CNR No: PHHC011375162025

2026:PHHC:187317

IN THE HIGH COURT OF PUNJAB AND HARYANA AT CHANDIGARH

253

CWP No.25295 of 2025

Date of Decision: **24.09.2026**

1. Sunil Kumar ....Petitioner

Versus

State of Haryana and others ....Respondents

CWP No.1577 of 2026

2. Rajpal Singh ....Petitioner

Versus

State of Haryana and others ....Respondents

CWP No.24571 of 2025

3. Mohinder Singh ....Petitioner

Versus

State of Haryana and others ....Respondents

CWP No.26764 of 2025

4. Ravinder Chahal ....Petitioner

Versus

State of Haryana and others ....Respondents

CWP No.26773 of 2025

5. Bijender ....Petitioner

Versus

State of Haryana and others ....Respondents

CWP No.30858 of 2025

6. Soniya ....Petitioner

Versus

State of Haryana and others ....Respondents

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CWP No.30880 of 2025

7. Jaswant Singh ….Petitioner

Versus

State of Haryana and others ….Respondents

CWP No.34163 of 2025

8. Kailash Chand Chugh ….Petitioner

Versus

State of Haryana and others ….Respondents

CWP No.7680 of 2026

9. Anil Kumar ....Petitioner

Versus

State of Haryana and others ....Respondents

CWP No.16380 of 2026

10. Babita ....Petitioner

Versus

State of Haryana and others ....Respondents

CORAM: HON'BLE MR. JUSTICE HARPREET SINGH BRAR

Present *:* Mr. Jagdeep S. Rana Advocate
Mr. Arvind K. Bangar, Advocate
Mr. Akshat Aggarwal, Advocate
for the petitioner (in CWP-7680-2026).

Mr. Prashant Advocate for
Mr. Sandeep Kumar Goyat, Advocate
for the petitioner (in CWP-25295 and 24571-2025).

Mr. Gurasis Singh Advocate for
Mr. Saurabh Dalal Advocate
for the petitioner (in CWP-30858 & 30880-2025).

Mr. Sunil Kumar Dhanda, Advocate
Mr. Rishabh Miglani, Advocate
for the petitioner (in CWP-16380-2026).

Mr. Anil Kumar Sharma, Advocate
Mr. Nishant Sharma, Advocate
for the petitioner (in CWP-36163-2025).

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Mr. Abhijeet Sharma, Advocate
for the petitioner (in CWP-26764-2025).

Mr. Vikas Kumar, Advocate
for the petitioner (through VC) (in CWP-1577-2026).

Mr. Jitender Sharma, Advocate
for the petitioner (in CWP-26773-2025).

Mr. Ravi Dutt Sharma, DAG, Haryana.

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HARPREET SINGH BRAR, J.

1. The aforesaid writ petitions are being taken up together for adjudication, as they arise out of a common set of facts and involve identical questions of law. However, with the consent of the parties and for the sake of brevity and convenience, the facts are being extracted from **CWP-25295-2025.**

2. The present writ petition has been filed under Articles 226/227 of the Constitution of India seeking the issuance of a writ in the nature of *certiorari* to quash the impugned order dated 13.03.2024 (Annexure P-5) and the subsequent letter dated 21.04.2025 (Annexure P-6), whereby the claim of the petitioner for medical reimbursement amounting to Rs. 3,72,502/- was rejected. A further prayer is made for the issuance of a writ in the nature of *mandamus* directing the respondents to sanction and release the said medical reimbursement bills.

CONTENTIONS

3. Learned counsel for the petitioner *inter alia* contends that the petitioner is a regular employee serving as a JBT Teacher in the Department of Elementary Education, Haryana. The petitioner's 70-year-old mother, suffering from severe chronic ailments, received indoor treatments at an empannelled and approved hospital under the Government of Haryana, incurring verified medical expenses totalling Rs.3,72,502/-.

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4. Learned counsel argues that the action of respondent No. 3 in declining the medical reimbursement claims vide impugned order dated 13.03.2024 (Annexure P-5) and impugned letter dated 21.04.2025 (Annexure P-6) is fundamentally flawed, arbitrary, and legally unsustainable. The claims have been rejected on the premise that the annual income reflected in the Family ID/Income Certificate exceeded the monthly ceiling of Rs.3,500/- (Rs.42,000/- per annum) prescribed under the Health Department's administrative instructions dated 14.12.2007 (Annexure P-7).

5. Placing reliance on the statutory framework, learned counsel contends that medical reimbursement for Haryana Government employees is governed by the Punjab Medical Attendance Rules, 1940 (hereinafter referred to as '1940 Rules') which explicitly includes "wholly dependent" parents within the definition of family without prescribing any income ceiling. Consequently, the executive instructions dated 14.12.2007 (Annexure P-7) cannot supersede or curtail these statutory rules. Furthermore, relying on the Hon'ble Supreme Court judgment in ***State of Madhya Pradesh vs. M.P. Ojha (1998 (2) SCC 554)***, learned counsel argues that the expression "wholly dependent" cannot be restricted to mere financial dependence or rigid mathematical computations; rather, it requires a flexible, humane approach that also encompasses physical dependence and daily care during old age and infirmity.

6. It is also submitted that the ground taken by the respondents regarding the assessed annual family income of Rs. 1,40,000/- to Rs. 1,80,000/- is patently erroneous, as the income reflected in the certificate dated 13.09.2023 (Annexure P-9) actually represents joint agricultural proceeds from ancestral land standing in the father's name, which is shared amongst all legal heirs for general household

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sustenance. It is contended that the petitioner's mother had no independent personal income, held no employment, received no regular salary or pension, and was not an income-tax assessee. Her only individual receipt was a meager sum of Rs. 3,000/- per month under the "Old Age Samman Allowance" which is a non-contributory social security stipend disbursed by the Department of Social Justice and Empowerment purely as an old-age honorarium, and cannot be equated with a livelihood pension or commercial income.

7. In this regard, learned counsel draws the attention of this Court to a specific clarification letter issued by the Director General Health Services, Haryana dated 03.02.2025 (Annexure P-10 in the connected writ petition ***CWP-26773-2025)*** which explicitly mandates that the old-age pension of ₹3,000/- provided by the Government is an awarded amount and cannot be counted as "income" for the purpose of assessing medical reimbursement claims.

8. Learned counsel further submits, with regard to the connected petitions, that the rejection of claims of female employees for the treatment of their parents-in-law on the ground that the patient's son is also a Government servant contravenes General Condition No. 3 Note (iii) of the Medical Reimbursement Policy (Annexure P-9 in connected ***CWP-34163-2025***). It is also argued that rejecting claims merely because the dependent parents hold a separate Parivar Pehchan Patra (Family ID) cannot extinguish dependency recognised under the 1940 Rules.

9. Learned counsel places reliance on the judgment of the Co-ordinate Bench of this Court in ***Nand Rani vs. State of Punjab (2000 (2) SCT 923)***, wherein it was held that administrative instructions restricting dependency by income ceilings lack statutory force and that dependency must be assessed socially and in

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terms of health rather than mathematical calculations. Learned counsel, while drawing a parallel with the Central Government Health Scheme (CGHS) guidelines dated 31.12.2019 (Annexure P-18 in connected **CWP No.34163 of 2025**), which prescribe an income ceiling of ₹9,000/- per month plus Dearness Relief for determining dependency, contends that the income ceiling of ₹3,500/- per month fixed by the respondent-State in the year 2007 has become wholly outdated and bears no reasonable nexus with the prevailing economic realities and escalating cost of living. It is further contended that the continued application of such an obsolete income ceiling is arbitrary, unreasonable and violative of the Right to Health, which is an integral facet of the fundamental Right to Life guaranteed under Article 21 of the Constitution of India, as enunciated by Hon'ble the Supreme Court in ***State of Punjab v. Ram Lubhaya Bagga, (1998) 4 SCC 117***.

10. *Per contra,* learned State counsel contends that the fixation of medical reimbursement limits and package rates is a matter of public policy and equitable distribution of State resources. The medical reimbursement scheme is funded entirely from the public exchequer, and permitting unrestricted reimbursement of the full amounts unilaterally billed by private hospitals would lead to a loss of financial control imposing an excessive burden upon the State treasury. It is submitted that the State's reimbursement policy merely regulates the extent of payment to prevent arbitrary claims, and safeguard public funds, without prohibiting an employee from seeking treatment at any hospital of their choice.

11. Furthermore, learned counsel places reliance on various judgements of the Hon'ble Apex court including ***State of Punjab vs. Ram Lubhaya Bagga (supra)*** and ***State of Rajasthan vs. Mahesh Kumar Sharma (2011(4) SCC 257)*** to argue that the Hon'ble Apex Court has consistently held that the right to claim

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medical reimbursement is governed by the rules, regulations, and policies framed by the Government, which are formulated taking into consideration the financial health and constraints of the State. It is contended that the petitioners are bound by the package rates and the ₹3,500/- dependency ceiling prescribed in Haryana Government Instructions dated 14.12.2007 (Annexure P-7), and no fault can be found in rejecting claims that fail to satisfy these mandatory criteria.

12. Learned counsel seeks to distinguish the Hon'ble Supreme Court's ruling in ***State of M.P. vs. M.P. Ojha (supra)*** by submitting that in the said case, the father was a retired government servant drawing a pension and was independently eligible to claim reimbursement from his erstwhile employer, making the factual matrix entirely distinguishable from the present dispute. To further fortify their stance, learned State counsel places reliance on the decision of a Coordinate Bench of this Court in ***CWP No. 22058 of 2022*** titled as ***Dr. Manoj Kumar vs State of Haryana and others,***. It is argued that while the Hon'ble Supreme Court in ***M.P. Ojha (supra)*** advocated for a flexible approach, this Court in ***Dr. Manoj Kumar(supra)*** expressly clarified that such flexibility cannot be weaponized to inject extreme elasticity into the statutory definition of dependents to substitute its actual meaning. Learned State counsel submits that the Court in the said case categorically upheld the rejection of a medical claim on the ground that the dependent father was drawing a monthly pension, ruling that the expression "wholly dependent" must be strictly construed in terms of the object of the applicable rules. Lastly, it is contended that where the dependents receive a pension or hold verified income exceeding the prescribed limits under the State's policies, they legally fall outside the ambit of the 1940 Rules, justifying the impugned rejections.

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OBSERVATIONS & ANALYSIS

13. I have heard learned counsel for the parties and perused the record with their able assistance. Admittedly, the respondents do not dispute the factum of the medical treatments, the genuineness of the medical bills, or the actual expenditure incurred. The claims have been rejected not because the medical care was unnecessary, but solely on the technical ground that the dependents' assessed income exceeded the ₹3,500/- monthly ceiling prescribed under the 2007 instructions (Annexure P-7).

14. It is well settled by the Hon'ble Apex Court in a *catena* of judgments that the fundamental right to life inherently encompasses the right to health and adequate medical care. As authoritatively enunciated by the two-Judge Bench of the Hon'ble Supreme Court in ***Vincent Panikurlangara vs. Union of India 1987 AIR 990, 1987 SCR (2) 468*** the maintenance and improvement of public health are indispensable to the physical existence of the community and must rank high among the primary obligations of a welfare State. The State bears a proactive duty to ensure the medical well-being of its employees and their aged dependents. Speaking through Justice Ranganath Mishra, it was observed as under:

> *"16.* ***A healthy body is the very foundation for all human activities. That is why the adage "Sariramadyam Khalu dharma Sadhanam". In a welfare State, therefore, it is the obligation of the State to ensure the creation and the sustaining of conditions congenial to good health.*** *This Court in* ***Bandhua Mukti Morcha v. Union of India, (1984)3 SCC 161*** *aptly observed :*
>
> > *"It is the fundamental right of everyone in this country, assured under the interpretation given to Article 21 by this Court in* ***Francis Mullin's case, (1981) 1 SCC 608*** *to live with human dignity, free from exploitation. This right to live with human dignity enshrined in Article 21 derives its life breath from the Directive*

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> *Principles of State Policy and particularly clauses (e) and (f) of Article 39 and Articles 41 and 42 and at the least, therefore, it must include protection of the health and strength of the workers, men and women, and of the tender age of children against abuse, opportunities and facilities for children to develop in a healthy manner and in conditions of freedom and dignity, educational facilities, just as humane conditions of work and maternity relief. These are the minimum requirements which must exist in order to enable a person to live with human dignity, and no State - neither the Central Government - has the right to take any action which will deprive a person of the enjoyment of these basic essentials".*

While endorsing what has been said above, we would refer to Article 47 in Part IV of the Constitution. That Article provides :

> *" The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health."*

This Article has laid stress on improvement of public health and prohibition of drugs injurious to health as one of the primary duties of the State. In ***Akhil Bharatiya Soshit Karmachari Sangh v. Union of India, (1981)1 SCC 246*** *this Court has pointed out that, "the Fundamental Rights are intended to foster the ideal of a political democracy and to prevent the establishment of authoritarian rule but they are of no value unless they can be enforced by resort to courts. So they are made justiciable. However, it is also evident that notwithstanding their great importance, the Directive, Principles cannot in the very nature of things be enforced in a Court of Law, but it does not mean that Directive Principles are less important than Fundamental Rights or that they are not binding on the various organs of the State." In a series of pronouncements during the recent years this Court has culled out from the provisions of Part IV of the Constitution these several obligations of the State and called upon it to effectuate them in order that the resultant*

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> *pictured by the Constitution Fathers may become a reality.* ***As pointed out by us, maintenance and improvement of public health have to rank high as these are indispensable to the very physical existence of the community and on the betterment of these depends the building of the society of which the Constitution makers envisaged Attending to public health, in our opinion therefore, is of high priority - perhaps the one at the top.****"*
>
> (Emphasis Added)

15. Further, the Hon'ble Supreme Court in ***Paschim Banga Khet Mazdoor Samity vs. State of West Bengal, 1996(4) SCC 36*** has held that Article 21 obliges the State to safeguard the right to life of every person, and that providing adequate medical facilities is an essential part of the obligations of a welfare State. It was further held that the State cannot avoid this obligation on account of financial constraints. Speaking through Justice S.C. Agrawal, it was explicitly recorded as under:

> *" 9.* ***The Constitution envisages the establishment of a welfare state at the federal level as well as at the state level. In a welfare state the primary duty of the Government is to secure the welfare of the people. Providing adequate medical facilities for the people is an essential part of the obligations undertaken by the Government in a welfare state.*** *The Government discharges this obligation by running hospitals and health centres which provide medical care to the persons seeking to avail those facilities.* ***Article 21 imposes an obligation on the State to safeguard the right to life of every person. Preservation of human life is thus of paramount importance.*** *The Government hospitals run by the State and the medical officers employed therein are duty bound to extend medical assistance for preserving human life. Failure on the part of a Government hospital to provide timely medical treatment to a person in need of such treatment results in violation of his right to life guaranteed under Article 21.*
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> *xxx* *xxx* *xxx*

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> *16.* ***It is no doubt true that financial resources are needed for providing these facilities. But at the same time it cannot be ignored that it is the constitutional obligation of the State to provide adequate medical services to the people. Whatever is necessary for this purpose has to be done. In the context of the constitutional obligation to provide free legal aid to a poor accused this Court has held that the State cannot avoid its constitutional obligation in that regard on account of financial constraints.*** *[See:* ***Khatri (II) v. State of Bihar, 1981(1) SCC 627 at p. 631]. The said observations would apply with equal, if not greater, force in the matter of discharge of constitutional obligation of the State to provide medical aid to preserve human life. In the matter of allocation of funds for medical services the said constitutional obligation of the State has to be kept in view****."*
>
> (Emphasis Added)

16. Furthermore, it is well established that the State is under a positive duty to ensure that timely medical care is accessible to those who require it. A two-Judge bench of the Hon'ble Supreme Court in ***Surjit Singh vs. State of Punjab and others(1996) 2 SCC 336,*** held that the right to seek immediate and effective medical treatment during a crisis is rooted in the principle of self preservation. The Court observed that in emergent situations, an employee or their dependent cannot be expected to navigate bureaucratic hurdles or strictly confine themselves to specific governmental constraints if their life is in immediate peril. Consequently, the State cannot penalize claimants or reject medical reimbursement by applying narrow, exclusionary income caps that defy both statutory rules and constitutional morality. Speaking through Justice M.M. Punchhi, the following was opined:

> *"8. The policy, providing recognition for treatment of open heart surgery in the Escorts, specifically came to be examined by a Division Bench of the Punjab and Haryana High Court at Chandigarh in C.W.P. No. 13493 of 1992 titled as Sadhu R. Pall v. State of Punjab through Secretary,*

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Health and Family Welfare Punjab, Civil Secretariat, Chandigarh and others, 1994(1) SCT 552 (P&H). decided on 6.10.1993, wherein the claim of the then writ petitioner to medical reimbursement was accepted when in order to save his life he had got himself operated upon in the Escorts, and the plea of the State that he could be paid rates as prevalent in the AIIMS was rejected. Special Leave Petition No. 22024 of 1995 against the said decision was dismissed by this Court on 2.2.1994. The other judgments of the High Court following the decision in Sadhu R. Pall's case are :

(1) C.W.P. No. 18562 of 1992 decided on 10.5.95 titled K.L. Kohli v. State of Punjab and others, 1995(4) SCT 280 (P&H);
(2) C.W.P. No. 260 of 1995, decided on 30.5.1995 titled Ravi Mohan Duggal v. State of Punjab and others (DB)
(3) C.W.P. No. 5669 of 1994 decided on 4.9.94 titled Prem Singh Gill v. State of Punjab and others;
(4) 1995(4) SCT 816 (P&H) : 1995 (III) Punjab Law Report 529 titled Tarlok Chander v. State of Punjab etc. (SB); and
(5) 1996(2) SCT 148 (P&H) : 1995 (III), Punjab Law Reporter 682 titled Mrs. Surya Pandit v. State of Punjab and others (SB)

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10. ***It is otherwise important to bear in mind that self preservation of one's life is the necessary concomitant of the right to life enshrined in Article 21 of the Constitution of India , fundamental in nature, sacred, precious and inviolable.*** *The importance and validity of the duty and right to self-preservation has a species in the right of self defence in criminal law…*

11. ***The appellant therefore had the right to take steps in self preservation.*** *He did not have to stand in queue before the Medical Board, the manning and assembling of which, bare-facedly, makes its meetings difficult to happen. The appellant also did not have to stand in queue in the Government hospital of AIIMS and could go elsewhere to an alternate hospital as per policy. When the State itself has brought the Escorts on the recognised list, it is futile for it to contend that the appellant could in no event have gone to the Escorts and his claim cannot on that basis be allowed, on suppositions. We think to the contrary…"*

(Emphasis Added)

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17. It is well-settled that administrative instructions cannot override or restrict substantive rights granted by a statute. Notably, the 1940 Rules explicitly include "wholly dependent" parents in the definition of "family" for medical reimbursement, without imposing any rigid monetary ceiling. Furthermore, the scope of being "wholly dependent" has been clearly defined by the Hon'ble Supreme Court in ***M.P. Ojha*** **(supra).** The Apex Court observed that dependency is not purely financial; it also includes physical dependence. Therefore, an aged parent suffering from a severe or chronic illness naturally requires the physical care, support, and supervision of their children, which inherently satisfies the true intent of dependency. The relevant extract of the 1940 rules, reads as under:

> *"2. Family members of employees who are also earning members are not entitled to reimbursement of medical charges unless they are also State Govt. Employees. A Govt. Employee can, thus, claim reimbursement of medical charges in respect of those members of family who are wholly dependent upon him. (Punjab Govt. Letter No. 1491HB1/69 dated 29.12.1969)."*

18. Adverting to the facts of the present case, this Court finds the State's stance regarding the Old Age Samman Allowance to be inherently contradictory to its own official communications. The Director General Health Services, Haryana, vide letter dated 03.02.2025 (Annexure P-10 in connected ***CWP-26773-2025***) explicitly clarified that the old-age pension of ₹3,000/- provided by the Government is an awarded amount and cannot be counted as "income". Having issued this clarification, the State cannot approbate and reprobate by continuing to reject claims on the premise that this very allowance breaches the dependency ceiling. The relevant extract reads as under:

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> *"Along with this letter, you are being sent a copy of the letter received from District Court Hisar. It is written that the parents of Shri Yogesh Park OTA Civil Hospital Hisar get pension of Rs. 3000* ***which is an amount awarded by the Government it is not considered as income****. While taking action regarding the employee's medical bill, inform the Directorate about the legal notice and inform the District Court Hisar accordingly."*
>
> (Emphasis Added)

19. The mere receipt by the petitioner's mother of a meagre old-age pension of Rs. 3,000 per month cannot, by itself, furnish a valid ground to hold that she is not dependent upon the petitioner for the purposes of medical reimbursement. Such a hyper-technical approach fails to appreciate the very object of a welfare-oriented medical reimbursement scheme and is inconsistent with the concept of the State as a model employer. An old-age pension is a social-security measure intended to provide a minimum subsistence to an elderly person; it cannot, in the absence of any specific statutory or regulatory exclusion, be equated with an independent and sufficient source of livelihood so as to defeat his entitlement to medical care through his serving son. The State cannot, on one hand, extend a modest old-age pension to an elderly citizen as a measure of social welfare and, on the other, treat the very receipt of that welfare benefit as a disqualification for availing medical reimbursement as a dependent parent. Such an approach would, in substance, neutralise one welfare measure by invoking another. The expression "dependent" must therefore receive a purposive and realistic construction, having regard to the actual financial capacity of the parent and the nature and extent of his needs, particularly medical needs, rather than being determined solely by the receipt of a nominal social-security pension. Denial of medical reimbursement in such circumstances, without demonstrating that the parent has sufficient

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independent means to meet his medical expenses, would defeat the beneficial object of the scheme and operate harshly against the petitioner and his aged father. Access to medical care is an integral facet of the right to life and dignity guaranteed under Article 21 of the Constitution, and the State, while discharging its obligations as a model employer, ought not to adopt an unduly restrictive interpretation of a beneficial medical welfare provision.

20. In view of the foregoing discussion, the respondents' reliance on the assessed annual family income of ₹1,40,000/- to ₹1,80,000/- to negate dependency is legally untenable. Moreover, denying a female employee the right to claim reimbursement for her parents-in-law directly contravenes the State's own Medical Reimbursement Policy (Annexure P-9 in connected ***CWP-34163-2025***). General Condition No. 3 Note (iii) of the said policy explicitly grants women employees the option to claim for either their parents or parents-in-law. The relevant policy extract reads as under:

> *" Note: (i) The income of dependants should not exceed Rs. 3500/- per month.*
>
> *(ii) Physical & Financial dependence of parents/ Mother-in-law & Father-in-law is must.*
>
> ***(iii) Women employees can opt either her parents/Mother-in-law & Father-in-law. It should be informed in time to the authorities.***
>
> *(iv) A joint affidavit by the spouse of the State Govt. can be given for claiming the reimbursement of the bill from one of the office. In this case the limit of income does not apply."*
>
> (Emphasis Added)

21. The respondents have heavily relied on the judgment of the Hon'ble Supreme Court in ***State of Punjab vs. Ram Lubhaya Bagga (supra)*** to contend that the right to claim medical reimbursement is not absolute and is strictly

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governed by the financial constraints and policies framed by the State. While ***Ram Lubhaya Bagga (supra)*** recognises the State's prerogative to frame policies keeping its financial resources in mind, the same judgment also reinforces the State's obligation under Articles 21 and 47 to secure health as a primary duty. The State cannot rely upon budgetary limitations to withhold reimbursement for life-saving surgeries undergone by the dependents of its employees.

22. Lastly, the State’s reliance on the decision in ***Dr. Manoj Kumar (supra)*** is factually misplaced. In that matter, the dependent father was a retired bank employee drawing a substantial monthly pension of ₹24,804/- and had already availed ₹4,00,000/- through a cashless health insurance cover. The rejection in that case was anchored in the well-settled legal principle that medical reimbursement can be claimed from only one source, thereby preventing double enrichment and precluding a secondary claim against the State. This factual matrix stands in stark contrast to the present petitioners' parents who are elderly villagers, farmers, or housewives relying on nominal social security allowances.

CONCLUSION

23. In view of the foregoing discussion, the present petitions are **allowed** in the following terms:

a. *The impugned order dated 13.03.2024 (Annexure P-5) and the letter dated 21.04.2025 (Annexure P-6), and the corresponding orders in the connected petitions, are hereby* ***quashed and set aside****.*

b. *The respondents/competent authority shall process, sanction and release the admissible medical reimbursement amounts to the petitioners within* ***two months*** *from the date of receipt of a certified copy of this order.*

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24. The pending miscellaneous application(s), if any, shall stand disposed of, accordingly.

25. Photocopy of the order be placed on the files of connected cases.

(HARPREET SINGH BRAR)
JUDGE

September 24 , 2026
'seema'/'om'

Whether speaking/reasoned. : Yes/No

Whether Reportable. : Yes/No

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