IN THE HIGH COURT OF PUNJAB AND HARYANA AT CHANDIGARH

CWP-3119-2025
Reserved on: 29.04.2026
Pronounced on : 02.07.2026
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Prem Chand …Petitioner

Versus

State of Haryana and others ...Respondents

CORAM: HON'BLE MR. JUSTICE KULDEEP TIWARI

Present: Mr. Satbir Singh Gill, Advocate
for the petitioner.

Mr. Kapil Bansal, DAG, Haryana.

Ms. Ekta Thakur, Advocate and
Ms. Kajal, Advocate
for respondents No.2 and 3.

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KULDEEP TIWARI, J.

1. Through the instant writ petition, cast under Article 226 of the Constitution of India, a challenge is thrown to the sanctioned orders dated 24.07.2024 (Annexures P-19, P-20 and P-21), respectively, wherethrough, only a partial medical reimbursement of bills, has been made to the petitioner. Aggrieved with non-grant of complete medical reimbursement, the petitioner has challenged the act of the respondents, who, according to the petitioner, has erroneously interpreted the policy, in vogue, and has not granted the complete medical reimbursement.

FACTS

2. Before this Court adjudicate, as to whether, the petitioner is entitled for complete medical reimbursement, or not, it is essential to have a glimpse upon the necessary facts.

3. In the instant case, the petitioner is working as Additional Ahlmad, in Sessions Division, Sirsa. His wife, who is dependent upon him was pregnant, and on 22.09.2023, when the pregnancy was 28 weeks, due to some emergent condition, she was got admitted in Hemraj Jain Hospital, Maternity and Nursing Home, Janakpuri, New Delhi, with a complain of leaking p/v mild pain per abdomen. On 28.09.2023, she delivered a pre-mature baby boy. Since the new born was a pre-mature, he was required to be admitted in NICU, and therefore, in such medical situation, the mother and son was referred to Baby Arya Hospital, New Delhi. The wife of the petitioner was discharged on 29.09.2023. However, the baby remained admit in the hospital, uptill 22.11.2023, and was discharged, at later stage. Again on 25.11.2023, the baby suffered some complications, requiring him to re-admit in the same hospital, and finally, he was discharged on 26.11.2023.

4. The petitioner submitted an application on 12.03.2024, through proper channel, for reimbursement of medical bills, amounting Rs.6,49,589/-, 12,670/- and 73,467/-, respectively. However, the respondents/competent authority, through the impugned sanctioned orders dated 24.07.2024 (Annexures P-19, P-20 and P-21), respectively, has sanctioned Rs.53,289/- against Rs.6,49,589/-; Rs.1,200/- against Rs.12,670/- and Rs.21,112/- against Rs.73,467/-, only. This caused the grievance to the petitioner, propelled him to file the instant writ petition, challenging the above partial sanction orders of medical reimbursement.

SUBMISSIONS BY LEARNED COUNSEL FOR THE PETITIONER

5. Learned counsel for the petitioner, while arguing his case, came up with a plea that, the petitioner did not take his wife and the child to the private hospital by choice, rather it was due to an emergent condition. He further submitted that Civil Surgeon, Sirsa, after perusing the entire medical record, has also issued the emergency certificates dated 09.01.2024 (Annexures P-7, P-11 and P-15), respectively, which are annexed with the instant writ petition, and are not disputed by the respondents.

6. Continuing with his arguments, he submitted that since the wife of the petitioner was suffering from severe pain, and at that point of time, the lives of both, petitioner's wife and child, was paramount, and therefore, the petitioner took the decision to ensure that they would get best possible treatment.

7. He next submits that along with the application, the petitioner submitted discharge summary of his wife, as well as, his son, which clearly reflects that his wife delivered a pre-mature baby boy on 28.09.2023, requiring her immediate admission in nearby hospital. He further submits that since pre-mature baby boy was born, therefore, he was required to shift to Super Speciality Hospital, as he was suffering from PT/HMD/SEPSIS/SHOCK/DIC/AOP/ROP. The baby was again admitted in the hospital for second time, and at that time, he was suffering from F/C/0 PRETERM/SEPSIS/ANEMIA/BLOOD TRANSFUSIM. All these aspects have not been considered by the respondents/competent authority, while passing the partial sanction order(s).

8. While taking his submissions ahead, he contended that the issue arises for consideration in the instant writ petition has already been examined by the Hon'ble Supreme Court in ***Shiva Kant Jha Vs. Union of India (Writ Petition (Civil) No.694 of 2015***, decided on 13.04.2018, wherein, it was categorically held that medical reimbursement is an enforceable legal right of an employee, flowing from Service Rules and the Constitutional Principles. Likewise, he also placed reliance on the decision dated 25.09.2023, rendered by a Coordinate Bench of this Court in ***CWP-13165-2017 (Subhash Sharma Vs. State of Haryana and others)***, to assert that complete medical reimbursement was ordered in favour of the petitioner therein.

SUBMISSIONS BY LEARNED COUNSEL FOR THE RESPONDENTS

9. *Per contra* learned counsel representing the respondents No.2 and 3, has put a fierce defence and submits that the petitioner is working at Sirsa, and there are various good Govt. Hospitals, which are equipped with such facilities to manage an emergent condition, like delivery of pre-mature child. However, the petitioner has voluntarily opted to travel from Sirsa to New Delhi, which is about 270 kms., whereas, the distance from Sirsa to Hisar, is about 93 kms. Furthermore, in New Delhi, the petitioner chose to go to a private hospital, instead of renowned Govt. Hospital, like All India Institute of Medical Sciences (AIIMS). She further submits that the sanction orders (supra), was passed by the respondents/competent authority, in light of the letter No.984/Spl.E.II/XXIX.Z.22(d) dated 18.10.2022 (Annexure R/1), issued by this Hon'ble Court.

10. She further submits that since the medical papers were of the private hospital, the medical bills were worked out on the basis of PGI rates, as applicable to private hospitals outside the approved list, in view of Haryana

Govt. letter No.2/8/88-1HBIII dated 06.05.2005 (Annexure R/2). The instant matter was considered in view of the letter (supra), and the reimbursement for the treatment taken in an emergency, was allowed equal to the rates of PGIMER, Chandigarh.

11. Finally, she submits that similar policy, as framed by the State of Punjab, has already been put to challenge before the Hon'ble Supreme Court in ***'State of Punjab vs. Ram Lubhaya Bagga' 1998 (1) SCT 716***, wherein, it was held that the Policy is not hit by Article 21 and 47 of the Constitution of India, and thus, it is *intra vires*. So much so, it is well within the right of the State to amend it, from time to time, under the changing circumstances, which could not be challenged. It was further observed that no right can be absolute in a Welfare State, and every fundamental right is to be within permissible reasonable restriction. Therefore, the restriction imposed in the instant case is also within the permissible parameters.

ANALYSIS

12. This Court has heard the rival submissions made by learned counsel for the parties concerned, and has examined the impugned sanctioned orders.

13. Controverting the argument, learned counsel for the petitioner submits that Govt. of Haryana, has revised the medical reimbursement policy on 21.05.2015**,** according to which, the petitioner is entitled for reimbursement at PGI rates plus 75% of balance amount. By placing reliance upon the judgment passed by this Court in ***CWP-26319-2016***, titled ***'Parminder Singh vs. State of Punjab and another'*** decided on 26.02.2026, learned counsel for the petitioner has made an endeavour to establish that it was a case of sheer emergency, and no such facility was available either in Hisar or at Sirsa, and

therefore, the petitioner had no other option but to travel to New Delhi, to save the lives of both, his wife and child.

14. There is no dispute with regard to the policy adopted by the respondents/employer, to regulate the medical reimbursement, admissible to its employees, and they are well within their power to do so. This issue *in extensor* has been examined by the Hon'ble Supreme Court in ***Ram Lubhaya Bagga (supra)*** case.

15. Now the issue, which arises for consideration before this Court is, as to whether, at the time of admission in the hospital, the condition of wife of the petitioner was so emergent that he could not have taken her to nearby hospital, or Govt./Empanelled Hospital, or such facilities which require to ensure the safety of both, his wife and the child, was not available in that city. This issue ought to have been considered by the respondents/authorities, before mechanically applying the policy, as framed by the State Government. The respondents/authorities were required to read the policy in its right earnest, so as to achieve its desired object. The primary object of the Policy is to regulate the claim of medical reimbursement of its employees, and not to curtail their pre existing rights.

16. In ***Shiva Kant Jha (supra)***, the Hon'ble Supreme Court has held that a right of medical claim cannot be denied merely because the name of the hospital is not included in the list of empanelled hospitals. The real test must be the factum of treatment. The relevant observations made in the decision read as under:-

> *"13) It is a settled legal position that the Government employee during his life time or after his retirement is entitled to get the benefit of the medical facilities and no fetters can be placed on his rights. It is acceptable to common sense, that ultimate decision as to how a patient should be treated vests only with the Doctor, who is well versed and*

expert both on academic qualification and experience gained. Very little scope is left to the patient or his relative to decide as to the manner in which the ailment should be treated. Speciality Hospitals are established for treatment of specified ailments and services of Doctors specialized in a discipline are availed by patients only to ensure proper, required and safe treatment. Can it be said that taking treatment in Speciality Hospital by itself would deprive a person to claim reimbursement solely on the ground that the said Hospital is not included in the Government Order. The right to medical claim cannot be denied merely because the name of the hospital is not included in the Government Order. The real test must be the factum of treatment. Before any medical claim is honoured, the authorities are bound to ensure as to whether the claimant had actually taken treatment and the factum of treatment is supported by records duly certified by Doctors/Hospitals concerned. Once, it is established, the claim cannot be denied on technical grounds. Clearly, in the present case, by taking a very inhuman approach, the officials of the CGHS have denied the grant of medical reimbursement in full to the petitioner forcing him to approach this Court.

14) This is hardly a satisfactory state of affairs. The relevant authorities are required to be more responsive and cannot in a mechanical manner deprive an employee of his legitimate reimbursement. The Central Government Health Scheme (CGHS) was propounded with a purpose of providing health facility scheme to the central government employees so that they are not left without medical care after retirement. It was in furtherance of the object of a welfare State, which must provide for such medical care that the scheme was brought in force. In the facts of the present case, it cannot be denied that the writ petitioner was admitted in the above said hospitals in emergency conditions. Moreover, the law does not require that prior permission has to be taken in such situation where the survival of the person is the prime consideration. The doctors did his operation and had implanted CRT-D device and have done so as one essential and timely. Though it is the claim of the respondent-State that the rates were exorbitant whereas the rates charged for such facility shall be only at the CGHS rates and that too after following a proper procedure given in the Circulars issued on time to time by the concerned Ministry, it also cannot be denied that the petitioner was taken to hospital under

emergency conditions for survival of his life which requirement was above the sanctions and treatment in empanelled hospitals."

17. While following the ratio laid down in ***Shiva Kant Jha (supra)***, a Coordinate Bench of this Court in ***Subhash Sharma (supra)***, has granted the relief of complete medical reimbursement incurred on the treatment, to the petitioner therein, who underwent a liver transplant surgery. The respondent-State allowed the medical claim as per the instructions/policy dated 06.05.2005, and he was granted medical reimbursement only to the extent of Rs.10,00,000/-, whereas, the actual expenses on account of treatment were Rs.24,00,000/:-

"It is a conceded position that though, initially the medical claim of the petitioner for reimbursement was not entertained by the respondents but thereafter, upon reconsideration, the respondents have allowed the medical claim of the petitioner under the instructions dated 06.05.2005 issued by the Government of Haryana. Under the said instructions, out of the total claim of Rs.24. lacs, a sum of Rs.10 lacs has been reimbursed to the petitioner as a full and final payment on the basis of fact that had the petitioner undertaken the said treatment from PGIMER, Chandigarh, he would have incurred an amount of Rs.10 lacs on the treatment in question hence, as per the instructions dated 06.05.2005, in case treatment has been undertaken from an unapproved hospital in emergent situation,

reimbursement can only be made as per the PGIMER, Chandigarh rates and not beyond that.

xx xx xx xx

Respondents are directed to reconsider the claim of the petitioner for remaining amount of Rs.14 lacs keeping in view the observations of this Court in the order and for whatever amount the petitioner is entitled for qua medical facilities and procedure for the liver transplantation, the same be reimbursed to him. With regard to the payment for room rent rates etc., the same will be given as per the PGIMER, Chandigarh rates only."

18. Similarly, in ***Kamla Devi Vs. State of Haryana and others, 2024, NCPHHC 8924*****,** a Coordinate Bench of this Court has held:-

> *"11. Learned counsel for the respondents submits that the claim of the petitioner has been considered as if, the surgery is presumed to have been undertaken at PGIMER, Chandigarh.*
>
> *12. Said argument is also fallacious. Once the liver transplant surgery was not available at PGIMER, Chandigarh, the question of presuming the same to be undertaken at PGIMER, Chandigarh so as to decide the claim of the petitioner for medical reimbursement is totally artificial and has no basis and hence, reimbursement of medical claim on the basis of the PGIMER rates cannot be accepted in the facts and circumstances of the present case."*

19. While dealing with a somewhat similar issue, a Division Bench of this Court in ***Shakuntla Vs. State of Haryana, 2004 (1) SLR 563,*** held that in case, where a treatment is taken in emergency from a hospital other than the approved hospitals, the State cannot deny the medical reimbursement:-

> *7. The petitioner is an employee of Government of Haryana and that the child is her dependent, as such, for the treatment of the child, she is entitled to reimbursement of the medical expenditure in pursuant to the Punjab Service (Medical Attendant) Rules, 1940, which are applicable to the State of Haryana. So far as the availability of the medical facilities at the institutes like AIIMS, New Delhi, normally the operation waiting period is so much that the emergency patients most of the times cannot be entertained and they are referred to other hospitals. It may be noticed that it is only in dire emergency that a person reaches the hospital where immediate treatment can be given. In a case where the life of a human being is at stake, it is too technical to require such a person to hunt for a list of the approved hospitals and then decide which hospital to go to. Sometimes the said hospital may not be able to accommodate the patient. Such situation has been dealt with by the apex Court in* ***Surjit Singh v. State of Punjab, 1996(1) RSJ 845****. It may be noticed that Government of Haryana has already included Sir Ganga Ram Hospital in the list of approved hospitals and that the sald notification/instructions have been issued on October 31, 2002. De hors of this, in the case of saving*

a human life at a given point of time, it is not expected of an attendant to look into the list and then hunt for the hospital which is contained therein. Such procedures should not be expected to be followed in an emergency by the attendant of the patient. If such regulations are applied so strictly, the end result may be disastrous and in that situation the patient may die. If the death occurs, in that eventuality the responsibility of the State cannot be washed out. No doubt, in normal circumstances the procedures prescribed should be followed but the procedure should not be made so cumbersome that one may get frustrated in adhering to such procedures. Emergency knows no law and no procedures. The emergency act when required to be committed should not be weighed in terms of money especially when human life is at stake.

8. The authorities prescribed under the rules have also to apply their mind in a conscious and cautious manner in dealing with such kind of situations. Saving the life of near and dear, a person may have to commit any act which includes the selling of one's jewellery, borrowing money at exorbitant rate of interest or subject himself/herself to every and any condition. No hospital, private or Government would entertain the patient without the amount having been deposited, it is at that juncture, circumstances and situations, the attendant of the patient becomes so vulnerable that except for saving the life of near and dear nothing seems to be more important. Thus, gravity of the situation has to be understood by the Government in a far more positive manner that applying the normal mathematics. The situations may arise and generally do arise when the attendant of the patient may not have or be possessed with the money or the jewellery for saving the life of near and dear. Can we not think of better solutions for providing facilities to the patient in such a given situation? This needs to be examined by the concerned quarters who are not only meant for ruling but for serving the society. For rendering service to the society the necessary expenditures are not to be curbed but at the same time the action should be such that it may not open a possible wasteful tap in the State exchequer. Thus, the answer has to be provided by the persons who have been sitting at the helms of affairs of the State and have been facing such situations. According to us, the situation should be dealt with by the persons as if he or she is involved in the situation himself or herself. We never know

that the situation which is being dealt with may fall upon that person as well.

9. In the given case, saving the life of the child was paramount for the mother, i.e. the petitioner and she had no option but to get the child in the first instance admitted in the Saxena Nursing Home, Rewari but upon their advice, for performing the operation, she had to weigh as to which institution is better equipped for saving the life of the child and as per her statement, she had been advised to take the child to Sir Ganga Ram Hospital, New Delhi. Fortunately, the child survived with efforts of the Doctor and, of course, the credit went to the Institution. No doubt, the expenditure incurred may be far more than what is prescribed in the Government. Hospital or in a recognised hospital. The Government has recognised some of the hospitals and so far as rates are concerned, for administering medical help they, vary from one institution to the other. The only measuring law is that in case of grave emergency which hospital comes to the mind of the attendant and which hospital is considered best for saving the life of the patient. These decisions sometimes become crucial for saving the life of an individual.

10. The cumulative effect while considering the claims of all the petitioners is that the individual cases of all the petitioners need to be dealt with expeditiously because at the time of meeting out the medical expenditures in the hospitals, the payment is raised by taking loans upon interest, by sale of jewellery or liquidating their movable or immovable assets including the Fixed Deposits, if any. Such acts sometimes involve the life time saving of an employee. Thus, the question of dealing with such kind of payments does leave a healthy impression with an employee. Generally speaking, the employer is expected to look after his employees though as per the terms and conditions spelt out in the terms of employment or the rules framed in respect thereof. Wherever the rules prescribe the reimbursement to be made to the employees, the unnecessary delays should be avoided. The facts spelt out in all these cases relate to such kind of delays and thereby the petitioners have faced the unnecessary harassments. We are of the view that the impugned orders vide which the claims of the petitioners have been rejected are not sustainable under law, as the plea set up is that the hospitals are not recognised or not contained in the list approved by the government, which does not stand the test of

law. Thus, the case of all the petitioners deserve to be scrutinised in accordance with the rules and so also the Judge made law. Therefore, we grant a writ of certiorari and quash the impugned orders of rejection in respect of the claims of each of the petitioners which have been impugned before us and we also command the Government by issuing a writ of mandamus that the cases of all the petitioners be dealt with in accordance with the rules and the Judge made law within a period of three months. It is clarified that the petitioners may substantiate their claims, if so required, within 15 days from the date of receipt of a certified copy of this judgment and that the aforestated period of three months shall in addition to 15 days and wherever the additional pleas or the additional documents are not required to be submitted, the aforestated period of 15 days shall not be available to either side. It is further directed that upon deciding the cases of the petitioners within the aforestated period, the payment due and payable to the petitioners shall be made within one month falling which the Government shall be liable to pay interest at the rate of 12% per annum after the expiry of the period of one month as prescribed. The Interest ith thereafter, amount so payable shall be deducible from the salary of the officer(s) concerned and responsible for dealing with and for not making the payment within the afore stated period and that the said amount shall not be reimbursable by the Government under any head. It is clarified that for any such delay beyond the afore stated period the interest accrued thereon shall be paid by the Government in the first instance and the deductions shall be made after the liability has been fastened by the concerned quarters."

20. On the similar lines, in ***Hari Chand Vs. State of Punjab and others, 2016 (1) PLR 712,*** a Coordinate Bench of this Court has held that if a treatment is not available in the empanelled hospital of the State Government, even then, the policy in this regard has to be read clearly in favour of the petitioner therein:-

"*11. The question presently arising is that Live Liver Transplant facility was not available at AIIMS, New Delhi when the treatment was taken. If it is not available at AIIMS, New Delhi then the policy dated February 13, 1995 has to be read clearly in favour of*

the petitioner to bring his entire balance claim to his pocket since there is no fixed point of assessment incurred towards medical expenses. Therefore, the treatment at Indraprastha Apollo Hospital, New Delhi was in the nature of a medical emergency and the expense package in the final bill lies no matter what in the province of life and death. In other words, the situation arising was do or die, take it or leave it. The choice between the two poles can be easily imagined and needs no forensic reasoning. There is also no bar contained in the 1940 Rules or in the instructions issued from time to time, including the one under consideration, which could result in disallowing the claim altogether. It is, therefore, not open to the State to penny-pinch and decline the request for the remaining half of the expenses incurred in the treatment which was not available in Punjab or at premier medical institute at AIIMS, New Delhi. This was a Hobson's choice."

21. Likewise, in ***Shri D.D. Guglani Vs. Haryana State Electricity Board through its Executive Engineer, Suburban Division, HSEB,*** a Coordinate Bench of this Court has unequivocally interpreted that statutory regulations must be so read that would sub-serve the cause of justice and if need be, tempered with human compassion:-

"*3. I have gone through the file. The plaintiff's contention was that the treatment caused at the hospital at Delhi which was actually approved hospital by the Central Government and that further treatment at PGI, Chandigarh was undertaken only when the doctor who treated the plaintiff counseled that there were no facilities in any hospital in the State of Haryana at the relevant time for hemo-dialysis for kidney ailment. The appellate Court had relied on the Haryana Government circular that directed the Government employee to take treatment only in Government approved hospitals and not in hospitals outside. The appellate Court, while reserving the judgment of the trial Court that provided for medical reimbursement, had observed that the civil court is a court of law and it cannot be swayed by compassion. It must be remembered that the law is not sapped dry of all human compassion. Rules and statutory regulations must be so read*

that would sub-serve the cause of justice and if need be, tempered with human compassion. The Government instructions that an employee shall not take treatment other than the approved hospital is a point well taken. In this case, the doctor, who had given treatment to the petitioner was stated to be dead at the time when the trial had taken place. There was therefore only an oral assertion of the plaintiff that the doctor had told him that there was no facility for hemo-dialysis. There was not as if the plaintiff had taker treatment in some hospital for mere fancy. He was in a serious terminal condition where he secured treatment at PGI and at the Central Government approved hospital at Delhi. would take the evidence of the plaintiff itself as sufficient that he had taken treatment at the above two hospitals only because similar facilities were not available in any approved hospital in the State of Haryana. The treatment caused at the Central Government approved hospital or at PGI cannot be said to be unrealistically high in comparison to the medical costs at Haryana. There was no justification for the appellate Court to reverse the finding of the trial Court by wooden application of rules without minding the fact that the best the Government could have sought for information regarding the treatment whether costs at the State hospital in Haryana was in someway lower than the cost Incurred at PGI or at the hospital at Delhi. With no such specific evidence available, I would hold that the petitioner would be entitled to full reimbursement of the cost incurred by him. I restore the trial Court's findings and decree the suit as prayed for. The substantial question of law raised is answered as above. The suit is decreed and the second appeal is allowed with costs throughout."

22. On the anvil of the above legal position, this Court has examined the impugned sanctioned orders, perusal of which clearly reflects that the same were mechanically passed by the respondents, in view of the Policy of 2005. The respondents/authorities have not considered, as to whether, the case of the petitioner is covered under the Policy of 2015, or not.

23. The respondents/authorities were also required to consider, as to whether, the petitioner has taken a decision to shift his wife to New Delhi, in a private hospital, by choice or in an emergent condition, specifically when the petitioner has claimed that no Govt./Empanelled Hospital, nearby in Sirsa, or at Hisar, is equipped with such medical facilities to tackle such an emergency situation.

24. In case, the petitioner has taken a decision to take his wife under such compelling circumstances, as no such treatment was available with the Govt. or Empanelled Hospital, in that eventuality, the petitioner is entitled for 100% medical reimbursement, in view of the ratio laid down by this Court in ***CWP-26319-2016***, titled ***'Parminder Singh vs. State of Punjab and another'*** decided on 26.02.2026. The relevant paragraphs of the said judgment are extracted hereinafter :-

> *"12) At this juncture, this Court is reminded to refer to a legal aphorism **'Ubi Jus Ibi Remedium'**; where there is a right, there is a remedy. This principle signifies that if a citizen's legal right is breached, the law must provide remedy. A legal wrong cannot exist without there being a legal remedy. This principle emphatically denotes that no wrong should go without redress, and only by this way, the Courts can establish faith in the rule of law.*
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> *19) On the anvil of the above said legal position, this Court too has found that the Policy in question ought to have been interpreted purposively, so as to ensure achievement of the desired intent. Concededly, the petitioner remained under treatment at PGIMER from2011 to 2015, but he did not get any cadaver donor for kidney and liver transplantation. In such circumstances, a person cannot be left in a lurch to wait for an indefinite period for a cadaver donor in the empanelled hospitals of the State, or the hospitals where the corresponding rates of AIIMS,*

> *New Delhi, are applicable. In a situation like the present one, the patient, who is at the brink of his life, must be granted the freedom to enrol himself with any hospital within the country, which can offer him treatment, at the earliest. Conversely, the Policy does give the freedom to the employees to choose a hospital for getting treatment, but it imposes a restriction of reimbursement of medical claim, strictly, as per the rates fixed by the AIIMS, New Delhi. In the matter at hand, it is worth reiteration that the petitioner had undergone a liver and kidney transplant surgery at Apollo Hospital, Banglore, not by choice but out of compulsion, as no other hospital ever responded to his registration/enrolment for a cadaver donor. In such circumstances, the first and foremost factor for a patient and his family is to get a cadaver donor from any of the hospitals throughout the county. And, whenever such a donor is available, the surgery must be undertaken without losing much time, to save the patient from the clutches of the life threatening disease.*

DECISION

25. In the instant case, the respondent/authorities concerned have not conducted any exercise, as to whether, the petitioner has taken his wife to hospital, as a matter of choice, or under the compelling circumstances. Further, as to whether, the petitioner's claim can be considered under the Policy of 2015. In the absence of such exercise not having being done by the respondent/authorities concerned, thereby, leaving no option for this Court, but to **set aside** the impugned sanctioned orders. Consequently, the instant writ petition is **allowed**.

26. However, a positive *mandamus* is passed upon the respondent No.3, to re-consider the case of the petitioner for grant of medical reimbursement, in view of the legal propositions, as explained hereinabove,

and thereafter, pass a fresh speaking order, after affording due opportunity of hearing to the petitioner, within a period of eight weeks, from the date of receipt of certified copy of this order.

(KULDEEP TIWARI)
JUDGE

Pronounced on 02nd July, 2026
Manpreet

Whether speaking/reasoned : Yes/No
Whether reportable : Yes/No