's examination it was proved that it began in 2006) before the ICMR through PATH, an American agency, and the logic for allowing the trial was to see acceptability of this vaccine on Indian population. Besides, these trials were approved by the National Ethical Committee and the State Ethical Committee.
- 1.4 Attention of the Secretary was drawn to DCGI guidelines wherein Phase III trials cannot be conducted on children until a similar trial was conducted on adults. It was admitted by the Secretary that the DCGI guidelines were not adhered to in the present case but this vaccine is given before the sexual activity begins and then it protects against cancer. That was the reason for allowing trials on girls of the age of 10-14 years. The Committee was assured that State Governments of Andhra Pradesh and Gujarat would be asked to get the ongoing clinical trial stopped immediately.
- 1.5 Hugely perturbed by these blatant violations, the Committee in its Forty first Report on Demands for Grants (2010-11) of the Department of Health Research made the following recommendations on this issue:

"Taking serious view of procedural and ethical lapses on the part of the Ministry, the Committee sought the matter of allowing trial of the vaccine as also the approval for its marketing in the country to be enquired into by a premier investigating agency and to take further appropriate follow-up action in the matter. It also asked that findings of the investigating agency and the follow-up action taken in this regard may be furnished to the



Committee at the earliest. The Committee, taking a serious view in the matter, recommends to the Department of Health Research that in future all guidelines and norms should be adhered to before allowing trials of any drug including vaccines on Indian population. The Committee also recommends that the DCGI should observe optimum precautions and follow all norms and guidelines while allowing marketing of any drug including the vaccines in the Indian market.

1.6 The Department of Health Research in its Action Taken Note on the above recommendations submitted the following:

"PATH in partnership with State Governments of Gujarat and Andhra Pradesh was implementing an operational research study related to cancer of cervix prevention in India. ICMR is providing technical support and consultation for development of protocol and plan of monitoring.

The study utilized both the brands of HPV vaccines available in the market (Gardasil by Merck in Andhra Pradesh; and Cervarix by GSK in Gujarat). In view of certain complaints received, the State Governments have been advised not to carry out further vaccination till further orders. To ascertain the facts of the matter, Minister for Health and Family Welfare appointed a Committee comprising of Dr. S.S. Agarwal, former Director, Advanced Centre for Training, Research, Education on Cancer, Dr. S.P. Aggarwal, former DGHS and Dr. Sunita Mittal, HoD, Obstetrics and Gynaecology, AIIMS to investigate ethical issues raised in the matter."

1.7 Not being satisfied with the action taken by the Government on its Recommendations, the Committee in its Forty eighth Report further recommended the following:

"The Committee observes that as a result of its intervention, the State Governments have been advised by the Department not to carry out HPV vaccinations and a Committee has been appointed to investigate ethical issues raised in the matter. The Committee is not aware about the date of setting up of the Committee. However, the absence of any specific time-line for submission of Report of the Committee in the Action Taken Note given by the Department makes the Committee somewhat apprehensive. Like so many Committees set up by the Government, findings of this Committee, as and when received, may remain on paper only. The Committee, therefore, recommends that every effort should be made to expedite the Report of this Committee so that real facts about the HPV Vaccine trial are made known without any further delay and corrective measures not only in respect of this case but for all such ongoing/proposed clinical trials of drugs/vaccines are taken. The Committee also recommends that the Department should at least now work in close coordination with other concerned departments/organizations to undertake a comprehensive analysis of the process of granting permission to research studies having hazardous effects on health and put in place a fool-proof system for pre-empting unethical research studies."

- 1.8 Considering the enormity of the wrong doing/criminality involved, and the dilly-dallying attitude of the Government in taking exemplary corrective action, the Committee took it up for detailed examination. The succeeding paragraphs contain the details of the matter, Committee's findings and recommendations.
- 1.9 Cancer of the cervix (mouth of uterus) popularly called Cervical Cancer has been there ever since the dawn of human race. Over the years, preventive and treatment protocols have been developed by medical experts.
- 1.10 The Committee was given to understand that on June 1, 2006 the American drug regulator, the U. S. Food and Drug Administration (USFDA) approved the first vaccine to prevent HPV virus



that is claimed to cause 70% of cervical cancers, under the brand name of Gardasil by a US drug company namely, Merck.

- I.11 In the very same month, an American organization called Program for Appropriate Technology in Health (PATH) embarked upon a large scale, 5-year long (June 2006 to May 2011) project with "the main objectiveto generate and disseminate evidence for informed public sector introduction of HPV vaccines" in four countries, India, Uganda, Peru and Vietnam. Interestingly these four countries have different ethnic populations: India (Indo-Aryans, Dravidians, Tribals etc.), Uganda (Negroid), Peru (Hispanics) and Vietnam (Mongoloids). The Committee has been given to understand that ethnicity is relevant in the determination of safety and efficacy of some drugs. What would be of further interest, as per World Health Organization (WHO) is that all these countries have state-funded national vaccine immunization programs, which if expanded to include Gardasil, would mean tremendous financial benefit to the then sole manufacturer.
- 1.12 With this background a clinical trial under the title 'Post-licensure observational study of Human Papilloma Virus Vaccination Demonstration Project' was undertaken by Programme for Appropriate Technology in Health (PATH), an agency of American origin. The Indian Council of Medical Research (ICMR), which is the highest body in the Country for medical research and related matters lent its platform to PATH in an improper and unlawful manner. The State Governments of Andhra Pradesh and Gujarat swayed by the involvement of ICMR followed suit.

II. NATURE OF PROJECT

- 2.1 Given the controversy surrounding the project, the Committee was keen to know from the Government the exact nature of the project. The Committee noticed that there was fundamental difference between the perceptions of Drugs Controller General of India (DCGI) and Department of Health Research (DHR)/Indian Council of Medical Research (ICMR) on the actual nature of the project. The DCGI was of the opinion that since human subjects, as part of the research, were receiving invasive intervention like vaccines, the clinical trial rules must be enforced. Experts also upheld these views and were very clear about it. However, PATH described the project as an "observational study" since "it did not conform to the definition of clinical trial".
- 2.2 The Committee found from the information furnished to it that ICMR representative on the Project Advisory Committee not only opposed DCGI but also argued that the nature of the project does not require them to follow the clinical trial rules, including reporting of serious adverse effects within a specific time-frame.
- 2.3 The Committee in this regard took note of the expert opinion given in the Inquiry Committee report which questioned the PATH description of the project and observed that since "the demonstration project is a study of a pharmaceutical product carried out on humans and since the primary objectives include the study of serious adverse effects, it is clear that clinical trial rules and guidelines should apply".
- 2.4 In fact, the Inquiry Committee in one of its findings very pointedly stated that the investigators had variously labeled the research project carried out by them as "Observational Study/Demonstrational Study," etc. to establish that the study was not a clinical trial. But, since the project had been carried as research on human participants, it had to follow all the guidelines and statutory requirements applicable for research on human participants.
- 2.5 The Committee finds the entire matter very intriguing and fishy. The choice of countries and population groups; the monopolistic nature, at that point of time, of the product being pushed; the unlimited market potential and opportunities in the universal immunization programmes of the respective countries are all pointers to a well planned scheme to commercially exploit a situation. Had PATH been successful in getting the HPV



vaccine included in the universal immunization programme of the concerned countries, this would have generated windfall profit for the manufacturer(s) by way of automatic sale, year after year, without any promotional or marketing expenses. It is well known that once introduced into the immunization programme it becomes politically impossible to stop any vaccination. To achieve this end effortlessly without going through the arduous and strictly regulated route of clinical trials, PATH resorted to an element of subterfuge by calling the clinical trials as "Observational Studies" or "Demonstration Project" and various such expressions. Thus, the interest, safety and well being of subjects were completely jeopardized by PATH by using self-determined and self-servicing nomenclature which is not only highly deplorable but a serious breach of law of the land. The Committee is not aware about the strategy followed by PATH in the remaining three countries viz. Uganda, Vietnam and Peru. The Government should take up the matter with the Governments of these countries through diplomatic channels to know the truth of the matter and take appropriate necessary action, accordingly. The Committee would also like to be apprised of the responses of these countries in the matter.

III. ROLE OF DEPARTMENT OF HEALTH RESEARCH/INDIAN COUNCIL OF MEDICAL RESEARCH

- 3.1 One of the functions mandated to the Department of Health Research/ICMR is promotion and coordination of basic, applied, clinical and operational research in medical, health and biomedical field through development of infrastructure, manpower and skills. Uniform Ethical Guidelines for bio-medical Research on human subjects are incorporated in Good Clinical Practice (GCP) and ICMR documents. These guidelines outline the procedure for Ethics Committees review of clinical trials in India using the human beings as participants. All institutions and investigators in the country which carry out any form of biomedical research involving human beings are obliged to follow these guidelines in letter and spirit to protect participants.
- 3.2 As per the records made available to the Committee, the first documented contact made by PATH with ICMR took place, as early as, on 5th October 2006. An employee of PATH India sent an e-mail to Deputy Director of National AIDS Research Institute, ICMR expressing sorrow that she could not travel to Seattle, United States for "Formative Research Workshop" (on HPV vaccine) scheduled for October 24-26, 2006. Apparently, PATH functionaries were in touch with ICMR officials on an informal basis in the past.
- 3.3 Within a few days, a meeting took place between PATH and ICMR officials on 13 October, 2006 at PATH office in New Delhi where it was stated that "HPV vaccine, when available (in India), can prevent HPV and cervical cancer." The possibility of Global Alliance for Vaccines and Immunizations (GAVI) subsidizing the cost of vaccine for the first 2 4 years was also mentioned. Evidence (on role, utility of vaccine) made available to Government of India and States would "help to decide on public sector (State funded) introduction of the vaccine."
- 3.4 On 16 November, 2006, a draft Memorandum of Understanding (MoU) between PATH and ICMR was circulated by PATH which stated that "Parties (PATH and ICMR) desiring to explore collaboration to support public sector decision regarding HPV vaccine introduction in India and to generate necessary evidence to allow the possible introduction of HPV vaccine into India's Universal Immunization Programme."
- 3.5 Thus as early as October-November 2006, it was clear that the main objective of PATH project was to generate evidence that would facilitate the introduction of HPV vaccine Gardasil into government-funded immunization program in India. This appears to be a promotional activity for the benefit of manufacturing company because at that time only one HPV vaccine, Gardasil had been approved abroad, though not in India. Indeed "the key object of the project activities in India

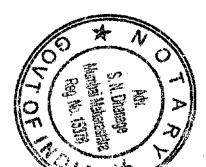


is to gather information and help the government make a decision about the introduction of HPV vaccine". The Country Director of PATH in India emphasized that "this needs to be our consistent message throughout the project." In the formal proposal submitted by PATH to the ICMR on Project Proposals involving Foreign Collaboration/Assistance, the applicant clearly stated under Para 9. Objectives of the Project: "..........Introduction of HPV vaccines into Universal Immunization Program." The Committee found repeated mention of similar objectives at several places in various documents submitted by the Ministry. The Memorandum of Understanding (MoU) was signed by PATH and ICMR on 20 February, 2007. At that time only Gardasil was marketed in some countries in the world though not approved for use in India. The MoU stated that the purpose of the project was:

(i) Increasing understanding of HPV vaccine (i.e. Gardasil) introduction.

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- (ii) To help in decision-making related to the use of HPV (i.e. Gardasil) vaccine in the public and private sector.
- 3.6 The Committee enquired from the Secretary of Department of Health Research (DHR) and DG, ICMR, as to whether the Department or CDSCO, before approving the project had really reviewed its actual design. The Committee highlighted the observations of the experts of the Inquiry Committee who have opined that the design of the project itself was faulty. For instance, in the documents there was no column whatsoever for Serious Adverse Events (SAE) and no diary was to be maintained as part of the protocol.
- 3.7 Moreover, much before the trials started, many expected side effects including anaphylaxis (severe allergic reaction), syncope, convulsions, asthma, central demyelinating diseases, acute disseminated encephalomyelitis, Idiopathic Thrombopenia Purpura, etc. were known. And astonishingly, as the records stated, while ICMR functionary was worried of bad publicity in case of side effects, PATH did not provide for urgent expert medical attention in case of serious adverse events whether known or unexpected.
- 3.8 After going through the final report and interactions with the Secretaries of the Department of Health and Family Welfare and the Department of Health Research/ICMR and DCGI, the Committee felt that it needs clarification as to under what category, permission was given to PATH to conduct such study on the Indian people and whether the programme was a clinical trial or promotional activity. The Committee took note of the fact that the Enquiry Committee meeting held on September 27, 2010, noted as under (Annexure-A):
 - "....Besides the factual information about the terms of reference the Committee was greatly concerned with the aspect of commercial interests of manufacturers influencing the Government policy on this expensive vaccine. The committee observed that the study was initiated by PATH on its own without any reference from the National Technical Advisory Group on Immunization (NTAGI), the official body of the GOI on vaccines....It is not clear whether the State expenses were funded by PATH or came from their own resources. The monetary contributions of ICMR are also not clear. The Committee therefore felt that it would be in the fitness of the inquiry to document the sources and magnitude of funding of the study".
- 3.9 In this connection, the Committee also noted that one of the roles assigned to ICMR in the MOU signed by the Director General of the ICMR was "advising on plans for results dissemination to support decision making for use of the HPV vaccine".
- 3.10 The Committee is unable to understand as to how ICMR could commit itself to support "the use of the HPV vaccine" in an MOU signed in the year 2007 even before the vaccine was approved for use in the country, which actually happened in 2008. The



Committee also questions the decision of ICMR to commit itself to promote the drug for inclusion in the Universal Immunization Programme (UIP) even before any independent study about its utility and rationale of inclusion in UIP was undertaken.

- 3.11 The Committee noted that there were many gaps and missing links in the whole episode and enquired as to when ICMR came into contact with PATH. First a vaccine should get the approval from the Government and then only it can be used in UIP. Secretary, Department of Health Research/DG, ICMR while responding to the queries, informed that the first discussion with the PATH was held in 2006 followed by signing of agreement in the year 2007. At that time HPV vaccine had not been approved in India and no study was conducted on it. This was all a preparatory exercise.
- 3.12 The Committee was informed that the trial was on the two vaccines approved by DCGI. It was also stated that these vaccines had been tested abroad and on a limited number of people in India as per rules following which DCGI had given the approval for their marketing in the country, and then a post-marketing surveillance trial.
- 3.13 The Committee in this connection took note of the fact that before any drug is tested especially on a large population of 25,000-32,000 children between the age of 10 to 14, then according to the CDSCO guidelines, no such trial can be conducted on children until a similar, prior trial is conducted on adults to determine efficacy and safety.
- 3.14 The Secretary, Department of Health Research/DG, ICMR while deposing before the Committee in its meeting held on 25th July, 2011, stated that the terms of reference of the Enquiry Committee was to find out any relation between the deaths with the administration of vaccine and any incidents of irregularities in the implementation of the study. He stated that the Enquiry Committee concluded that the deaths reported during trial had no uniform pattern to link them to the administration of vaccines.
- 3.15 The Committee noted that all the seven deaths were summarily dismissed as unrelated to vaccinations without in-depth investigations. According to Inquiry Committee report, the speculative causes were suicides, accidental drowning in well (why not suicide?), maleria, viral infections, sub-arachnoid haemorrhage (without autopsy) etc. The Committee has been given to understand that suicidal ideation is caused by many drugs. Since then one more death due to suicide in case of Gardasil has been reported in addition to 5 deaths reported during 2009-10. Therefore, HPV vaccine as a possible, if not probable, cause of suicidal ideation cannot be ruled out.
- 3.16 The Secretary of DHR/DG, ICMR acknowledged that certain irregularities were reported in the implementation of the project. With regard to Informed Consent, he said that though the consent was taken properly in Gujarat, there were gross violations of norms in Andhra Pradesh. He informed the Committee that DCGI, had sought explanation for the incidents of irregularities.
- 3.17 The Committee took note of Secretary's comments but sought to know as to how ethical it was on the part of ICMR to become a party to a project in the name of Public-Private Partnership (PPP mode). How ICMR, which is mandated to formulate ethical guidelines for researchers, can become a direct party in such a study. The Secretary, Department of Health Research admitted that presence of ICMR in the Project's Advisory Committee-responsible and accountable for various acts of omissions and commissions-clearly indicates Conflict of Interest. Therefore, ICMR owes full moral responsibility for numerous irregularities reportedly committed in the study.
- 3.18 The Committee feels that there was serious dereliction of duty by many of the Institutions and individuals involved. The Committee observes that ICMR representatives, instead of ensuring highest levels of ethical standards in research studies, apparently acted at the behest of the PATH in promoting the interests of manufacturers of the HPV Vaccine.



- 3.19 It was unwise on the part of ICMR to go in the PPP mode with PATH, as such an involvement gives rise to grave Conflict of Interest. The Committee takes a serious view of the role of ICMR in the entire episode and is constrained to observe that ICMR should have been more responsible in the matter. The Committee strongly recommends that the Ministry may review the activities of ICMR functionaries involved in PATH project.
- 3.20 Secretary of Department of Health Research and DG ICMR in their defense also claimed that the ICMR had fulfilled the written role entrusted to it but the irregularities that took place during the implementation of the study clearly indicate that there were certain micro (ground) level issues requiring more attention. For instance, it was noticed that States were not even capable of monitoring the adverse effects. He stated that this all was a learning exercise.
- 3.21 It maybe pertinent to mention here that the safety, efficacy and introduction of vaccines in Indía is handled by National Technical Advisory Group on Immunization (NTAGI). Thus, at the very outset, ICMR should have either referred PATH to NTAGI or at least taken NTAGI on board.
- 3.22 The Committee from its examination has found that DHR/ICMR have completely failed to perform their mandated role and responsibility as the apex body for medical research in the Country. Rather, in their over-enthusiasm to act as a willing facilitator to the machinations of PATH they have even transgressed into the domain of other bodies/agencies which deserves the strongest condemnation and strictest action against them. The Committee fails to understand as to why ICMR took so much interest and initiative in this project when the safety, efficacy and introduction of vaccines in India is handled by National Technical Advisory Group on Immunization (NTAGI). The submissions of the Secretary, DHR/DG, ICMR before the Committee about the commencement of the project, facts of the case and the action taken have also failed to stand scrutiny during the Committee's examination of the matter. The Committee, therefore, reiterates the recommendation made in their Forty-first Report that the matter of allowing trial of the vaccine as also the approval for its marketing in the Country be inquired into by a premier investigating agency and appropriate action be taken thereafter by the Government in the matter. The Committee expects the Government not to procrastinate in this matter any further.

IV. ROLE OF DRUG CONTROLLER GENERAL, INDIA (DCGI)

- 4.1 The Committee noted that as per Rule122-DA and Schedule Y of the Drugs and Cosmetics Rules, 1945 made under the Drugs and Cosmetics Act, 1940, no clinical trial on a drug can be conducted except under, and in accordance with the permission in writing, of the Licensing Authority i.e. DCGI. All vaccines are deemed to be drugs. Clinical trials of pharmaceutical products are conducted on human subjects in the country to determine or verify safety and/or efficacy. Every permission for conducting clinical trials also, inter alia, includes a condition that in event of trial related injury or death, the sponsor will provide complete medical care as well as compensation. Statement to this effect needs to be incorporated in the Informed Consent Form. The details of compensation provided are to be intimated to the office of DCGI.
- 4.2 The Committee noted from the evidence available that the nature of the PATH project made it Post-marketing Phase IV Clinical Trial under Drugs and Cosmetic Rules. It was on this basis that DCGI approved the clinical trial on 22 April, 2009 and had earlier issued import licenses on 23 December, 2008 though it was incorrect on the part of DCGI to issue import licences on Form 11 under Rule 33 which states:

Import of drugs for examination, test or analysis: Small quantities of drugs the import of which is otherwise prohibited under section 10 of the Act may be imported for the purpose of examination, test or analysis subject to the following conditions:



- (a) No drug shall be imported for such purpose except under a licence in Form 11;
- (b) the licensee shall use the substances imported under the license exclusively for purposes of examination, test or analysis and shall carry on such examination, test or analysis in the place specified in the license, or in such other places as the licensing authority may from time to time authorize.
- 4.3 Since both Gardasil and Cervarix had received marketing approval from CDSCO on 4 July, 2008 and 10 September, 2008 respectively, DCGI should have issued Import Licenses on Form 10 which is applicable to import of drugs already approved.
- 4.4 The so called Demonstration Project of PATH has the objectives as follows:

Primary Outcomes:

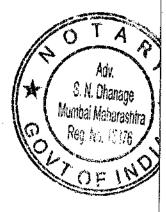
- · Number and percentage of vaccinated girls.
- Number and percentage of vaccinated girls experiencing Serious Adverse Events (SAEs)
- Number and percentage of vaccinated girls experiencing non-Serious Adverse Events.
- · Timeliness of reporting SAEs to local, state and national authorities.
- · Timeliness of reporting Non-SAEs to local, state and national authorities.
- 4.5 Thus it is clear that PATH project had two well defined and specific objectives:
 - (a) The commercial objective of the project was to generate evidence, data and arguments to support inclusion of HPV vaccines into India's state-funded Universal Immunization Program (UIP), and
 - (b) The scientific purpose was to collect data on serious and non-serious adverse effects. Given that similar projects were launched in Peru, Uganda and Vietnam, the entire exercise would have collected side effect profiles of HPV vaccines in all the ethnic groups that reside in developing countries. Such data would be invaluable to promote the two branded, patented, single source HPV vaccines as safe all over the world.
- 4.6 The Committee's examination has proved that DCGI has also played a very questionable role in the entire matter. Initially, it took a call that since human subjects, as part of the studies, were receiving invasive intervention like immunization, clinical trial rules must be enforced. However, it remained as a silent spectator thereafter, even when its own rules and regulations were being so flagrantly violated. The approvals of clinical trials, marketing approval and import licenses by DCGI appear to be irregular. Therefore, the role of DCGI in this entire matter should also be inquired into.

V. MARKETING APPROVAL TO HPV VACCINES IN INDIA

5.1 Before approving any new drug (including new vaccines), under Drugs and Cosmetics Rules, it is mandatory to conduct Phase III clinical trials in India to determine any ethnic differences in the safety and efficacy profiles. As per records made available to the Committee the following clinical trials, albeit, under various names, were conducted:

Gardasil (Merck):

Clinical trials were conducted on 108 subjects (girls in the age group of 9-15 years). Several violations took place in the trial: (a) trials should have been conducted in adults first before exposing children to known and unknown side effects, (b) in adolescents and



children the trials should have been conducted from "top to bottom" age groups *l.e.* first in adolescents (13-15 years) followed by children (9-12 years). This was not done. Vaccines were administered to children irrespective of age at the same time.

Cervarix (GSK):

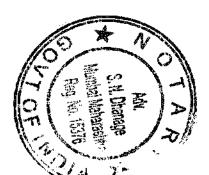
Clinical trials were conducted on 162 subjects (adults in the age group of 18-35 years). Yet permission was given to use the vaccine in children (10-14 years) in violation of rules.

VI. INQUIRY COMMITTEE

- (a) Composition and Terms of Reference
- 6.1 The Committee was informed that because of the concerns raised at different fora, the study was suspended and an Enquiry Committee was constituted by the Govt. of India vide notification No. V.25011/160/2010-HR dated 15th April, 2010, to enquire into "Alleged irregularities" in the conduct of studies using Human Papilloma Virus (HPV) vaccines by PATH in India.

The inquiry committee consisted of the following:

- Dr. S.S. Agarwal, former Director, Advanced Centre for Training, Research, Education on Cancer,
- (2) Dr. S.P. Aggarwal, former DGHS, and
- (3) Dr. Sunita Mittal, HoD, Obstetrics and Gynaecology, AHMS
- 6.2 The terms of reference of the Committee were to enquire into:
 - (i) Link between the deaths and vaccine, if any, and
 - (ii) Ethical Issues of subjecting children of marginalized populations to these studies, and investigations in children without appropriate Consent.
- 6.3 The Committee was assisted by the following experts:
 - (i) Dr. Rani Kumar, Dean, AHMS
 - (ii) Dr. A. K. Dutta, Head of Pediatrics, Kalawati Saran Hospital
 - (iii) Dr. Y. K. Gupta, Head of Pharmacology, AIIMS
- (b) Conflict of Interest
- 6.4 The Committee sought information from the Ministry of Health and Family Welfare (MoHFW) as to whether members of the Inquiry Committee were asked to file Conflict of Interest declarations. In response the Ministry replied: "No written Conflict of Interest declarations were sought from the core members of the Inquiry Committee as well as experts. It was understood that if there is any conflict, highly learned members will point it out."
- 6.5 In order to verify the Ministry's claim, the Committee picked just one member i.e., Professor and HoD of the Department of Obstetrics and Gynaecology (O&G) of All India Institute of Medical Sciences (AIIMS). It was found that manufacturers of Gardasil, Merck was sponsoring and funding a trial in the Department of O&G at AIIMS to determine if 2 doses of Gardasil can be used safely and effectively instead of 3 doses. Documents received by the Committee in connection with the examination of AIIMS also revealed that the individual in question availed the hospitality of these very sponsors during the said individual's visit to Seoul to attend a conference.

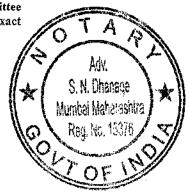


The FCRA application form was, therefore, deliberately left incomplete to hide this truth. All these speaks of a serious conflict of interest of this member of the Inquiry Committee.

6.6 The Committee also found that the Ministry appointed a senior official of ICMR (described as Resource Person) to assist the Inquiry Committee. The concerned individual was the main link between ICMR and PATH, and had participated actively in all discussions, meetings and helped PATH to carry out the project proactively in every respect right from the beginning in October 2006. As such he had a clear Conflict of Interest and could not be relied upon to give correct information and unbiased opinion. Indeed he should have been summoned as a witness to answer questions and not as an official Resource Person attached to the Enquiry Committee.

(c) Adverse Events Reporting

- 6.7 The Committee examined the final Report of the Inquiry Committee constituted to enquire into the alleged irregularities in the conduct of studies using HPV vaccines by PATH in India. In its first meeting held on 21-4-2010, the Inquiry Committee sought details on the following core issues:
 - 1. When did PATH approach ICMR for trial runs?
 - 2. With whose permission was MOU signed?
 - 3. Did President of ICMR approve?
 - 4. Whether it had approval of the Screening Committee?
 - 5. Approval of DCGI.
 - 6. Details of reimbursements provided so far by PATH to ICMR
 - 7. Names of beneficiaries.
 - 8. Expenditure incurred by ICMR so far on all items including travel expenses.
- 6.8 However in its second meeting on 30 April, 2010, no discussion took place on the above crucial issues since the Inquiry Committee wished "to restrict itself to the terms of reference."
- 6.9 Inexplicably, however, as the records placed before the Committee proved, this decision did not prevent the Inquiry Committee from going into and recommending actions on other matters far beyond the terms of reference.
- 6.10 The Committee notes that once this matter was taken up by it, the Government appointed an Inquiry Committee on 15 April, 2010 to inquire into 'alleged irregularities in the conduct of the studies using HPV vaccines by PATH in India'. The Committee has noted the serious conflict of interest of members of this Inquiry Committee with the subject matter. The Committee, therefore, strongly deprecates the Government for appointing a committee to inquire into such a serious matter in such a casual manner even without ascertaining as to whether any of the members of the said Inquiry Committee were having any conflict of interest with the subject matter of inquiry.
- 6.11 The Committee finds it very intriguing as to when the Inquiry Committee after having sought details of some core issues in the very first meeting of the Committee on 21 April, 2007 subsequently chose not to pursue them purportedly because 'it wanted to restrict itself to its terms of reference'. These core issues raised by the Inquiry Committee earlier, if pursued to their logical end, would not only have provided the Inquiry Committee a lot more clarity in unraveling the truth but also the Country would have known the exact details as to what transpired in this sordid incident.



(d) Informed Consent

- 6.12 Obtaining Informed Consent from study subjects is a core requirement in the conduct of clinical trials and protection of human rights. In case of minors, the Consent has to be signed by parents/guardians. In the case of uneducated signatories, an independent person has to explain and witness the consent process. The Informed Consent document approved by various Ethics Committees on PATH project included the sentence: "I have read the information in this consent form (or it has been read to me). I consent to allow my daughter to receive three doses of HPV vaccines." In the case of Andhra Pradesh 9,543 forms were signed, 1,948 had thumb impressions while hostel warden had signed 2,763 forms. In the case of Gujarat 6,217 forms were signed, 3,944 had thumb impressions and 545 were either signed or carried thumb impression of guardians. The data shows that a very large number of parents/guardians were illiterate and could not even sign in their local language i.e. Telugu or Gujarati.
- 6.13 One of the experts, while going into the question of Informed consent in great detail, in two reports, has pointed out glaring discrepancies. Out of 100 consent forms for AP Project taken for study, it was found that signatures of witnesses were missing in 69 forms. In many forms there were no dates while in others the signature of just one person appeared in seven forms The legality of the Andhra Pradesh State Government circular directing all Headmasters/Wardens in all private/government/ashram schools to sign the consent forms on behalf of parents/guardians was also questionable.
- 6.14 The Inquiry Committee, while going through the above report, noticed the following irregularities and discrepancies in the study:
 - (i) The warden/teachers/headmasters were not given written permission by the parents/ guardians to sign on behalf of their girls.
 - (ii) On many forms witness had not signed and of the forms which are signed, it is not clear whether they are signed by full time government employees, as per rules.
 - (iii) Neither the photograph nor the photo ID card of parents/guardians/wardens is pasted in consent form.
 - (iv) On many forms investigator has not signed.
 - (v) On some forms signature of parents/guardians is not matching with their names.
 - (vi) The date of vaccination is much earlier than the date of signature of parents/guardian in the consent forms. Apparently they were obtained post-facto.
 - (vii) In some forms, the name is of the father but signature is of probably mother (lady's name).
- 6.15 Secretary, DHR and DG, ICMR while deposing before the Committee, reiterated that the regulatory approvals given to the project were in proper order and due attention was paid to the guidelines and formats for seeking consent. However, during the implementation of the project certain irregularities took place. He admitted there were cases of discrepancies in A.P. He admitted that many consent forms were filled up by the Principal on behalf of the students. He admitted to gross violation in the recording of SAEs also. He informed the Committee that keeping all these observations in view the DCGI, besides issuing immediate instructions to stop the study, had sought explanations for irregularities committed during the study.
- 6.16 The Committee observes that obtaining informed consent from study subjects is a fundamental requirement in the conduct of clinical trials to ensure that the human rights of the study subjects are ensured. In case of minors it is mandatory that the consent be



signed by parents/guardians. For the uneducated subjects, the law requires an independent person to explain and witness the consent process. The Committee is however, deeply shocked to find that in Andhra Pradesh out of the 9543 forms, 1948 forms have thumb impressions while hostel wardens have signed 2763 forms. In Gujarat, out of the 6217 forms 3944 have thumb impressions and 5454 either signed or carried thumb impressions of guardians. The data also revealed that a very large number of parents/guardians are illiterate and could not even write in their local languages viz. Telugu or Gujarati. The Committee is further shocked to find from one of the reports that out of 100 consent forms for Andhra Pradesh project signatures of witnesses were missing in 69 forms. In many forms there were no dates. One particular person had signed seven forms. In fact the legality of Andhra Pradesh State Government directing headmasters in all private/ Government/ashram/schools to sign the consent form on behalf of parents/guardians is highly questionable. The absence of photographs of parents/guardians/wardens on consent forms, the absence of signatures of investigators; the signatures of parents/guardians not matching with their names; the date of vaccination being much earlier than the date of signature of parents/guardian in the consent forms, etc. all speak of grave irregularities.

- 6.17 The Committee, accordingly, concludes that most, if not all consent forms, were carelessly filled-up and were incomplete and inaccurate. The full explanation, role, usefulness and pros and cons of vaccination had not been properly communicated to the parents/guardians. The Committee observes that there is a gross violation of the consent and legal requirement of consent which had been substantiated by the experts. The Committee takes a serious view of the violations and strongly recommends that on the basis of the above facts, PATH should be made accountable and the Ministry should take appropriate action in the matter including taking legal action against it for breach of various laws of the land and possible violations of laws of the Country of its origin.
- 6.18 The Committee was informed that the basic aim of the study was to evaluate strategies for introduction and delivery of the vaccines in the public sector. Strangely four of the five primary outcome measures proposed in the study related to evaluation and determination of safety of the vaccines.
- 6.19 One of the experts has stated that there was lack of rigour in the design regarding reporting and dealing with serious adverse events. He has pointed out absence of preparedness in the event of any such occurrence that would put children at grave risk. The side effects mentioned by the manufacturers themselves were revised several times and now include serious health issues. Since there were contra-indications to the use of the vaccines, the reasons for not ascertaining contra-indications before the girls were vaccinated is clearly an act of willful negligence. The design of the project neither took the possibility of Serious Adverse Event (SAE) seriously nor was there any attention paid to the need for an independent monitoring agency. Consequently action on investigations into the causes of deaths took an unacceptably long time. A number of discrepancies and gaps in the investigations of the deaths have also been pointed out. There was no diary card based reporting of adverse events for recording minor or major adverse events in the study protocol in such a large study. This resulted in gross under reporting of the adverse events.
- 6.20 Another expert, while analyzing deaths and Adverse Events Following Immunizations (AEFI) has observed after reviewing all seven deaths (five deaths from AP in the Gardasil group and two deaths in Gujarat from Cervarix group), that there was no common pattern to the deaths that would suggest that these were caused by the vaccine. However, the reporting system as per Government of India surveillance of vaccine preventable disease guidelines notification was not done within time limit in two cases in AP and both the cases in Gujarat. There was no uniformity in the reporting system of AEFI in both the States. The primary end point of the study was to



find out the number of girls having serious and non serious adverse events following vaccination through routine UIP system. He has opined that in this regard first of all routine system of reporting should have been verified in both States.

Another expert has stated that the reporting of non-serious AEs was grossly under reported and hence the accuracy of SAEs is doubtful as well. It has been observed that delay in reporting and investigations of deaths could have been due to sole dependence on routine UIP protocol. It was a significant lapse in the protocol and execution of the study. While reporting on safety aspects in the study, it has been pointed out that there was absence of preparedness to handle Serious Adverse Events (SAE) like anaphylaxis, cardiac arrest, seizures, etc. occurring at the sites of vaccine administration. Though such serious adverse events might be rare but it was advisable to be well prepared for such an eventuality through adequate training of health workers. Assessment of the immune status of the participants by the ANM, ASHA or the health workers was virtually non-existent. These issues needed to be addressed as prescribing information of the HPV vaccines specifically contra-indicates administration in immune-compromised subjects (such as HIV/AIDS etc.).

6.22 The Committee, in the light of the observations made by experts, feels that the methodology and implementation of the study at both the places was full of flaws. The Committee is of the view that since the population under study was vulnerable, utmost caution should have been exercised in the implementation of the study. The Committee also recommends that there should be an independent monitoring mechanism in such a study involving human participants so that the accurate recording of AEs and SAEs could be made. The findings of the experts clearly indicate that the safety and rights of the children in this vaccination project were highly compromised and violated. The Committee is also concerned over the fact that there was no insurance cover for the children. The Committee strongly recommends that while allowing any such trial in future, all the lapses pointed out by the experts should be addressed effectively. ICMR and DCGI should ensure strict adherence to the guidelines, methodology and monitoring.

(e) Role of Ethics Committees

6.23 While examining the role of the Ethics Committees in both the States, one of the experts pointed out that Ethics Committees were supposed to meet periodically to evaluate and monitor the progress of the project and review SAE reports. No such meetings were held by the Committees. Only after reports of deaths appeared in the media, the meetings of these Committees were held.

6.24 The Committee takes a serious note of the fact that both the Ethics Committees existed only as a formality and they did not play the role they were designated for. This is a clear dereliction of duty on the part of the Ethics Committees. The Committee apart from recommending suitable action in the matter, strongly recommends that there should be a mechanism in place to take appropriate action against such dereliction of duty on the part of the Ethics Committees. There should be specific guidelines for Ethics Committees and the Ethics Committees should strictly follow them. The functioning of Ethics Committees should be regularly monitored.

(f) Use of Official Machinery

6.25 The Committee has noted that the information/publicity material displayed/distributed at trial sites implied that the Government had started a vaccination programme. Thus, the credibility of the Universal Immunization Programme (UIP) was used to promote private, foreign interests. It has



been found that the funds meant for the NRHM were used, without authorization for monitoring and transportation of the vaccines to the fields for use in the project.

- 6.26 The Committee observes that the wrongful use of the NRHM logo for a project implemented by a private, foreign agency as well as the identification of this project with the UIP has adversely affected and damaged the credibility of the programme as well as that of the NRHM. The Committee, therefore, recommends that such practices of diverting public funds for advancing interests of a private agency should never be allowed in future. The Committee strongly recommends that strict action should be taken against those officials responsible for such lapses.
- 6.27 Besides, the Committee notes that no information had been provided to Indian authorities about funding of the project except that it was reportedly funded by Bill and Melinda Gates Foundation and that the vaccines had been donated by the manufacturers. The information regarding financial investments of ICMR and State Governments in the project was not provided, though the States clearly provided cold chain and manpower for immunization. The Committee, accordingly, observes that it might have been more prudent if the National Technical Advisory group on Immunization (NTAGI) had been brought into the picture right in the beginning to review and give its views on the study prior to its approval and implementation.
- 6.28 No information is available on the total outlay on the project spent by PATH, ICMR, state governments of Andhra Pradesh and Gujarat (immunization staff, cold chain system, equipment, transportation etc.). According to the documents submitted by PATH to ICMR/Health Ministry Screening Committee, the total outlay by PATH for expenses in India was Rs. 29,76,000. However Centre for Operations Research and Training (CORT), a sub-contractor of PATH had quoted US\$ 83,889 (first year) and US\$ 96,472 (second year), which is not included in the figure submitted to ICMR/HMSC.
- 6.29 Considering the above lapses and irregularities committed by PATH during the course of conducting the trials on hapless tribal children in Andhra Pradesh and Gujarat, the Committee is convinced that the authorities concerned did not exercise due diligence in scrutinizing the publicity material of PATH. Blurring the distinction between the UIP and PATH project due to the involvement of the State Governments in the project and ignoring the financial contribution of ICMR and the State Governments are very serious issues. The Committee, therefore, recommends that the Ministry should investigate into the above acts of omissions and commissions and take necessary action against those who are found responsible for breach of rules and regulations.

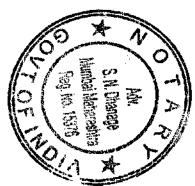
(g) Action taken on the Inquiry Committee Report

- 6.30 With a view to find out the action taken by the Government on the findings of the Inquiry Committee, the Committee again heard the Secretary, Department of Health Research/DG, ICMR along with DCGI at its meeting held on 24th May, 2013. The Secretary informed the Committee that after the submission of Report by the Inquiry Committee, they were formally called to give explanation in the year 2011. In addition, clarifications were also sought from them in between which were formally answered to. The Committee in the said meeting desired to know whether criminal inquiry, if any, has been initiated against PATH on account of the following irregularities in the conduct of trial as pointed out by the Inquiry Committee:
 - Irregularities in obtaining consent forms and actual implementation of the consent process;
 - (ii) Lack of monitoring and preparedness to deal with serious adverse events;



- (iii) Inclusion of vulnerable and tribal population groups;
- (iv) Blurring of distinction between Universal Immunization Programme and PATH study;
- (v) Absence of insurance coverage for the study participants; and
- (vi) Inclusion of the statement in the consent form that "you will not be charged for your daughter to receive the vaccine" that could be construed as covert inducement.
- 6.31 The Committee also sought to know as to whether any compensation was awarded to the families of children for suppression of material information before administering vaccines.
- 6.32 The Committee also took note of the Action Taken Note submitted by Department of Health Research wherein it was informed that subsequent to findings of the Inquiry Committee following action was taken:
 - (i) PATH was informed about suggestions made by the Committee;
 - (ii) Principal Investigators of other suspended studies on HPV vaccines were informed to get their studies re-examined from respective Ethics Committees after addressing the concerns raised by the Inquiry Committee;
 - (iii) DCG(I) was informed of the suggestions of the Committee for necessary action; and
 - (iv) Suggestions were forwarded to the relevant authority for inclusion in the Draft bill on Biomedical Research on Human Subjects.
- 6.33 DCG(I) informed the Committee that subsequent to findings of the Inquiry Committee; the following action was taken:
 - (i) Both the manufacturers of HPV vaccines have been asked to submit additional data for 4 years on PSURs (Periodic Safety Update Reports), every 6 months for first 2 years, and annually during the subsequent 2 years, and to submit protocol for approval for conducting post marketing surveillance study;
 - (ii) Proposal to amend the definition of "New Drug" under rule 122-E would be taken up for consideration; and,
 - (iii) In future the following steps would be ensured before approving a clinical trial by DCG(I): (a) every clinical trial is to be registered at ICMR's clinical trial registry of India; (b) every approval would include a condition for provision of complete medical care in case of study related injury/death and the statement to this effect is to be included in the informed consent: (c) DCG(I) should be informed about death/injury: (d) Schedule 'Y' would be amended to expand the responsibilities of sponsors, investigators and Ethics Committees; and (e) the consent forms are to be amended to include details of address and occupations of subject giving socio-economic background.
- 6.34 The Committee is amazed at the audacity of DCGI to merely repeat various steps which it proposes to take as if they are new, additional measures. All these are already part of the written rules and are supposed to be followed by all sponsors. Except for slight amendment in the Informed Consent Form, there is nothing new in the ATN submitted by DCGI.

6.35 The Committee observes that the Department has nothing fresh to offer in the status note as the same information was furnished by it in December, 2012 vide its updated note on Action Taken after availability of Report of enquiry Committee.



- 6.36 The Committee not being convinced with the action taken by the Department or DCGI, feels that the whole issue has been diluted and no accountability has been fixed on the erring Officials/Departments for the gross violations committed in the conduct of Study. The Committee also feels that a very casual approach has been taken by the Department in the matter and their replies lack any concrete action to protect and safeguard the health of our people.
- 6.37 The Committee also noticed lack of firm action on the part of DCGI, to avoid such irregularities in future. One of the actions proposed by the DCGI to check any recurrence of such gross violations was 'proposal to amend the definition of New Drug during the next meeting'. The same assurance was given by DCGI in December, 2012. The Committee, accordingly, observes that response of the Department and DCGI is very casual, bureaucratic and lacks any sense of urgency. The Committee feels that DCGI is not very serious in bringing improvements in the system. It, therefore, desires the Ministry to ensure compliance by DCGI.

VII. PROGRAMME FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)

- 7.1 The Committee during the course of its present examination sought information from the Government about PATH in order have a better understanding of its legal status and its *locus standi* in carrying out various activities on the Indian soil including the project in question where apparently several laws of India and possibly of its country of origin had been violated.
- 7.2 The information furnished to the Committee reveals that PATH describes itself as an "International nonprofit, non-government organization based in the United States." Legally, it is a Public Benefit Corporation (PBC) registered (No. 600588751 dated 28th August, 1981) by the Corporation and Charities Division in the State of Washington. For all practical purposes its legal status in US is equivalent to a Registered Society in the Indian context. It is certainly not a commercial company and hence would not be subject to the jurisdiction of Company Law Board or Registrar of Companies in India. Incidentally, Ford Foundation is also a PBC (Registration number 768093 dated 15th January, 1936). Under American laws organizations such as Trusts, Fraternal Societies, Savings and Loan Associations, Municipal Utility Services etc. are all registered as PBCs.
- 7.3 Under Indian rules, foreign non-commercial organizations such as PATH wanting to set up an office in India are required to obtain (a) permission from the Ministry of External Affairs (MEA) from "political angle" (Annexure B) and (b) permission from Ministry of Home Affairs (MHA) from "security angle" (Annexure C). In the latter case, application needs to be forwarded through proper channel such as Ministry of Health and Family Welfare for health-related activities, Ministry of Human Resources for education related activities, Ministry of Labour for trade union or workers related activities etc. Once such an approval is accorded, then an office can be setup which should naturally abide by all other laws of the land such as income tax, shop and establishment act, municipal and other applicable laws, just to mention a few.
- 7.4 The Committee asked the Department to direct PATH to provide details of various mandatory permissions required by foreign agencies, including charities, for and in connection with opening office in India and the date of opening of its office in India. Unbelievably, the exact date of opening the office is not even known to its functionaries in New Delhi. To begin with vide its letter dated 5-3-2012, PATH claimed that "it has a Liaison Office status under Income Tax Rules." Since no such provision exists, after prolonged correspondence it settled for 19th April, 1999 as the date of opening office based on the fact that its PAN card (No. AAFCP2249G) is dated 19th April, 1999. The Committee was intrigued because PAN card is issued just for income tax



purposes and nothing else. Income Tax Department does not go about permitting foreign entities to open offices in India. In any case PAN card is not a replacement for Ministry of External Affairs and Ministry of Home Affairs approvals. Besides, the application for issuance of PAN card must have been made much before 19th April 1999 there being no online system of obtaining PAN card instantaneously. It can be safely assumed that the date of opening office has to be much earlier than 19th April, 1999.

- 7.5 PATH also produced copy of a letter dated 16-3-1999 from PATH office in US to the Exchange Control Department of the Reserve Bank of India along with reply dated 19-4-1999 received by PATH in US on 29-4-1999. It merely stated that since PATH is "not engaged in any commercial, trading or industrial activity," it does not need "RBI permission from foreign exchange angle. However you may seek necessary approval from the Government of India or other statutory/regulatory bodies as applicable." Apparently PATH paid no attention to RBI's sane advice. Even before the letter reached PATH office in the United States on 29-4-1999, it had already opened its office in India.
- 7.6 The Foreign Exchange Regulation Act (FERA) was replaced with Foreign Exchange Management Act (FEMA) on 1-6-2000. PATH produced post-facto permission from the Reserve Bank of India dated 25-5-2009 which clearly stated:

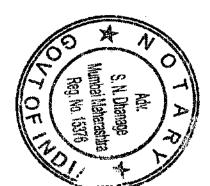
"RBI permission (is) granted from the foreign exchange angle...and should not be construed to convey the approval of any other statutory authority or Government under any other laws/regulations." Moreover, the Liaison Office is permitted to undertake "solely liaison work for the head office" as mentioned below:

- 1. Representing in India the parent company/group companies
- 2. Promoting export, import from/to India.
- Promoting technical/financial collaborations between parent/group companies and companies in India.
- 4. Acting as a communication channel between the parent company and Indian companies.

"The office in India will not render any consultancy or any other services directly/indirectly with or without any consideration."

In addition "Permission granted by RBI is limited to and for the purpose of the provisions of FEMA-2000 and shall not be construed in any way as regularizing, condoning or in any manner validating any irregularities, contraventions and other lapses, if any, under the provisions of any other law."

- 7.7 It is clear that the back dated permission obtained after 10 years of having opened its office in India was merely and exclusively from foreign exchange angle and not a substitute for approval from MEA and MHA.
- 7.8 Finally and belatedly PATH produced a certificate from the Registrar of Companies (RoC) dated 23-9-2009 stating that PATH, a company originally incorporated in US, had filed documents on 10-09-2009 notifying establishment of place of business in India w.e.f. 19.4.1999. The Certificate was apparently issued in violation of its own rules that states that documents must be submitted within 30 days of the establishment of "place of business." In any case such a certificate cannot and does not obviate the need to obtain baseline, mandatory permission from MEA and MHA. Moreover RoC deals with commercial companies, not foreign trusts, foundations and charities.

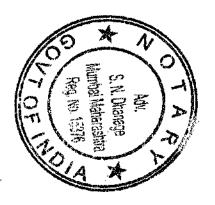


- 7.9 PATH also claimed that it had received "permission" from the Ministry of Health and Family Welfare to set up an office in India. The *post-facto* letter dated 27-4-2001 (two years after PATH admits having opened the office in India) is not a permission at all but a vague, non-specific statement to say that PATH was "engaged in health care related activities".
- 7.10 According to the published Annual Report of PATH for the year 2008, it received funding in "excess of US \$ 1,000" from many governmental sources including the Ministry of Health and Family Welfare, Government of India. However, in response to Rajya Sabha Question Number 952 on 3.8.2010, the Health Minister denied any Ministry funding to PATH.
- 7.11 The Committee is concerned that if PATH can set up an office in India so easily without getting the required mandatory approvals/permissions, then individuals and entities inimical to the interest of the country can do the same. The Committee expresses its concern that paper and shell companies can be easily registered in many jurisdictions and then set up a place of business in India as "Liaison offices" with no questions being asked. It is surprising that security and intelligence agencies did not raise an eyebrow on the way a foreign entity entered India virtually incognite through the backdoor. The Committee desires that such incidents should not be allowed in future. The Government should tighten the rules lest one day foreign citizens, with deep roots in organizations/nations inimical to India, set up offices in the country to engage in anti-national and/or unlawful activities.
- 7.12 It is apparent the PATH has exploited with impunity the loopholes in our system as also the absence of a nodal point or a single window for maintaining a data bank of foreign entities entering the Country for setting up their offices. Given the multiplicity of agencies involved in processing such requests there is a definite need for a nodal agency which would keep a tab on all such existing and aspiring agencies from the point of view of having obtained all necessary clearances/permissions before commencing their operations in India. The Committee strongly recommends that government set up one such umbrella agency which should be linked to all the agencies that are involved in processing such requests. The Committee desires that within three months such an agency should be put in place and start functioning. The proposed nodal agency should be a part of MHA with a well established coordination mechanism with the MEA so that undeserving cases are dealt forthwith through diplomatic channels. All ministries/departments/agencies/state governments/other entities should be required to share details of all requests/proposals from foreign entitles for setting up offices in any form with this nodal agency.
- Coming to the instant case, it is established that PATH by carrying out the clinical trials for HPV vaccines in Andhra Pradesh and Gujarat under the pretext of observation/ demonstration project has violated all laws and regulations laid down for clinical trials by the Government. While doing so, its sole aim has been to promote the commercial interests of HPV vaccine manufacturers who would have reaped windfall profits had PATH been successful in getting the HPV vaccine included in the UIP of the Country. This is a serious breach of trust by any entity as the project involved life and safety of girl children and adolescents who were mostly unaware of the implications of vaccination. The violation is also a serious breach of medical ethics. This act of PATH is a clear cut violation of the human rights of these girl children and adolescents. It also deems it an established case of child abuse. The Committee, therefore, recommends action by the Government against PATH. The Committee also desires that the National Human Rights Commission and National Commission for Protection of Children Rights may take up this matter from the point of view of the violation of human rights and child abuse. The National Commission for Women should also suo motu take cognizance of this case as all the poor and haptess subjects are females.

7.14 The Ministry of Health and Family Welfare should without wasting time report the violations indulged in by PATH to international bodies like WHO and UNICEF so as to ensure that appropriate remedial action is initiated by these agencies worldwide.

7.15 The Committee also desires that the Ministry of Health and Family Welfare may take up the matter through the Ministry of External Affairs with the US Government so as to ensure that appropriate action is taken against PATH under the laws of its country of origin in case of any violations of laws there.

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OBSERVATIONS/RECOMMENDATIONS — AT A GLANCE

II. NATURE OF PROJECT

The Committee finds the entire matter very intriguing and fishy. The choice of countries and population groups; the monopolistic nature, at that point of time, of the product being pushed; the unlimited market potential and opportunities in the universal immunization progammes of the respective countries are all pointers to a well planned scheme to commercially exploit a situation. Had PATH been successful in getting the HPV vaccine included in the universal immunization programme of the concerned countries, this would have generated windfall profit for the manufacturer(s) by way of automatic sale, year after year, without any promotional or marketing expenses. It is well known that once introduced into the immunization programme it becomes politically impossible to stop any vaccination. To achieve this end effortlessly without going through the arduous and strictly regulated route of clinical trials, PATH resorted to an element of subterfuge by calling the clinical trials as "Observational Studies" or "Demonstration Project" and various such expressions. Thus, the interest, safety and well being of subjects were completely jeopardized by PATH by using self-determined and self-servicing nomenclature which is not only highly deplorable but a serious breach of law of the land. The Committee is not aware about the strategy followed by PATH in the remaining three countries viz. Uganda, Vietnam and Peru. The Government should take up the matter with the Governments of these countries through diplomatic channels to know the truth of the matter and take appropriate necessary action, accordingly. The Committee would also like to be apprised of the (Para 2.5) responses of these countries in the matter.

III. ROLE OF DEPARTMENT OF HEALTH RESEARCH/INDIAN COUNCIL OF MEDICAL RESEARCH

- 2. The Committee is unable to understand as to how ICMR could commit itself to support "the use of the HPV vaccine" in an MOU signed in the year 2007 even before the vaccine was approved for use in the country, which actually happened in 2008. The Committee also questions the decision of ICMR to commit itself to promote the drug for inclusion in the Universal Immunization Programme (UIP) even before any independent study about its utility and rationale of inclusion in UIP was undertaken. (Para 3.10)
- 3. The Committee feels that there was serious dereliction of duty by many of the Institutions and individuals involved. The Committee observes that ICMR representatives, instead of ensuring highest levels of ethical standards in research studies, apparently acted at the behest of the PATH in promoting the interests of manufacturers of the HPV Vaccine.
- 4. It was unwise on the part of ICMR to go in the PPP mode with PATH, as such an involvement gives rise to grave Conflict of Interest. The Committee takes a serious view of the role of ICMR in the entire episode and is constrained to observe that ICMR should have been more responsible in the matter. The Committee strongly recommends that the Ministry may review the activities of ICMR functionaries involved in PATH project.

(Para 3.19)

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The Committee from its examination has found that DHR/ICMR have completely failed to perform their mandated role and responsibility as the apex body for medical research in the Country. Rather, in their over-enthusiasm to act as a willing facilitator to the machinations of PATH they have even transgressed into the domain of other bodies/ agencies which deserves the strongest condemnation and strictest action against them. The Committee fails to understand as to why ICMR took so much interest and initiative in this project when the safety, efficacy and introduction of vaccines in India is handled by National Technical Advisory Group on Immunization (NTAGI). The submissions of the Secretary, DHR/DG, ICMR before the Committee about the commencement of the project, facts of the case and the action taken have also failed to stand scrutiny during the Committee's examination of the matter. The Committee, therefore, reiterates the recommendation made in their Forty-first Report that the matter of allowing trial of the vaccine as also the approval for its marketing in the Country be inquired into by a premier investigating agency and appropriate action be taken thereafter by the Government in the matter. The Committee expects the Government not to procrastinate in this matter any further. (Para 3.22)

IV. ROLE OF DRUG CONTROLLER GENERAL, INDIA (DCGI)

6. The Committee's examination has proved that DCGI has also played a very questionable role in the entire matter. Initially, it took a call that since human subjects, as part of the studies, were receiving invasive intervention like immunization, clinical trial rules must be enforced. However, it remained as a silent spectator thereafter, even when its own rules and regulations were being so flagrantly violated. The approvals of clinical trials, marketing approval and import licenses by DCGI appear to be irregular. Therefore, the role of DCGI in this entire matter should also be inquired into. (Para 4.6)

VI. INQUIRY COMMITTEE

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(c) Adverse Events Reporting

- 7. The Committee notes that once this matter was taken up by it, the Government appointed an Inquiry Committee on 15 April, 2010 to inquire into 'alleged irregularities in the conduct of the studies using HPV vaccines by PATH in India'. The Committee has noted the serious conflict of interest of members of this Inquiry Committee with the subject matter. The Committee, therefore, strongly deprecates the Government for appointing a committee to inquire into such a serious matter in such a casual manner even without ascertaining as to whether any of the members of the said Inquiry Committee were having any conflict of interest with the subject matter of inquiry. (Para 6.10)
- 8. The Committee finds it very intriguing as to when the Inquiry Committee after having sought details of some core issues in the very first meeting of the Committee on 21 April, 2007 subsequently chose not to pursue them purportedly because 'it wanted to restrict itself to its terms of reference'. These core issues raised by the Inquiry Committee earlier, if pursued to their logical end, would not only have provided the Inquiry Committee a lot more clarity in unraveling the truth but also the Country would have known the exact details as to what transpired in this sordid incident.

 (Para 6.11)

(d) Informed Consent

9. The Committee observes that obtaining informed consent from study subjects is a fundamental requirement in the conduct of clinical trials to ensure that the human rights



of the study subjects are ensured. In case of minors it is mandatory that the consent be signed by parents/quardians. For the uneducated subjects, the law requires an independent person to explain and witness the consent process. The Committee is however, deeply shocked to find that in Andhra Pradesh out of the 9543 forms, 1948 forms have thumb impressions while hostel wardens have signed 2763 forms. In Gujarat, out of the 6217 forms 3944 have thumb impressions and 5454 either signed or carried thumb impressions of guardians. The data also revealed that a very large number of parents/guardians are illiterate and could not even write in their local languages viz. Telugu or Gujarati. The Committee is further shocked to find from one of the reports that out of 100 consent forms for Andhra Pradesh project signatures of witnesses were missing in 69 forms. In many forms there were no dates. One particular person had signed seven forms. In fact the legality of Andhra Pradesh State Government directing headmasters in all private/ Government/ashram/schools to sign the consent form on behalf of parents/guardians is highly questionable. The absence of photographs of parents/guardians/wardens on consent forms, the absence of signatures of investigators; the signatures of parents/guardians not matching with their names; the date of vaccination being much earlier than the date of signature of parents/guardian in the consent forms, etc. all speak of grave irregularities.

- 10. The Committee, accordingly, concludes that most, if not all consent forms, were carelessly filled-up and were incomplete and inaccurate. The full explanation, role, usefulness and pros and cons of vaccination had not been properly communicated to the parents/guardians. The Committee observes that there is a gross violation of the concept and legal requirement of consent which had been substantiated by the experts. The Committee takes a serious view of the violations and strongly recommends that on the basis of the above facts, PATH should be made accountable and the Ministry should take appropriate action in the matter including taking legal action against it for breach of various laws of the land and possible violations of laws of the Country of its origin.

 (Para 6.17)
- The Committee, in the light of the observations made by experts, feels that the methodology and implementation of the study at both the places was full of flaws. The Committee is of the view that since the population under study was vulnerable, utmost caution should have been exercised in the implementation of the study. The Committee also recommends that there should be an independent monitoring mechanism in such a study involving human participants so that the accurate recording of AEs and SAEs could be made. The findings of the experts clearly indicate that the safety and rights of the children in this vaccination project were highly compromised and violated. The Committee is also concerned over the fact that there was no insurance cover for the children. The Committee strongly recommends that while allowing any such trial in future, all the lapses pointed out by the experts should be addressed effectively. ICMR and DCGI should ensure strict adherence to the guidelines, methodology and monitoring.

 (Para 6.22)
- 12. The Committee takes a serious note of the fact that both the Ethics Committees existed only as a formality and they did not play the role they were designated for. This is a clear dereliction of duty on the part of the Ethics Committees. The Committee apart from recommending suitable action in the matter, strongly recommends that there should be a mechanism in place to take appropriate action against such dereliction of duty on the part of the Ethics Committees. There should be specific guidelines for Ethics Committees and the Ethics Committees should strictly follow them. The functioning of Ethics Committees should be regularly monitored. (Para 6.24)



- 13. The Committee observes that the wrongful use of the NRHM logo for a project implemented by a private, foreign agency as well as the identification of this project with the UIP has adversely affected and damaged the credibility of the programme as well as that of the NRHM. The Committee, therefore, recommends that such practices of diverting public funds for advancing interests of a private agency should never be allowed in future. The Committee strongly recommends that strict action should be taken against those officials responsible for such lapses. (Para 6.26)
- 14. Besides, the Committee notes that no information had been provided to Indian authorities about funding of the project except that it was reportedly funded by Bill and Melinda Gates Foundation and that the vaccines had been donated by the manufacturers. The information regarding financial investments of ICMR and State Governments in the project was not provided, though the States clearly provided cold chain and manpower for immunization. The Committee, accordingly, observes that it might have been more prudent if the National Technical Advisory group on Immunization (NTAGI) had been brought into the picture right in the beginning to review and give its views on the study prior to its approval and implementation. (Para 6.27)
- 15. Considering the above lapses and irregularities committed by PATH during the course of conducting the trials on hapless tribal children in Andhra Pradesh and Gujarat, the Committee is convinced that the authorities concerned did not exercise due diligence in scrutinizing the publicity material of PATH. Blurring the distinction between the UIP and PATH project due to the involvement of the State Governments in the project and ignoring the financial contribution of ICMR and the State Governments are very serious issues. The Committee, therefore, recommends that the Ministry should investigate into the above acts of omissions and commissions and take necessary action against those who are found responsible for breach of rules and regulations. (Para 6.29)
- 16. The Committee is amazed at the audacity of DCGI to merely repeat various steps which it proposes to take as if they are new, additional measures. All these are already part of the written rules and are supposed to be followed by all sponsors. Except for slight amendment in the Informed Consent Form, there is nothing new in the ATN submitted by DCGI.

 (Para 6.34)
- 17. The Committee not being convinced with the action taken by the Department or DCGI, feels that the whole issue has been diluted and no accountability has been fixed on the erring Officials/Departments for the gross violations committed in the conduct of Study. The Committee also feels that a very casual approach has been taken by the Department in the matter and their replies lack any concrete action to protect and safeguard the health of our people.

 (Para 6.36)
- 18. The Committee also noticed lack of firm action on the part of DCGI, to avoid such irregularities in future. One of the actions proposed by the DCGI to check any recurrence of such gross violations was 'proposal to amend the definition of New Drug during the next meeting'. The same assurance was given by DCGI in December, 2012. The Committee, accordingly, observes that response of the Department and DCGI is very casual, bureaucratic and lacks any sense of urgency. The Committee feels that DCGI is not very serious in bringing improvements in the system. It, therefore, desires the Ministry to ensure compliance by DCGI.

 (Para 6.37)
- VII. PROGRAMME FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)
- 19. The Committee is concerned that if PATH can set up an office in India so easily



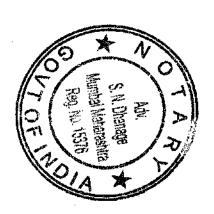
without getting the required mandatory approvals/permissions, then individuals and entities inimical to the interest of the country can do the same. The Committee expresses its concern that paper and shell companies can be easily registered in many jurisdictions and then set up a place of business in India as "Liaison offices" with no questions being asked. It is surprising that security and intelligence agencies did not raise an eyebrow on the way a foreign entity entered India virtually incognito through the backdoor. The Committee desires that such incidents should not be allowed in future. The Government should tighten the rules lest one day foreign citizens, with deep roots in organizations/nations inimical to India, set up offices in the country to engage in anti-national and/or unlawful activities.

- 20. It is apparent the PATH has exploited with impunity the loopholes in our system as also the absence of a nodal point or a single window for maintaining a data bank of foreign entities entering the Country for setting up their offices. Given the multiplicity of agencies involved in processing such requests there is a definite need for a nodal agency which would keep a tab on all such existing and aspiring agencies from the point of view of having obtained all necessary clearances/permissions before commencing their operations in India. The Committee strongly recommends that government set up one such umbrella agency which should be linked to all the agencies that are involved in processing such requests. The Committee desires that within three months such an agency should be put in place and start functioning. The proposed nodal agency should be a part of MHA with a well established coordination mechanism with the MEA so that undeserving cases are dealt forthwith through diplomatic channels. All ministries/departments/agencies/state governments/other entities should be required to share details of all requests/proposals from foreign entities for setting up offices in any form with this nodal agency. (Para 7.12)
- Coming to the instant case, it is established that PATH by carrying out the clinical trials for HPV vaccines in Andhra Pradesh and Gujarat under the pretext of observation/ demonstration project has violated all laws and regulations laid down for clinical trials by the Government. While doing so, its sole aim has been to promote the commercial interests of HPV vaccine manufacturers who would have reaped windfall profits had PATH been successful in getting the HPV vaccine included in the UIP of the Country. This is a serious breach of trust by any entity as the project involved life and safety of girl children and adolescents who were mostly unaware of the implications of vaccination. The violation is also a serious breach of medical ethics. This act of PATH is a clear cut violation of the human rights of these girl children and adolescents. It also deems it an established case of child abuse. The Committee, therefore, recommends action by the Government against PATH. The Committee also desires that the National Human Rights Commission and National Commission for Protection of Children Rights may take up this matter from the point of view of the violation of human rights and child abuse. The National Commission for Women should also suo motu take cognizance of this case as all the poor and hapless subjects are females.
- 22. The Ministry of Health and Family Welfare should without wasting time report the violations indulged in by PATH to international bodies like WHO and UNICEF so as to ensure that appropriate remedial action is initiated by these agencies worldwide.
- 23. The Committee also desires that the Ministry of Health and Family Welfare may take up the matter through the Ministry of External Affairs with the US Government so as to ensure that appropriate action is taken against PATH under the laws of its country of origin in case of any violations of laws there.

 (Para 7.15)



MINUTES



VIII EIGHTH MEETING (2009-10)

The Committee met at 11.00 a.m. on Tuesday, the 6th April, 2010 in Room No. 139, First Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

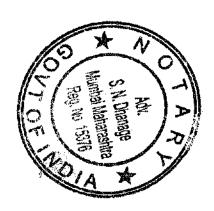
- 1. Shri Amar Singh Chairman
- 2. Shrimati Viplove Thakur
- 3. Dr. Radhakant Nayak
- 4. Shri Janardan Dwivedi
- 5. Shrimati Brinda Karat
- 6. Shrimati Vasanthi Stanley

LOK SABHA

- 7. Shri Ashok Argal
- 8. Shrimati Sarika Devendra Singh Baghel
- 9. Dr. Chinta Mohan
- 10. Dr. Sanjay Jaiswal
- 11. Shri S.R. Jeyadurai
- 12. Dr. (Shrimati) Kruparani Killi
- 13. Shri N. Kristappa
- 14. Dr. Tarun Mandal
- 15. Dr. Jyoti Mirdha
- 16. Shri R.K. Singh Patel
- 17. Dr. Anup Kumar Saha
- 18. Shrimati Meena Singh
- 19. Dr. Arvind Kumar Sharma
- 20. Shri Ratan Singh

SECRETARIAT

Shrimati Vandana Garg, Additional Secretary Shri R. B. Gupta, Director Shrimati Arpana Mendiratta, Joint Director Shri Dinesh Singh, Assistant Director



WITNESSES

Representatives from the Department of Health Research

- Dr. Vishwa Mohan Katoch, Secretary
- Ms. Shalini Prasad, Joint Secretary
- 3. Dr. Vijay Kumar, Scientist
- Dr. Bela Shah, Head NCD Division
- Dr. K. Satyanarayana, Head P&I Division
- Shri Sanjiv Datta, Financial Adviser
- At the outset, the Chairman welcomed Members to the meeting and informed them about the agenda of the meeting, i.e., examination of Demands for Grants (2010-11) of the Ministry of Health and Family Welfare and taking oral evidence of the Secretaries * * *, Health Research in connection therewith.

4. 6.

7. The Committee then adjourned at 1.30 P.M. for lunch to meet again at 2.30 P.M.

8.

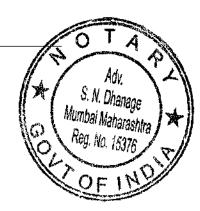
9. During the course of the meeting, Shrimati Brinda Karat, Member of the Committee raised the issue about the trial of HPV vaccine on the children in Khammam district of Andhra Pradesh and reported deaths of the children therefrom and sought exact status in this regard from the Secretary. The Secretary, Department of Health Research informed the Committee that the Drug Controller General of India had given approval for marketing of HPV vaccine in India as per schedule 'Y' of the Drugs and Cosmetics Act and then a post-marketing surveillance. The Committee was informed that the proposal for trial came two years back before the ICMR through PATH, an American NGO. Attention of the Secretary was drawn to DCGI guidelines whereunder third phase trial cannot be conducted on children until a similar trial was conducted on adults. It was admitted by the Secretary that the DCGI guidelines were not adhered to in the present case. The Committee was assured that State Governments of Andhra Pradesh and Gujarat would be asked to get the ongoing clinical trial stopped immediately. Taking serious view of procedural and ethical lapses on the part of the Ministry, the Committee sought the matter of allowing trial of the vaccine as also the approval for its marketing in the country to be enquired into by a premier investigating agency and to take further appropriate action in the matter. It also asked that findings of the investigating agency and the follow-up action taken in this regard may be furnished to the Committee at the earliest.

10. 11.

12. A verbatim record of the proceedings of the meeting was kept.

13. The Committee then adjourned at 5.15 P.M.

* Relate to other matters.



XV FIFTEENTH MEETING (2010-11)

The Committee met at 11.00 A.M. on Monday, the 25th July, 2011 in Committee Room 'A', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

RAJYA SABHA

- 1. Shri Brajesh Pathak Chairman
- 2. Shri Janardan Dwivedi
- 3. Shrimati Viplove Thakur
- 4. Dr. Vijaylaxmi Sadho
- 5. Shrimati Brinda Karat
- 6. Shri Rasheed Masood
- 7. Shrimati B. Jayashree

LOK SABHA

- 8. Shri Ashok Argal
- 9. Shrimati Sarika Devendra Singh Baghel
- 10. Shri Vijay Bahuguna
- 11. Dr. Sanjay Jaiswal
- 12. Shri S.R. Jeyadurai
- 13. Shri N. Kristappa
- 14. Dr. Tarun Mandal
- 15. Dr. Jyoti Mirdha
- 16. Dr. Anup Kumar Saha
- 17. Shrimati Meena Singh
- 18. Shri Pradeep Kumar Singh

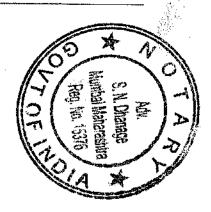
SECRETARIAT

Shri R.P.K. Ramacharyulu, Joint Secretary Shri R. B. Gupta, Director Shrimati Arpana Mendiratta, Joint Director Shri Dinesh Singh, Assistant Director

WITNESSES

Department of Health Research

- 1. Dr. V.M. Katoch, Secretary, Health Research
- 2. Ms. Shalini Prasad, Joint Secretary
- 3. Shri S.K. Rao, Joint Secretary

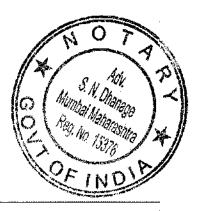


^{*} Relate to other matters.

- 2. The Chairman welcomed the Members of the Committee and apprised them of the agenda of the meeting, i.e. to hear oral evidence on (i) * * *(ii) * * * and (iii) issues arising out of the final report of the Committee to enquire into "Alleged irregularities in the conduct of studies using Human Papilloma Virus (HPV)" by PATH in the country.
- 3. * * * * 4. *

(The Committee adjourned at 12.20 P.M. to meet again at 2.30 P.M.)

- In the second half of the meeting, the Committee heard the views of Secretaries of Departments of Health Research and Health and Family Welfare on the issues arising out of the final report of the Committee appointed to enquire into "Alleged irregularities in the conduct of studies using Human Papilloma Virus (HPV) by PATH in the country". The Secretary, Department of Health Research, in his deposition, admitted before the Committee that the trials of the vaccine were not conducted by PATH according to the required protocol/guidelines in Andhra Pradesh. He admitted flaws in ethical procedure in conducting the tests such as lack of proper consent from the parents etc. He further stated that new guidelines are being issued and a moratorium has been imposed on further trials till guidelines are issued. The Members raised some queries like how far it was ethically correct for ICMR to go into Private Public Partnership (PPP) mode, faulty design of project; differences between ICMR and DCGI with respect to the project, action taken against the person involved; sale of this vaccine even before it was tested. The Members also enquired as to why the said enquiry report has not been posted on the website of the Ministry. The Secretary, Department of Health and Family Welfare submitted before the Committee that show cause notice of 15 days has been issued to PATH to seek its written views on the issue and action will be taken within three months after the reply of PATH is received. Members also raised queries like sources and magnitude of funding of this project, compensation to the affected parties and blacklisting of PATH, etc. which were partly answered. The Committee directed the witnesses to furnish written replies to queries which remained unanswered.
- 6. A verbatim record of the proceedings of the meeting was kept.
- 7. The Committee then adjourned at 3.30 P.M.



^{*} Relate to other matters.

XII TWELFTH MEETING (2012-13)

The Committee met at 12.00 (Noon) on Friday, the 24th May, 2013 in Committee Room 'A', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

1. Shri Brajesh Pathak - Chairman

RAJYA SABHA

- 2. Dr. Vijaylaxmi Sadho
- 3. Shri Rasheed Masood
- 4. Shri Jagat Prakash Nadda
- 5. Shri D. Raja
- 6. Shri H.K. Dua
- 7. Shrimati B. Jayashree

LOK SABHA

- 8. Shri Kirti Azad
- 9. Shri Mohd. Azharuddin
- 10. Shrimati Sarika Devendra Singh Baghel
- 11. Dr. Sucharu Ranjan Haldar
- 12. Dr. Monazir Hassan
- 13. Dr. Sanjay Jaiswal
- 14. Shri Tarun Mandal
- 15. Shrimati Jayshreeben Patel
- 16. Shri Harin Pathak
- 17. Dr. Anup Kumar Saha
- 18. Dr. Raghuvansh Prasad Singh

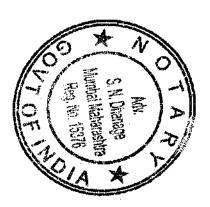
SECRETARIAT

Shri P.P.K. Ramacharyulu, Joint Secretary Shri R. B. Gupta, Director Shrimati Arpana Mendiratta, Joint Director Shri Pratap Shenoy, Committee Officer

WITNESSES

Department of Health Research

- 1. Dr. V. M. Katoch, Secretary
- 2. Dr. D. K. Shukla, Scientist-F
- 3. Dr. Tanveer Kaur, Scientist-D



Department of Health and Family Welfare

Dr. G. N. Singh, Drug Controller General of India

I. Opening Remarks

- 2. At the outset, the Chairman welcomed Members of the Committee and apprised them of the agenda of the meeting, i.e., to hear the Secretary, Department of Health Research along with the Drug Controller General of India (DCGI) on the Action Taken on the final report of the Committee appointed by the Government of India to enquire into "Alleged irregularities in the conduct of studies using Human Papilloma Virus (HPV) vaccine" by PATH in India. * *
- II. Oral Evidence of the Secretary, Department of Health Research and DCGI on the final report of the Committee appointed by the Government of India to enquire into Alleged irregularities in the conduct of studies using Human Papilloma Virus (HPV) vaccine by PATH in India
- Thereafter, the Committee heard the Secretary, Department of Health Research on the Action Taken on the final report of the Committee appointed by the Government of India to enquire into"Alleged irregularities in the conduct of studies using Human Papilloma Virus (HPV) vaccine" by PATH in India. In his deposition, the Secretary, stated that in the year 2007, PATH had applied for licence for trials which was approved in the year 2008 and trails were started on the tribal and non tribal girls of Andhra Pradesh and Gujarat in the year 2009 to see the acceptance of the vaccines. In the year 2010, five deaths in Andhra Pradesh and two deaths in Gujarat were reported. Subsequent to the reported deaths an expert Committee was set up under the Chairmanship of Prof. S.S. Aggarwal, PGIMER, Chandigarh, which in its Report submitted in February, 2011, found the discrepancies in respect of: (i) consent forms and actual implementation of the consent process; (ii) methods of monitoring of adverse effects/serious adverse effects and remedial measure for such events; (iii) inclusion of vulnerable and tribal population groups; (iv) blurring of distinction between National Immunization Programme and Path study; (v) insurance coverage for the study participants; and (vi) convert inducement and indirect coercion etc. The Secretary, apprised the Committee about the remedial action taken pursuant to the findings of the expert Committee. However, members were not satisfied with the action taken by the Department.
- 4. The Drug Controller General of India, in his deposition, inter alia stated that during the future trials for any vaccination, the following safeguards would be adopted: (i) consent form would be transparent; (ii) consent would be in audiovisual format; (iii) clear guidelines have been framed. He also informed the Committee that these guidelines are available on the website of the Ministry. Further, he informed the Committee that in future strict emphasis would be laid on enforcement and patient safety.
- 5. Thereafter, members raised queries on some issues including conduct of trail without guardian's approval; details of action taken, if any, against officials who had given approval to these trials; absence of complete details of postmortem conducted on the subjects who had died during the said trials; details of use of machinery of State Governments by PATH during the conduct of the trials; whether the said trials were classified as 'clinical trial'; non action on the findings of the Expert Committee, etc. The Chairman directed the witnesses to send comprehensive written replies to queries which remained unanswered, within a week's time.
- 6. A verbatim record of the proceedings of the meeting was kept.
- 7. The Committee adjourned at 12.56 P.M.



^{*} Relate to other matters.

XV FIFTEENTH MEETING (2012-13)

The Committee met at 4.00 P.M. on Thursday, the 29th August, 2013 in Committee Room 'A', Ground Floor, Parliament House Annexe, New Delhi.

MEMBERS PRESENT

1. Shri Brajesh Pathak - Chairman

RAJYA SABHA

- 2. Shri Jagat Prakash Nadda
- 3. Shri Mohd, Ali Khan
- 4. Shri H.K. Dua

LOK SABHA

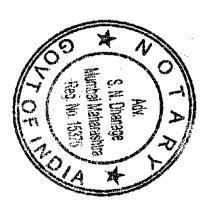
- 5. Shri Kuvarjibhai M. Bavalia
- 6. Dr. Sucharu Ranjan Haldar
- 7. Mohd. Asrarul Haque
- 8. Dr. Sanjay Jaiswal
- 9. Shrimati Jayshreeben Patel
- 10. Dr. Anup Kumar Saha
- 11. Shri P. T. Thomas

SECRETARIAT

Shri P.P.K. Ramacharyulu, Joint Secretary Shri R. B. Gupta, Director Shrimati Arpana Mendirana, Joint Director Shri Dinesh Singh, Deputy Director Shri Pratap Shenoy, Committee Officer

I. Opening Remarks

2. At the outset, the Chairman welcomed the Members of the Committee and apprised them of the agenda of the meeting, i.e., * * * and consider and adopt draft Seventy-second Report on "Alleged irregularities in the conduct of studies using Human Papilloma Virus (HPV) vaccine by PATH in India."



^{*} Relates to other matters.

5.

- II. Adoption of the Draft Report on "Alleged irregularities in the conduct of studies using Human Papilloma Virus (HPV) vaccine by PATH in India."
- 3. The Committee then considered and discussed the draft Seventy-second Report on "Alleged irregularities in the conduct of studies using Human Papilloma Virus (HPV) vaccine by PATH in India." The Chairman invited Members to share their specific suggestions for incorporation in the Draft Report. After some discussion, the Committee adopted the Report with some modifications.
- 4. The Committee, thereafter, decided that the Report may be presented to the Rajya Sabha and laid on the Table of the Lok Sabha on Friday, the 30th August, 2013. The Committee authorized its Chairman and in his absence, Shri Shri H.K. Dua and Shri Jagat Prasad Nadda to present the Report in Rajya Sabha, and Shri Sanjay Jaiswal, and in his absence, Dr. Anup Kumar Saha to lay the Report on the Table of the Lok Sabha.

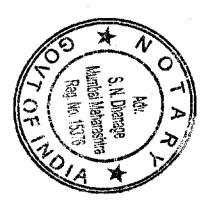
4. *

A verbatim record of the proceedings of the meeting was kept.

6. The Committee adjourned at 5.00 P.M.



ANNEXURES

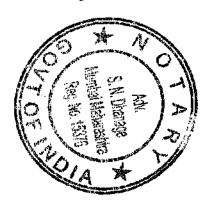


Committee to investigate "Alleged irregularities in conduct of studies in India using Human Papilloma Virus (HPV) vaccine"

Minutes of the 5th Meeting held on September 27th at the Indian Red Cross Society, (NHO), New Delhi

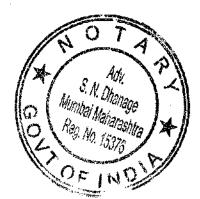
- All members of the committee were present. In addition the Experts nominated to assist the committee vide GO no. V.250II/160/20IO-HR dated June 30th, 2010 were also invited to attend the meeting.
- 2. The minutes of the meeting dated June 22nd, 2010 as circulated were adopted.
- 3. The Experts were requested to present salient findings of their reports and the members discussed with them their findings. A summary of the discussions is as follows:
 - (a) Dr. Rani Kumar, Dean, AIIMS -

- (i) She was requested to carry out numerical analysis of the consent forms under headings already identified - separately for the AP and Gujarat. (Action: Dr. Rani Kumar)
- (ii) She requested the list of members of the two ethics committees at AP and Gujarat. In particular she asked about the membership of a lawyer in the committee. She also asked about the functioning of these committees the number and dates of meetings, and any monitoring of the PATH study prior to repots in the Press. (Action: Dr. Kishore Chaudhry)
- (iii) Opined that the trial in adolescent girls was justified as this is the target group to benefit, but authorization of school authorities by the AP Govt. to give consent on behalf of the girls was not correct. Also, implementation of the procedure of taking consent lacked rigor.
- (b) Dr. Y.K. Gupta, HOD Pharmacology, AIIMS made the following points:
 - (i) Bridging trials in India, as required under Schedule Y for drugs/vaccines already approved and in use abroad, for licensing in India were carried out as required. One of the studies was in Adults and the other one was in adolescent girls.
 - (ii) The DCGI has licensed the GSK HPV vaccine Cervarix for " females from 10-45 years of age for prevention of cervical cancer. ... ", and MSD vaccine Gardasil for " .. girls and women 9-26 years of age for prevention of cervical cancer ..."
 - (iii) There is wide international experience, including that in India, regarding use of HPV vaccines in adolescent girls.
 - (iv) HPV vaccines are quite safe. Millions of doses of HPV vaccines of both types have been used abroad. By the end of May, 2010, there were 16, 410 VARES reports of AE following Gardasil vaccination licensed in the US in 2006. 8% of these have been considered serious, including syncope, GB syndrome, blood clots, and anaphylaxis. A total of 53 deaths have been recorded following vaccination



but they do not seem to be related to the vaccine. The use of the vaccine continues all over the world, Several countries have incorporated it in their national programmes.

- (v) Both the GSK and MSD have submitted the required Periodic Safety Update Reports to the DCGi. These are international reports, and not India specific. There has been some delay in submission of these reports. The last six monthly report for 18th November to 17th May, 2010 which should have covered the reports the deaths from India has not been submitted yet.
- (vi) A critical analysis of the First Information Reports of SAE/Deaths, Medical records related to these events and the Post-mortem reports do not support the possibility of deaths to be related to vaccine but it can not be ruled out with certainty. This was mainly because the alternate cause of death as listed can not be fully substantiated on the basis of medical records in all the cases. The quality of the medical records was not adequate. The capability of the local staff and preparedness to deal with SAEs/Critical illnesses leading to death is also suspect. Most of the deaths were detected when the ANMs were mobilizing the recipients for the next vaccination. These events were not reported and investigated timely. In most cases the treatment was provided by private medical practitioners and the subjects had to be shifted to a better facility while they died on the way. There was no plan to deal with the crisis as it emerged.
- (vii) There is a strong need to strengthen the post-licensing surveillance.
- (c) Dr. A.K. Dutta, Head of Pediatrics, Kalavati Saran Hospital, New Delhi -
 - (i) Dr. Dutta focused on analysis of Deaths and AE, both serious and minor, under the HPV vaccination project carried out in AP and Gujarat, by PATH in collaboration with the respective State Governments.
 - (ii) Dr. Dutta highlighted that the Primary Outcome measures of the project were:
 - Number and percent of eligible girls fully vaccinated, partially vaccinated or not vaccinated at all according to vaccine delivery strategy
 - Number and percent of vaccinated girls experiencing serious adverse events, as reported spontaneously through routine mechanisms of UIP programme
 - Number and percent of vaccinated girls experiencing non-serious adverse events, as reported spontaneously through routine mechanisms of UIP programme
 - Timelines of reporting serious adverse events to local, state and National authorities, as per the usual UIP protocol and
 - Timelines of reporting non-serious adverse events to local, state and National authorities, as per the usual UIP protocol
 - (iii) Since 4 out of the 5 outcome measures related to monitoring and reporting of AE the project should not have totally relied on the existing UIP AEFI reporting system. There should have been a parallel research based monitoring system for AEFI to compare with the State system. Alternatively the effectiveness of the State system should have been pre-verified before initiating the study.
 - (iv) Dr. Dutta found that 3 of the 7 deaths have occurred within 30 days of last vaccine dose (one in AP and 2 in Gujarat, on days 18,20 and 23), while 4 were after this period (45,49,96,97 days after the vaccine).



The ones within 30 days have been attributed to Fever of unknown origin -? Viral, Malaria and Snake bite. Two of the 4 later deaths were attributed to Pesticide poisoning. In both cases post-mortem has been done and chemical report on record has confirmed presence of the poison in stomach.

In one case there was history of drowning in a pend. The fourth case has died after a brief illness of few hours, probably neurological? Intracranial hemorrhage/Intracranial space occupying lesion.

Dr. Dutta's observation was that - 1. There was no specific pattern of illness leading to death, 2. The illnesses can not be explained by expected adverse responses to vaccine, and 3. There was an alternate plausible diagnosis in most cases. Therefore, the deaths were unlikely to be related to the vaccine. However, post-mortem has been carried out only in 2 cases. And the alternate diagnosis is not confirmed in all the cases.

- (v) Further a critical analysis of the reporting of other AE and SAE shows the inadequacies of the AEFI reporting system. Dr. Dutta was of the opinion whether it was an observational study or otherwise the vaccine was administered to the subjects and data collected for enerating knowledge. It should have followed all the rigors of the research.
- 4. The committee deliberated on the reports of the Experts and pertinent data received under various queries raised during previous meetings of the committee. Besides the factual information about the terms of reference the committee was greatly concerned with the aspect of commercial interests of manufacturers influencing the Government policy on this expensive vaccine. The committee observed that the study was initiated by PATH on its own having obtained funds from the Bill and Melinda Gates Foundation and supply of vaccine from the manufacturers without any reference from the NTAGI, the official body of the GOI on vaccines. It is not clear whether the State expenses were funded by PATH or came from their own resources. The monetary contribution of ICMR is also not clear. The committee therefore felt that it would be in the fitness of the inquiry to document the sources and magnitude of funding of the study. It desired to obtain the following information from the PI, i.e. PATH in this case:
 - (i) Letter of Sanction of grant form Bill and Melinda Gates foundation for Indian study
 - (ii) Letter of donation of vaccine by the manufacturers and the invoice indicating the cost of the vaccine for trial in India
 - (iii) Copies of the letters of PATH to ICMR and State Government, including the terms and conditions of collaboration
 - (iv) Financial contribution of the 3 parties to the study, viz., the PA TH, ICMR and the State Governments from beginning till date

Action: Dr. Kishore Chaudhry

5. The committee noted the urgency to submit the report. Since most of the facts have been gathered and analyzed, including the critical input of the experts, it decided to expedite the finalization of the report. Since there was consensus on all issues among the members, the committee authorized the chairman to prepare the draft report which may be circulated to all the members and then finalized in a meeting called for the purpose. In the meantime the additional information as identified above may also be collected. The next meeting could be held in about 2 week time. (Action: Chairman)



ANNEXURE-B

Government of India Ministry of External Affairs भारत सरकार विदेश मंत्रालय, नई दिल्ली

New Delhi the _____200

No.AA/551/1/2011

Dt. 11th June, 2012.

OFFICE MEMORANDUM

Sub: Clinical Trial of HPV Vaccine - regarding

Reference O.M. No. RS.10/2(ii)/2011-Com. (H&FW) dated 4th June, 2012 from the Parliament of India, Rajya Sabha Secretariat, New Delhi, on the subject mentioned above.

As per the existing procedure, the clearance of the Ministry of External Affairs from Political angle is required before any foreign organisation/charity/foundation etc. sets up an office/branch in India. The concerned foreign entity may approach this Ministry with a detailed proposal, to be routed through the concerned nodal Ministry in India, for processing and issue of above Political clearance.

Sd/-(R.K. Nagpal) Deputy Secretary (Coord)

Parliament of India
Rajya Sabha Secretariat,
[Kind Attn: Ms. Arpana Mendiratta, Joint Director],
Parliament House/Annexe,
New Delhi. Telefax: 23035428
23012007



ANNEXURE-C

No.II/20034/280/2012-IS-II Government of India Ministry of Home Affairs IS-I Division, (IS-II Desk)

New Delhi, the 5th July, 2012

Office Memorandum

Subject:- Parliamentary Standing Committee on Health and Family Welfare - clinical trial of HPV Vaccine and related matters - furnishing of information to the Committee.

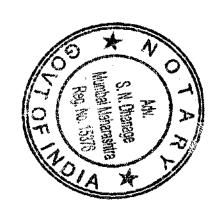
The undersigned is direacted to enclose a copy of Rajya Sabha Secretariat O.M No.RS.10/2(ii)/2011-Com.(H&FW) dated 21st June, 2012 along with a copy of earlier D.O. letter dated 4th June, 2012 regarding clinical trial of HPV Vaccine on the subject noted above and to state that Department of Economic Affairs is the concerned Administrative Ministry for "setting up of the Liaison Offices/Branch Offices/Project Offices in India by foreign entities". As such, laying down the procedure/rules/guidelines etc. for setting up of such offices falls within the ambit of DEA.

- 2. Department of Economic Affairs seeks MHA's comments from security angle on the applications received from various firms for setting up of the Liaison Offices/Branch Offices/Project Offices in India by foreign entities. As such, Ministry of Home Affairs assesses the suitability of the applicant company from security angle.
- 3. Further, a draft Circular proposed by RBI and forwarded by DEA containing additional reporting feature by foreign entities for implementing additional security safeguards is under consideration in this Ministry.
- 4. In view of foregoing, the above Rajya Sabha Secretariat O.M. dated 21st June, 2012 along with its enclosures is transferred to Department of Economic Affairs for giving a suitable reply to Rajya Sabha Secretariat, under intimation to this Ministry.

Sd/-(Rakesh Mittal) Director (IS-I)

Department of Economic Affairs, (Shri R.K. Sinha, Under Secretary), North Block, New Delhi.

Copy for information to: Rajya Sabha Secretatiat (Ms. Arpana Mendiratta, Joint Director), Parliament House Annexe, New Delhi-110001.



Printed at : Bengal Offset Works, 335, Khajoor Road, Karol Bagh, New Delhi-110005







Exhibit - "Y"



www.awakenindiamovement.com



mail2aim@protonmail.ch

18th October, 2021

To,

Subodh Kumar Jaiswal

Director, Central Bureau of Investigation (CBI)

Subject:



Ref:

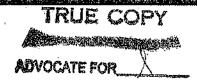
- (i) Immediate arrest of mastermind accused Srinath Reddy and other accused members of Public Health Foundation of India (PHFI) who were responsible for misappropriation of around 108 crores of public money.
- (ii) Conducting Narco Analysis, Brain Mapping, Lie Detector and other scientific tests of all accused to bring the complete conspiracy to the surface
- (i) FIR registered by the Economic Offence Wing (EOW) against Srinath Reddy's aide Mr. Anil Pawar.
- (ii) Case registered by the Intelligence Bureau and foreign division of health ministry against PHFI
- (iii) Law laid down by Hon'ble Supreme Court of India in the case of Navin Singh Vs. State (2021) 6 SSC 191.



www.awakenindiamovement.com



mail2aim@protonmail.ch



Respected sir,

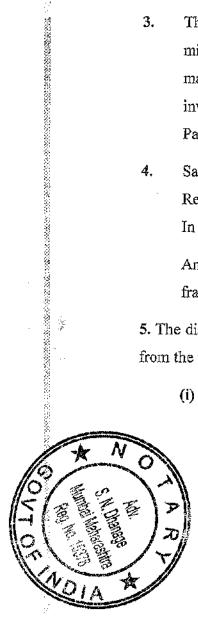
- 1. The PHFI has been funded by the government of India.
- 2. That, Government of India had given an amount of more than rupees 100 crore to PHFI.
- 3. That, the dishonest trustees of the PHFI hatched a conspiracy to misappropriate the said amount and in furtherance of said conspiracy the mastermind Srinath Reddy, President of PHFI has shown that he had invested the said amount through a person who goes by the name of Anil Pawar.
- 4. Said person Mr. Anil Pawar, who is brought in picture by Mr. Srinath Reddy is a fraudster and not holding any post in any nationalized Bank. In fact he worked for siphoning of the said amount.

An amount of around rupees 82 crores was invested through the said fraud person.

5. The dishonesty and malafide intention of the PHFI members is ex-facie clear from the very fact that;

(i) The amount was given by the Govt. of India for building two public health school campuses but the amount was misappropriated by the accused for unauthorised purposes.

In an order by Home Ministry and as published in an Article in Economic Times published on 21st April 2017, it is clear that, the members of PHFI are misusing the funds for unauthorised purposes such as:- to lobby media, parliamentarians and government. PHFI, according to the home ministry, has bank accounts with credits of Rs 223 crore more than what it had declared to the home ministry.



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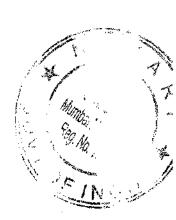
https://economictimes.indiatimes.com/news/politics-andnation/mha-order-revoking-license-of-phfi-lists-7-undesirableactivities/articleshow/58294627.cms?from=mdr

(ii) The office of the PHFI is at Delhi but surprisingly they invested the amount of Rs. 82 Crores in Mumbai, The amount is around Rs. 108 Crores, according to a whistleblower working in PHFI who revealed the same to journalist Kapil Bajaj

-https://timesofindia.indiatimes.com/city/mumbai/mumbaieconomic-offences-wing-files-four-chargesheets-in-fraudcases/articleshow/41962416.cms

-https://dragada.com/kbforyou/2018/02/17/phfis-rs-100-crorescam-and-ensnaring-of-sree-chitra-tirunal-institute-in-a-corruptdeal-impostors-club-hurtles-from-fraud-to-fraud-updated/

(iv) As published in above article, according to a whistleblower from PHFI, PHFI had redacted its publicly available reports in order to hide the swindle which took place through collusion between scamsters within PHFI and those claiming to represent Dena Bank and Oriental Bank of Commerce (OBC). Head-Finance Amit Chaturvedi, who is directly answerable for the stolen funds, continued to be on the payroll of PHFI while propriety demands he should have been the first to quit or be asked to step down, according to the said whistleblower. The aforementioned swindle took place when PHFI dealt with middlemen of Dena Bank and Oriental Bank of Commerce (OBC) in transferring money into fixed deposits (FDs).



"Funds were transferred to FDs with mere Reddy's authorization, even though in any well governed organization with checks and balances that would have been the job of a committee of the governing board." "Fake FD receipts were issued to PHFI and the money was diverted to the third parties."

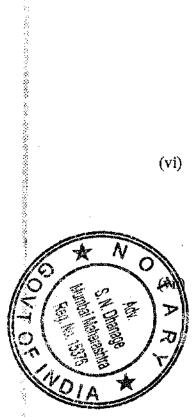
https://dragada.com/kbforyou/2018/02/17/phfis-rs-100-crore-scamand-ensnaring-of-sree-chitra-tirunal-institute-in-a-corrupt-dealimpostors-club-hurtles-from-fraud-to-fraud-updated/

(v) K. Srinath Reddy also forged a document (purportedly a copy of the signed and stamped document setting out the composition of PHFI governing body as on 31 March 2006.) and sent it to journalist Kapil Bajaj as an RTI response. This is an offense under the RTI act.

https://drive.google.com/file/d/1bRHsJbkS4XwEifnMiYtvDBZ4IB BJSC8a/view?usp=sharing

The accused by name Anil Pawar, through whom amount was (vi) invested is not on any responsible post but he is a known fraudster and living in a chawl. This leads to only one inference that Mr. Srinath Reddy is hand in glove with that accused.

The founder and ex-chairman of PHFI, Rajat Gupta was sentenced to two years in prison and ordered to pay a \$5-million fine by a US judge who termed Indian-American's insider trading crimes as "disgusting" and a "terrible breach of trust". Gupta, 63 was also ordered by US District Judge Jed Rakoff to serve a year of supervised release after the end of his prison term.



TO A CANADA MANAGEMENT AND A CONTROL OF THE CONTROL

Link: https://www.thehindubusinessline.com/markets/rajat-gupta-gets-2-years-in-jail-for-insider-trading/article23084253.ece

6. That, law about duty and responsibility and liability of trustees regarding investment of trust money is very clear. It can be seen from the provisions of the section 20 of the Indian Trust Act.

The three Judge Queen's Bench in the case of <u>Jonathan Ingham</u>
<u>Learoyd And William Edwin Carter And Elizabeth Whiteley [L.R.]</u>
<u>12 App. Cas. 727</u> in a similar case hold such trustee as guilty of breach of trust and ordered him to pay the amount from his own. It is ruled as under;

"The trustees had not acted with ordinary prudence, and were liable to make good by paying the money with interest at 4 per cent. From the date of the last payment.

Business men of ordinary prudence may, select investments which are more or less of a speculative character; but it is the duty of a trustee to confine himself to the class of investments which are permitted by the trust, and likewise to avoid all investments of that class which are attended with hazard.

In these circumstances, I think it has been established that, at the time of taking the security, the appellants altogether failed to exercise that ordinary amount of care which the law required of them. An improper and unauthorized investment.

Bacon V.C. held the trustees liable to make good the £3000 with interest at 4 per cent. from August $1884^{\frac{3}{2}}$, and this decision was affirmed by the Court of Appeal.

- 7. That, Three-Judge Bench in the case of <u>Chapman Vs. Browne (1902)1</u>

 <u>Ch. 785</u> had ruled that, the it was case where trustee invested the trust's money in an improper way without taking proper precaution and legal advice. Case filed against said trustee. Court declared that the investment was a breach of trust. Court further ordered that the defaulting trustee should deposit the said amount in Court. The appeal filed by the defaulter trustee was dismissed with Cost.
- 8. That the, accused Srinath Reddy is guilty of criminal breach of trust and therefore, liable to be punished u/s 409 of IPC and other provisions of Corruption Act. As per law he is liable to pay the of swindled amount of around Rs. 108 Crore from his pocket. His all movable and immovable properties which are gained out of proceeds of crime is liable to be confiscated, seized and attached.
- 9. In fact, the concern authority under Indian Trust Act or Members Of Ministry Health And Family Welfare were bound to initiate proceedings against Mr. Shrinath Reddy for recovery of said amount of Rupees 108 Crores.

But they failed to act promptly. Therefore, their inaction also needs to be enquired as per provisions of Section 218 of IPC.

That, section 409 of Indian Penal Code is an offence punishable with life imprisonment for breach of trust. It reads thus;

"409. Criminal breach of trust by public servant, or by banker, merchant or agent.—Whoever, being in any manner entrusted with property, or with any dominion over property in his capacity of a public servant or in the way of his business as a banker, merchant, factor, broker, attorney or agent, commits criminal breach of trust in respect of that property, shall be punished with

Is imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine."

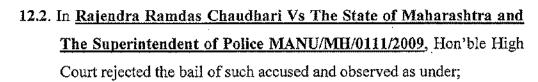
11. That, section 52 of Indian Penal Code says that, when no care and caution is taken while doing any act, then it is to be presumed that the act is done in bad faith.

In Noor Mohamed Mohd. Shah R. Patel Vs. Nadirshah Ismailshah Patel 2003 SCC OnLine Bom 1233, it is ruled as under;

"It has to be kept in mind that nothing can be said to be done in good faith which is not done with due care and caution. If these ingredients are indicated by the complaint, the Magistrate is obliged to take the cognizance of the complaint so presented before him."

12. Criminal liability of other members of PHFI:

12.1. That Hon'ble Supreme Court and various High Courts in India have ruled that, when a body/society/trust commits an offense of misappropriation of public money then the members in the trust/society/body who did not oppose the proposal or ant act of unlawful siphoning of the money are also accused as that of main accused. Hon'ble Supreme Court further Said that if other members were innocent then they should have opposed the unlawful act and criminal activities of main accused, here Mr. Srinanth Reddy. Hon'ble Supreme Court observed that, such accused members should not be protected from the rest they don't deserve bail. They needs to be arrested and subjected to custodial interrogation.





"Misappropriation of public fund. - offenses under section Sections 34, 120-B, 201, 406, 408, 409, 420, 465, 468 and 471 of Indian Penal Code, 1860 (IPC).

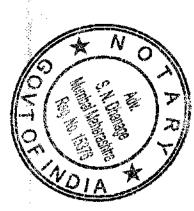
The present applicant should have opposed such proposals during the meetings, if he was really innocent. Not only that the applicant has attended the number of meetings and signed the proceedings of the meetings. The argument of the learned A.P.P. that the present applicant is vicariously liable for all the bogus loans, sanctioned during his period, has considerable substance and said the contention cannot be rejected at outright.

The present applicant has not opposed any of the bogus loan cases during the meetings in which he attended and signed the proceedings.

If the arguments of the learned A.P.P. are carefully perused, various instances have been cited by the A.P.P. to show that how the loans are advanced illegally to the persons contrary to the Rules and Regulations of R.B.I., provisions of Maharashtra Cooperative Societies Act and Rules there under and relevant directions issued by the Government from time to time.

Nobody made any attempt to verify whether the borrowers were eligible, whether the proper procedure was followed, whether the sufficient securities were obtained and whether such huge loans were likely to be recovered.

15. The Supreme Court in the case of Narinderjit Singh Sahni and Anr. v. <u>Union of India and Ors. reported in MANU/SC/0644/2001</u>: AIR2001SC3810 has observed that if accused facing a charge under Sections <u>406</u>, <u>409</u>, <u>420</u> and <u>120-B</u> is ordinarily not entitled to invoke the provisions of



Section 438 of the Criminal Procedure Code unless it is established that such criminal accusation is not a bona fide one. 16. In the case of Ram Narain Poply v. Central Bureau of Investigation with Pramod Kumar Monocha v. Central Bureau of Investigation with Vinayak Narayan Deosthali reported in MANU/SC/0017/2003\(\phi\): 2003CriLJ4801 the Supreme Court has observed thus: 382. The cause of the community deserves better treatment at the hands of the Court in the discharge of its judicial functions. The Community or the State is not a persona non granta whose cause may be treated with disdain. The entire community is aggrieved if economic offenders who ruin the economy of the State are not brought to book. A murder maybe committed in the heat of moment upon passions being aroused. An economic offences is committed with cool calculation and deliberate design with an eye on personal profit regardless of the consequence to the Community. A disregard for the interest of the community can be manifested only at the cost of forfeiting the trust and faith of the community in the system to administer justice in an even handed manner without fear of criticism from the quarters which view white collar crimes with a permissive eye unmindful of the damage done to the national Economy and National Interest, as was aptly stated in State of Gujrat v. Mahanlal Jitamalji Porwal and Anr. A.I.R. 1987 1321.

18. The Supreme Court in the case of Himanshu Chandravadan Desai and Ors. v. State of Gujrat reported in 2006 Cri. L.J. 136 while considering bail application of the applicants therein has observed thus:

Accused a Director of Bank and others involved in Bank Scam -Siphoned off funds of Bank worth crores by bogus loans and



fictitious letters of credit in name of their friends, relatives etc. Offence is very serious Evidence showing their prima facie involvement in offence - Having regard to huge amounts involved there is danger of accused absconding, if released on bail, or attempting to tamper with evidence by pressurizing witnesses Refusal of bail is proper."

12.3. That, the other members who were not present in the meeting or who were added as a new member or who were not directly concerned can also liable to be made as accused as none of them had made any complaint against the main accused i.e. Mr. Srinanth Reddy, but they tried to cover up his fraud by way of their act of commission and omission.

Therefore, as per section 201, 202, 120(B) & 34 of IPC they all are liable for prosecution.

Section 202 of The Indian Penal Code reads thus;



"202. Intentional omission to give information of offence by person bound to inform. - Whoever, knowing or having reason to believe that an offence has been committed, intentionally omits to give any information respecting that offence which he is legally bound to give, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both."

12.5. Hon'ble Supreme Court in the case of Raman Lal 2001 Cr. L. J. 800 had ruled as under:

> "Conspiracy - I.P.C. Sec. 120 (B) - Apex court made it clear that an inference of conspiracy has to be drawn on the basis of circumstantial evidence only because it becomes difficult to get direct evidence on such issue - The offence can only be proved largely from the inference drawn from acts or illegal ommission

committed by them in furtherance of a common design - Once such a conspiracy is proved, act of one conspirator becomes the act of the others - A Co-conspirator who joins subsequently and commits overt acts in furtherance of the conspiracy must also be held liable - Proceeding against accused cannot be quashed."

[Also see: CBI VS Bhupendra Champaklal Dalal 2019 SCC OnLine Bom 140.]

- 13. Enquiry & action against other public servant under section 218, 120(B) Etc. of IPC sitting at who are at the office of PHFI
- 13.1. That, many public servants of Union of India (UOI) are or were involved in the meetings at PHFI office. Those in bold are sitting as of 2020.

The details are as under;

Mr. Lav Agarwal, Joint Secretary of MOHFW

Balram Bhargava (DG - ICMR)

Prof Dr. Sunil Kumar (DGHS, MOHFW)

Dr Sanjay Tyagi (Ex Director General of Health Services, MOHFW)

Dr. Soumya Swaminathan (Ex Director General, ICMR)

Prof K Vijayraghavan (Ex Secretary, Department of Biotechnology)

Prasanna Hota (Ex Secretary MOHFW)



Nirmal Ganguly (Ex DG, ICMR)

Vishwa Katoch (Ex Director General ICMR)

TKA Nair (Former Advisor to PMO)

Dr. Montek Singh Ahluwallia (Former Deputy Chair of Planning Commission)

Mr Bhanu Pratap Sharma (Ex Secretary, MOHFW)

Dr Jagdish Prasad (Ex DGHS, MOHFW)

13.2. That, public servants and members involved in the affairs of PHFI were bound to report the frauds committed by Mr Srinath Reddy and other fraudster members of PHFI. But they failed to perform their duty and therefore they are liable for prosecution u/s 201,202, 218,120(B) & 34 Etc. of IPC. The members of PHFI are also in the category of Public Servant as they are getting their salary from funds received by the Govt.

13.3. The section 218 of IPC is concerned with bringing erring public servants to book for falsifying the public records in their charge. The essence of the offence under section 218 is intent to cause loss or injury to any public or person or thereby save any person from legal punishment or save any property from forfeiture or any other charge, <u>Biraja Prosad Rao Vs. Nagendra Nath</u>, (1985) 1 Crimes 446 (Ori.)

13.4. The law makes it clear that for punishment under sec 218 of IPC the Actual commission of offence by main accused Srinath Reddy is different and to punish the public servants doing their acts of commission and omission to save accused is sufficient to punish those public servants:-

495

- (i) The actual guilt or innocence of the alleged offender is immaterial if the accused believes him guilty and intends to screen him. <u>Hurdut Surma</u>, (1967) 8 WR (Cr.) 68.
- (ii) For the purpose of an offence punishable under section 218 the actual guilt or otherwise of the offender alleged as sought to be screened from punishment is immaterial. It is quite sufficient that the commission of a congnizable offence has been brought to the notice of the accused officially and that in order to screen the offender that accused prepared the record in a manner which he knew to be incorrect, <u>Moti Ram Vs.</u> Emperor, AIR 1925 Lah 461.
- (iii) Where it was proved that the accused's intention in making a false report was to stave off the discovery of the previous fraud and save himself or the actual perpetrator of that fraud from legal punishment, it was held that he was guilty of this offence, <u>Girdhari Lal.(1886) 8 All 633</u>.
- (iv) Where the accused increased the marks of particular persons for pecuniary benefits during the course of preparing final record for appointment as physical education teacher, it was held that the offence alleged is clearly made out, <u>Rakesh Kumar Chhabra Vs. State of H.P.</u>, 2012 CrLJ 354(HP)

14. History of fraudster chairman of PHFI:-

- 14.1. That, Mr. Rajat Gupta was founder & Chairman of PHFI.
- 14.2. That, Mr. Rajat Gupta was arrested, prosecuted and sentenced for fraud.

Link: https://www.thehindubusinessline.com/markets/rajat-gupta-gets-2-vears-in-jail-for-insider-trading/article23084253.ece



15. Earlier prosecution of PHFI by Home Ministry and Intelligence Bureau:-

- 15.1. That, PHFI were also prosecuted by the Intelligence Bureau for their frauds of foreign funds.
- 15.2. That, in an order by Home Ministry and as published in an Article in Economic Times published on 21st April 2017, it is clear that, the members of PHFI are misusing the funds for unauthorised purposes:
- 15.3. The seven violations cited by the home ministry against PHFI, which has been receiving a significant chunk of its foreign funding from Bill and Melinda Gates Foundation, include using foreign contributions to lobby media, parliamentarians and government on tobacco control policy issues, "which is prohibited under FCRA". PHFI, according to the home ministry, has bank accounts with credits of Rs 223 crore more than what it had declared to the home ministry.
- 15.4. Also, it is alleged to have wrongfully declared Rs 43 crore received for anti-tobacco lobbying when foreign funding during 2009-10 and 2012-13 was received seeking permission of the home ministry for the purpose 'research' and 'establishment of corpus fund'.
- 15.5. Another charge against PHFI includes making remit tances of Rs 22 crore to foreign countries from its FCRA account and Rs 10.75 crore to BBC World Services Trust, UK "for unknown purpose".
- 15.6. The revision order, issued under Section 22 of FCRA, states that PHFI declared only six of its 151 bank accounts to MHA. Of the 151 accounts, 22 are saving or current accounts while 128 are FD accounts. Two bank accounts were used as 'transit' accounts for unknown reasons, violating provisions of FCRA and FCRR, 2011, according to the home ministry.

15.7. PHFI was also found to be having more than one PAN identity for opening accounts and FDs, in violation of the Income Tax Act, 1961. Besides, the NGO failed to declare foreign receipts of Rs 1.19 crore from GlaxoSmithKline in 2014-

https://economictimes.indiatimes.com/news/politics-and-nation/mhaorder-revoking-license-of-phfi-lists-7-undesirableactivities/articleshow/58294627.cms?from=mdr

15.8. The Union health ministry is also said to have taken up the matter with Gauba. His predecessor, Rajiv Mehrishi, who was part of the decision to crack down on PHFI, had refused a review after both the Intelligence Bureau and the foreigners division of the home ministry said they had made a watertight case against PHFI. Intelligence Bureau officers said they would not buckle under pressure, for the charges hold ground.

https://www.theweek.in/theweek/current/foreign-bug.html

16. That, the PHFI and their dishonest members are influencing the policy of Indian Health ministry in such a way that the ultimate benefit will go to the pharma mafia and wrongful loss will be of Govt. of India and 135 Crore citizen. A detailed article exposing the PHFI members and their modus oprandi and their acts of commission and omission to play with the life of Indians to give undeserving benefits to the pharma mafia is published by renowned researcher and scientist Sh. Yohan Tengra.

Link: India's Covid-19 Task Force & "Experts" Exposed: Conflicts of Interest in Our Public Health System (An expose by Yohan Tengra.) https://awakenindiamovement.com/indias-covid-19-task-force-experts-exposed-conflicts-of-interest-in-our-public-health-system/

17. A detailed complaint cum notice under sec 80 of CPC is already sent to Hon'ble Health Minister on 23.09.2021. In the said complaint the entire



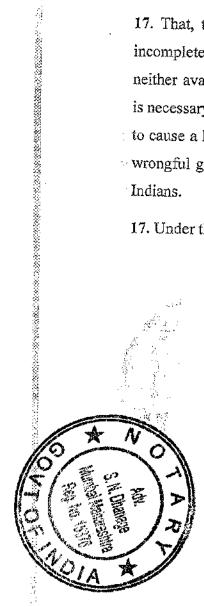
corruption of the members of PHFI is explained in detail. A copy of said complaint cum notice dated 23.09.2021 is available at following link;

Link:

17. That, the earlier investigation against the arrested accused Anil Pawar is incomplete as the proofs and other aspects given in the present complaint were neither available nor considered by the then Investigating officer. Therefore it is necessary to conduct a thorough investigation to unearth the larger conspiracy to cause a loss of lakhs of Crores to Govt of India with sole intention of giving wrongful gain to pharma maña and further to play with the life of 135 Crore Indians.

17. Under these circumstances it is just and necessary to;

- (i) Immediately arrest Mr. Srinath Reddy and other present and exmembers of PHFI responsible for misappropriation of public money of around 108 Crores and thereby committing offences u/s 409, 201, 202, 120 (B) & 34 of Indian Penal Code and other provisions of Prevention of Corruption Act;
- (ii) Recover the misappropriated amount from Mr. Srinath Reddy as per the law laid down by Hon'ble Full Bench and as mentioned in para 6 & 7 of this complaint;
- (iii) Direct confiscation, seizure and attachment of all the moveable and immoveable properties and bank accounts of mastermind Srinath Reddy and other accused members of PFHI, Which is earned by them out of the proceeds of crime;
- (iv) Conduct the scientific test of accused members of PHFI such as Narco Analysis Test, Lie Detector Test, Brain Mapping Test etc.., to bring out the complete truth to the public and to prevent



their anti-national activities to kill Indians and to give profits to the pharma mafia and their Kingpin Bill Gates.

Sincerely

Ambar H. Koiri B – 1501, Runwal Hts.

L.B.S. Marg, Mulund (W)

Mumbai - 400 080.



F. No. Z.28016/133/2021-DM Cell Government of India Ministry of Health & Family Welfare (DM Cell)

Nirman Bhavan, New Delhi. Dated the 27th May 2021.

To

S No.

Question

Sourav Bysack Saradapally Mathurdingi, Mrigalal, Tantipara Haspú, Dankuni, Pin:712311 bysack.sourav@gmail.com

Subject: Request for information under RTI Act 2005.

With reference to your online RTI application bearing registration no. MOHFW/R/E/21/01528dated 15/04/2021 for providing information on the above-mentioned subject. The point wise reply is as under:-

€		Quoonon.	FILMOTOL
	1.	are mandatory	Use of mask/face cover has been advised to all in various SOPs/Guidelines issued by MoHFW. However as per these guidelines/SOPs its use has not been explicitly made mandatory.
	2.		No such information is available in records of DM Cell, MoHFW
_	3,	how long use of face mask is safe.	Mask has to be worn for a maximum of 8 hours of use or earlier if it becomes wet or visibly soiled.
ハッス	4.	if a person feel very uncomfortable while using face mask then what he/she should do.	·
	5.	lower the oxygen saturation level in blood.	As per MoHFW's Guidelines on Preventive Measures to Contain Spread of COVID-19 in Yoga Institutes & Gymnasiums issued on 1st March 2021 (available at: https://www.molufw.gov.in/pdf/GuidelinesonPreventiveMeasurestoContainSpreadofCOVID19inYogaInstitutes&Gymnasiums.pdf), use of mask (in particular N-95 masks) during exercise may cause difficulty in breathing. No further information is available in records of DM Cell, MoHFW.
	- ;		No such information is available in records of DM Cell, MoHFW.
	7.	what type of mask is	No such information is available in records of DM Cell, MoHFW.

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If you are not satisfied with the above reply, you can prefer an appeal to Appellate Authority i.e. Shri. Govind Jaiswal, Director PH, Ministry of Health & Family Welfare, Room No. 205 "D", Nirman Bhavan, New Delhi, as per the provision of RTI Act, 2005.

Yours sincerely
Digitally pignast by YOURER
Date: You bloy 27 1915 to 12 1927
HOME

(Dr. Yogesh) CPIO&CMO (EMR) Tel. No. 011- 23060777



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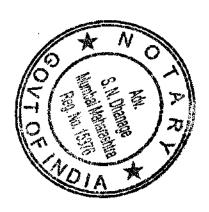
A Staltis View History User Maria FAO

FinalStatus of INCMP/R/IF/D1/00355

Applicant Name Amit Choulten Date of receipt 19/05/2021 Regest Filled With Indian Council of Medical Resparch 1. What are the side effects of using Pace Mask 2. If a person feel uncomfortable while using face mask what he should do Text of Application 3. is oxygen saturation level fall in blood for using face mask 4.1s face mask are mondatory for everyone

S. was government of India asses the side effects long term use of face mask, 6.1820 remnient of India have my evidence/proof/trial regarding use of face mask and virus protection. Request document (fam) habivery for inamicab. Status RTLREQUEST APPLICATION RETURNED TO APPLICANT as on 19/05/2021 Date of Action P9/095/2021 Remarks: For face mask related issues, please visit link Remarks https:///www.mohfw.gov/in/pdf/Useofmaskbypublic.pdf and https://www.molthivgov.lojateProzer4CHFGA.goti Regards

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Ministry of Health and Family Welfare Directorate General of Health Services [Emergency Medical Relief]



Novel Corornavirus Disease (COVID-19)

Guidelines on use of masks by public

1. Introduction

A new disease named novel coronavirus (COMID-19) emerged in early December 2019 in China and has new spread to over 90 countries. As on 9th March 2020, India has reported 42 cases mostly among those who had travelled from affected countries. It causes a minor illness in majority of patients with symptoms of fever and or cough. A small proportion of such persons may progress to severe disease with difficulty in breathing.

It is spread by an infected person with COVID coughing and the droplets from his cough infecting others in close vicinity (less than I metre).

Any such new disease invariably related to cough leads to suggestions from various quarters, especially in social media, to use mask by general public to prevent the disease.

Purpose of this document

The purpose of this document is to give correct evidence based information to general public on use of mask.

3. Medical masks

Medical masks of different size and shapes are available in the market. The common ones are flat pleated masks of woven fabric which covers the nose and mouth and affixed behind the head with straps/ elastic fasteners. There are also conical or duck bill shaped masks with valves (or without valves) that fit in the contour of face over the nose and mouth, but are costlier.

4, Use of masks by general public

4.1. Persons having no symptoms are not to use mask

Medical masks should not be used by healthy persons who are not having any symptoms because it create a false sense of security that can lead to negliating other essential measures such as washing of hands.

Further, there is no selentific evidence to show health benefit of using masks for non-sick persons in the community. In fact erroneous use of masks or continuous use of a disposable mask for longer than 6 hours or repeated use of same mask may actually increase risk of getting an infection. It also incurs unnecessary cost.

In such situation, more effective steps are:

- i WW3in hands frequently with soap and waterffor 40 seconds. An alsohel based hand sanitizer with 70% alcohol must be used for 20 seconds. If hands are dirty or soiled, do not use alcohol based hand sanitizer, but wash hands preferably with soap and water.
- While coughing or sneezing cover nose and mouth with handkerchief, paper tissue. If handkershief or tissue paper is not available cough into the flexed elbow. Dispose of tissue immediately after use and wash hands.
- iii. Refrain from touching face, mouth, nose and eyes.
- iv. Stay at least a metre away from those coughing or sneezing.
- M. Monitor your body temperature.
- 4.2. When and who should use medical masks (apart from health care worker).
- 4.2.1. When a person develops cough or fever.

Use of medical three layer masks when ill, will prevent your infection from spreading to others. However you also need to wash your hands frequently to avoid spreading infection to others.

- 4.2.2. While visiting a healthcare facility.
- 4.2.3. When you are caring for an ill person.
- 4.2.4. Close family contacts of such suspect/confirmed cases undergoing home care should also use Triple layer medical mask.

4.3. Duration for which a medical mask will remain effective

A medical mask, if properly worn, will be effective for 8 hours. If it gets wet in between, it needs to be changed immediately,

4.4. Correct procedure of wearing triple layer mask

While wearing a medical mask, the steps given below needs to be followed. If you do not follow them, you may get infected from the mask itself. These steps are:

- Unfold the pleats; make sure that they are facing down.
- · Place over nose, mouth and chin.
- Fit flexible nase piece (a metallic strip that can easily be located) over noses
 bridgs.

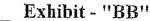


- Secure with the strings (upper string to be tied on top of head above the earslower string at the back of the neck.)
- . Ensure there are no gaps on either side of the mask, adjust to fit.
- · While in use, avoid touching the mask.
- Die not let the mask hanging from the neck.
- Change the mask after six hours or as soon as they become wet.
- •DiBisposable masks are never to be reused and should be disposed off.
- While removing the mask great care must be taken not to touch the potentially contaminated outer surface of the mask
- To remove mask first untie the string below and then the string above and handle the mask using the upper strings.

4.5. Disposal of used masks

Used mask should be considered as potentially infected. Masks used by perfectly care givers/ close centacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.









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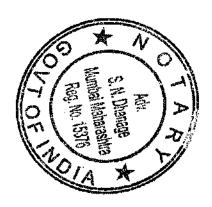
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Final Status of NIOVP/R/E/21/00046

Amit Chouhan
17/07/2021
ICMR-National institute of Virology (NIV), Pune
Please provide following information 1. Size of SARS-CoV-2 virus 2. Pore size of standard surgical mask and N9S mask
document not provided
RTI REQUEST APPLICATION RETURNED TO APPLICANT 85 on 29/07/2021
29/07/2021
Remarks > 1. SARS-COV-2 virus is round shaped virus with an average size of 70-80 nm. 2. Pore size of standard surgical mask and N95 mask is 0.3 – 10 µm & 0.1 – 0.3 µm respectively.

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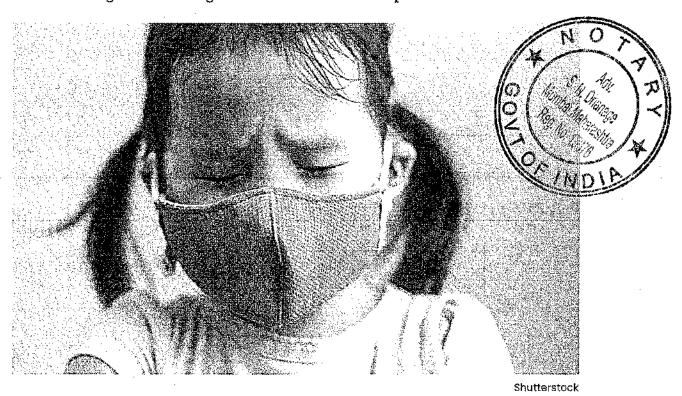


Exhibit - "CC"

NEWS

47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects

Young children being forced to wear masks is of particular concern.



LifeSiteNews staff

Fri Jul 23, 2021 - 9:25 pm EDT

Editor's note: A handy, easier to print PDF version can be obtained by clicking **HERE**.

https://www.lifesitenews.com/news/47-studies-confirm-inefectiveness-of-masks-for-covid-and-32-more-confirm-their-negative-health-effects

1/22



July 23, 2021 (<u>LifeSiteNews</u>) — Prior to facemask mandates as an alleged preventive for Covid infection and transmission, such masks were infrequently worn in hospitals and other medical facilities. They were only used in operating theatres or for visiting seriously ill patients in order to prevent infection from spit or droplets into open wounds or to partially protect visitors from acquiring and transmitting pathogens more dangerous than Covid. Many doctors and nurses have told LifeSite that for decades, if not longer, staff wearing medical masks were an uncommon sight in health care facilities other than as mentioned.

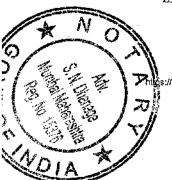
No studies were needed to justify this practice since most understood viruses were far too small to be stopped by the wearing of most masks, other than sophisticated ones designed for that task and which were too costly and complicated for the general public to properly wear and keep changing or cleaning. It was also understood that long mask wearing was unhealthy for wearers for common sense and basic science reasons.

There has been an international flood of lies about mask wearing in order to justify the bizarre and disturbing situation we have today of almost everyone wearing masks in many regions, inside and outside healthcare facilities, in schools with children of all ages, during sports events, in churches, in grocery stores and all commercial facilities, while driving and walking, and long after peak infection has passed.

It has also continued long after it was discovered that Covid was not nearly as dangerous as we were led to believe, that many of the mitigation policies caused serious damage of all kinds, including many deaths, and long after prevention and treatment protocols were discovered and used with great success, and the very best ones often criminally suppressed by government and health authorities.

The unnecessary and greatly exaggerated fear during the first few months of this pandemic, which would never have been labeled a pandemic until the WHO unilaterally changed the pandemic definition to include much less dangerous pathogens, has been manipulated to continue to this day, unlike past experiences with similar virus outbreaks. There have been numerous lies fed to the public by the WHO, national and regional government leaders and health bureaucrats and the media and many other institutions — all certainly for the purpose of maintaining fear until the large majority of the public has been injected with the poorly tested, unnecessary and dangerous Covid vaccines for which we have no evidence of their long-term safety.

<u>President Joe Biden</u> has been consistently presenting numerous, outrageous lies to justify his extreme Covid and vaccine policies and Paul Elias Alexander, Ph.D, has written <u>an article</u> published on LifeSite today that summarizes all of the most prominent and damaging lies that have generated continuing fear and caused a large percentage of Americans and citizens of other nations to accept the Covid vaccines in order to allegedly be able to return to a normal life. Included in Alexander's list are the lies related to mask mandates.



47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects - LifeSite are useless in preventing Covid infection and transmission and a second list further down of 32 studies confirming the negative health effects caused by frequent mask wearing, especially for young children. This has been a growing, serious concern in recent months as the dangerous health and emotional effects, especially on children, who are at almost zero risk of Covid harm, are becoming more pronounced and deeply worrisome.

VARIOUS FACE MASK STUDIES PROVE THEIR INEFFECTIVENESS

1. Surgical mask / cloth face mask studies

Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020

The US Centre for Disease Control performed a study which showed that 85 percent of those who contracted Covid-19 during July 2020 were mask wearers. Just 3.9 percent of the study participants never wore a mask.

Original: https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf
Erratum. correction: https://www.cdc.gov/mmwr/volumes/69/wr/mm6938a7.htm?
s cid=mm6938a7 w https://www.theblaze.com/op-ed/horowitz-cdc-study-covid-masks

2. Facial protection for healthcare workers during pandemics: a scoping review

This study used 5462 peer-reviewed articles and 41 grey literature records.

"Conclusion: The COVID-19 pandemic has led to critical shortages of medical-grade PPE. Alternative forms of facial protection offer inferior protection. More robust evidence is required on different types of medical-grade facial protection. As research on COVID-19 advances, investigators should continue to examine the impact on alternatives of medical-grade facial protection"

So how is your cloth and surgical mask working again if EVEN medical grade alternatives are failing?

Study Article: https://pubmed.ncbi.nlm.nih.gov/32371574/

Physical interventions to interrupt or reduce the spread of respiratory viruses

"There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask"

Study article: https://pubmed.ncbi.nlm.nih.gov/33215698/

4. Disposable surgical face masks for preventing surgical wound infection in clean surgery

"We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials"

Study article: https://pubmed.ncbi.nlm.nih.gov/27115326/

5. Disposable surgical face masks: a systematic review

Two randomized controlled trials were included involving a total of 1453 patients. In a small trial there was a trend towards masks being associated with fewer infections, whereas in a large trial there was no difference in infection rates between the masked and unmasked group.

Study article: https://pubmed.ncbi.nlm.nih.gov/16295987/

6. Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure

"Our results suggest that cloth masks are only marginally beneficial in protecting individuals from particles $< 2.5 \, \mu \text{m}$ "

Study article: https://pubmed.ncbi.nlm.nih.gov/27531371/

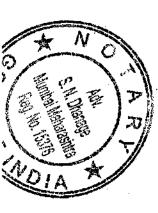
7. Face seal leakage of half masks and surgical masks

"The filtration efficiency of the filter materials was good, over 95%, for particles above 5 micron in diameter but great variation existed for smaller particles.

Coronavirus is 0.125 microns, therefore these masks wouldn't protect you from the virus"

Study article: https://pubmed.ncbi.nlm.nih.gov/4014006/

8. Comparison of the Filter Efficiency of Medical Nonwoven Fabrics against Three Different Microbe Aerosols



12/3/21, 12:07 PM 47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects - LifeSite The filter efficiencies against influenza virus particles were the lowest"

"We conclude that the filter efficiency test using the phi-X174 phage aerosol may overestimate the protective performance of nonwoven fabrics with filter structure compared to that against real pathogens such as the influenza virus"

Study article: https://pubmed.ncbi.nlm.nih.gov/29910210/

9. Aerosol penetration through surgical masks

"Although surgical mask media may be adequate to remove bacteria exhaled or expelled by health care workers, they may not be sufficient to remove the submicrometer-size aerosols containing pathogens"

Study article: https://pubmed.ncbi.nlm.nih.gov/1524265/

10. Particle removal from air by face masks made from Sterilization Wraps: Effectiveness and Reusability

"We found that 60 GSM face mask had particle capture efficiency of 94% for total particles greater than 0.3 microns"

How big is the virus again? 0.125 microns.

Study article: https://pubmed.ncbi.nlm.nih.gov/33052962/

11. A New Method for Testing Filtration Efficiency of Mask Materials Under Sneeze-like Pressure

This study states that "alternatives" like silk and gauze etc could possibly be good options in the pandemic. It's done on starch particles.

Does not state how big they are either, but they can still get through the material and my research points out that starch particles are "big", much bigger than most viruses.

Study article: https://pubmed.ncbi.nlm.nih.gov/32503823/

12. Protecting staff against airborne viral particles: in vivo efficiency of laser masks



"The laser mask provided significantly less protection than the FFP2 respirator (P=0.02), and an only marginally more protection than the surgical mask. The continued use of laser masks for respiratory protection is questionable. Taping masks to the face only provided a small improvement in protection"

Study article: https://pubmed.ncbi.nlm.nih.gov/16920222/

13. Quantitative Method for Comparative Assessment of Particle Removal Efficiency of Fabric Masks as Alternatives to Standard Surgical Masks for PPE

"Worn as designed, both commercial surgical masks and cloth masks had widely varying effectiveness (53 – 75 percent and 28 – 91 percent particle removal efficiency, respectively)". Different brand, different results and only when they applied "nylon layers" did the "efficiency" improve. Synthetic fibres do not breathe, so this will inevitably effect your breathing.

Study article: https://pubmed.ncbi.nlm.nih.gov/32838296/

14. The efficacy of standard surgical face masks: an investigation using "tracer particles"

"Since the microspheres were not identified on the exterior of these face masks, they must have escaped around the mask edges and found their way into the wound". Human albumin cells, aka aborted fetal tissue, is much larger than the virus and still escaped the mask.

Study article: https://pubmed.ncbi.nlm.nih.gov/7379387/

15. Testing the efficacy of homemade masks: would they protect in an influenza pandemic?

"Our findings suggest that a homemade mask should only be considered as a last resort to prevent droplet transmission from infected individuals" so why has the government suggested . you make your own when they are not effective?

Study article: https://pubmed.ncbi.nlm.nih.gov/24229526/

16. Using half-facepiece respirators for H1N1

"Increasing the filtration level of a particle respirator does not increase the respirator's ability to reduce a user's exposure to contaminants"

https://pubmed.ncbi.nlm.nih.gov/19927872/



12/3/21, 12:07 PM

Why Masks Don't Work Against COVID-19

The site is full of studies proving masks dont work for coronavirus or the flu.

Article: https://www.citizensforfreespeech.org/why masks don t work against covid 19? fbclid=IwARoQviyvt6BObOg aMijo3CjofgTcm gm5jhXcMkO8GcH3Kur-bwiboo8rf8

18. Masks Don't Work: A Review of Science Relevant to COVID-19 Social Policy

This is full of studies proving mask protection is negligible for coronavirus, flu etc.

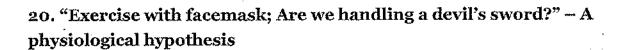
Article: <u>https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy?</u>

fbclid=IwARoQviyvt6BObOgaMijo3CjofgTcm_gm5jhXcMkO8GcH3Kur-bwiboo8rf8

19. Face masks to prevent transmission of influenza virus: a systematic review

There is less data to support the use of face masks or respirators to prevent becoming infected.

Study article: https://pubmed.ncbi.nlm.nih.gov/20092668/



No evidence to suggest that wearing a mask during exercise offers any benefit from the droplet transfer from the virus.

"Exercising with facemasks may reduce available Oxygen and increase air trapping preventing substantial carbon dioxide exchange. The hypercapnic hypoxia may potentially increase acidic environment, cardiac overload, anaerobic metabolism and renal overload, which may substantially aggravate the underlying pathology of established chronic diseases"

Study article: https://pubmed.ncbi.nlm.nih.gov/32590322/

21. Use of face masks by non-scrubbed operating room staff: a randomized controlled trial

Surgical site infection rates did not increase when non-scrubbed personnel did not wear face masks.

2010 Study article: https://pubmed.ncbi.nlm.nih.gov/20575920/

22. Surgical face masks in modern operating rooms – a costly and 14 unnecessary ritual?

When the wearing of face masks by non-scrubbed staff working in an operating room with forced ventilation seems to be unnecessary.

Study article: https://pubmed.ncbi.nlm.nih.gov/1680906/

23. Masks: a ward investigation and review of the literature

Wearing multi layer operating room masks for every visit had no effect on nose and throat carriage rates.

Study article: https://pubmed.ncbi.nlnl.nih.gov/2873176/

24. Aerosol penetration and leakage characteristics of masks used in the health care industry

The protection provided by surgical masks may be insufficient in environments containing potentially hazardous submirconometer-sized aerosols.

"Conclusion: We conclude that the protection provided by surgical masks may be insufficient in environments containing potentially hazardous submicrometer-sized aerosols"

Study article: https://pubmed.ncbi.nlm.nih.gov/8239046/

5. Masks for prevention of viral respiratory infections among health care workers and the public: PEER umbrella systematic

Meta analysis review that says there is limited evidence to suggest that the use of masks may reduce the risk of spreading viral respiratory infections.

Study article: https://pubmed.ncbi.nlm.nih.gov/32675098/

26. Modeling of the Transmission of Coronaviruses, Measles Virus, Influenza Virus, *Mycobacterium tuberculosis*, and *Legionella pneumophila* in Dental Clinics

Evidence to suggest that transmission probability is strongly driven by indoor air quality, followed by patient effectiveness and the least by respiratory protection via mask use.

12/3/21, 12:07 PM 47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects - LifeSite to use could explain "second waves" and has nothing to do with hand shaking, or not wearing a mask.

Study article: https://pubmed.ncbi.nlm.nih.gov/32614681/

27. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings-Personal Protective and Environmental Measures

The use of face masks, either by infected or non infected peresons, does not have a significant effect on influenza transmission.

SO MASKS DON'T PROTECT YOU FROM ME, AND VICE VERSA.

Study article: https://pubmed.ncbi.nlm.nih.gov/32027586/

28. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and meta-analysis

Meta analyses suggest that regular hand hygiene provided a significant protective effect over face masks and their insignificant protection.

Study article: https://pubmed.ncbi.nlm.nih.gov/28487207/

29. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta- analysis

Use of n95 respirators compared to surgical masks is not associated with a lower risk of laboratory confirmed influenza.

Study article: https://pubmed.ncbi.nlm.nih.gov/32167245/

30. Adolescents' face mask usage and contact transmission in novel Coronavirus

Face mask surfaces can become contamination sources. People are storing them in their pockets, bags, putting them on tables, people are reusing them etc. This is why this study is relevant:

Study article: https://pubmed.ncbi.nlm.nih.gov/32582579/



31. Visualizing the effectiveness of face masks in obstructing respiratory jets

Loosely folded face masks and "bandana style" face coverings provide minimum stopping capability for the smallest aerosolized droplets.

This applies to anyone who folds or shoves a mask into their pockets or bag. It also applies to cloth and homemade cloth masks:

Study article: https://pubmed.ncbi.nlm.nih.gov/32624649/

32. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

Face mask use in healthcare workers has not been demonstrated to provide benefit in terms of colds symptoms or getting colds.

Study article: https://pubmed.ncbi.nlm.nih.gov/19216002/

33. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers

Penetration of cloth masks by influenza particles was almost 97 percent and medical masks 44 percent, so cloth masks are essentially useless, and "medical grade" masks don't provide adequate protection.

Study article: https://pubmed.ncbi.nlm.nih.gov/25903751/

34. Simple respiratory protection—evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles

Cloth masks and other fabric materials tested in the study had 40-90 percent instantaneous penetration levels against polydisperse NaCl aerosols.

"Results obtained in the study show that common fabric materials may provide marginal protection against nanoparticles, including those in the size ranges of virus-containing particles in exhaled breath"

Study article: https://pubmed.ncbi.nlm.nih.gov/20584862/



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85/Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range

"The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses"

Study article: https://pubmed.ncbi.nlm.nih.gov/18326870/

36. Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks?

The n95 filtering respirators may not provide expected protection level against small virons Study article: https://pubmed.ncbi.nlm.nih.gov/16490606/

37. Do Surgical Masks Stop the Coronavirus?

Study article: https://slate.com/news-and-politics/2020/01/coronavirus-surgical-masks-china.html

38. Effectiveness of personal protective measures in reducing pandemic influenza transmission: A systematic review and metaanalysis

This study states that an N95, depending on the brand, can range from 0.1-0.3 microns. however, most people cannot buy an N95 with a micron smaller than 0.3 micron because they are expensive and not readily available on the public market.

"N95 respirators made by different companies were found to have different filtration efficiencies for the most penetrating particle size (0.1 to 0.3 micron)"

"Above the most penetrating particle size the filtration efficiency increases with size; it reaches approximately 99.5% or higher at about 0.75 micron"

"Meta-analyses suggest that regular hand hygiene provided a significant protective effect (OR=0.62; 95% CI 0.52-0.73; I2=0%), and facemask use provided a non-significant protective effect (OR=0.53; 95% CI 0.16-1.71; I2=48%) against 2009 pandemic influenza infection"

Study article: https://pubmed.ncbi.nlm.nih.gov/28487207/



39. Effectiveness of N95 respirators versus surgical masks against 8 influenza: A systematic review and meta- analysis

"The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory- confirmed influenza. It suggests that N95 respirators should not be recommended for the general public or non high-risk medical staff who are not in close contact with influenza patients or suspected patients"

N95 masks did show a positive effect for BACTERIA but not viruses.

Study article: https://pubmed.ncbi.nlm.nih.gov/32167245/

40. Adolescents' face mask usage and contact transmission in novel Coronavirus

This study used dye to show if masks were contaminated. "As a result, masks surface becomes a contamination source. In the contact experiment, ten adults were requested to put on and off a surgical mask while doing a word processing task. The extended contamination areas were recorded and identified by image analysis"

Study article: https://pubmed.ncbi.ulm.nih.gov/32582579/

41. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

"Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headache during the study period"

"Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds"

Study article: https://pubmed.ncbi.nlm.nih.gov/19216002/

42. Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS CoV-2 Infection in Danish Mask Wearers: A Randomized Controlled Trial

12/3/21, 12:07 PM

47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects - LifeSite

The recommendation to wear surgical masks to supplement other public health measures did

not reduce the SARS-CoV-2 infection rate among wearers by more than 50 percent in a

community with modest infection rates, some degree of social distancing, and uncommon

general mask use"

Study article: https://pubmed.ncbi.nlm.nih.gov/33205991/

43. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers

"An analysis of mask use showed ILI (RR=6.64, 95 percent CI 1.45 to 28.65) and laboratory-confirmed virus (RR=1.72, 95 percent CI 1.01 to 2.94) were significantly higher in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97 percent and medical masks 44 percent"

Study article: https://pubmed.ncbi.nlm.nih.gov/25903751/

44. Respiratory performance offered by N95 respirators and surgical masks: human subject evaluation with NaCl aerosol representing bacterial and viral particle size range

"The study indicates that N95 filtering facepiece respirators may not achieve the expected protection level against bacteria and viruses. An exhalation valve on the N95 respirator does not affect the respiratory protection"

Study article: https://pubmed.ncbi.nlm.nih.gov/18326870/

45. Performance of N95 respirators: filtration efficiency for airborne microbial and inert particles

Coronavirus is 0.125 micron, as you can read in this study, it states that most N95 masks can only filter particles as small as 0.75 microns. This is too big to trap this virus, that is a fact.

And even with an efficiency of 95 percent (depending on brand, so filtration may be lower) IF the virus can be trapped... it's still missing 5 percent and maybe more based on an N95 that has 0.1 microns.

Study article: https://pubmed.ncbi.nlm.nih.gov/9487666/

CORONAVIRUSES ARE 0.125 MICRON. SO THE BEST N95 ON THE MARKET WOULD DO NOTHING .



46. A Novel Coronavirus from Patients with Pneumonia in Chinal 2019

A chinese study that proves that an airborne coronavirus particle (0.125 micron) can pass directly through an n95 mask

Study article: https://pubmed.ncbi.nlm.nih.gov/31978945/

47. Airborne coronavirus particle (<0.125 micron) will pass directly through a N95 face mask.

Study article: https://www.greenmedinfo.com/article/airborne-coronavirus-particle

SIZE OF THE CORONAVIRUS: Size can vary but all are smaller than 0.3 micron.

"Human coronaviruses measure between 0.1 and 0.2 microns, which is one to two times below the cutoff" This "cut off" is referring to the size an N95 mask can trap. Most of us, are not using MEDICAL or regular N95s.

FACE MASK SIDE EFFECTS AND HEALTH IMPLICATIONS

1. Preliminary report on surgical mask induced deoxygenation during major surgery

Face mask side effects include lowered oxygen levels.

This study proved that surgeons that wore a mask in surgery for an hour + had significant reductions in blood oxygen saturation.

This is relevant because most of us are being made to wear face masks at work for the whole shift, long journeys on public transport, and when we are in a public places doing shopping etc. and this requires a degree of exertion that is not taken into account.

"Considering our findings, pulse rates of the surgeon's increase and SpO2 decrease after the first hour."

Decreasing oxygen and increasing carbon dioxide in the bloodstream stimulates a compensatory response in the respiratory centers of the brain. These changes in blood gases result in increases in both frequency and depth of breaths. This exposes another risk - if your mask traps some virus you are breathing more hence increasing viral load and exposure.

https://www.sciencedirect.com/science/article/abs/pii/S1130147308702355?via%3Dihub Study article: https://pubmed.ncbi.nlm.nih.gov/18500410/



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Face mask side effects include impeded breathing.

Ask people if they have issues breathing in these masks, anecdotal or not, as everyone is different.

"The results showed that each evaluation index was significantly different (P < 0.05) among different test

masks"

Study article: https://pubmed.ncbi.nlm.nih.gov/31280156/

3. Respiratory consequences of N95-type Mask usage in pregnant healthcare workers-a controlled clinical study

The benefits of using N95 mask to prevent serious emerging infectious diseases should be weighed against potential respiratory consequences associated with extended N95 respirator usage.

"Study article: https://pubmed.ncbi.nlm.nih.gov/26579222

"It is known that the N95 mask, if worn for hours, can reduce blood oxygenation as much as 20 percent, which can lead to a loss of consciousness, as happened to the hapless fellow driving aroundalone in his car wearing an N95 mask, causing him to pass out, crash his car and sustain injuries. I am sure that we have several cases of elderly individuals or any person with poor lung function passing out, hitting their head. This, of course, can lead to death"

"CONCLUSIONS: Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers, and this needs to be taken into consideration in guidelines for respirator use"

Yet we force pregnant women to use them...? What could this do to the fetus?

4. Headaches and the N95 face-mask amongst healthcare providers

Face mask side effects include headaches.

These headaches can force you to use added or unnecessary medications like painkillers that carry their own side effects. The theory as to why masks can trigger headaches is the RESTRICTION OF OXYGEN.

What are the long-term health effects on Health Care Workers with headaches arising from impeded breathing?

Here are several sources and studies that back up this claim:

Study article: https://pubmed.ncbi.nlm.nih.gov/16441251/

Headaches Associated With Personal Protective Equipment – A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19

Study article: https://pubmed.ncbi.nlm.nih.gov/32232837/

How to Avoid Migraine Triggers While Wearing Your Mask https://www.withcove.com/learn/migraine-triggers-mask

5. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial

"Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headaches during the study period"

"Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds"

Study article: https://pubmed.ncbi.nlm.nih.gov/19216002/

6. Your Health Your Responsibility

This video shows that even reading a book with a mask on decreases blood oxygen levels to your brain, what implications does this have for developing children forced to wear masks at school etc?

https://youtu.be/ul5E5BUrII4

7. Physiological impact of the N95 filtering facepiece respirator on healthcare workers

"CONCLUSIONS: In healthy healthcare workers, FFR did not impose any important physiological burden during 1 hour of use, at realistic clinical work rates, but the FFR dead-space carbon dioxide andoxygen levels were significantly above and below, respectively, the ambient workplace standards, and elevated P(CO2) is a possibility"

Remember in "healthy healthcare workers" even their carbon dioxide levels rose. Most of the wider public have at least one health problem. Even healthy people were shown to have elevated CO2 levelsabove the healthy guidelines.

Study article: https://pubmed.ncbi.nlm.nih.gov/20420727/

8. The adverse skin reactions of health care workers using personal protective equipment for COVID-19

Face mask side effects include adverse skin reactions

The adverse skin reactions of health care workers using personal protective equipment for COVID-19

Study article: https://pubmed.ncbi.nlm.nih.gov/32541493/

9. Your Mask May Be Causing Candida Growth in Your Mouth



73/21, 12:07 PM 47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects - LifeSite Rece mask side effects include yeast infections

https://www.everydayhealth.com/coronavirus/your-mask-may-be-causing-candida-growth-in-your-mouth/

10. 'Mask mouth' is a seriously stinky side effect of wearing masks

Face mask side effects include dental issues.

"We're seeing inflammation in people's gums that have been healthy forever, and cavities in people who have never had them—before," says Dr. Rob Ramondi, a dentist and co-founder of One ManhattanDental. "About 50 percent of our patients are being impacted by this, [so] we decided to name it 'mask mouth' — after 'meth mouth.'"

"While mask mouth isn't quite as obvious, if left untreated, the results could be equally harmful.

Gum disease — or periodontal disease — will eventually lead to strokes and an increased risk of heart attacks,"

says Dr. Marc Sclafani, another co-founder of One Manhattan Dental" https://nypost.com/2020/08/05/mask-mouth-is-a-seriously-stinky-side-effect-of-wearing-masks/

11. All That Mask-Wearing Could Be Giving You (Gasp!) Mouth Fungus—Here's How to Deal With it

https://www.wellandgood.com/mouth-sores-from-wearing-masks/

12. 'Maskne' Is a Real Thing-Here's How to Stop Face Mask Breakouts

Face mask side effects include acne

https://www.health.com/condition/skin-conditions/maskne-mask-acne-mechanica

13. Improper use of medical masks can cause infections Face mask side effects include mould and infections

Masks can cause bacterial and fungal infections around the mouth, and in the mouth and lungs EVEN if you wash the cloth mask. Mould colonies were found in masks in as little as one day.

https://www.aa.com.tr/en/health/improper-use-of-medical-masks-can-cause-infections-/1766676

14. Mould Colonization in Your Sinuses Could Be Holding You Back From Making a Full Recovery <

Information on mould and how it can affect your health. https://moldfreeliving.com/2019/01/26/could-mold-colonization-in-your-sinuses/



15. An investigation into the efficiency of disposable face masks

What are the dangers of bacterial and fungal growths on a used and loaded mask?

This study tested all kinds of disposable masks and proved they cause you to breathe back in your own crap. Study article: https://pubmed.ncbi.nlm.nih.gov/7440756/

16. Can the Elastic of Surgical Face Masks Stimulate Ear Protrusion in Children?

Disfiguration in children. Can masks stimulate ear protrusion in children?

This is due to masks that are too tightly fitted.

Tight masks can also cause tension headaches. Is this healthy for children long term? Study article: https://pubmed.ncbi.nlm.nih.gov/32556449/

17. When You Wear A Face Mask Every Day, This Is What Happens To Your Lungs

Mask use can trigger allergies due to the mask collecting particles that stay on you for long periods of time.

https://www.thelist.com/214073/when-you-wear-a-face-mask-every-day-this-is-what-happens-to-your-lungs/

18. The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients—with end-stage renal disease

The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease.

And yet, we make sick people wear them. Even people without breathing issues, have lowered oxygen rates.

Study article: https://pubmed.ncbi.nlm.nih.gov/15340662/

19. Other Face Mask Side Effects and Health Implications to Consider

There is a great potential for harm that may arise from public policies forcing mask use on the wider population.

The following unanswered questions arise unanswered:

- Can masks shed fibers or micro plastics that we can breathe in?
- Do these masks excrete chemical substances that are harmful when inhaled?
- Can masks excrete chemicals or fumes when heated, either with bodyheat sunlight or other sources of heat?
- Clothing dye can cause reactions, so how do we know that the manufacturing process
 of these masks do not pose a risk to us? Because, in reality, we do not buy our masks
 from medical companiesor facilities who operate in sterile environments.



2/3/21, 12:07 PM Gaps in asepsis due to surgical caps, face masks, external surfaces of infusion bottles and sterile wrappers of disposable articles]

"It is obvious that the surfaces of the boxes of sterile packed disposable instruments and infusion bottles are not sterile. The disposable surgical masks and surgical caps used for sterile clothing are delivered by the producers not sterile, either." AND THIS IS HOSPITAL EQUIPMENT.

Study article: https://pubmed.ncbi.nlm.nih.gov/6099666/

21. Mask Production Video

This is a "factory" that produces alot of masks. Does this look a sterile environment to you? This is what the majority of us are getting when we purchase online or in stores that sell them in bulk. Do you wantthat on your face? https://youtu.be/8gyO9TSlCoQ

22. Allergies and the Immune System

Can pathogen-laden droplets interact with environmental dust and aerosols captured on the mask? Can this elicit a greater reaction to viruses? For example, if you have a dust allergy your mask is collecting this thus causing inflamation to the wearer and lowering his or her immune system.

"This can cause wheezing, itching, runny nose, watery or itchy eyes, and other symptoms" would that not

facilitate spread and infection rate of viruses?

https://www.hopkinsmedicine.org/health/conditions-and-diseases/allergies-and-theimmune-system

23. Virus interactions with bacteria: Partners in the infectious dance

Bacteria and viruses can interact an increase infection suseptability: https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1008234

24. When viruses and bacteria unite!

https://blogs.scientificamerican.com/lab-rat/when-viruses-and-bacteria-unite/

25. An empirical and theoretical investigation into the psychological effects of wearing a mask

Face mask side effects include altered behaviour

Are there negative social consequences to a masked society? This study implies that, yes, masks do cause people to adopt altered behaviours based on mask use. https://strathprints.strath.ac.uk/43402/



26. Mask mandates may affect a child's emotional, intellectual development

Face mask side effects stagnate a child's natural intellectual development. It is well known that children find it hard to recognise faces up until a certain age. Mask use will further interfere with this. Is this healthy for a developing child?

https://www.wishtv.com/news/mask-mandates-may-affect-a-childs-emotional-intellectual-development/

27. Disabled People and Masks Contributing Toward Mental Health Issues

Face mask side effects and mental health

What about disabled people? Deaf/people hard of hearing rely on mouth reading. What are the implications for them? What about people who suffer cognitive and behavioural disorders like autism? This could cause them HUGE distress. Not just from wearing a mask, but seeing others in masks (because let's face it — IT'S NOT NORMAL BEHAVIOUR).

Can masks cause anxiety, or make other mental health disorders worse?

Since masks CAN impede breathing, this can cause fainting and other bodily reaction that would otherwise be avoided if masks were not used. Here is a search engine link to prove that it is very common:

https://duckduckgo.com/?q=mask+anxiety&ia=web

28. Maine study looks into long-term psychological effects of wearing face masks coronavirus, COVID-19 pandemic

This is a study on the psychological effects of masks.

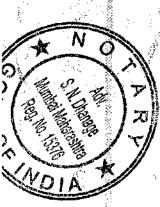
https://www.msn.com/en-us/health/wellness/umaine-study-looks-into-long-termpsychological-effects-of-wearing-face-masks-coronavirus-covid-19-pandemic/ar-BB13EfiU

29. Masks: Have You Been Captured by This Psyop?

Are there negative psychological consequences to wearing a mask, as a fear-based behavioral modification? This can easily trigger fear as a mask is reminding you there's a virus. The use of mask can also cause you to engage in risky behaviours due to a "false sense of security" because you feel protected.

https://kellybroganmd.com/masks-have-you-been-captured-by-this-psyop/

30. Masking the Truth - Face Masks, Empathy and Dis-inhibition



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:://podtail.com/fi/podcast/conspiracy-theoryology/masking-the-truth-face-masks-

empathy-and-dis-inhib/

31. Covid-19 face masks: A potential source of microplastic fibers in the environment

What are the environmental consequences of mask manufacturing and disposal?

Proof of increased littering due to increased mask use. a quick engine search will tell you, people are dumping them EVERYWHERE – into our rivers, into greenland areas etc. Plastics like nylon leach chemicals are going into our environment.

https://pubmed.ncbi.nlm.nih.gov/32563114/

32. Why Masks Don't Work Against COVID-19

Can used and loaded masks become vectors of enhanced transmission for both the wearer and other people? (The evidence from studies suggest yes). Masks become useless after about 20 minutes due to the moisture in your breath. This moisture can become the droplets that viruses travel on. Can this not facilitate transmission?

Can masks become collectors and retainers of pathogens that otherwise, could be avoided when breathing without a mask? (The evidence suggests yes).

Can large droplets trapped via a mask become atomized or aerosolized into breathable components? Even down to the virion size. (The evidence suggests yes).

https://www.citizensforfreespeech.org/why masks don t work against covid 19

LifeSiteNews has produced an extensive COVID-19 vaccines resources page. View it here.

RELATED:

See LifeSite's extensive resources on masks:

<u>Unmasking Masks</u>: Insights into the issues and concerns surrounding COVID-19.

And a two-part, July 2020 Special Report that reveals the full context and likely reasons behind the deadly masking phenomenon:

Explosion in mandatory masking isn't driven by science, but fear

Explosion in mandatory masking isn't driven by science, but fear - Part II

TOPICS



21/22

12/3/21, 12:07 PM

47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects - LifeSile 528

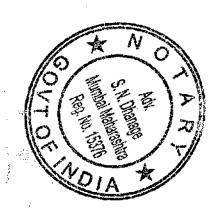
<u>Freedom</u>

TAGGED AS

Children

<u>Facemasks</u>

Paul Elias Alexander





SCC Online Web Edition, © 2022 EBC Publishing Pvl. Ltd. Page 1 Tuesday, February 22, 2022 Printed For: Dipati Nilesh Ojha SCC Online Web Editlon: http://www.scconline.com © 2022 EBC Publishing Pvt.Ltd., Lucknow.

2022 SCC OnLine Bom 298

In the High Court of Bombay¹

(BEFORE V.K. JADHAV AND SANDIPKUMAR C. MORE, JJ.)

Rafat Khan ... Petitioner;

Versus

State of Maharashtra and Another ... Respondents.

Criminal Writ Petition No. 1546 of 2020 Decided on January 19, 2022

Advocates who appeared in this case:

Mrs. Rashmi S. Kulkarni, Advocate for the petitioner.

Mr. S.S. Dande, A.P.P. for respondent No. 1 - State.

Respondent No. 2 served.

The Judgment of the Court was delivered by

SANDIPKUMAR C. More, J.:— Rule. Rule made returnable forthwith. By consent of the parties, heard finally at the stage of admission.

- 2. The present petitioner, by invoking writ jurisdiction under Article 226 of the Constitution of India, has preferred this petition for quashing the F.I.R. in Crime No. 0196 of 2020 for the offences punishable under Sections 186 and 188 of the Penal Code, 1860 (for short "I.P.C.") dated 17.04.2020 registered with City Chowk Police Station, Aurangabad and the criminal proceedings arising out of the same bearing S.C.C. No. 7144/2020, pending on the file of the learned Judicial Magistrate, First Class, Aurangabad.
- 3. According to the present respondent No. 2, who is the informant in this case, he was the member of squad of Zone-1 under the leadership of one Daulat Mhaske. The said squad was formed under the Divisional Head Mr. Pramod Jadhav, who was asked by the Municipal Commissioner, Aurangabad to do certain acts for prohibition of spread of Covid-19 under letter bearing No. जाकमनपा/मकव्य/२०२०/१४१. dated 11.03.2020, Zone-1 squad of which the present respondent No. 2 was the Member, was supposed to act for doing certain prohibitory things in respect of spreading of Covid-19 in the areas of Mill Corner, Padegaon, Bhavsingpura, Budhilen, Aref Colony, etc. On 17.04.2020 respondent No. 2 alongwith the members of aforesaid squad was taking round in the aforesaid Zone-1 and at about 4.10 p.m. they found 4 to 5 persons sitting in Relax Medical Shop at Mill Corner without wearing masks. Respondent No. 2 and his associates made them aware about the order of Commissioner of Municipal Corporation, Aurangabad dated 09.04.2020 and asked them as to why they did not wear the masks and for taking action about the same. Accordingly they asked one person who was without mask about his name. The said person told his name as Anis Ali. Therefore, as per rule respondent No. 2 and his associates prepared fine receipt and asked him to pay the same. However, one another person sitting in the said shop told Anis Ali for not to pay the fine amount as he had called the present petitioner, who is the husband of the then Corporator of Mill Corner Ward. Within short period the petitioner alongwith 2 to 3 persons came there in the said shop and threatened respondent No. 2 and his associates as to why they were taking action in his ward. The petitioner at the relevant time also told them that they had no right to take such action. As such, respondent No. 2 lodged the aforesaid F.I.R. against the petitioner as he obstructed them while discharging their duties.

4. Learned Counsel for the petitioner submits that respondent No. 2 was not at all a public servant, therefore, no question arises of lodging F.I.R. under Sections 186 and

Adv.

S. N. Dhanage

Mumbai Maharashtra

Reg. No. 15376

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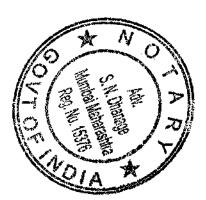
ADVOCATE FOR_



SCC Online Web Edition, © 2022 EBC Publishing Pvt. Ltd. Page 2 Tuesday, February 22, 2022 Printed For: Dipali Nilesh Ojha SCC Online Web Edition: http://www.scconfine.com © 2022 EBC Publishing Pvt.Ltd., Lucknow.

188 of I.P.C. by him. She further pointed out that in view of Section 195 (1) of the Code of Criminal Procedure (for short "Cr.P.C") no Court can take cognizance of such F.I.R. and the crime registered on the basis of it. She further submits that filing of charge-sheet under the said crime is itself an abuse of process of law, and therefore, even if the allegations in the F.I.R. are taken as proved, then also no offence under aforesaid sections is made out.

- 5. Despite service of notice to respondent No. 2, he remained absent.
- 6. Learned A.P.P. for respondent No. 1 State strongly opposed the submissions made by learned Counsel for the petitioner and on the basis of investigation papers supported the action taken against the petitioner. According to the learned A.P.P., the concerned Investigating Officer rightly arrived at a conclusion that the petitioner committed offences under Sections 186 and 188 of the I.P.C., and therefore, the Investigating Officer after due investigation filed charge-sheet against the petitioner in the Court of the learned Judicial Magistrate, First Class (3rd Court), Aurangabad.
- 7. It is significant to note that the prosecution has claimed that the petitioner has committed offences under Sections 186 and 188 of the I.P.C., and therefore, for quick reference, we would like to reproduce those sections hereunder:
 - "186. Obstructing public servant in discharge of public functions.-Whoever voluntarily obstructs any public servant in the discharge of his public functions, shall be punished with imprisonment of either description for a term which may extend to three months, or with fine which may extend to five hundred rupees, or with both.
 - 188. Disobedience to order duly promulgated by public servant.-Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or trends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both".
- **8.** On perusal of the aforesaid sections, it appears that Section 186 of I.P.C. has provided punishment to a person who voluntarily obstructs any public servant in discharge is his public functions. Further Section 188 of I.P.C. also provides punishment for any person for disobedience of any order promulgated by a public servant lawfully empowered to promulgate such order.
 - 9. Learned Counsel for the petitioner has relied upon the following two judgments:
 - (i) Judgment dated 21.09.2020 passed by this Court (Coram: V.M. Deshpande and Amit B. Borker, JJ.) at Nagpur Bench, in Criminal Application (APL) No. 453 of 2020
 - (ii) Judgment dated 06.10.2021 passed by this Court (Coram : V.K. Jadhav and Shrikant D. Kulkarni, JJ.) in Criminal Writ Petition No. 853 of 2020)
- 10. According to learned Counsel for the petitioner, filing of charge-sheet in the present crime is itself barred under Section 195 (1) of Cr.P.C. Further, the respondent No. 2 who is the informant in the present case, cannot be a public servant at all.
- 11. We have carefully gone through Section 195 (1) of Cr.P.C, which we would like to reproduce below:
 - "195- (1) No Court shall take cognizance-





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Page 3 Tuesday, February 22, 2022

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- (a)(i) of any offence punishable under sections 172 to 188 (both inclusive) of the Penal Code, 1860 or
- (ii) of any abetment of, or attempt to commit, such offence, or
- (iii) of any criminal conspiracy to commit such offence, except on the complaint in writing of the public servant concerned or of some other public servant to whom he is administratively subordinate".
- 12. On going through the aforesaid section, it is clearly evident that there is clear-cut bar for taking cognizance of the offence punishable under Sections 172 to 188 (both inclusive) except on the complaint in writing of the public servant concerned or of some other public servant to whom he is administratively subordinate. Further, in the first case relied on by the learned Counsel for the petitioner, there is reference of the observation of Hon'ble Supreme Court in the case of M.S. Ahlawat v. State of Haryana, [(2000) 1 SCC 278], wherein it is held in para 5 as below:
 - "5. Provisions of section 195 CrPC are mandatory and no Court has jurisdiction to take cognizance of any of the offences mentioned therein unless there is a complaint in writing as required under that section".
- 13. Further, a reference of another case before the Supreme Court i.e. Daulat Ram v. State of Punjab, (AIR 1962 SC 1206) has given, wherein the Hon'ble Supreme Court has held that the prosecution under Section 182 of the I.P.C. must be on a complaint in writing by the Tahsildar (public servant). In view of absolute bar against the Courts for taking cognizance of the offence punishable under Section 182 of the I.P.C., except in the manner provided by Section 195 of Cr.P.C., the said judgment equally applies to the offence under Section 188 also.
- 14. This Court, in the second judgment relied on by the learned Counsel for the petitioner, has also taken similar view for quashing the F.I.R. under Section 188 of I.P.C.
- **15.** In the present case, the informant i.e. respondent No. 2 is not a public servant as contemplated in Section 186 of I.P.C. He was merely a Member of squad which was formed to take prohibitory measures in spreading of Covid-19 at the relevant time. Further, from the F.I.R. itself it appears that he was merely working in Corporation, Aurangabad in the Solid Waste Department. Further, at the time of the alleged incident he was not discharging any duty of public servant, but was merely appointed for taking precautionary measures during the spread of Covid-19. He was not even an administrative subordinate of the Commissioner of Municipal Corporation, Aurangabad, who had promulgated order under subject. Therefore, the bar under Section 195 (1) of Cr.P.C. clearly applies in the instant matter, and thus, the learned Judicial Magistrate, First Class, Aurangabad in whose Court S.C.C. No. 7144 of 2020 is pending in respect of the aforesaid crime, is not at all empowered to take cognizance of the same.
- 16. Therefore, having regard to the aforesaid facts and discussion, we are of the opinion that the criminal prosecution launched against the present petitioner under Sections 186 and 188 of the I.P.C. is liable to be quashed in view of the specific bar under Section 195 (1) of Cr.P.C. Accordingly, we pass the following order.

ORDER

- (i) Criminal Writ Petition is hereby allowed in terms of prayer clause [A].
- (ii) Rule is made absolute in above terms.
- (iii) Criminal Writ Petition is accordingly disposed of.

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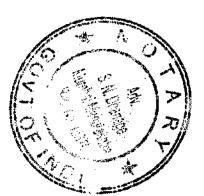


^{*} Aurangabad Bench



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Don't unlock Mumbai unless 70% people get vaccinated, says Maharashtra COVID-19 task force member

Dr. Shashank Joshi, a COVID-19 task force member in the state, suggested not reopening the commercial capital of India till at least 70 per cent of the population receive the jab.

Source Name: ZEE News

Link: https://zeenews.india.com/india/don-t-unlock-mumbai-unless-70-people-get-vaccinated-says-maharashtra-covid-19-task-force-member-2370212.html

Published on: Jun 19, 2021

New Delhi: As Maharashtra follows the 5-level unlock process, a state COVID-19 task force member has advised against unlocking Mumbai unless 70 per cent of the people are vaccinated.

In an interview with India Today TV, Dr Shashank Joshi, a COVID-19 task force member in the state, stressed not reopening the commercial capital of India till at least 70 per cent of the population receive the jab. "Unless 70 per cent of the people are vaccinated, it will not be right to do open up the city," he said.

When asked whether the local train services should resume, Joshi stated, "We can't think of starting local train services because we are not out of danger yet. We should not repeat the mistake we have made in the first and second waves."

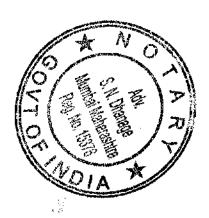
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Meanwhile, Maharashtra health minister Rajesh Tope warned of a possible third wave of the COVID-19 pandemic if people do not follow norms like maintaining hygiene and wearing masks.

"Nobody can exactly predict a third wave. But by wearing masks and maintaining appropriate behavior, we can postpone its arrival and keep the impact to a minimum," Tope was quoted as saying by PTI.

Meanwhile, Aseem Gupta, principal secretary, state relief and rehabilitation department told The Times of India, if the <u>COVID-19 caseload rises during the third wave</u>, the possibility of reintroducing lockdown cannot be denied.

"It must be realised that these levels are not cast in stone- if the government feels that the cases are rising in an alarming manner, it will react immediately and impose stricter measures," he told the leading daily.



Can't open up trains for all as 1/3rd of citizens still susceptible to Covid-19, says Maharashtra's task force member

Hindustan Times spoke to task force member Dr Shashank Joshi on the rationale behind their recommendations

Dr Shashank Joshi, member, Maharashtra Covid-19 Task Force.

Source: Hindustan Times

Link: https://www.hindustantimes.com/cltles/mumbal-news/cant-open-up-trains-for-all-as-1-3rd-of-citizens-still-susceptible-to-covid-19-says-maharashtra-s-task-force-member-

101628102086940.html

Published on: Aug 05, 2021

Author Name: Jyoti Shelar, Mumbai

Even as more relaxations in Covid-19 curbs have been introduced in Mumbai owing to a steady decline in the number of cases, restrictions to access local trains have been retained. Members of Maharashtra's Covid-19 task force have emphasised three important aspects before opening public transport for all – achieving 70% vaccination coverage, random testing at stations and stringent implementation of double masking. Hindustan Times spoke to task force member Dr Shashank Joshi on the rationale behind their recommendations:

Why can't local trains be opened for all when other relaxations are being implemented?

There are three important yardsticks for any city to relax their norms – the RT-PCR positivity rate has to be below 5% consistently for two weeks, there has to be 70% full vaccination coverage and zero tolerance for non-adherence to Covid-appropriate behaviour. We haven't been able to achieve 70% vaccination



coverage as yet. If we take into account the number of citizens who are vaccinated and those who have been exposed to the virus, there is still at least one-third of our population that is unexposed. The circulation of the virus is shrinking, but this one-third population is susceptible. Let's say if local trains are opened, it is this susceptible population that will be fast infected.

Should people who have taken both the jabs be allowed on trains? Yes. However, conducting such checks will be cumbersome.

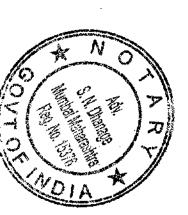
With more relaxations and no local trains, buses are bearing the brunt with overcrowding. Won't they become a breeding ground?

It continues to be our fear. That is one of the reasons why we have been emphasising on creating safer travel environments before allowing everyone to take public transport. Safer environments will be created as we achieve 70% vaccination coverage and implement strict double masking. One should understand that Mumbai has immense challenges in its fight against Covid-19. The city's humidity is conducive for droplet transmission and for the virus to thrive. Its population density is among the highest and Mumbaiites generally tend to crowd and congregate. Any potential crowding can upset the declining trend that we are experiencing now.

Another crucial challenge is the Delta variant that has been rapidly transmitting. Mumbai predominantly has the Delta variant in circulation and a little bit of the Kappa variant as well. Therefore, a calibrated approach to reopening is important.

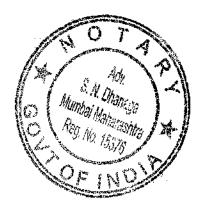
How soon can more relaxations like local trains for all be implemented?

Mumbai will open up more, gradually. It's all about striking the right balance. The opening also depends on the readiness of the healthcare infrastructure for an unprecedented wave, the R0 or R-naught (which determines how



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transmissible the disease is) among other things. Overall, Maharashtra's R0 has shown a decline, but any potential crowding situations can upset this trend.



Third Covid wave fast ebbing but booster jab needed: Experts

Source: Times of India

Link: https://timesofindia.indiatimes.com/city/mumbai/third-wave-fast-ebbing-but-booster-jab-needed-experts/articleshow/89956474.cms

Date: Mar 3, 2022, 03.46 AM IST

MUMBAI: Although the third wave is quickly waning and there are hopes that the two-year-old Covid pandemic will make way for an "endemic" stage, experts said Indians will need to take Covid-19 booster shots. India started its booster or precautionary dose drive on January 10, but only for senior citizens and healthcare workers. "We will have to slowly expand this group to include younger people as well," said Dr Rahul Pandit, who is a member of the Maharashtra government's task force on Covid-19

Dr Shashank Joshi, also a member of the task force, concurred by saying, "A precautionary dose, either once or twice a year, will need to be taken." He said India needs a Covid vaccination strategy. "It is still in the discussion stage, but a vaccination strategy is needed," he added. A senior state government official said the ongoing precautionary dose drive was progressing at a slower pace than expected because many people had got infected with Omicron. "People have to wait for three months after the infection to take the booster," he said.

The expert view is based on the outcome of the Omicron-Covid wave: Those vaccinated had a milder disease as compared to the unvaccinated population.



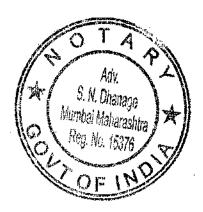
Doctors said the effect of Omicron, a SARS-CoV-2 variant with a record 50-plus number of mutations, was blunted due to widespread vaccination.

Meanwhile, a survey among youngsters by social advocacy group HEAL Foundation and Saizen Global Insights showed that 95% of them believe it is important to get vaccinated against Covid.

"We found vaccine optimism is linked to education, those who have attended university are more positive towards the importance of vaccines (88% versus 65% among those who did not attend university)," said HEAL's Swadeep Srivastava.

While there was widespread fear in the initial days a year back about the efficacy and safety of the vaccines, the survey showed that 85% of the youngsters believe the vaccines are safe and efficacious. An equal number said they felt that vaccines played a role in bringing the pandemic under check.

While respondents said that the pandemic brought about financial worries and jobrelated insecurities, most were hopeful that the effects of the pandemic would disappear within the next two to five years.



<u>Time-bound Covid vax programme for minors</u> needed: <u>Maharashtra state task force</u>

Source Name: Hindustan Times

Link: https://www.msn.com/en-in/news/other/time-bound-covid-

vax-programme-for-minors-needed-maharashtra-state-task-

force/ar-AAS9LDO?li=AAgges1

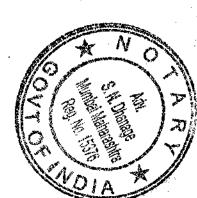
Published on: 26.12.2021

PUNE As the Prime Minister announced that from January 3, adolescents aged 15-18 years will be eligible for the Covid vaccination, the Maharashtra state task force has suggested a time-bound vaccination programme for this age group.

Dr Sanjay Oak, chairman of the state task force, said that the majority of this age group should be immunised within one-1.5 months. He also emphasised the completion of the vaccination of the eligible adult population with both doses.

"In terms of children, we actually had asked for the vaccination of the 12-18 age group. But 15-18 years old has evolved as a subset. Through the task force I have requested the government to design a time-bound programme. I have suggested that in 1-1.5 months the majority of children could be immunised. Currently the age group is 15-18. So, let's immunise the maximum number in this age group," said Dr Sanjay Oak in Mumbai on Sunday.

He also explained that paediatric inoculation will be carried out at government and private centres. "I am sure that in the upcoming days, the centre will also give permission to inoculate 12-14-year olds as well. To fight Omicron it was



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essential to begin the vaccination of this age group. Administration is completely ready for it. Which centres should be utilised are identified. Supply will be ensured by administration, but vaccine doses will be administered in government, private centres and also through some schools," said Dr Oak.

State Health minister Rajesh Tope also claimed that his department is ready to carry out the paediatric immunisation programme and to administer precautionary doses to health workers in the 60-plus age group with comorbidities. "When centres will issue the guidelines, and we are fully prepared to carry out these programmes. Public health department and its staff will implement it properly," said Rajesh Tope.

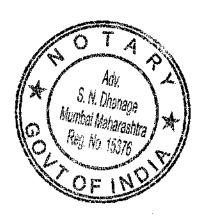


Exhibit-"FF Colly" 542

GOVERNMENT OF MAHARASHTRA

Department of Revenue and Forest, Disaster Management, Relief and Rehabilitation, Mantralaya, Mumbai- 400 032 No: DMU/2020/CR. 92/DisM-1, Dated: 24th December, 2021

ORDER

Reference:

- a. The Epidemic Diseases Act, 1897
- b. The Disaster Management Act, 2005
- Home Department Circular RLP-1221/Pra.Kra.280/Visha 1 B dated 23rd December, 2021.
- d. Department of Disaster Management, Relief and Rehabilitation Order No DMU/ 2020/ CR 92/DisM-1 dated 27th November, 2021.

Whereas, the Omicron variant of the Corona virus has now emerged as the fastest spreading variant of the same in the past few days across the world. It has become the dominant variant in the USA and in many countries in Europe as well. The State already has recorded a total of 88 Omicron Covid 19 cases over the past few days. The State is also starting to see an upward trend of Covid 19 cases over the past week with more than 1000 positive cases being registered in the State every day, for the first time in last two months;

Whereas, it also has to be noted that more congregations are expected across the State over the next few days in the wake of upcoming Christmas festivities, marriage season, other festivities and New Year celebrations;

Whereas, in the wake of the above facts, it is imperative to impose some further restrictions in addition to restrictions imposed vide reference 'd' i.e. Order No DMU/ 2020/ CR 92/DisM-1 dated 27th November, 2021 mentioned above, in order to curtail the transmission of the Corona virus in the State.

Thus, in exercise of the powers conferred under the Disaster Management Act, 2005, the undersigned in the capacity of the Chairperson of the State Executive Committee of the State Disaster Management Authority hereby declares that the following additional restrictions are being imposed across the Maharashtra State -

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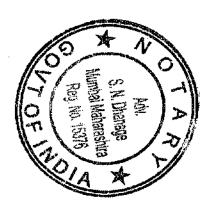
- a. In case of Christmas Festivities, directions in the circular of Home Department, under reference 'e' i.e. Circular RLP-1221/Pra.Kra.280/Visha 1 B dated 23rd December, 2021 shall be observed.
- b. In the case of Marriages, where movement of attendees is generally staggered, the total number of attendees at any moment of time should not exceed 100 for enclosed spaces (like banquet/ marriage halls etc.) and 250 for open to sky spaces, or 25% of the capacity of such spaces, whichever is less.
- of attendees is generally continual throughout the function, the total number of attendees should also not exceed 100 for enclosed spaces and 250 for open to sky spaces, or 25% of the capacity of such spaces, whichever is less.
- d. In case of other functions that are not covered in above mentioned categories, total number of attendees for closed spaces should not exceed 50% of the capacity declared by the Licensing/ Permitting Authority wherein seatings are fixed and immovable and 25% of the capacity wherein seatings are not fixed and are movable. For such functions in open to sky spaces should not exceed 25% of the capacity declared by Licensing/ Permitting Authority.
- e. In case of Sports Events/ Competitions, these may be held with number of spectators not exceeding 25% of the seating capacity of the venue.
- f. In case of any other kind of gathering, that does not fall under any of the category listed above, DDMA shall decide the ceiling of number of persons who may attend such gathering, without breaching the ceiling of percentages given by the order under reference 'd' i.e. Order No DMU/ 2020/ CR 92/DisM-1 dated 27th November, 2021.
- g. Without prejudice to comprehensiveness of the directions above, it is clarified that Restaurants, Gymnasiums, Spas, Cinema Halls and Theatres will continue to operate at 50% of the capacity as declared by the Licensing/Permitting Authorities. These establishments shall necessarily declare prominently their full capacity as per License/Permission as well as permissible 50% of this capacity.
- h. There shall be a ban on any assembly of people in groups of more than 5 from 9 PM to
 6 AM throughout the state in all public places.
- i. In case of any activity that is not explicitly covered under these directions, DDMA may decide appropriate restrictions, generally following these principles or on the basis of local situation, as deemed fit. In such situations, DDMA must give adequate Public Notice before making such restrictions applicable.

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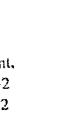
- j. In case of any activity covered in this order, if DDMA is of the opinion that stricter restrictions are warranted due to specific local situation, DDMA may promulgate such stricter restrictions over and above restrictions contained herein. In such situation, DDMA must give adequate Public Notice before making such stricter restrictions applicable.
- k. All existing restrictions other than the ones specifically mentioned in this order will continue to be applicable as per the order under reference 'd' i.e. Order No DMU/2020/CR 92/DisM-1 dated 27th November, 2021.
- 1. This order shall come into effect from 00:00 hours of 25th December 2021.

BY ORDER OF AND IN NAME OF THE GOVERNOR OF MAHARASHTRA

(Debashish Chakrabarty)
Chief Secretary







GOVERNMENT OF MAHARASHTRA

Department of Revenue and Forest, Disaster Management, Relief and Rehabilitation, Mantralaya, Mumbai- 400 032 No: DMU/2020/CR. 92/DisM-1, Date: 8th January, 2022

ORDER

Reference:

- 1. The Epidemic Diseases Act, 1897.
- 2. The Disaster Management Act, 2005

Whereas the State Government is satisfied that the people of Maharashtra are threatened with the spread of COVID-19 virus especially with the emergence of the Omicron variant, and therefore it is imperative to take certain emergency measures to prevent and contain the spread of the virus. The Government in exercise of the powers conferred under Section 2 of the Epidemic Diseases Act, 1897, read with all other enabling provisions of The Disaster Management Act, 2005, finds it is necessary to enforce the following measures throughout the State.

Now, therefore, in exercise of the powers conferred under Section 2 of the Epidemic Diseases Act, 1897 and the powers conferred under The Disaster Management Act, 2005, the undersigned, in his capacity as Chief Secretary and Chairperson, State Executive Committee, State Disaster Management Authority hereby issues the following directions, that will come into force from 10th January, 2022 from 0000 hrs and will remain in force till the issue of any new order -

Sector/ Items	Proposed Restrictions
Movement of People	 No Movement in groups of 5 or more from 5 AM to 11 PM. No movement from 11 PM to 5 AM, except for Essential Purposes.
Government Offices	 No visitors except with explicit and written permission of Heads of Offices. Online interactions through VC for citizens to be enabled by Heads of Offices. Meetings on VC for all attendees coming from outside the same campus or head quarter. Rationalization of employees present during office hours through promoting Work from Home as well as staggering of working hours depending upon the requirement by Heads of Offices. For this Head of Office may consider flexible hours for employees.



Sector/Items	Proposed Restrictions
	5. Head of Office to ensure strict adherence to CAB.6. Thermal Scanners, Hand Sanitisers to be made available by all Heads of Offices.
Private Offices Adv. S. N. Dhanage Mumbai Maharashtra Reg. No. 15376	 Office Management to rationalise the number of employees through work from home and staggering of working hours. It is advised that not more than 50% of regular attendance be reached and for this Management may consider flexible hours for employees as well as keeping offices open for 24 hours and working in shifts, Travel for the office purposes, if office has staggered timings and is working in odd hours is to be considered as movement for essential purposes on production of ID cards by employees. While taking these decisions, safety and convenience of women employees must be taken into consideration. Only fully vaccinated employees to attend office physically. Non-vaccinated employees must be encouraged to go for full vaccination. Strict adherence to CAB by all employees at all times to be ensured by Office Management. Thermal Scanners, Hand Sanitisers to be made available by Office Management.
Marriages	Maximum 50
Funeral and Last Rites	Maximum 20
Social/ Religious/ Cultural/ Political Gatherings	Maximum 50
Schools and Colleges Coaching Classes	To remain closed till 15th February, 2022, except for: 1. Activities required to be taken by various Educational Boards for 10th and 12th Standard Students. 2. Administrative activities and activities to be undertaken by Teachers other than classroom teachings. 3. Activities specially directed by or permitted by School Education Department, Department of Skill and Entrepreneurship Development, Department of Technical and Higher Education, Department of Medical Education, Department of Women and Child Development or any statutory authority.



ector, Items	Proposed Restrictions
	4. Exceptions if required by these departments and statutory authorities due to any exigency will have to be got approved by SDMA.
Swimming Pools, Gyms, SPAs, Wellness Centers and Beauty Saloons	To remain closed.
Hair Cutting Saloons	 50% capacity. To be closed from 10 PM to 7 AM every day. In case of any setup with multiple activities, other activities shall remain closed. These hair cutting saloons must adhere to strict CAB and all the persons engaged must be fully vaccinated.
Sporting Competitive Events	 To be deferred, except for National and International levels competitions already scheduled, with following: No Audience. Bio-Bubble for all the Players and Officials. GOI rules shall be applicable for all participating international and domestic players. RT-PCR/ RAT every third day for all Players and Officials. No city or district level sports camps, competitions, events to be organized.
Entertainment Parks, Zoos, Museums, Forts and other ticketed places/ events for general public. Local Tourist Spots (DDMAs to declare such spots for their respective jurisdictions)	To remain closed
Shopping malls, market complexes with restricted entry	 50% capacity. Information about Fully Capacity as well as Present Number of Visitors must be displayed on a notice board outside establishment for information of all visitors. Management to appoint marshals to ensure strict observance of CAB by all visitors and staff. RAT Testing Booth/ Kiosks.

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	Proposed Restrictions
estamans, con-	 50% capacity. Information about Fully Capacity as well as Present Number of Visitors must be displayed on a notice board outside establishment for information of all visitors. Only fully vaccinated persons to be allowed. To be closed from 10 PM to 8 AM on all days. Home delivery allowed all days.
Natyagriha, Cinema Theatres,	 50% capacity. Information about Fully Capacity as well as Present Number of Visitors must be displayed on a notice board outside establishment for information of all visitors Only fully vaccinated persons to be allowed. To be closed from 10 PM to 8 AM on all days.
International Travel	As per GOI guidelines
Domestic Travel	Double vaccination or mandatory negative RTCPR test report valid from upto 72 hrs of the time of arrival into the State. This shall apply to air, train as well as on road passengers. This will also apply for drivers, cleaners and other support staff that may be travelling.
Cargo Transport, Industrial Activities, Construction Activities	On, only by fully vaccinated persons
Public Transport	Only for fully vaccinated persons, regular timings.
Conduct of Examinations by UPSC/ MPSC/ Statutory Authorities/ Public Institutions etc	1. All competitive exams being held at National level shall be as per the GOI guidelines. Hall tickets for these exams shall be valid document to prove essential purpose for movement. 2. All competitive exams being held at State level where hall tickets have already been issued and dates of examination have already been notified shall be conducted as notified. All further examinations shall be conducted only after sanction of SDMA. 3. Conduct of examination shall be strictly as per CAB protocols and DDMA shall appoint observers for the same.

1. Essential Purposes for movement:

Medical emergencies
 Performing an essential service. (Essential Services shall be as specified in Annexure 1).



- Movement towards or from Airport, Railway Stations, Bus Stations, with a valid ticket for the journey.
- 4. For offices that are opened 24 hours, staff movement for various shifts to be considered as essential.
- 2. CAB regulations shall be as specified in Annexure 2.
- 3. All persons working in shops, restaurants, hotels or any establishment engaged in e-commerce or home-delivery must be fully vaccinated. The management shall be held responsible and if any case is found in contravention to this requirement, concerned establishment shall be closed by DDMA. Periodic testing using RAT for staff engaged in these activities are to be carried out by the management.
- 4. Augmented Restrictions may be enforced separately for districts with low vaccination coverage.
- 5. DDMA may suggest modifications to these restrictions to SDMA. These will come into force only with prior permission of SDMA.
- 6. DIMA has full authority to requisition staff and or resources from State Government Offices or any Institutions aided by State Government for the purposes of Covid management.

BY ORDER OF AND IN NAME OF THE GOVERNOR OF MAHARASHTRA

(Debashish Chakrabarty) Chief Secretary



(55O)

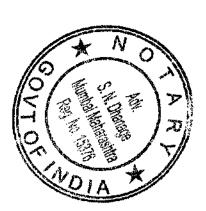
ANNEXURE LESSENTIAL SERVICES

Essential Services to include the following-

- 1. Hospitals, diagnostic centers, Clinics, vaccinations, Medical insurance offices, Pharmaceutical companies, other medical and health services including supporting manufacturing and distribution units along with their dealers, transport and supply chain. Manufacturing and distribution of vaccines, sanitizers, masks, medical equipment, their ancillaries, raw material units and support services.
- 2. Veterinary Services/ Animal Care shelters and pet food shops
- 3. All operations related to forestry as declared by the Forest Department
- 4. Aviation and related services (airlines, airports, maintenance, cargo, ground services, catering, fueling, security etc)
- Groceries, Vegetables Shops, fruit vendors, dairies, bakeries, confectionaries, all type of food shops selling raw/ processed/ cooked food.
- 6. Cold Storage and Warehousing services
- 7. Public Transport: Airplanes, Trains, Taxis, Autos and public buses.
- 8. Services related to functioning of offices of Diplomats of various countries
- 9. Pre Monsoon Activities by local authorities
- 10. All Public Services by local authorities.
- 11. Reserve Bank of India and services designated by RBI as essential
- 12. All offices of SEBI recognized market infrastructure institutions such as Stock Exchanges, depositories, clearing corporations etc and other intermediaries registered with SEBI
- 13. Services required for restoration/ maintenance of telecom services
- 14. Transport of Goods



- 15. Water Supply Services
- 16. Agriculture related activities and all allied activities required to ensure seamless continuity of the agricultural sector including availability of farming input, seeds, fertilizers, equipment's and repairs thereof.
- 17. Export Import of all commodities
- 18. E-Commerce (only for the supply of essential goods and services)
- 19. Accredited Media
- 20. Petrol Pumps and Petroleum related products; including offshore / onshore production
- 21. All cargo services
- 22. Data Centers/ Cloud Services/ IT services supporting critical infrastructure and services
- 23. Government and Private Security Services
- 24. Electric and gas supply services
- 25. ATM's
- 26. Postal Services
- 27. Ports and related activities
- 28. Custom House Agents/ Licensed Multi Modal Transport Operators associated with movement of vaccines/ lifesaving drugs/ pharmaceutical products.
- 29. Units producing raw material/ packaging material for any essential services
- 30. Units that are engaged in production of materials for impending rainy season for individuals as well as for organisations.
- 31. Offices of Central, State and Local governments, including of their statutory authorities and organisations
- 32, Cooperative, PSU and Private Banks
- 33. Offices of companies providing essential services



- 34. Insurance/ Mediciaim Companies
- 35. Pharmaceutical company offices needed for management of production/ distribution
- 36. RBI regulated entities and intermediaries including standalone primary dealers, CCIL, NPCI, payment system operators and financial market participants operating in RBI regulated markets.
- 37. All Non Banking Financial Corporations
- 38. All micro finance institutions
- 39, Offices of advocates if operations of Courts, Tribunals or Commissions of Enquiries are on.
- 40. Any Services designated as essential services by local disaster management authority.



Annexure 2

COVID APPROPRIATE BEHAVIOUR (CAB)

Definition: CAB can be defined as the everyday common behaviour needed to be followed by individuals and organisations to earb the spread of the COVID 19 virus and thereby breaking the chain of transmission of the same. Aspects of behaviour that's characterised as CAB include those mentioned below and also all such rational aspects that may hinder spread of Covid 19 virus given its methodology of spread indicated herein.

Following are some aspects of basic COVID appropriate behaviour that have to be followed by everyone at all times.

- a. Wear a mask at all times in the right way. Mask should cover nose and mouth at all times. (An handkerchief will not be considered as mask & person using would be liable for fine.)
- b. Maintain social distancing (6 feet distance) at all times wherever possible.
- :. Wash hands frequently and thoroughly by soaps or sanitisers.

Avoid touching nose/ eyes/ mouth without washing your hands with soap or without use of sanitiser.

Maintain proper respiratory hygiene.

Regularly clean and disinfect frequently cleaned surfaces.

- When coughing or sneezing, cover the mouth and nose using tissue and throw used tissues in the trash; if one doesn't have tissue, one should cough and sneeze into bent elbow and not one's hand.
- h. Do not spit in public places.
- i. Avoid venturing out of the house unless absolutely required.
- i. Avoid crowds and maintain safe distance (6 feet distance) in public places.
- k. Greet anyone without physical contact.
- Any other rational behaviour required for avoiding spread of Covid 19 virus, given its methodology of spread, indicated herein.



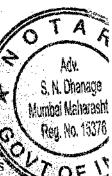
A. Work Place CAB

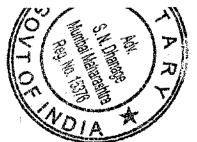
- 1. Permission for functioning of work place as well as maximum number of staff that may attend work place in any shift permitted shall be as per orders from time to time.
- 2. CAB as stated in section I shall be followed by everyone engaged and without prejudice to generality and comprehensibility of responsibilities and duties of organization stated above, owner organization shall be responsible for CAB behaviour of each individual engaged in the work place. Social distancing at work places shall be ensured through adequate gaps between shifts, staggering the lunch breaks of staff, etc. If there is a food mess or location, it shall follow SOP for eateries. Number of Shifts maybe increased with the permission of DDMA, if there are restrictions on timings of movements, to ensure less crowding in any shift as well as for the purposes of backlog of the work that may have got impacted due to closure of work.
- Provision for thermal scanning, hand wash and sanitiser preferably with touch
 free mechanism will be made at all entry and exit points and common areas. In
 addition, sufficient quantities of handwash and sanitizer shall be made available
 in the work places.
- Frequent sanitization of entire workplace, common facilities and all points which come into human contact e.g. door handles etc., shall be ensured, including between shifts.
- 5. Use of Arogya Setu app shall be made mandatory for all employees, both private and public.
- 6. Hospitals/ clinics in the nearby areas, which are authorized to treat COVID-19 patients, should be identified and list should be available at work place all the times. Employees showing any symptom of COVID-19 should be immediately sent for check up to such facilities. Quarantine areas should be earmarked for isolating employees showing symptoms till they are safely moved to the medical facilities.

B. Gatherings

Marriages

I. Maximum number of guests as well as hours of gathering allowed shall be as





regulated from time to time.

- 2. All the attendees as well as service providers will mandatorily wear face masks and maintain social distancing throughout the ceremony and follow CAB as mentioned in section 1.
- 3. Service of food must be staggered in a way that does not eause much interaction and shall follow generally guidelines for eateries/ restaurants. Over and above these guidelines, food area will serve at any time only as much guests as 50% of the capacity.
- 4. Without prejudice to generality of responsibilities and duties of the organization owning the marriage hall, it shall be the duty of the facility to make available adequate hand sanitisers/ thermal scanners for the guests. All the personnel from the side of the facility including cleaning staff and catering staff to be compulsorily vaccinated
- 5. In the case of a staff members found to be without a valid test, a fine of will be levied on each defaulter as well as on the establishment under these rules. In case of any violations by any guests, the families of the groom and bride and the establishment will be fined under these rules. Repeated defaults shall lead to sealing of the establishment for the time until COVID 19 remains notified as a disaster by the Central Government.

Funerals and Last Rites

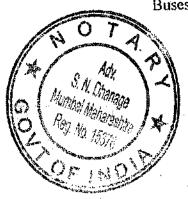
- All the attendees as well as service providers will mandatorily wear face masks and maintain social distancing throughout the rites and follow CAB as mentioned in section I.
- Local authorities/ trusts/ organizations in charge of the establishments shall be responsible for ensuring conformity to CAB by all.
- 3. The maximum numbers allowed shall be as per regulations from time to time.

Other social, religious, election, entertainment or cultural gatherings:

- Permissions for these gatherings as well as the maximum numbers allowed shall be as per regulations from time to time.
- 2. Food if also being served, its section shall be separately delineated and generally SOPs for enteries shall be followed there at. If at any time, as per restrictions in place,

dine in is not allowed in any eateries, food shall not be served in such gatherings either for eating there at.

- 3. All the attendees as well as service providers will mandatorily wear face masks and maintain social distancing throughout the rites and follow CAB as mentioned in section I.
- 4. Owner of the premises shall be responsible as an organization for following of CAB in the premises.
- 5. While organising election related gatherings or activities, election officer shall ensure that these shall be staggered to the extent possible to ensure minimum number required at any moment.
- C. CAB in Public and Private Transport:
 - For Taxis/ Autos and other private transport operators (Except Buses/ trains):



- All taxi/ Autos and other private transport operators (except buses)
 operators to sanitize the vehicles after every trip to ensure safety of
 self and passengers.
- II. Any person found to be travelling without mask/ not wearing mask correctly will result in the defaulter as well as the taxi driver being fined under these rules.

II. Buses:

- 1. In the case of buses, they can travel with as much capacity as allowed under orders from time to time.
- II. Passengers found to be without masks/ not wearing masks or engaging in any non-CAB confirming behaviour in proper manner must be asked to disembark.
- III. Public transport authorities have the right to impose fines under these rules. Proceeds against these shall be used by the public transport authorities for ensuring CAB confirmations by their operations.

III. Local trains/ metro/ mono rails:

1. All passengers shall compulsorily follow CAB mentioned herein above. For these, a separate Universal Travel Pass has been assued by

SDMA which allows only fully vaccinated passengers to travel by local trains and metro.

II. Passengers found to be without masks/ not wearing masks or engaging in any non-CAB confirming behaviour in proper manner must be asked to disembark.

III. Public transport authorities have the right to impose fines under these rules. Proceeds against these shall be used by the public transport authorities for ensuring CAB confirmations by their operations.

In the case of out-station trains, all passengers to compulsorily wear masks and no standers will be allowed in the general compartment. Violators will be fined an amount of Rs.500 for noncompliance of the same.

IV. Private Cars:

1. For multiple persons, except when belonging to same family travelling in a private car, proper wearing of masks to be compulsory. Penalties can be imposed on violation of the same by the local DDMA's.

D. Shops/ Mails/ Theatres and other such standalone or multi-outlet establishments:

- 1. These shall remain open only during such hours and on days that are allowed by various orders from time to time.
- 2. These shall enforce CAB by all their visitors as well as staff members. If any staff member is found to be without the Mask or defaulting on any of CAB prescribed herein or in any SOP that may be floated by SDMA, staff member shall be fined along with the shop owner as per these rules. If any customer is found to flaunt CAB, he or she will not be served by the establishment and if found to be serving, along with fine on the defaulting customer, owner of the establishment shall also be fined. Repeated defaults shall cause withdrawal of license or permission to operate till Covid 19 notification as disaster remains in force.

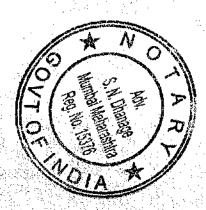


E Penalties

- Any individual not following CAB expected is these rules shall be fixed Rs.
 500% for each instance of default.
- If the default by an individual is seen in any premises of organization or establishment that is supposed to impose CAB on their visitors, customers etc. in addition to imposing fine on the individual, these organizations or establishments shall also be fined Rs. 10000. If any organization or establishment is seen to be a regular defaulter in ensuring discipline for CAB in its visitors, customers etc. such organization or establishment shall be closed till the notification of Covid 19 as a disaster remains in force.
- If an organization or establishment fails to follow CAB or SOP itself, it will be liable to be fine of Rs. 50000/- for each instance. Frequent defaults shall lead to closure of the organization or establishment till the notification of Covid 19 as a disaster remains in force.
- If a default is found inside any taxi or private transport four-wheeler or inside any bus, along with the individual defaulting CAB being fined Rs. 500/-, driver, helper or conductor who are providing service shall also be fined Rs. 500/-. Owner transport agency in cases of buses shall be fined Rs. 10000/- for each instance of default. Frequent defaults shall lead to withdrawal of license or closure of operations for the owner agency till the notification of Covid 19 as a disaster remains in force.
 - Any organization or establishment or agency that do not follow special SOP floated for them under these rules from time to time shall attract a fine of Rs. 50000/- for each incidence of such failures and may attract closure till the notification of Covid 19 as a disaster remains in force.
- In case of repeated, serious or Mala fide violations IPC 269 / 270 in addition to 188 of IPC may be attracted for arrests and imprisonment.
- The above mentioned rules regarding COVID appropriate behaviour to be
 followed mandatorily and violation of the same will result in fines and penalties
 as stated above as well as any other fine or penalty may be levied on the
 violators by any disaster management authority in accordance with the Disaster
 Management Act, 2005. The rules/ polices for CAB shall be in accordance with



the above and any other issue regarding CAB not specifically mentioned herein shall be in accordance with the current rules/ orders of the State Government that are in force.









महाराष्ट्र शासन



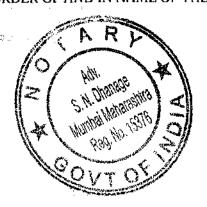
Department of Revenue and Forest, Disaster Management, Relief and Rehabilitation, Mantralaya, Mumbai- 400 032 No: DMU/2020/CR. 92/DisM-1, Date: 9th January, 2022

ORDER

In exercise of the powers conferred under Section 2 of the Epidemic Diseases Act, 1897 and the powers conferred under The Disaster Management Act, 2005, the undersigned, in his capacity as Chief Secretary and Chairperson, State Executive Committee, State Disaster Management Authority hereby issues the following partial modification to the order dated 8th January, 2022, that will come into force from 10th January, 2022 from 0000 hrs and will remain in force till the issue of any new order—

- 1. 'Proposed Restrictions' mentioned in the Table Head Row shall be read and construed as 'Applicable Restrictions'.
- 2. Beauty Saloons shall be grouped with Hair Cutting Saloons and and shall be allowed to remain open with 50% capacity subject to restrictions mentioned in the Table for Hair Cutting Saloons. In these establishments only those activities that do not require removal of masks by anyone shall be allowed. Only fully vaccinated persons shall be allowed to use these services. All the staff engaged in operation shall be fully vaccinated.
- 3. Gyms are allowed to remain open with 50% capacity, subject to use of masks while performing any activity. Only fully vaccinated persons shall be allowed to use these services. All the staff engaged in operation shall be fully vaccinated.

BY ORDER OF AND IN NAME OF THE GOVERNOR OF MAHARASHTRA



(Debashish Chakrabarty) Chief Secretary







जिल्हा आपत्ती व्यवस्थापन प्राधिकरण, जिल्हाधिकारी कार्यालय, नाशिक (आपत्ती व्यवस्थापन शाखा) दुरध्वनी क. 0253- 2315080/2317151 E-Mail - ddmanashik@gmail.com फॅक्सक. 0253- 2581700

वाचा:-1.आपत्ती व्यवस्थापन कायदा, 2005 चे कलम 30,33,34, 41 व कलम 51

- 2. महाराष्ट्र सार्वजनिक आरोग्य विभाग यांचेकडील अधिसूचना क्र. कोरोना 2020/प्रक्र.58 आरोग्य 5 दि.13/3/2020
- 3. महाराष्ट्र सार्वजनिक आरोग्य विभाग यांचेकडील अधिसूचना क्र. कोरोना 2020/प्रक.58 आरोग्य 5 दि.14/3/2020
- 4. मा. मुख्य सचिव, महाराष्ट्र राज्य यांचेकडील आदेश क्र डी.एम.यु/2020/प्र.क्र.92/डीआयएसएम-1- दि. 27/11/2021
- 5. मा. मुख्य सचिव, महाराष्ट्र राज्य यांचेकडील आदेश क्र डी.एम.यु/2020/प्र.क.92/डीआयएसएम-1- दि. 24/12/2021
- 6. मा. मुख्य सचिव, महाराष्ट्र राज्य यांचेकडील आदेश क्र डी.एम.यु/2020/प्र.क्र.92/डीआयएसएम-1- दि. 30/12/2021
- 7. या कार्यालयाचे आदेश क्रमांक कक्ष/कोरोना विषाण/06/2022 दिनांक 06/01/2022
- 8. मा. मुख्य सचिव, महाराष्ट्र राज्य यांचेकडील आदेश क डी.एम.यु/2020/प्र.क्र.92/डीआयएसएम-1- दि.08/01/2022
- 9. मा. मुख्य सचिव, महाराष्ट्र राज्य यांचेकडील आदेश क डी.एम.यु/2020/प्र.क.92/डीआयएसएम-1- दि.09/01/2022

जिल्हा आपत्ती व्यवस्थापन प्राधिकरण. जिल्हाधिकारी कार्यालय, नाशिक क्र.कक्ष/कोरोना विषाण्/ 09 /2022 नाशिक दिनांक:- 09/01/2022

आदेश :-

ज्याअर्थी आपत्ती व्यवस्थापन कायदा, 2005 मधील कलम 25 अन्वये जिल्हा आपत्ती व्यवस्थापन प्राधिकरणाची स्थापना करण्यात आलेली आहे व त्यातील पोटकलम 2(अ) नुसार जिल्हाधिकारी तथा जिल्हादंडाधिकारी हे उक्त प्राधिकरणाचे पदिसध्द अध्यक्ष आहेत;

ज्याअर्थी राज्य शासनाने संदर्भिय क्र .02 अन्वये कोरोना विषाणूचा (कोविड-19) प्रादुर्भाव रोखण्यासाठी राज्यात साथरोग प्रतिबंधात्मक कायदा 1897 दिनांक 13 मार्च , 2020 पासून लागू करून खंड 2, 3, व 4 मधील तरतुर्दीच्या अंमलबजावणीसाठी अधिसूचना निर्गमित केलेली आहे, त्याबाबतची नियमावली संदर्भिय क्र .03 अन्वये प्रसिध्द केली आहे आणि जिल्हाधिकारी यांना सक्षम प्राधिकारी घोषित केलेले आहे;

ज्याअर्थी राज्यात कोविड-19 रुग्णसंख्येत झपाट्याने वाढ होत असुन ओमायक्रॉन व्हेरिएंटचा मोठ्या प्रमाणावर प्रादुर्भाव होत असल्याने सदर वाढत्या रुग्णसंख्येस प्रतिबंध करणेकामी तातडीने उपाययोजना करणे आवश्यक झालेले असल्याने मा. मुख्य सचिव, महसूल व वन विभाग, आपत्ती व्यवस्थापन, मदत व पुर्नवसन विभाग, मंत्रालय मुंबई यांचेकडील संदर्भिय 08 मधील निर्वध तसेच संदर्भिय 09 चे आदेशामधील सुधारित निर्वधासह राज्यातील कोरोना स्थिती विचारात घेऊन विविध निर्वध लागू करण्यात आलेले आहेत;

त्याअर्थी मी सूरज दि. मांढरे, जिल्हाधिकारी नाशिक तथा अध्यक्ष जिल्हा आपत्ती व्यवस्थापन प्राधिकरण, नाशिक संदर्भिय क्र. 01 ते 03 अन्वये मला प्राप्त झालेल्या अधिकारानुसार संदर्भिय 08 मधील निर्वंध तसेच संदर्भिय 09 चे आदेशामधील सुधारणांसह निर्वंध जसेच्या-तसे नाशिक महानगरपालिका व नाशिक जिल्हा कार्यक्षेत्रामध्ये दिनांक 10 जानेवारी, 2022 च्या 00.00 पासून पुढील आदेश होईपावेतो लागू करीत आहे.

सर्व संबंधित विभागांनी उपरोक्त आदेशाची तंतोतंत अंमलवजावणी करावी व वेळोवेळी समन्वयक, आपत्कालीन कार्यकेंद्र जिल्हाधिकारी कार्यालय, नाशिक यांचेकडे अहवाल सादर करावेत.

या आदेशात सुरु करण्यासाठी पात्र ज्या-ज्या बार्बीचा नव्याने स्पष्ट उल्लेख केला आहे केवळ त्याच बार्बी नव्याने सुरु करता येईल ज्या बार्बी प्रतिबंधित केल्या आहेत. त्या प्रतिबंधित राहतील. ज्या बार्बीचा स्पष्ट उल्लेख या आदेशात नाही त्यासाठी यापुर्वी पारीत केलेल्या आदेशातील निर्वंध जसेच्या तसे लागू राहतील.

सदर आदेशाचा भंग करणाऱ्या कोणत्याही व्यक्ती, संस्था आणि संघटना यांनी उल्लंघन केल्यास त्यांचे विरुद्ध आपत्ती व्यवस्थापन कायदा, 2005 आणि साथरोग कायदा, 1897 आणि भारतीय दंड संहिता, 1860 तसेच यासंदर्भातील शासनाचे इतर अधिनियम व नियमान्वये योग्य ती कायदेशीर कारवाई करण्यात येईल, याची नोंद घ्यावी.

सोबत:- संदर्भिय 08 व 09 चे आदेशाची प्रत.



(सूरच दि. चढिरे,भा.प्र.से.) जिल्हाधिकारी तथा अध्यक्ष जिल्हा आपत्ती व्यवस्थापन प्राधिकरण, जिल्हाधिकारी कार्यालय, नाशिक

, प्रति,

1. सर्व संबंधित प्रमुख----- जि. नशिक

2. जिल्हा माहिती अधिकारी, नाशिक यांचेकडेस आवश्यक त्या कार्यवाहीसाठी. प्रतिलिपीने:- माहितीस्तव सविनय सादर.

- 1. मा. विभागीय आयुक्त, नाशिक विभाग, नाशिक
- 2. मा. संचालक, आपत्ती व्यवस्थापन, मंत्रालय, मुंबई- 32

प्रत:- माहितीस्तव व आवश्यक कार्यवाहीस्तव:-

- 1. मा. पोलीस आयुक्त, नाशिक शहर
- 2. आयुक्त, महानगरपालिका, नाशिक/मालेगांव
- 3. पोलीस अधिक्षक, नाशिक (ग्रामीण)
- 4. मुख्य कार्यकारी अधिकारी, जिल्हा परिषद, नाशिक
- 5. अपर जिल्हाधिकारी नाशिक / मालेगाव
- 6. मुख्य वनसंरक्षक, वन विभाग, नाशिक
- 7. उपविभागीय दंडाधिकारी, (सर्व)-----(जि.नाशिक)
- 8. तहसिलदार तथा तालुका दंडाधिकारी, (सर्व) ----- (जि.नाशिक)
- 9. मुख्याधिकारी नगरपरिषद/पंचायत,(सर्व) ----- (जि.नाशिक)
- 10. अधिक्षक,राज्य उत्पादन शुल्क विभाग, नाशिक
- 11. प्रादेशिक अधिकारी, महाराष्ट्र औद्योगिक विकास महामंडळ (MIDC), नाशिक
- 12. विभाग नियंत्रक, महाराष्ट्र राज्य परिवहन महामंडळ, नाशिक
- 13. सह.आयुक्त(कामगार/अन्न व औषधे प्रशासन/समाज कल्याण विभाग),नाशिक यांना माहिती व उचित कार्यवाही करीता.



Popular

द्वाइर्प्य) / (सूरज दि. मांडरे,भा.प्र.से.) जिल्हायिकारी तथा अध्यक्ष जिल्हा आपत्ती व्यवस्थापन प्राधिकरण, जिल्हायिकारी कार्यालय, नाशिक



IN THE HIGH COURT OF JUDICATURE AT BOMBAY CIVIL APPELLATE JURISDICTION PUBLIC INTEREST LITIGATION(C) No. (St.) 6218 OF 2022

FEROZE MITHIBORWALA

...PETITIONER

VS.

STATE OF MAHARASHTRA & ORS.

...RESPONDENTS

AFFIDAVIT OF PETITIONER IN SUPPORT OF PIL

I state and declare that I have filed the above Public Litigation against the Respondents for the relief's as more particularly prayed for therein. I repeat, reiterate and confirm all the relief's as prayed for in the Public Interest Litigation as and when produced. I state and declare that present petition is being filed by way of public interest litigation and the Petitioner does not have any personal interest in the matter. The Petition is being filed in the interest of public, who cannot approach to this Hon'ble Court for obtaining justice and which has been denied by the Respondents.





I state and declare that I am not having any personal gain, private motive or oblique reason in filing the public interest litigation.

I state and declare that I am giving an undertaking to pay costs as ordered by the Court, if it is ultimately held that the petition is frivolous or has been filed for extraneous considerations or that it lacks bonafides.

I state and declare that I am giving an undertaking that I will disclose the source of my information leading to the filing of the Public Interest Litigation, if and when called upon by the Court, to do so.

I state and declare that the relief's as prayed for are not granted, I shall suffer grave and irreparable harm and injury which cannot be compensated in terms of money. I say that balance of convenience is in my favour. I say that I have annexed a copy of Aadhar Card and Pan Card at the end of this affidavit.

I therefore, say and submit that the Petition be admitted and the relief's as prayed for be granted to the Petitioner.

Solemnly affirmed at Mumbai

This 10th day of March, 2022

This to day of March, 2022

Identified and explained by me

Petitioner

BEFORE ME

Dronge

Adv. S. N. Dhanago Notary Govt Of India Regd. No. 15376 MUMBAI (MS) 404-405, 4th Floor, Davar House, 197/199, Near Central Camera Bidg

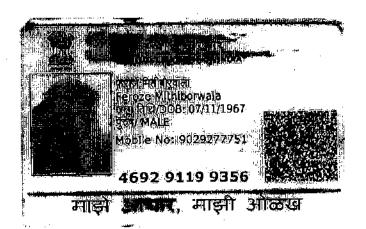
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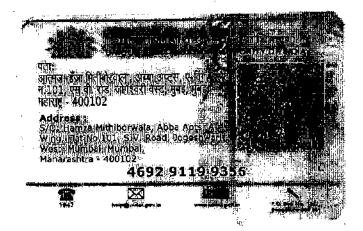




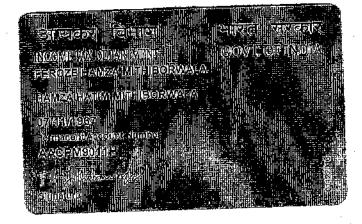
Mumbai (MS)

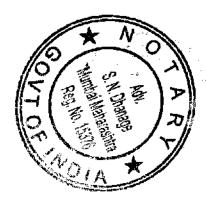


C.H. M. History V









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N. H. History V. H. J.

IN THE HIGH COURT OF JUDICATURE AT BOMBAY Civil APPELLATE JURISDICTION

PUBLIC INTEREST LITIGATION (C) No. (St.) 6218 OF 2022

DIST: MUMBAI

Feroze Mithiborwala)
)
)
)
)
)Petitioner
Versus	
1. The State of Maharashtra)
Through Chief Secretary)
The Government of Maharashtra)
Mantralaya, Mumbai-400 023)
	1,09
2. Under Secretory	
Disaster Management Unit,	
Mantralaya, Mumbai- 400 023.	
3. Shri. Aseem Gupta	
Principal Secretary,)
Disaster Management, Relief and)
Rehabilitation Department,)
Govt. of Maharashtra.)
4. Deputy Secretary,)

Higher & Technical Education Minister,)
Mantralaya, Mumbai-400 032.)
5. Union of India)
Through Ministry of Health and)
Family Welfare, Govt. of India.)
6. National Disaster Management Authority,)
Through it's Chairperson,)
Hon'ble Prime Minister of India	* N
Safdarjung Enclave, NDMA Bhawan,	18
A-1, Block A-1, Nauroji Nagar,	四國國
New Delhi, Delhi – 110029	
7. State Disaster Management Authority,	NOIA
Through it's chairperson,)
Chief Minister of Maharashtra)
Revenue and Forest Department,)
Maharashtra State Disaster Management Authority,)
Mantralaya, Mumbai - 400032.)
8. National Disaster Management Executive Committee)
)
Through it's Chairperson,	· · · · · · · · · · · · · · · · · · ·
Safdarjung Enclave, NDMA Bhawan,	· · · · · · · · · · · · · · · · · · ·
A-1, Block A-1, Nauroji Nagar,)
New Delhi, Delhi - 110029.	<i>)</i>
9. State Disaster Management Executive Committee)
Through It's Chairperson,)
Revenue and Forest Department.)

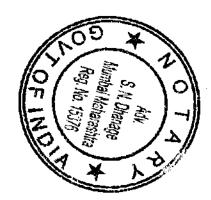
N A R

Maharashtra State Disaster Management Authority,)
Mantralaya, Mumbai - 400032.)
10 D C 1 K D 1	<i>\$</i>
10. Dr. Sanjay. K. Rai	,
Room Number: 29)
Center For Community Medicine) ·
AIIMS, New Delhi - 110029, INDIA)
Phone: +91 11 26592446	.)
11. Dr. Arvind Khushwaha)
Additional Professor	, \
)
AIIMS Nagpur,)
MIHAN, Nagpur, Sumthana,)
Maharashtra 441108)
12. Rajesh Bhushan, IAS	•
Secretary,)
Department of Health and Family Welfare)
Room Ni 156, A-Wing, Nariman Bhawan)
New Delhi – 110011)
13. Dr. Shashank Joshi	
No. 12,1st Floor, Golden Palace,	KO9 X
Turner Road, Bandra West,	10/35 1
behind Union Bank, Mumbai,	
Maharashtra 400050	
14. Shri Dr. Rahul Pandit) X X X 3
Fortis Hospital)
1126, Mulund - Goregaon Link Rd,)

Nahur West, Industrial Area, Mulund West,)		
Mumbai, Maharashtra 400078)		
15. Shri Dr. Sanjay Oak)		
Head Task Force)		
D.Y. Patil University,)		
Mumbai, Maharashtra 400614)		
16. Central Bureau of Investigation (CBI))	-	
Through its Director,	×) .		
Plot No. 5-B, 6th Floor, CGO Complex,)		
Lodhi Road, New Delhi - 110003)		:
17. Shri. Sanjay Pandey)		
Police Commissioner, Mumbai)		
Dr DN Road, Fort, Opposite Crawford				
Market Mumbai - 400001,	(*)	NON		
18. Shri Debashish Chakrabarty		D D	-	
Former, Chief Secretary	10			
Government of Maharashtra	N. N.	DIA		
19. Shri Sitaram Kunte)		
Mantralaya, Churchgate,)		
Mumbai, Maharashtra 400020	: "	.)		
20. Shri. Iqbal Chahal		.) .		
Municipal Commissioner,)		
M.C.G.M. Annex Building,)		
Mahapalika Marg No. 1,)		

.

Fort, Mumbai- 400 001.	
21. Shri Suresh Kakani)
Addl. Municipal Commissioner,)
Mahapalika Marg, C.S.T.,)
Mumbai -400 001.)Respondents
VAKALA'	ΓΝΑΜΑ
To, The Registrar, civil Appellate Jurisdiction, Bombay High Court.	
I, Mr. Feroze Mithiborwala appoint Adv. Snehal S. Surve (I-33129) 30853), Advocate Bombay High Court, tabove matter.	
In the witness whereof, I have set my hand	to this writing.
Dated this day of March, 2022.)
Accepted.	J.H. J. Kindon V
Adv. Snehal S. Surve & Adv. Siddhi A. Dha (I-33129)MAH/6792/2021 & (I-30853)MAH	mnaskar (Mr. Ferože Mithiborwala)



IN THE HON'BLE HIGH COURT OF JUDICATURE AT BOMBAY Civil APPELLATE JURISDICTION PUBLIC INTEREST LITIGATION No. (St.) 6218 OF 2022

Mr. Feroze Mithiborwala.	Petitioners
Versus	
State of Maharashtra & 20	Ors.
• .	Respondents
=	
VAKALATNAM	A
Dated this day of Mar	rch, 2022

Adv. Snehal S. Surve & Adv. Siddhi A. Dhamnaskar (I-33129)MAH/6792/2021 & (I-30853)MAH/5734/2020 Advocate for Petitioner



IN THE HON'BLE HIGH COURT OF JUDICATURE AT BOMBAY Civil APPELLATE JURISDICTION PUBLIC INTEREST LITIGATION No. (St.) 6218 OF 2022

Mr. Feroze Mithiborwala. ...Petitioners

Versus

State of Maharashtra & 20 Ors.

...Respondents



PUBLIC INTEREST LITIGATION	١
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Dated this ____ day of March, 2022

Adv. Snehal S. Surve & Adv. Siddhi A. Dhamnaskar (I-33129)MAH/6792/2021 & (I-30853)MAH/5734/2020 Advocate for Petitioner