



ADV. PRATIK SAKLECHA

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Date: 08.11.2022

NOTICE REGD. AD/ALSO THROUGH EMAIL

To,

1. Shri Sanjay Oak

Chairman, State Task Force

Mulund - Goregaon Link Rd, Nahur West,

Industrial Area, Bhandup West,

Mumbai, Maharashtra 400078

2. Smt. Ushatai Darda,

Honorary Editor, Dainik Lokmat

Adalat Road, Nutan Colony, Near Raj Auto

Aurangabad-Maharashtra – 431001.

3. Shri Vijay Darda,

Chairman Editorial Board, Dainik Lokmat

Adalat Road, Nutan Colony, Near Raj Auto

Aurangabad-Maharashtra – 431001.

4. Shri Rajendra Darda,

Editor in Chief, Dainik Lokmat,

Adalat Road, Nutan Colony, Near Raj Auto

Aurangabad-Maharashtra – 431001.

5. Shri Vijay Bawiskar

Lokmat Group Editor

Lodha Supremus, 1301/2,

Dr Elijah Moses Rd, Circle,

Worli, Mumbai, Maharashtra 400018

6. Shri Atul Kulkarni

Editor, Dainik Lokmat

Lodha Supremus, 1301/2,

Dr Elijah Moses Rd, Circle, Worli,

Mumbai, Maharashtra 400018

Sub:- (i) To forthwith stop '**false narratives**' and '**conspiracy theories**' of '**long covid syndrome**' deliberately spread to cover up the side effects of vaccines and being circulated by you to misguide the people and save the vaccine companies from prospective litigations which are likely to be filed and also to prejudice the cases pending in the various courts including High Court & Supreme Court.

(ii) Filing of criminal prosecution, contempt proceedings against you in the courts of law for your deliberate act of commission and omission in **spreading sponsored one-sided, twisted and false news by deliberate and dishonest concealment of facts and court judgements.**

Ref:- (i) News published in Dainik Lokmat, Mumbai Edition dated **03.11.2022** titled as '**लाँग कविड सिंड्रोम**' मुळे राज्यातील नागरिक त्रस्त.

(ii) Information given by ICMR about no such thing as long covid syndrome.

(iii) List of the side effects of covid vaccines issued by central Government's AEFI Committee.

Under the authorization and instruction of my client **Amber Koiri**, residing at **B – 1501, Runwal Hts., L.B.S. Marg, Mulund, (W) Mumbai – 400 080**. I undersigned serve this notice upon you as under :-

1. That, you are well aware that due to side effects of vaccine many people died and this fact is proved in the research done by the Central Government's AEFI committee i.e. committee of Adverse Events following Immunization.

2. That, parents & family members of deceased have filed various claims in the Courts for appropriate action and compensation from vaccine companies, doctors and responsible public servants who are involved in giving vaccines to the citizen under deception by suppressing the death causing side effects and other serious side effects causing life time disabilities.

Details of the said cases are as under;

Sr Nos	Party Name & Case Nos	Name of the Court	Detail brief of prayers	Status and Date of Order
1.	Rachana Gangu v. Union of India [Writ Petition (C) No. 1220 of 2021] Link:	Supreme Court	Action against guilty and compensation	Supreme Court Issued Notice [Citation] <u>Rachana Gangu v. Union of India, 2022 SCC OnLine SC 1125</u>
2.	Dilip Lunawat v. Serum Institute of	Bombay High Court	Action against guilty and	Notice issued to: 1. Bill Gates

	<p>India (P) Ltd. [Writ Petition (C) No. 2739/2022] Link:</p>		<p>compensati on and interim compensati on of Rs. 1000 Crores from Serum Institute, Institute, Adar Poonawala Bill Gates</p>	<p>2. Adar Poonawalla 3. Randeep Guleria 4. Dr. V.G. Somani 5. Union of India 6. State of Maharashtra 7. Drug Controller General of India [Citation] Dilip Lunawat v. Serum Institute of India (P) Ltd., <u>2022 SCC OnLine Bom</u> <u>1773</u></p>
<p>3.</p>	<p>Jean George & Anr v. Serum Institute Of India & Ors. [Writ Petition (C) No. 13573/2022]</p>	<p>Kerala High Court</p>	<p>Action against guilty and compensati on and interim compensati on of Rs. 10 Crores from Serum Institute, Institute, Adar</p>	<p>Court asked UOI to file reply. Title: Vaccination: Kerala High Court Seeks Centre's Response On Parents' Plea Link: https://www.livelaw.in/news- updates/19-year-old-dies- post-covishield-vaccination- kerala-high-court-seeks- centres-response-on-parents- plea-196742?from- login=672554</p>

			Poonawala Bill Gates.	
4.	Sayeeda Vs Union of India [WP (C) No. 17628 of 2022]	Kerala High Court	Compensat ion to widow of a person died due to vaccine.	Court issued directions to the Central Government to immediately formulate guidelines for giving compensation to the victims of deaths or other side effects of vaccines. Citations: - (i) Sayeeda K.A. v. Union of India, 2022 SCC OnLine Ker 4531 (ii) Sayeeda K.A. v. Union of India, 2022 SCC OnLine Ker 4514

3. Apart from the above referred cases, criminal prosecution is also ordered by the Hon'ble Mumbai Court under sections 166,167,304-A, 420,120(B) etc. of Indian Penal Code & Sections 51(D),54, 55 of Disaster Management Act, 2005 against the accused public servants responsible for putting restrictions upon citizen with ulterior motive to force them to get vaccines and also cheating the people by telling incorrect facts that vaccines are completely safe and thereby becoming responsible for death of the citizen. And also for running false narrative and conspiracy theories to create fear among people with ulterior motive to help the vaccine companies in earning wrongful profit of thousands of crores. The accused officials are;

(i) Sitaram Kunte, then Chief Secretary, Maharashtra State

(ii) Shri Iqbal Chahal, Mumbai Municipal Commissioner (MCGM), Maharashtra State

(iii) Shri Suresh Kakani, Addl. Municipal Commissioner (MCGM), Maharashtra State

The detailed news is available at following links:

(i) Adv. Nilesh Ojha's interview on YouTube channel named '**Anarchy for Freedom India**'

Link: <https://www.youtube.com/watch?v=b3aUEFwjzSw>

(ii) News published in '**Dainik Sahasik**' dated 05 November 2022

Link:

https://drive.google.com/file/d/1GcLSIpGFJtXB7Qy_B0bEvIrDuU0xQj0u/view?usp=sharing

(iii) News published in '**Dainik Dshonnati**' dated **04.11.2022**

Link1:

http://epaper.deshonnati.com/articlepage.php?articleid=DES_HONATI_NAGP_20221104_1_1&width=228px&edition=Nagpur&curpage=1

Link 2:

http://epaper.deshonnati.com/articlepage.php?articleid=DES_HONATI_NAGP_20221104_2_12&width=209px&edition=Nagpur&curpage=2

4. Needless to point out that the death of **Hitesh Kadwe (23 yrs.)** within two hours of vaccination is also a part of complaint before Hon'ble Metropolitan Magistrate and court had ordered issue of process.

5. That **Smt. Kiran Yadav**, mother of deceased **Hitesh Kadwe** had also filed a Criminal Writ Petition before Hon'ble Bombay High Court and had sought

criminal prosecution of the accused vaccine mafia and doctors. The **Writ Petition (C) No. 6159 of 2021** is having following prayers:

“i) C.B.I. be directed to treat this petition as F.I.R. and prosecute the offender as done by Hon’ble Supreme Court in the case of Noida Entrepreneurs Association Vs. Noida (2011) 6 SCC 508 and followed by this Hon’ble Court in the matter between Param Bir Singh v. State of Maharashtra, 2021 SCC OnLine Bom 516.

ii) C.B.I. be further directed to immediately start custodial interrogation of the accused and take use of scientific tests like Lie Detector Test, Brain Mapping Test and Narco Analysis Test to unearth the complete conspiracy and to save the life of Indian Citizen;

iii) Direction to Respondent No. 1 i.e. State of Maharashtra to pay an interim compensation of Rs. 100 crores to the Petitioner forthwith and then to recover it from the guilty officials responsible for death of the Petitioners citizen by their deliberate and unlawful act of commission and omission.

iv) Any other order which this Hon’ble Court deems fit and proper in the facts and circumstances of the case.”

6. That, you people and vaccine companies are well aware that, the people are becoming more awakened and going to fight for their rights as they are fooled by vaccine companies and corrupt bureaucrats. Hence, vaccine companies have to pay compensation in Lakhs of Crores to the citizens.

This is in addition to the punishment which court may impose after trial is up to death penalty and life imprisonment under sections 115, 304, 302, 409, 120(B), 34, 109,52 etc of Indian Penal Code.

7. It is clear that, having perceived adverse atmosphere the vaccine mafia and mastermind accused have hatched the criminal conspiracy to misguide the people and Courts. And in furtherance of said conspiracy they started running the 'false narratives' and '**conspiracy theories** ' of '**Long Covid Syndrome**' and trying to bring the side effects of vaccines under the said category.

8. In furtherance of the said conspiracy and to fulfil their common unlawful intention to save the accused vaccine company owners and doctors & bureaucrats who are likely to be prosecuted in the case, they started publishing sponsored articles, news and interviews of some dishonest and unethical doctors like Dr. Sanjay Oak, Chairman of State Task Force.

9. And as a result of said conspiracy news articles with very big heading on second Front Page is published by you noticee on 03.11.2022 in Dainik Lokmat. This was done to divert the attention from the side effects of vaccine and to give it a name of '**Long Covid Syndrome.**'

10. The falsity and dishonesty of these syndicate is exposed from the information given by Central Government; ICMR. (Indian Council of Medical Research)

11. That, in a reply dated 8th August 2022 the ICMR had clarified that they are not having any study, research or data about '**Long COVID Syndrome** '.

A copy of said reply is marked and annexed herewith at **Exhibit “ _____ ”**

12. Furthermore, many peer reviewed and authentic study and instances have proved that the heart attacks, (myocarditis) is a side effect of COVID vaccine.

13. That, the research conducted in Israel on almost 6 Lakh recovered covid patients had also proved that the people who had previous covid infection did not show any rising incidence of myocarditis.

Link: <https://pubmed.ncbi.nlm.nih.gov/35456309/>

14. Above research is sufficient to expose your lies.

15. That, **Guillain-Barre Syndrome (GBS)** is also a side effect of Covishield Vaccine.

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

15.1. 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:

<https://rairfoundation.com/alert-japan-places-myocarditis-warning-on-vaccines-requires-informed-consent/>

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

15.2. 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.”*

15.3. Official Government of Canada data is truly terrifying; it suggests the Triple Vaccinated have developed AIDS & are now 5.1x more likely to die of Covid-19 than the Unvaccinated – The Expose

Source: The Expose UK

Link: <https://notaakhirzaman.com/9597/>

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

Link: <https://globalnews.ca/news/8362363/astrazeneca-covid-vaccine-autoimmune-disorder-health-canada-update/>

16. That regarding deaths due to heart attack (Myocarditis) due to side effects of vaccines, there are many peer reviewed studies.

16.1. The Government of Singapore has provided immediate assistance of Rs. 1 crore 78 lakhs (\$ 320,931.43 Singapore) to a child who suffered heart problems due to side effects of vaccines.

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

1. The following research proves your dishonesty.

17.1. Myocarditis following AstraZeneca (an adenovirus vector vaccine) COVID-19 vaccination: A case report

Coronavirus disease-19 (COVID-19) vaccines are massively administered globally and some adverse events, such as myocarditis, are being reported. Most of the reported cases of post-vaccination myocarditis have occurred following mRNA vaccinations. However, there have also been recent reports of myocarditis following adenovirus vector vaccinations. We present a case of a 32-year-old female patient who developed myocarditis following the administration of the first dose of the AstraZeneca vaccine. The patient developed inappropriate exertional tachycardia and exertional dyspnea from Day 3 and was diagnosed with myocarditis by subsequent echocardiography about 3 months later.

Link for more details visit: <https://pubmed.ncbi.nlm.nih.gov/35441011/>

17.2. Cardiovascular, neurological, and pulmonary events following vaccination with the BNT162b2, ChAdOx1 nCoV-19, and Ad26.COV2.S vaccines: An analysis of European data

For more details Visit: <https://pubmed.ncbi.nlm.nih.gov/34710832/>

17.3. Acute Ischemic Stroke in the Context of SARS-CoV-2 Vaccination: A Systematic Review.

Background: There have been reports suggesting an increased incidence of acute ischemic stroke among anti-SARS-CoV-2 vaccinees. We aimed to systematically review the literature to summarize the available evidence on the association between SARS-CoV-2 vaccination and acute ischemic stroke.

Methods: A systematic literature search on MEDLINE, LitCovid and LIVIVO databases was performed for eligible randomized controlled trials, observational studies, registries and case reports that reported on imaging-confirmed acute ischemic stroke in the context of any SARS-CoV-2 vaccination with BNT162b2, mRNA-1273, Ad26.COV2.S, ChAdOx1 or Gam-COVID-Vac. Literature search was limited to English and German languages and publication date before October 19, 2021.

For more details visit : <https://pubmed.ncbi.nlm.nih.gov/36065388/>

17.4. Link between COVID-19 vaccines and myocardial infarction.

Background: Vaccines for coronavirus disease 2019 (COVID-19) include ChAdOx1-SARS-COV-2 (AstraZeneca), Ad26.COV2.S (Janssen), mRNA-1273 (Moderna), BNT162b2 (Pfizer), BBIBP-CorV (Sinopharm), CoronaVac (Sinovac), and Bharat Biotech BBV152 (Covaxin).

Aim: To find the association between COVID-19 vaccines and myocardial infarction (MI).

For More details Visit: <https://pubmed.ncbi.nlm.nih.gov/36246837/>

17.5. Pressing need to revise the COVID 19 vaccination strategy in India

Link: <https://ijpsm.co.in/index.php/ijpsm/article/view/500/325>

ISSN – 0301 - 1216

Indian J. Prev. Soc. Med. Vol. 53, No. 3 ,2022

Citation: Rai SK, Kant Shashi, Jha Shreya. Pressing need to revise the COVID - 19 vaccination strategy in India. Indian J Prev Soc Med, 2022; 53 (3): 165-167.

17.6. Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection.

Although myocarditis and pericarditis were not observed as adverse events in coronavirus disease 2019 (COVID-19) vaccine trials, there have been numerous reports of suspected cases following vaccination in the general population. We undertook a self-controlled case series study of people aged 16 or older vaccinated for COVID-19 in England between 1 December 2020 and 24 August 2021 to investigate hospital admission or death from myocarditis, pericarditis and cardiac arrhythmias in the 1–28 days following adenovirus (ChAdOx1, $n = 20,615,911$) or messenger RNA-based (BNT162b2, $n = 16,993,389$; mRNA-1273, $n = 1,006,191$) vaccines or a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) positive test ($n = 3,028,867$). We found increased risks of myocarditis associated with the first dose of ChAdOx1 and BNT162b2 vaccines and the first and second doses of the mRNA-1273 vaccine over the 1–28 days postvaccination period, and after a SARS-CoV-2 positive test. We estimated an extra two (95% confidence interval (CI) 0, 3), one (95% CI 0, 2) and six (95% CI 2, 8) myocarditis events per 1 million people vaccinated with ChAdOx1, BNT162b2 and mRNA-1273, respectively, in the 28 days following a first dose and an extra ten (95% CI 7, 11) myocarditis events per 1 million vaccinated in the 28 days after a second dose of mRNA-1273. This compares with an extra 40 (95% CI 38, 41) myocarditis events per 1 million patients in the 28 days following a SARS-CoV-2 positive test. We also observed

increased risks of pericarditis and cardiac arrhythmias following a positive SARS-CoV-2 test. Similar associations were not observed with any of the COVID-19 vaccines, apart from an increased risk of arrhythmia following a second dose of mRNA-1273. Subgroup analyses by age showed the increased risk of myocarditis associated with the two mRNA vaccines was present only in those younger than 40.

For more details visit: <https://www.nature.com/articles/s41591-021-01630-0>

17.7. mRNA Covid jabs increase risk of cardiac-related death males between 18 to 39: Study

New Delhi, UPDATED: Oct 8, 2022 10:06 IST

Florida Surgeon General Dr Joseph A Ladapo has advised people, especially males aged 18 to 39, not to receive mRNA Covid vaccines as they increase the risk of cardiac-related deaths.

Florida Surgeon General Dr Joseph A Ladapo has said those with preexisting cardiac conditions, such as myocarditis and pericarditis, should take extra caution when making this decision. (Representative image)

By Milan Sharma: The United State's Florida Surgeon General Dr Joseph A Ladapo has advised people, especially males aged 18 to 39, not to receive mRNA Covid vaccines, as they increase the risk of cardiac-related deaths.

He said those with preexisting cardiac conditions, such as myocarditis and pericarditis, should take extra caution when making this decision. The top doctor recommended against the use of such vaccines, citing a study.

The Florida Department of Health (Department) conducted an analysis through a self-controlled case series, which is a technique originally developed to evaluate vaccine safety.

The analysis found that there is an 84% increase in the relative incidence of cardiac-related death among males 18-39 years old within 28 days following

mRNA vaccination. With a high level of global immunity to Covid-19, the benefit of vaccination is likely to be outweighed by this abnormally high risk of cardiac-related death among men in this age group. Non-mRNA vaccines were not found to have these increased risks.

Studying the safety and efficacy of any medications, including vaccines, is an important component of public health,” said Surgeon General Dr Joseph Ladapo. “Far less attention has been paid to safety and the concerns of many individuals have been dismissed – these are important findings that should be communicated to Floridians.”

For more details visit: <https://www.indiatoday.in/world/story/mrna-covid-vaccine-increase-risk-of-cardiac-related-death-males-study-2282518-2022-10-08>

17.8. Congratulations to those who have not been vaccinated! Your persistence is absolutely wise and correct!

FDA loses case!

Pfizer forced to disclose data on vaccine side effects!

9 pages of side effects! The whole world is stunned...

US168 Information Network 2022-03-05 02:17

For more detail visit:

<https://mp.weixin.qq.com/s/9C0ETAd9IOPTRMzZjDu1Tw>

17.9. These are the first published vaccine side effects! horrible!

Acute cutaneous lupus erythematosus, acute encephalomyelitis, acute kidney injury, acute outer macular retinopathy, acute cardiomyopathy, acute respiratory failure, injection site vasculitis, seizures, alopecia areata, allergic shock, anaphylaxis of pregnancy, aplastic anemia, blood clots, arrhythmias, arthritis, asthma, bronchospasm, cardiac arrest, heart failure, chest discomfort, choking,

chronic autoimmune glomerulonephritis, chronic cutaneous lupus erythematosus, chronic spontaneous urticaria, hemolytic anemia, colitis, dermatitis, diabetes, disseminated varicella zoster, embolic cerebral infarction, endocrine disorders, pruritus, swollen eyes, facial paralysis, genital herpes, glossopharyngeal nerve palsy, haemorrhagic vasculitis, cervicitis, lupus cystitis, lupus encephalitis, multiple sclerosis, neonatal myasthenia gravis, myelitis, non-infectious oophoritis, thyroiditis, ulcerative proctitis...

The above are more than a thousand kinds of reactions, not limited to the side effects/ physical discomfort symptoms that many people will have. It is the choice behaviour that hurts oneself because of fear...Of the 46,000 people tested, 42,000 had adverse reactions! 1,200 people died

17.10. “Ethically Unjustifiable” – Scientists from Harvard & Johns Hopkins Found Covid-19 Vaccines 98 Times Worse Than the Virus.

It was conducted by nine top scientists from the University of Washington, University of Oxford, University of Toronto, Harvard University – Harvard Medical School, University of California, San Francisco (UCSF), Johns Hopkins University – Department of Surgery, and others.

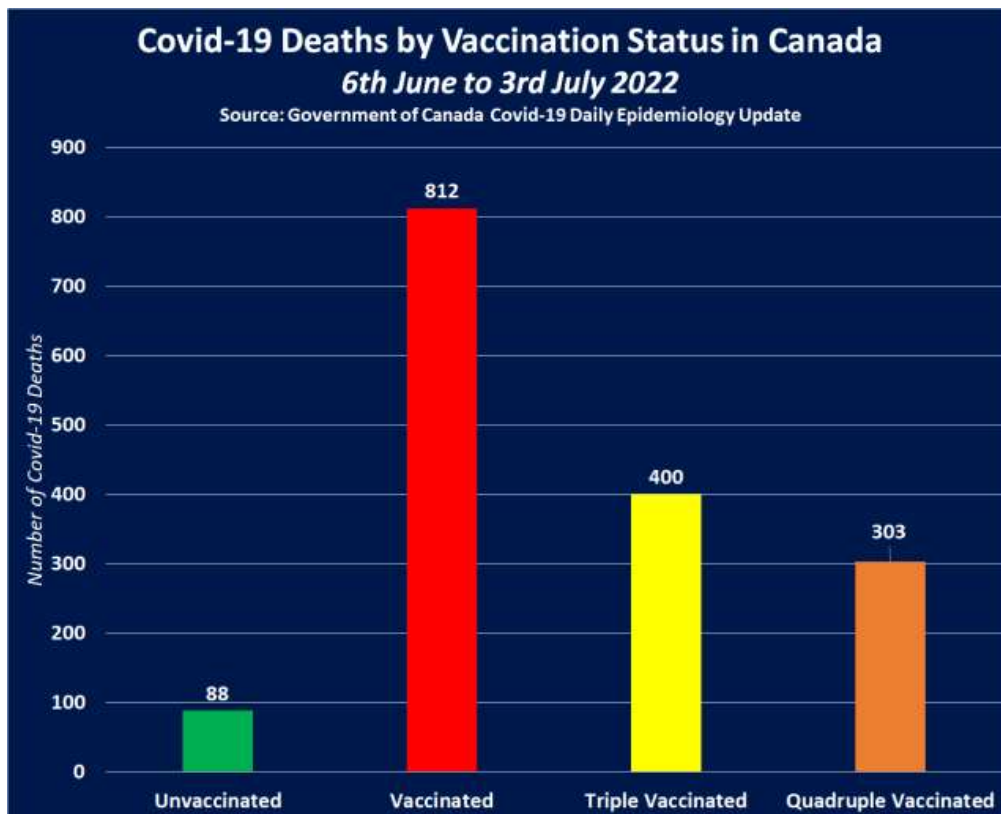
Using CDC and sponsor-reported adverse event data, we find that booster mandates may cause a net expected harm: per COVID-19 hospitalisation prevented in previously uninfected young adults, we anticipate 18 to 98 serious adverse events, including 1.7 to 3.0 booster-associated myocarditis cases in males, and 1,373 to 3,234 cases of grade ≥ 3 reactogenicity which interferes with daily activities.

Link:

1. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4206070
2. <https://www.thegatewaypundit.com/2022/09/ethically-unjustifiable-new-harvard-johns-hopkins-study-found-covid-19-vaccines-98-times-worse-disease/>

17.11. Trudeau’s Government confirms the Quadruple/Triple Vaccinated have accounted for 90% of Covid-19 Deaths across Canada since the beginning of June – The Expose

The following chart shows the number of Covid-19 deaths across the whole of Canada by vaccination status between 6th June and 3rd July 2022 –



The most recent figures show that there were 900 Covid-19 deaths between 6th June and 3rd July, and the vaccinated population accounted for 812 of those deaths, with a shocking 400 deaths among the triple vaccinated population, and 303 deaths among the quadruple vaccinated population.

<https://expose-news.com/2022/07/29/trudeau-90percent-covid-deaths-vaccinated-canada/>

17.12. Devastating Data: 90% Of COVID Deaths In The UK Happened In The “Vaccinated”-

In the four weeks ending February 27th, 3512 vaccinated Britons died of Covid, compared to 397 who were unvaccinated. Using a broader definition, which may

include more incidental deaths unrelated to Covid infections, the numbers are even worse, with 5,871 vaccinated people dying compared to 570 unvaccinated.

<https://survivalmagazine.org/survival-news-info/devestating-data-90-of-covid-deaths-in-the-uk-happened-in-the-vaccinated/>

17.13. National AEFI committee has certified A1 vaccine product related reaction i.e death due to covid -19 vaccine in many cases till date. The following are the few A1 reports -

17.13.1. AEFI report Dr Snehal Lunawat who died after taking 1st dose of covishield vaccine -

https://docs.google.com/document/d/1xPa_T2NxQHJUK-btKsRPuP2tNZDsK8AnVLRVaCbZ7tw/edit?usp=sharing

17.13.2. RTI reply by GOI on death of Dr Snehal lunawat by covishield vaccine.

https://drive.google.com/file/d/1VrxLdi7akoNMoG7hLndgaN_rNNk7BbWU/view?usp=share_link

17.13.3. AEFI report of Mahima Mathew, pregnant woman who died after taking 1st dose of covishield vaccine. Mahima Mathew was pregnant with twins.

Sr. No. 156 - Mahima Mathews

<https://main.mohfw.gov.in/sites/default/files/Englishfinalimmuzation.pdf>

17.13.4. AEFI report of Ms. Rithaika Sri Omtri, 19 year old who died after covishield vaccine. GOI RTI link given below.

https://drive.google.com/file/d/1eBAomcrBuqXsPVQo_6UQh0id3NRM8Css/view?usp=share_link

17.13.5. AEFI report of Ms. Nova Sabu, 18 year old who died after covishield vaccine.

Sr. No. 58 - 19 year old A1 death from Kerala.

https://main.mohfw.gov.in/sites/default/files/NACM_approved_cases_english_merge_0.pdf

17.13.6. The list of all A1 Vaccine deaths are given below, You can manually check how many A1 deaths in these 2 files.

https://main.mohfw.gov.in/sites/default/files/English%20-%20161%20cases%20for%20uploading_0.pdf

https://main.mohfw.gov.in/sites/default/files/NACM_approved_cases_english_merge_0.pdf

17.14. Around 21 European Country banned Covishield vaccines due to death causing side effects mainly in young adults.

A single young mans death in Norway after covishield vaccination prompted 21 European countries to ban Astrazeneca/Covishield vaccine for people below 50 years of age. These includes Germany, U.K., Italy, France, Spain, Denmark, Norway, and The Netherlands, among others.

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

17.15. A study was conducted at All India Institute of Medical Sciences (AIIMS) Bhubaneswar, a tertiary care government hospital and research institute for Prevalence, characteristics, and predictors of Long COVID among diagnosed cases of COVID-19 (pre print)

Data was accessed from the AIIMS Bhubaneswar COVID-19 screening OPD database and records of patients admitted due to COVID-19.

An observational paradox in the study was that the participants who took two doses of COVID-19 vaccination had higher odds of developing Long COVID.

18. That, the recent studies have also showed that giving vaccines to the person with previous covid infection had caused much damage to their life.

19. That the study also shown that the wearing of mask is also causing serious side effects and more deaths.

19.1. More Mask More death

Many countries introduced the requirement to wear masks in public spaces for containing SARS-CoV-2 making it commonplace in 2020. Up until now, there has been no comprehensive investigation as to the adverse health effects masks can cause. The aim was to find, test, evaluate and compile scientifically proven related side effects of wearing masks. For a quantitative evaluation, 44 mostly experimental studies were referenced, and for a substantive evaluation, 65 publications were found. The literature revealed relevant adverse effects of masks in numerous disciplines. In this paper, we refer to the psychological and physical deterioration as well as multiple symptoms described because of their consistent, recurrent and uniform presentation from different disciplines as a Mask-Induced Exhaustion Syndrome (MIES). We objectified evaluation evidenced changes in respiratory physiology of mask wearers with significant correlation of O₂ drop and fatigue ($p < 0.05$), a clustered co-occurrence of respiratory impairment and O₂ drop (67%), N95 mask and CO₂ rise (82%), N95 mask and O₂ drop (72%), N95 mask and headache (60%), respiratory impairment and temperature rise (88%), but also temperature rise and moisture (100%) under the masks. Extended mask-wearing by the general population could lead to relevant effects and consequences in many medical fields.

For more details visit :- <https://pubmed.ncbi.nlm.nih.gov/33923935/>

19.2. Peer Reviewed Study on mask

For more details visit :- <https://www.israelnationalnews.com/news/326734>

Using data from 35 countries and 602 million people, peer-reviewed study confirms previous research and cautions use of face masks "may have harmful unintended consequences.

A new peer-reviewed study entitled: "Correlation Between Mask Compliance and COVID-19 Outcomes in Europe" has demonstrated that use of face masks, even widespread, did not correlate with better outcomes during the COVID epidemic, based on data from 35 European countries with populations of over one million people each, encompassing a total of 602 million people.

The study noted that the average proportion of mask usage in the period investigated (October 2020 until March 2021) was 60.9% ± 19.9%

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9123350/>

19.3. Correlation Between Mask Compliance and COVID-19 Outcomes in Europe

Masking was the single most common non-pharmaceutical intervention in the course of the coronavirus disease 2019 (COVID-19) pandemic. Most countries have implemented recommendations or mandates regarding the use of masks in public spaces. The aim of this short study was to analyse the correlation between mask usage against morbidity and mortality rates in the 2020-2021 winter in Europe. Data from 35 European countries on morbidity, mortality, and mask usage during a six-month period were analysed and crossed. Mask usage was more homogeneous in Eastern Europe than in Western European countries. Spearman's correlation coefficients between mask usage and COVID-19 outcomes were either null or positive, depending on the subgroup of countries and type of outcome (cases or deaths). Positive correlations were stronger in Western than in Eastern European countries. These findings indicate that countries with high levels of mask compliance did not perform better than those with low mask usage.

Conclusion :-

While no cause-effect conclusions could be inferred from this observational analysis, the lack of negative correlations between mask usage and COVID-19 cases and deaths suggest that the widespread use of masks at a time when an effective intervention was most needed, i.e., during the strong 2020-2021 autumn-winter peak, was not able to reduce COVID-19 transmission. Moreover, the moderate positive correlation between mask usage and deaths in Western Europe also suggests that the universal use of masks may have had harmful unintended consequences.

Important Point :-

These mandates and recommendations took place despite the fact that most randomised controlled trials carried out before and during the COVID-19 pandemic concluded that the role of masks in preventing respiratory viral transmission was small, null, or inconclusive.

20. That Hon'ble Supreme Court in the case of **Jacob Puliye v. Union of India, 2022 SCC OnLine SC 533** had directed all authorities to publish the side effects of vaccines without any reservations.

It is ruled as under;

“93.

(viii) We are also of the opinion that information relating to adverse effects following immunization is crucial for creating awareness around vaccines and their efficacy, apart from being instrumental in further scientific studies around the pandemic. Recognising the imperative need for collection of requisite data of adverse events and wider participation in terms of reporting, the Union of India is directed to facilitate reporting of suspected adverse events by individuals and private doctors on an accessible virtual platform. These reports shall be made publicly accessible, without compromising on protecting the confidentiality of the persons

reporting, with all necessary steps to create awareness of the existence of such a platform and of the information required to navigate the platform to be undertaken by the Union of India at the earliest.”

21. But neither **Dainik Lokmat** nor Dr. Sanjay Oak, Chaiman of State Covid Task Force is saying anything on this and you are acting unfairly to serve the ulterior purposes and putting the life of people in danger by giving wrong advise with false narratives.

22. It seems that you people are involved in fulfilling the agenda of vaccine mafia and involved in such unlawful activities to suppress the offences and save the Criminals from the offences of mass murders.

23. Their act of commission & omission is a clear offence under sections 120(B), 34, 109, 201, 218, 115, 302, 304, 409, 420 etc. of Indian Penal Code read with section 10 of the Evidence Act.

It is also an offence of Criminal Contempt under sections 2(c), 12, 15 of the Contempt of Courts Act, 1971.

24. Needless to mention here that, Dr. Sanjay Oak is not a domain expert on pandemic and vaccines.

The real domain experts in this field are: -

(i) **Dr. Sanjeev Rai** [Professor at the Centre for Community Medicine, AIIMS New Delhi) AIIMS New Delhi.]

(ii) **Dr. Jayprakash Muliye** (Chairman of the Scientific Advisory Committee of the National Institute of Epidemiology)

(iii) **Dr. Arvind Kushwaha** [(AIIMS, Nagpur) was awarded for his epidemiological investigation of meningitis outbreak in Kashmir by the Armed Forces]

(iv) **Dr. Amitav Banerjee** [M. D., Epidemiology (Head of Department of Community Medicine, D.Y. Patil University ex-faculty & epidemiologist, AFMC Pune, with vast experience as field epidemiologist including tribal & remote areas]

(v) **Dr. Gobardhan Das** [Immunologist, New Delhi]

(vi) **Dr Jacob Puliyel** [M. Phil. (Hospital and Health Systems Management, former member of NTAGI – Who got the judgment from Hon’ble Supreme Court of India (**Jacob Puliyel Vs. Union of India, 2022 SCC OnLine SC 533**)]

25. That, few media people like you noticee are deliberately avoiding to take the interviews of honest domain experts and publishing the views of incompetent, dishonest and unethical doctors like Dr. Sanjay Oak who have sold their ethics to vaccine mafia.

26. That, you are already aware of the law laid down by Hon’ble Bombay High Court in the case of **Nilesh Navalakha & Ors. Vs. Union of India 2021 SCC OnLine Bom 56**, where it is specifically ruled that, the act of publishing news to prejudice pending cases is an offence of criminal contempt punishable under section 2(c), 12 of the Contempt of Courts Act, 1971.

27. Needless to mention here that, Dr. Soumya Swaminathan of WHO is one of the Co-Conspirator in entire conspiracy and appropriate Criminal prosecution is being initiated against her.

28. That, the central government on many occasions have exposed the lies of the World Health Organization.

The details of which is mentioned in the notice given to India Today and Dr. Soumya Swaminathan on **15.09.2022**. [**Annexure Here**]

29. **Few evidences including stand of Government of India and State Governments proving malafides and non-credibility of the WHO** are as under;

29.1. WHO death logic of 47 lakh deaths countered by Central Government.

Title: बिबेक देबरॉय और आदित्य सिन्हा का कॉलम: डब्ल्यूएचओ की गंभीर भूलों पर भी बहस होनी चाहिए, कोरोना काल में इसकी विश्वसनीयता पर हुआ संदेह।

Link: <https://www.bhaskar.com/opinion/news/column-of-bibek-debroy-and-aditya-sinha-serious-mistakes-of-who-should-also-be-debated-doubts-about-its-credibility-in-corona-era-129930668.html>

29.2. Government filed affidavit before High Court that the data given by WHO regarding Ivermectin are flawed. High Court allowed use of Ivermectin as a treatment for covid-19

In additional affidavit filed by Shri. Vikas S. N. Gaunekar as the Additional Secretary (Health), Government of Goa, in the Case between South Goa Association Vs. State of Goa PIL W.P. No. 1172 of 2021 in his affidavit dated 27th May, 2021 had made it clear that the WHO's directives are false, it is reads thus;

“22. I say that various studies conducted in different countries have shown that the said medicine has a positive effect on prevention and treatment/cure of patients. I say that the studies and reports are available on the website ivmmeta.com. I say that there are some reports which have found that the analysis by WHO on this medicine is flawed and that the mortality rate is actually much lower if the said medicine is used for early treatment as well as prophylaxis.”

Affidavit of Health Secretary of Goa.

Link:

https://drive.google.com/file/d/1aFayLTHqJSZuenoneB01kquZ_GOXhG0l/vi ew?usp=sharing

In **South Goa Advocates Association vs. State of Goa 2021 SCC OnLine Bom 754**, it is ruled as under;

“3...It is submitted that in fact WHO has issued an advisory against the use of Ivermactine for Covid related treatment.”

Link: https://drive.google.com/file/d/1W864B29p_K0DXA157V_SmdkYBtHaJZNQf/view?usp=sharing

In **South Goa Advocates Association vs. State of Goa 2021 SCC OnLine Bom 759**, it is ruled as under;

“13. As regards the use of Ivermectin, the issue raised by the petitioner in Writ Petition No.1216 of 2021 concerns mainly its prophylactic use. As for its therapeutic use, it is nobody's case that the medicine has not been included by ICMR for Covid-19 treatment protocol. Though the expert committee of the State, in its decision dated 13/05/2021, has recommended even prophylactic use of Ivermectin, from the affidavit filed by the State its the Additional Secretary (Health) what emerges is that the State has, for the present, decided that the medicine, i.e. Ivermectin, would be given to all suspected and symptomatic patients and provided in the kit to be supplied to positive patients in home isolation.”

Link: https://drive.google.com/file/d/1_Vko9BIaSgQ8_RbA0vyn6QiUdMP8kZHv/view?usp=sharing

29.3. Sponsored tweet by Dr. Soumya Swaminathan against Ivermectin was deleted after notice from Indian Bar Association.

Title: DR. SOUMYA SWAMINATHAN DELETES HER CONTROVERSIAL TWEET

Link: <https://indianbarassociation.co.in/real-estate-attorney-bill-kuehling/>

29.4. Many more data proving fraudulent activities of WHO are available at following website:-

(i). **Awaken India Movement**

Link:- <https://awakenindiamovement.com/>

(ii). **Universal Health Organization**

Link:- <https://uho.org.in/>

(iii). **Indian Bar Association**

Link:- <https://indianbarassociation.in/>

29.5. Despite this background few sponsored media houses ate quoting the views of tainted & dishonest scientist Soumya Swaminathan to suppress the death causing side effects of covid-19 vaccines and to create prejudice in the mind of public at large.

29.6. That every word and narrative said by Dr. Soumya Swaminathan in her interview on 02.09.2022 published by India Today is out and out false as it is proved time and again to be against the real and scientific data.

29.7. That the senior most domain expert, epidemiologist Dr. Amitav Banerjee, MBBS, MD, who served in Indian Armed Forces from 1978 to 2005 and Chief of army staff Gold Medal winner, currently head of Community medicine at Dr. D.Y. Patil University Pune, in his recent article dated 9th September 2022 titled as ‘Vaccination: Rising Deaths and False Narrative; have exposed Dr. Soumya Swaminathan. The article is available at following link:-

<https://empirediaries.com/2022/09/09/covid19-pandemic/>

The important para reads thus;

“Strangely, there is no mention of vaccination status against Covid-19. The WHO’s chief scientist Soumya Swaminathan, meanwhile, has been talking through the hat. She tweeted, “We need to prepare for large increases in cardiovascular, neurological and mental

health disorders in countries affected by the #SARSCoV2# pandemic.” For the chief scientist at the WHO, it’s a grave omission indeed not to consider the ill-effects of the experimental vaccine, however remote and unlikely that may be.

Such biased news reporting will make the reader attribute all complications to “long Covid,” which is increasingly being promoted as an emerging problem. And more disturbingly, it will brush under the carpet any complications due to the experimental vaccines as all adverse events following immunization (AEFI) would be conveniently covered under the blanket of “long Covid.”

...There are other red signals. Edward Dowd, author of the book, “Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022,” has been analyzing data on all mortality since March 2021 after hearing about many anecdotal accounts of vaccine injury.

He found a huge spike in sudden deaths spanning the fall of 2021 to early 2022 in the working age cohort corresponding to the vaccine mandate in the US for workers. People from 25 to 44 years of age experienced a dramatic 84% rise in excess mortality coinciding with mass vaccine mandates – 61,000 Americans died in the period from March 2021 to February 2022.

His findings were corroborated by studying insurance claims. Closer to home, a six-fold increase in heart attacks was observed in Mumbai in the year 2021 as observed by a critical-thinking data analyst from IIT Bombay.

Regrettably, in the ongoing pandemic, this approach has been found lacking on the part of the WHO, the CDC, and other haloed health research institutions. Eminence-based medicine has taken precedence over evidence-based medicine. Scientists, researchers, academicians and others surrendered the scientific approach and

made a beeline for their one minute of fame in the era of 24×7 news channels.

In the early days of the pandemic, there was evidence that immunity after recovery from natural infection can perhaps last indefinitely. Subsequently, while studies from Israel established that natural immunity is 13 times more robust than vaccine-induced immunity, the WHO continued to ignore the evidence while recommending mass vaccination.

The global scientific consensus seems to be on the brink of another major act of omission now, or perhaps, commission. It is relentlessly promoting mass vaccination when most of the people in countries such as India have already experienced the natural infection and therefore are already well protected.

According to the evidence we have so far, vaccinating them wouldn't confer any additional benefit while will subject them to the risk of adverse events, howsoever remote the chances are. More importantly, it is missing out on the opportunity to resolve the dilemma of a sudden spike in deaths among young people across the world – whether they are due to the disease or the vaccine.

Those who have recovered from natural infection need not be vaccinated if we follow the science as well as apply common sense. It is the basic requirement of any experiment to have two different groups. In this case, we have the perfect opportunity to have a group of vaccinated people who have never suffered from the natural infection and the other group of unvaccinated people who have recovered from natural infection.

These groups could have been followed forward in time to compare the short-term and long-term adverse events and provide hard evidence of the cause-and-effect relationship. On the other hand, it appears that there is a desperate attempt to muddy the waters by eliminating the possibility of gathering this hard evidence.

The largest mass experiment in human history is being performed without a control group, reminding us of the public health quackery practised during ancient times – incredible stuff like the bloodletting that killed George Washington, the first president of the US.”

29.8. Even otherwise, the suggestions of WHO are not binding in India and should not be relied as they are null & void and non-est as per specific law laid down by the Constitution Bench of Hon’ble Supreme Court in **Mineral Development Ltd. vs. State of Bihar and Anr. (1960) 2 SCR 609, State of Punjab v. Davinder Pal Singh Bhullar (2011) 14 SCC 770, A.K. Kraipak & Ors vs. Union of India & Ors. AIR 1970 SC 150.**

29.9. The law is made very clear in India that the recommendation of anybody who is sponsored by the person like Bill Gates, the seller of vaccine companies and interested in his profit, should be treated as null & void and coram-non-judice.

29.10. The views of honest domain experts and epidemiologists across the world and in India are very clear and they exposes the malafides, falsity & dishonesty of the sponsored doctors like Dr. Soumya Swaminathan of WHO

30. 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 omission 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.”

31. That, **Section 10** of Evidence Act reads 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 '[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 Chad collected at Calcutta, and the contents of a letter written by H giving which 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.

32. The relevant provisions of Indian Penal Code & Contempt of Court Act attracted in this case are as under;

32.1. Section 201 of Indian Penal Code reads thus;

“Causing disappearance of evidence of offence, or giving false information to screen offender.—Whoever, knowing or having reason to believe that an offence has been committed, causes any evidence of the commission of that offence to disappear, with the intention of screening the offender from legal punishment, or with that intention gives any information respecting the offence which he knows or believes to be false; if a capital offence.—shall, if the offence which he knows or believes to have been committed is punishable with death, be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine; if punishable with imprisonment for life.—and if the offence is punishable with 1[imprisonment for life], or with imprisonment which may extend to ten years, shall be punished with imprisonment of either description for a term which may extend to three years, and shall also be liable to fine; if punishable with less

than ten years' imprisonment.—and if the offence is punishable with imprisonment for any term not extending to ten years, shall be punished with imprisonment of the description provided for the offence, for a term which may extend to one-fourth part of the longest term of the imprisonment provided for the offence, or with fine, or with both. Illustration A, knowing that B has murdered Z, assists B to hide the body with the intention of screening B from punishment. A is liable to imprisonment of either description for seven years, and also to fine.”

32.2. Section 202 of Indian Penal Code reads thus;

*“**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.”*

32.3. Section 115 of Indian Penal Code reads thus;

*“**Abetment of offence punishable with death or imprisonment for life—if offence not committed.**—Whoever abets the commission of an offence punishable with death or 1[imprisonment for life], shall, if that offence be not committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine; If act causing harm be done in consequence.—and if any act for which the abettor is liable in consequence of the abetment, and which causes hurt to any person, is done, the abettor shall be liable to imprisonment of either description for a term which may extend to fourteen years, and shall also be liable to fine. Illustration A*

instigates B to murder Z. The offence is not committed. If B had murdered Z, he would have been subject to the punishment of death or 1[imprisonment for life]. Therefore A is liable to imprisonment for a term which may extend to seven years and also to a fine; and if any hurt be done to Z in consequence of the abetment, he will be liable to imprisonment for a term which may extend to fourteen years, and to fine. CLASSIFICATION OF OFFENCE Para I: Punishment—Imprisonment for 7 years and fine—According as offence abetted is cognizable or non-cognizable—non-bailable—Triable by court by which offence abetted is triable—Non-compoundable. Para II: Punishment—Imprisonment for 14 years and fine—According as offence abetted is cognizable or non-cognizable—non-bailable—Triable by court by which offence abetted is triable—Non-compoundable.”

32.4. Section 218 of Indian Penal Code reads thus;

“Public servant framing incorrect record or writing with intent to save person from punishment or property from forfeiture.—Whoever, being a public servant, and being as such public servant, charged with the preparation of any record or other writing, frames that record or writing in a manner which he knows to be incorrect, with intent to cause, or knowing it to be likely that he will thereby cause, loss or injury to the public or to any person, or with intent thereby to save, or knowing it to be likely that he will thereby save, any person from legal punishment, or with intent to save, or knowing that he is likely thereby to save, any property from forfeiture or other charge to which it is liable by law, shall be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both.”

32.5. Section 302 of Indian Penal Code reads thus;

“Punishment for murder.—Whoever commits murder shall be punished with death, or 1[imprisonment for life], and shall also be liable to fine.”

32.6. Section 304 of Indian Penal Code reads thus;

“Punishment for culpable homicide not amounting to murder.—Whoever commits culpable homicide not amounting to murder shall be punished with 1[imprisonment for life], or imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine, if the act by which the death is caused is done with the intention of causing death, or of causing such bodily injury as is likely to cause death, or with imprisonment of either description for a term which may extend to ten years, or with fine, or with both, if the act is done with the knowledge that it is likely to cause death, but without any intention to cause death, or to cause such bodily injury as is likely to cause death.”

32.7. Section 409 of Indian Penal Code reads thus;

“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 1[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.”

32.8. Section 420 of Indian Penal Code reads thus;

“Cheating and dishonestly inducing delivery of property.—Whoever cheats and thereby dishonestly induces the person deceived to deliver any property to any person, or to make, alter or

destroy the whole or any part of a valuable security, or anything which is signed or sealed, and which is capable of being converted into a valuable security, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.”

32.9. Section 34 of Indian Penal Code reads thus;

“Acts done by several persons in furtherance of common intention.—When a criminal act is done by several persons in furtherance of the common intention of all, each of such persons is liable for that act in the same manner as if it were done by him alone.”

32.10. Section 120(B) of Indian Penal Code reads thus;

“Punishment of criminal conspiracy.—

(1) Whoever is a party to a criminal conspiracy to commit an offence punishable with death, 2[imprisonment for life] or rigorous imprisonment for a term of two years or upwards, shall, where no express provision is made in this Code for the punishment of such a conspiracy, be punished in the same manner as if he had abetted such offence.

(2) Whoever is a party to a criminal conspiracy other than a criminal conspiracy to commit an offence punishable as aforesaid shall be punished with imprisonment of either description for a term not exceeding six months, or with fine or with both.”

32.11. Section 2(c) of Contempt of Court’s Act 1971 reads thus;

“criminal contempt” means the publication (whether by words, spoken or written, or by signs, or by visible representation, or otherwise) of any matter or the doing of any other act whatsoever which—

(i) scandalises or tends to scandalise, or lowers or tends to lower the authority of, any court; or

(ii) prejudices, or interferes or tends to interfere with, the due course of any judicial proceeding; or

(iii) interferes or tends to interfere with, or obstructs or tends to obstruct, the administration of justice in any other manner.”

32.12. Section 12 of Contempt of Court’s Act 1971 reads thus;

“Punishment for contempt of court.—

(1) Save as otherwise expressly provided in this Act or in any other law, a contempt of court may be punished with simple imprisonment for a term which may extend to six months, or with fine which may extend to two thousand rupees, or with both: —(1) Save as otherwise expressly provided in this Act or in any other law, a contempt of court may be punished with simple imprisonment for a term which may extend to six months, or with fine which may extend to two thousand rupees, or with both\:" Provided that the accused may be discharged or the punishment awarded may be remitted on apology being made to the satisfaction of the court. Explanation.—An apology shall not be rejected merely on the ground that it is qualified or conditional if the accused makes it bona fide.

(2) Notwithstanding anything contained in any other law for the time being in force, no court shall impose a sentence in excess of that specified in sub-section (1) for any contempt either in respect of itself or of a court subordinate to it.

(3) Notwithstanding anything contained in this section, where a person is found guilty of a civil contempt, the court, if it considers that a fine will not meet the ends of justice and that a sentence of imprisonment is necessary shall, instead of sentencing him to simple

imprisonment, direct that he be detained in a civil prison for such period not exceeding six months as it may think fit.

(4) Where the person found guilty of contempt of court in respect of any undertaking given to a court is a company, every person who, at the time the contempt was committed, was in charge of, and was responsible to, the company for the conduct of business of the company, as well as the company, shall be deemed to be guilty of the contempt and the punishment may be enforced, with the leave of the court, by the detention in civil prison of each such person: Provided that nothing contained in this sub-section shall render any such person liable to such punishment if he proves that the contempt was committed without his knowledge or that he exercised all due diligence to prevent its commission.

(5) Notwithstanding anything contained in sub-section (4), where the contempt of court referred to therein has been committed by a company and it is proved that the contempt has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of the contempt and the punishment may be enforced, with the leave of the court, by the detention in civil prison of such director, manager, secretary or other officer.
Explanation.—For the purposes of sub-sections (4) and (5),—

(a) “company” means any body corporate and includes a firm or other association of individuals; and

(b) “director”, in relation to a firm, means a partner in the firm.”

33. By way of this notice, you are hereby called upon to forthwith stop from your criminal activities and spreading false narratives and conspiracy theories and you

are further called upon to publish the true facts and opinion of honest domain experts.

34. The present notice is issued independent rights to initiate appropriate legal action including Civil, Criminal & Contempt against you Noticee.

35. Notice charge of **Rs.25 Lacs** to your account.

Date: 08.11.2022

Place: Mumbai

Sincerely

A handwritten signature in blue ink, appearing to read 'Pratik Saklecha', with a horizontal line underneath the name.

Adv. Pratik Saklecha