

**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
(Criminal Appellate Jurisdiction)

Criminal PIL (ST) No 2332/2020

DIST. : PUNE

Dr. RAJEEV DIGAMBAR JOSHI

.. PETITIONER

Versus

THE ADDITIONAL CHIEF SECRETARY  
TO THE GOVERNMENT OF MAHARASHTRA  
(HOME DEPARTMENT) AND OTHERS

.. RESPONDENTS

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**AFFIDAVIT ON BEHALF OF THE PETITIONER**

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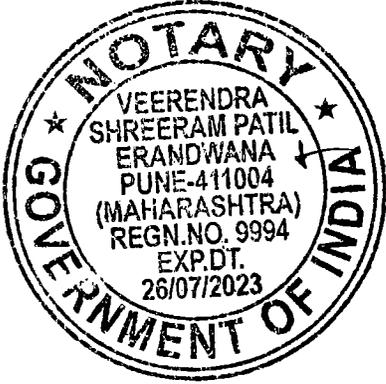
**Date: 07/06/2021**

**Place : PUNE**



**Advocate for the Petitioner**





7 JUN 2021

**IN THE HIGH COURT OF JUDICATURE AT BOMBAY**  
(Criminal Appellate Jurisdiction)

[Under Rule 4(e) (ii) of The Bombay High Court Public Interest Litigation Rules, 2010]

Public Interest Litigation (ST) No 2332/2020

DIST. : PUNE

Dr. RAJEEV DIGAMBAR JOSHI .. PETITIONER

Versus

THE CHIEF SECRETARY,  
STATE GOVT. GOV. OF MAHARASHTRA  
AND OTHERS .. RESPONDENTS

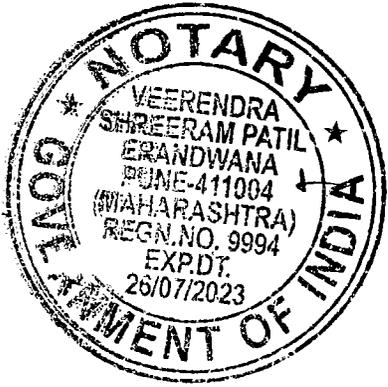
**AFFIDAVIT ON BEHALF OF THE PETITIONER**

I Dr. Rajeev Digambar Joshi Aged about 60 years,  
Occu. : Medical Practitioner R/o : Bungalow  
No.13/1/98, Sukhsagar Nagar, Katraj, Pune-411 046

*[Handwritten signature]*

(Mob.No.9822084614) e-mail. [rajeevdjoshi@gmail.com](mailto:rajeevdjoshi@gmail.com),  
do hereby state on solemn affirmation as under :

1. I say that just before hearing of this case on 02/06/2021, the Public Prosecutor handed over a letter to Adv Nitin Deshpande. This letter is from Mr Suhas Warke, the Special Inspector General of Police ( Law and Order) to the Chief Secretary, Home Department. It is obvious from the letter that in only 15% of attacks on healthcare workers, the stringent provisions of Epidemic Diseases Act 1897 were applied and provisions of Maharashtra Act 2010 are applied in 20% of attacks. None of these acts are applied in 65% of attacks indicating that police are not applying special provisions regarding attacks on healthcare workers. Annexed hereto is a copy of this letter as **EXHIBIT CA** In 430/636 cases the police appear to have applied only IPC. This indicates that the very purpose of the special Act is defeated, which may be due to ignorance of the police department regarding the said Acts. Translation of this letter is annexed hereto as



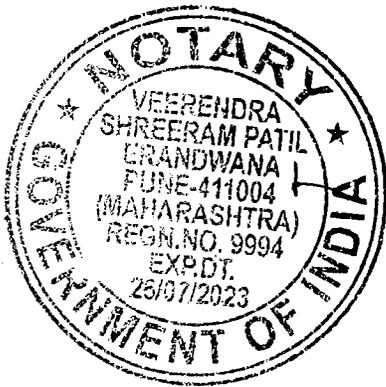
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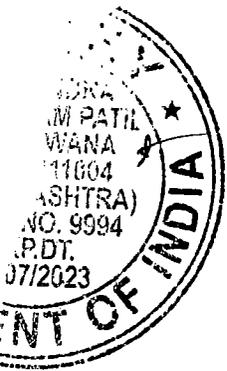
**EXHIBIT CB** (the chart referred to is omitted from translation as there are only figures)

2. I Say that in the same letter the Police Department has clearly indicated that it is not possible for them to provide security to private hospitals. The private hospitals should avail security on payment. I say and submit that the suggestion of Healthcare Protection Fund made in my petition should be looked into so that funds are available as a common pool from which security can be provided for protection of small nursing homes in the private sector which can not afford to appoint security guards.

3. I am wondering as to what could be the reason that in out of 36 offenses against healthcare workers which were decided from 2016 to April 2021, only 4 were convicted and 32 acquitted meaning 89% acquittals. From available data I have prepared a summary reproduced in a table which is self explanatory. On an average only 35-40% cases are chargesheeted. Out of chargesheeted, 6-7% are decided. Out of decided cases, only 11% lead to conviction.

*[Handwritten signature]*

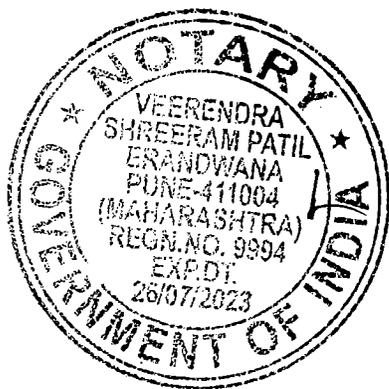




Year	Attacks reported	Accused	Charge sheeted		Decided		convicted	
Year	No	No	No	%	No	%	No	%
2016	93	223	91	40	14	15	1	7
2017	100	258	95	37	13	14	3	23
2018	83	187	76	41	5	6	0	0
2019	77	157	71	45	2	3	0	0
2020	184	381	151	40	2	1.3	0	0
2021	99	175	20	11	0	0	4 months	
Total	636	1381	504	<b>36</b>	36	<b>7</b>	4	<b>11</b>

4 convictions out of 1381 accused in 5 years indicates why there is no deterrence of provisions of IPC as well as Maharashtra Act 2010 right from 2016 to 2020. The Epidemic Diseases Act was amended in mid 2020 but is not being applied in 85% cases. It suffices to say that health workers are the last priority for the police, government and we the people of India. The country has a bright, healthy future.

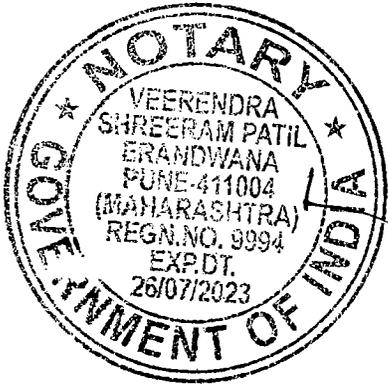
4. I state that there is continued insistence of the government, that it is doctors and hospitals who are responsible for attacks on them as alleged verbally by the PP. The affidavit of the Government talked about the need to follow



'patients charter' by the medical professionals. Instead of accepting failure to protect healthcare workers and institutions, fingers are being pointed at healthcare workers who are striving to save people in all adverse conditions including deficiencies of resources, drugs, oxygen, beds etc. Nothing can justify the attacks on doctors. I have recommended the formation of a Doctor Patient Relationship Improvement committee which can look into grievances of patients as well as doctors so that the matter could be effectively handled as early as possible without waiting in the long queue outside the courts. If we fail in protecting healthcare workers, we shall dig our own graves.

5. I say that, the committee constituted by the State Government, in its meeting held on 03/06/2021 at 11:30 am, invited learned Advocates, appearing for the Petitioner Mr. Nitin P. Deshpande, Adv. Rui Rodrigues and Adv. Sudeep Nargolkar, representing the intervenors.
6. I say that I had circulated my suggestions as well as suggestions given by Intervenors well in advance in the form of a spreadsheet. The

*[Handwritten signature]*

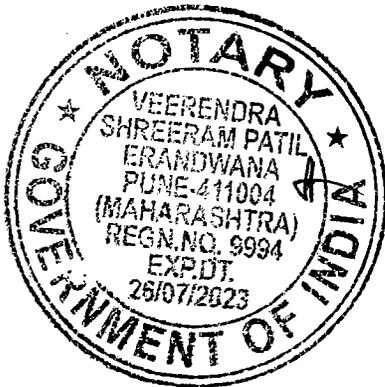


Committee requested those who were present to put forth their views on the said suggestions.

7. I say that, I have drawn Minutes of the said Meeting and I have sent it to the Committee for its approval. The said proposed Minutes are annexed hereto at **EXHIBIT 'CC'**.

8. I say that none of the suggestions was rejected outright by anybody. On the other hand, the Committee members provided additional suggestions. I have inserted the said suggestions in the column under the caption as 'Comments'. The said spreadsheet / Table is annexed herewith and marked as **EXHIBIT 'CD'**.

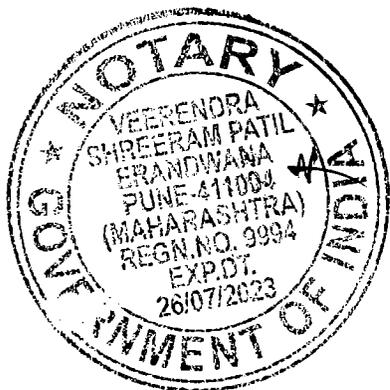
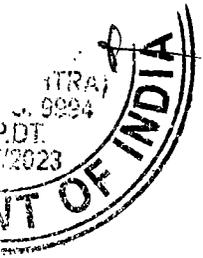
9. The Committee was receptive and the discussions were healthy. The Chairman of the Committee Dr. Sadhana Tayade , Director of Health has assured that, this spreadsheet will be forwarded to the appropriate Authority under the State Government for further course of action including the amendment to 'Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence & Damage of Loss to the Property ) Act, 2010.

10.I say that I had received a request from the office of Director of Health services to provide specific inputs as they had received a letter from Public Health Department vide their letter dt 28th May that the committee formed by the State Government should discuss the short term measures suggested by the petitioner and the interveners. This letter is annexed hereto as **EXHIBIT CE**. Due to paucity of time detailed discussion on these points could not be held during the meeting and we were asked to submit the suggestions in writing to the committee. I pray and hope that these suggestions will be discussed and implemented sooner than later. These interim guidelines as submitted to the committee are annexed hereto as **EXHIBIT CF**. Next date of meeting is not yet announced.

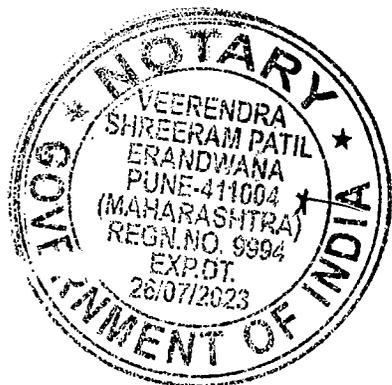
11.I would like to make reference to the order of this Hon'ble Court in this case on 13th May 2021.

“Upon receipt of the suggestions, the State shall not wait for any orders of the Court to implement such of the suggestions which the State considers acceptable and workable. An





advisory to this effect containing all such suggestions which are acceptable and found to be workable shall be issued by the State and circulated for information of all concerned without any delay, for information and implementation. However, if any or all the suggestions forwarded by the petitioner/applicants is/are not found to be acceptable and workable by the State, it shall respond to such suggestions by the returnable date indicating the reason therefor."



It is obvious that about a month has passed since this order, but the Government has neither discussed these suggestions with the petitioner/applicants nor has it submitted any reasons for not being able to implement them.

12. My Advocate Mr Nitin Deshpande, was asked to get letters of consent to represent various organizations before the committee formed by the State Government. Letters of consent from various organizations are annexed hereto as

**EXHIBIT CG**

I shall place on record the further developments and appraise this Hon'ble Court about the same.

Hence, this Affidavit

Date: 07/06/2021

DEPONENT

Place : Mumbai

*[Signature]*  
(Dr. RAJEEV D. JOSHI)

*[Signature]*  
(NITIN P. DESHPANDE)  
Advocate for the Petitioner

Verification

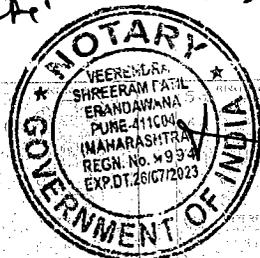
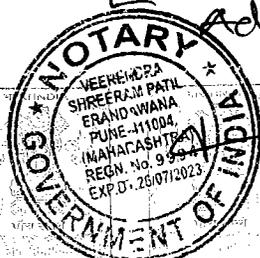
I, Dr. Rajeev Digambar Joshi Aged about 60 years, Occu. : Medical Practitioner R/o : Bungalow No.13/1/98, Sukhsagar Nagar, Katraj, Pune-411 046 (Mob.No.9822084614) e-mail. [rajeevdjoshi@gmail.com](mailto:rajeevdjoshi@gmail.com), do hereby state that I have read the above content of the aforesaid Affidavit in Para No.1 to 10 and that it is true to the best of my knowledge and belief.

Hence, verified this at ~~7 JUN 2021~~ <sup>07th June 2021</sup> th day of June, 2021 at Pune

know Affiant

Affiant

*[Signature]* Advocate *[Signature]* Dr. Rajeev Digambar Joshi



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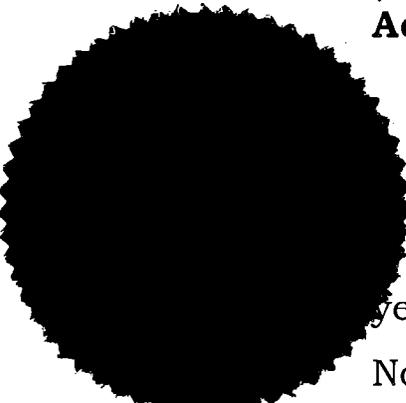
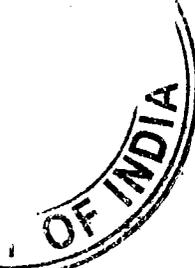
BEFORE ME

*[Signature]*

VEERENDRA S. PATIL  
NOTARY, GOVT. OF INDIA  
ERANDAWANA, PUNE (MAHARASHTRA)  
REGN. No. 9994

NOTED AND REGISTERED AT,  
SERIAL NUMBER 314/2021

7 JUN 2021



7 JUN 2021

Criminal  
Nmu  
25/5/2021



न्यायालयीन प्रकरण तात्काळ  
क्र.पोमसं/१४/६६/ पीआयएल क्र. २३३२-२०२० /१९८/२०२०,  
पोलीस महासंचालक महाराष्ट्र राज्य यांचे कार्यालय,  
शहीद भगतसिंग मार्ग, कुलावा, मुंबई-०१.  
मुंबई दि. 24/05/2021

to show the  
other npp प्रति.  
sir  
Nmu  
25/5/2021

अपर मुख्य सचिव,  
महाराष्ट्र शासन, गृहविभाग,  
मंत्रालय, मुंबई.  
(श्री.शिरीष मोहोड, अवर सचिव)

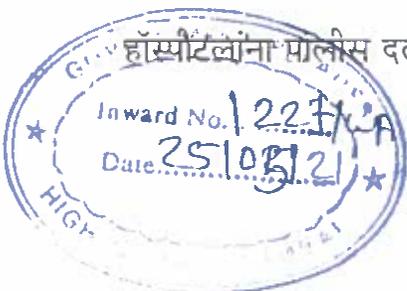
विषय : मा.उच्च न्यायालय, मुंबई खंडपिठ पीआयएल क्र. २३३२ / २०२०  
राजीव दिगंबर जोशी विरुद्ध महाराष्ट्र शासन

\*\*\*\*\*

प्रस्तुत प्रकरणी शासनास सादर करण्यात येते की, मा.उच्च न्यायालय, मुंबई खंडपिठ येथे दाखल पीआयएल क्र. २३३२ / २०२० च्या अनुषंगाने राज्यात डॉक्टर्स, नर्सस, हॉस्पिटल व क्लिनिकवर झालेल्या हल्ल्यांच्या अनुषंगाने सन २०१६ ते एप्रिल-२०२१ पर्यंत एकुण ६३६ गुन्हे दाखल आहेत. त्यापैकी महाराष्ट्र वैद्यकीय सेवा व्यक्ती आणि वैद्यकीय संस्था अधिनियम २०१० अन्वये १७८ गुन्हे व साथरोग अधिनियम १८९७ संसर्गजन्य रोगाकरीता सुधारीत अध्यादेश २०२० अन्वये १२ गुन्हे दाखल करण्यात आले आहेत. तसेच या दोन्ही कायदान्वये १६ गुन्हे दाखल करण्यात आले आहेत. त्यामध्ये १३८१ आरोग्यपीतांना अटक करण्यात आली असून, न्यायालयात ५०४ दोषारोपपत्र दाखल करण्यात आले आहेत. (प्रत संलग्न - अ)

सध्याच्या कोरोनाच्या बंदोबस्त काळात राज्यातील सर्व शासकीय व खाजगी हॉस्पिटल यांना दि.१७/०५/२०२१ रोजीच्या अहवालानुसार २४८ पोलीस अधिकारी, २६३५ पोलीस अंमलदार, २४६३ होमगार्ड, १८९३ खाजगी सुरक्षा रक्षक पुरविण्यात आले आहेत. (प्रत संलग्न - ब)

महाराष्ट्रातील सर्व खाजगी हॉस्पिटलांना पोलीस विभागामार्फत कायमस्वरूपी संरक्षण पुरविणे शक्य होणार नाही. या हॉस्पिटलांना महानगरपालिका / नगरपालिके मार्फत सुरक्षा रक्षक पुरविणे शक्य होईल. उदा. - मुंबई महानगरपालिकेची स्वःताची स्वतंत्र सुरक्षा व्यवस्था आहे व ते हॉस्पिटलांना सुरक्षा रक्षक पुरवित आहेत. त्याचप्रमाणे महाराष्ट्र राज्य सुरक्षा महामंडळाकडून सशुल्क (On Payment) सुरक्षा रक्षक राज्यात पुरविण्यात येऊ शकतात. पोलीस दलावर कामाचा अतिरिक्त ताण असून अपुरे मनुष्यबळामुळे हॉस्पिटलांना पोलीस दलातर्फे सुरक्षा पुरविणे शक्य होणार नाही.



राज्यातील हॉस्पिटल, क्लिनिक, डॉक्टर्स, नर्स व वैद्यकीय सेवा पुरविणारे इतर व्यक्ती यांचेवर होणाऱ्या हल्ल्यांना प्रतिबंध / आळा घालण्याकरीता दि.१४/०२/२०१४, दि.१७/०८/२०१५, दि.२०/०३/२०१७ व कोव्हिड-१९ आजाराचे काळात दि.१५/०१/२०२१ रोजीच्या परिपत्रकान्वये सर्व घटकांना वेळोवेळी सुचना देण्यात आल्या आहेत. तसेच त्याप्रमाणे कार्यवाही देखील होत आहे. (प्रत संलग्न - क)

राज्यातील सर्व पोलीस घटकांमध्ये १०० क्रमांक हा संपर्क क्रमांक तातडीची मदत उपलब्ध होण्यासाठी २४ तास कार्यरत आहे. वैद्यकीय सुविधा पुरविणाऱ्या डॉक्टर्स, नर्स इत्यादींना तात्काळ मदत उपलब्ध होण्याच्या अनुषंगाने स्थानिक पोलीसांचा व्हाट्स अॅप ग्रुप तयार करण्याच्या सुचना निर्गमित करण्यात येत आहेत.

डॉक्टर्स, नर्सस, हॉस्पिटल व क्लिनिकवर झालेल्या हल्ल्यांच्या अनुषंगाने दाखल गुन्ह्यांची माहिती पोलीस महासंचालक कार्यालयाकडून मा.श्री.टाकरे, सरकारी अभियोक्ता यांना दि.१७/०५/२०२१ रोजी अवलोकनार्थ सादर करण्यात आली होती.

या विषयासंबंधी काही वर्षांपूर्वी मा.उच्च न्यायालयासमोर जनहित याचिका दाखल करण्यात आली होती. त्या जनहित याचिकेमध्ये सार्वजनिक आरोग्य विभागातर्फे / गृह विभागातर्फे प्रतिज्ञापत्र दाखल करण्यात आले होते. सार्वजनिक आरोग्य विभाग / गृह विभागातर्फे काही मुद्दे उपस्थित करण्यात आले होते. त्यामुद्द्यांचा अभ्यास करून या प्रकरणामध्ये योग्य ते निर्णय घेऊन सरकारी अभियोक्ता यांना सुचना देण्यात याव्यात.



(सुहास वारके)

विशेष पोलीस महानिरीक्षक (का. व सु.)  
पोलीस महासंचालक कार्यालय  
म.राज्य, मुंबई यांचे करिता

प्रत,

✓ श्री.दिपक टाकरे,  
सरकारी अभियोक्ता,  
मा.उच्च न्यायालय, मुंबई.

डॉक्टर, नर्स आणि हॉस्पिटल / क्लिनिकवर झालेले हल्ले - सन २०१६ ते एप्रिल २०२१ अखेर (मुंबई शहर वगळून)

अ. क्र.	जिल्हा / आयुक्तलाये	किती गृह्यांमध्ये Epidemic Act २०२० लावण्यात आला आहे. परंतु Medicare services act लावण्यात आला नाही	किती गृह्यांमध्ये Medicare services act लावण्यात आला आहे. परंतु Epidemic Act २०२० लावण्यात आला नाही	किती गृह्यांमध्ये Epidemic Act २०२० व Medicare services act हे दोन्ही कायदे लावण्यात आला आहेत.	किती गृह्यांमध्ये Epidemic Act २०२० व Medicare services act हे दोन्ही कायदे लावण्यात आला नाहीत.	एकूण गुन्हे
१	अकोला	०	१	०	१६	१७
२	अमरावती प्रा.	१	१	०	५	७
३	बुलढाणा	०	१	०	१०	११
४	यवतमाळ	१	३	०	१५	१९
५	वाशिम	०	१	०	७	८
*	अमरावती परिक्षेत्र	२	७	०	५३	६२
६	औरंगाबाद ग्रामीण	०	२	०	९	११
७	जालना	०	०	०	१८	१८
८	बीड	०	३	०	१४	१७
९	उस्मानाबाद	०	०	०	५	५
*	औरंगाबाद परिक्षेत्र	०	५	०	४६	५१
१०	नांदेड	०	४	०	३२	३६
११	नातूर	०	२	०	२७	२९
१२	परभणी	०	२	०	२१	२३
१३	हिंगोली	०	२	०	९	११
*	नांदेड परिक्षेत्र	०	१०	०	८९	९९
१४	कोल्हापूर	२	९	१	८	२०
१५	पुणे ग्रामीण	१	६	१	१७	२५
१६	सांगली	०	२	०	१६	१८
१७	सातारा	०	६	०	१२	१८
१८	सोलापूर ग्रामीण	०	३	१	८	१२
*	कोल्हापूर परिक्षेत्र	३	२६	३	६१	९३
१९	भंडारा	०	०	०	१	१
२०	चंद्रपूर	०	१	०	१२	१३
२१	नागपूर ग्रामीण	०	२	०	१३	१५
२२	वर्धा	०	७	०	५	१२
*	नागपूर परिक्षेत्र	०	१०	०	३१	४१
२३	गडचिरोली	०	४	०	७	११
२४	गोंदिया	०	७	०	५	१२
*	गडचिरोली परिक्षेत्र	०	११	०	१२	२३

## डॉक्टर, नर्स आणि हॉस्पिटल / क्लिनिकवर झालेले हल्ले - सन २०१६ ते एप्रिल २०२१ अखेर (मुंबई शहर वगळून)

अ. क्र.	जिल्हा / आयुक्तालये	किती गृह्यांमध्ये Epidemic Act २०२० लावण्यात आला आहे. परंतु Medicare services act लावण्यात आला नाही	किती गृह्यांमध्ये Medicare services act लावण्यात आला आहे. परंतु Epidemic Act २०२० लावण्यात आला नाही	किती गृह्यांमध्ये Epidemic Act २०२० व Medicare services act हे दोन्ही कायदे लावण्यात आला आहेत.	किती गृह्यांमध्ये Epidemic Act २०२० व Medicare services act हे दोन्ही कायदे लावण्यात आला नाहीत.	एकूण गुन्हे
२५	अहमदनगर	०	७	०	१२	१९
२६	धुळे	१	२	०	३	६
२७	जळगांव	०	१	१	१३	२३
२८	नाशिक ग्रामिण	१	६	०	१८	२५
२९	नांदुरवार	०	०	१	३	४
*	नाशिक परिक्षेत्र	२	२४	२	४९	७७
३०	रायगड	०	१०	०	४	१४
३१	रत्नागिरी	०	०	१	३	४
३२	सिंधुदुर्ग	०	३	०	४	७
३३	टाणें ग्रामिण	१	०	०	४	५
३४	पालघर	०	२	०	३	५
*	कोकण परिक्षेत्र	१	१५	१	१८	३५
३५	पुणे रेल्वे	०	०	०	०	०
३६	नागपूर रेल्वे	०	०	०	०	०
३७	मुंबई रेल्वे	१	०	०	१	२
३८	औरंगाबाद रेल्वे	०	०	०	०	०
*	रेल्वे परिक्षेत्र	१	०	०	१	२
३९	नागपूर शहर	१	१२	३	६	२२
४०	पुणे शहर	०	११	०	१२	२३
४१	टाणें शहर	०	१७	१	८	२६
४२	नाशिक शहर	०	६	३	५	१४
४३	औरंगाबाद शहर	०	६	०	१३	१९
४४	सोलापूर शहर	१	०	०	४	५
४५	नवी मुंबई शहर	०	४	१	३	८
४६	अमरावती शहर	०	२	०	८	१०
४७	पिंपरी चिंचवड	०	७	१	४	१२
४८	मिर्ग भाईदर	१	५	१	७	१४
*	आयुक्तालये	३	७०	१०	७०	१५३
**	महाराष्ट्र राज्य	१२	१७८	१६	४३०	६३६

## डॉक्टर, नर्स आणि हॉस्पिटल / क्लिनिकवर झालेले हल्ल्यांच्या अनुषंगाने दाखल गुन्हे

अ. क्र.	जिल्हा / आयुक्तालय	सन २०१६ ते एप्रिल २०२१ अखेर				
		एकूण दाखल गुन्हे	एकूण आरोपी	दोषारोपपत्र दाखल	मा. न्यायालयानुन निकाल लागलेले एकूण गुन्हे	
					दोषसिद्धी	निर्दोष
१	अकोला	१७	२१	१६	०	०
२	अमरावती ग्रा.	७	३३	६	०	०
३	बुलढाणा	११	१५	१०	०	०
४	यवतमाळ	१९	२७	१४	०	०
५	वाशिम	८	९	५	०	०
*	अमरावती परिक्षेत्र	६२	१०५	५१	०	०
६	औरंगाबाद ग्रामोण	११	२१	८	०	२
७	जालना	१८	२३	१५	०	३
८	बोड	१६	२५	१२	१	०
९	उस्मानाबाद	५	७	४	०	०
*	औरंगाबाद परिक्षेत्र	५०	७६	३९	१	५
१०	नांदेड	३६	६६	३२	१	५
११	लातूर	२९	५७	२९	०	३
१२	गरभगा	२३	४१	१७	०	०
१३	हिंगोली	११	२६	१०	१	०
*	नांदेड परिक्षेत्र	९९	१९०	८८	२	८
१४	कोल्हापूर	२०	४५	१६	०	२
१५	पुणे ग्रामोण	२५	३२	१९	०	१
१६	सांगली	१८	४०	१५	०	२
१७	सातारा	१८	३३	१४	०	०
१८	सोलापूर ग्रामोण	१३	१८	१०	०	०
*	कोल्हापूर परिक्षेत्र	९४	१६८	७४	०	५
१९	भंडारा	१	५	०	०	०
२०	चंद्रपूर	१३	२२	१३	०	०
२१	नागपूर ग्रामोण	१५	४२	१३	०	०
२२	वर्धा	१२	४०	७	१	०
*	नागपूर परिक्षेत्र	४१	१०९	३३	१	०
२३	गडचिरोली	११	१३	११	०	६
२४	गांदीवा	१२	१७	४	०	१
*	गडचिरोली परिक्षेत्र	२३	३०	१५	०	७
२५	अहमदनगर	१९	३७	१४	०	१
२६	धुळे	६	१६	५	०	०
२७	जळगांव	२३	५५	१९	०	०
२८	नाशिक ग्रामिण	२५	४८	२२	०	०
२९	नंदुरवार	४	१९	४	०	०
*	नाशिक परिक्षेत्र	७७	१७५	६४	०	१
३०	रायगड	१४	४९	११	०	३
३१	रत्नागिरी	४	११	३	०	०
३२	सिंधुदुर्ग	७	१२	७	०	१
३३	टाणे ग्रामिण	५	१५	५	०	०
३४	पालघर	५	१४	४	०	०
*	कोकण परिक्षेत्र	३५	१०१	३०	०	४
३५	पुणे रेल्वे	०	०	०	०	०
३६	नागपूर रेल्वे	०	०	०	०	०
३७	मुंबई रेल्वे	२	१	०	०	०
३८	औरंगाबाद रेल्वे	०	०	०	०	०
*	रेल्वे परिक्षेत्र	२	१	०	०	०
३९	नागपूर शहर	२२	६४	१४	०	०
४०	पुणे शहर	२३	८७	१९	०	१
४१	टाणे शहर	२६	१०१	१९	०	०
४२	नाशिक शहर	१४	३०	६	०	०
४३	औरंगाबाद शहर	१९	३६	१५	०	०
४४	सोलापूर शहर	५	६	२	०	०
४५	नवी मुंबई शहर	८	२७	८	०	०
४६	अमरावती शहर	१०	२५	८	०	०
४७	पिंपरी चिंचवड	१२	३१	९	०	१
४८	मिरा भाईंदर	१४	१९	१०	०	०
*	आयुक्तालय	१५३	४२६	११०	०	२
**	महाराष्ट्र राज्य	६३६	१३८१	५०४	४	३२

## डॉक्टर, नर्स आणि हॉस्पिटल / क्लिनिकवर झालेले हल्ले - सन २०१६ ते एप्रिल २०२१ अखेर (मुंबई शहर वगळून)

अ. क्र.	जिल्हा / आयुक्तालये	सन २०१६					सन २०१७				
		एकुण दाखल गुन्हे	एकुण आरोपी	दोपारोपपत्र दाखल	मा.न्यायालयातून निकाल लागलेले एकुण गुन्हे		एकुण दाखल गुन्हे	एकुण आरोपी	दोपारोपपत्र दाखल	मा.न्यायालयातून निकाल लागलेले एकुण गुन्हे	
					दोपसिध्दी	निर्दोष				दोपसिध्दी	निर्दोष
१	अकोला	३	३	३	०	०	५	६	५	०	०
२	अमरावती प्रा.	०	०	०	०	०	१	२७	१	०	०
३	युलदाणा	०	०	०	०	०	३	३	३	०	०
४	यवतमाळ	४	४	४	०	०	३	८	३	०	०
५	याशिम	१	१	०	०	०	१	०	०	०	०
*	अमरावती परिक्षेत्र	८	८	७	०	०	१३	४४	१२	०	०
६	औरंगाबाद ग्रामीण	४	८	४	०	०	१	१	१	०	०
७	जालना	१	४	१	०	१	४	७	४	०	२
८	बीड	३	६	३	०	०	३	३	२	१	०
९	उस्मानाबाद	१	२	१	०	०	१	२	१	०	०
*	औरंगाबाद परिक्षेत्र	९	२०	९	०	१	९	१३	८	१	२
१०	नांदेड	७	१३	७	०	३	५	५	५	१	२
११	लातूर	४	७	४	०	१	७	२०	७	०	१
१२	परभणी	२	४	२	०	०	१	४	१	०	०
१३	हिंगोली	१	१	१	१	०	२	२	२	०	०
*	नांदेड परिक्षेत्र	१४	२५	१४	१	४	१५	३१	१५	१	३
१४	कोल्हापूर	०	०	०	०	०	४	११	४	०	१
१५	पुणे ग्रामीण	२	२	२	०	१	३	३	३	०	०
१६	सांगली	५	१३	५	०	२	२	२	१	०	०
१७	सातारा	३	५	३	०	०	३	४	३	०	०
१८	सांगली ग्रामीण	२	५	२	०	०	१	४	१	०	०
*	कोल्हापूर परिक्षेत्र	१२	२५	१२	०	३	१३	२४	१२	०	१
१९	भंडारा	०	०	०	०	०	०	०	०	०	०
२०	चंद्रपूर	१	१	१	०	०	१	१	१	०	०
२१	नागपूर ग्रामीण	०	०	०	०	०	५	२५	५	०	०
२२	वर्धा	३	१६	३	०	०	१	१	१	१	०
*	नागपूर परिक्षेत्र	४	१७	४	०	०	७	२७	७	१	०
२३	गडचिरोली	३	३	३	०	२	३	३	३	०	२
२४	गोंदिया	०	०	०	०	०	२	३	२	०	१
*	गडचिरोली परिक्षेत्र	३	३	३	०	२	५	६	५	०	३
२५	अहमदनगर	१	३	१	०	०	२	२	२	०	१
२६	धुळे	१	१	१	०	०	२	११	२	०	०
२७	जळगांव	४	१९	४	०	०	४	११	४	०	०
२८	नाशिक ग्रामीण	२	१	१	०	०	८	१३	५	०	०
२९	मंदुरवार	१	१	१	०	०	०	०	०	०	०
*	नाशिक परिक्षेत्र	९	२५	८	०	०	१३	३७	१३	०	१
३०	रायगड	२	२६	०	१	१	४	४	४	०	०
३१	रत्नागिरी	०	०	०	०	०	०	०	०	०	०
३२	सिंधुदुर्ग	२	३	२	०	१	०	०	०	०	०
३३	टाणे ग्रामीण	२	३	२	०	०	०	०	०	०	०
३४	पालघर	०	०	०	०	०	०	०	०	०	०
*	कोकण परिक्षेत्र	६	३२	६	०	२	४	४	४	०	०
३५	पुणे रेल्वे	०	०	०	०	०	०	०	०	०	०
३६	नागपूर रेल्वे	०	०	०	०	०	०	०	०	०	०
३७	मुंबई रेल्वे	०	०	०	०	०	०	०	०	०	०
३८	औरंगाबाद रेल्वे	०	०	०	०	०	०	०	०	०	०
*	रेल्वे परिक्षेत्र	०	०	०	०	०	०	०	०	०	०
३९	नागपूर शहर	४	९	४	०	०	३	४	३	०	०
४०	पुणे शहर	५	१८	५	०	१	३	४	३	०	०
४१	टाणे शहर	२	३	२	०	०	४	४३	३	०	०
४२	नाशिक शहर	१	१	१	०	०	१	२	१	०	०
४३	औरंगाबाद शहर	५	११	५	०	०	४	८	४	०	०
४४	सांगली शहर	०	०	०	०	०	०	०	०	०	०
४५	नवी मुंबई शहर	४	६	४	०	०	०	०	०	०	०
४६	अमरावती शहर	३	१२	३	०	०	१	१	१	०	०
४७	पिंपरी चिंचवड	३	७	३	०	०	२	३	१	०	०
४८	मिरा भाईंदर	१	१	१	०	०	३	७	३	०	०
*	आयुक्तालये	२८	६८	२८	०	१	२१	७२	१९	०	०
**	महाराष्ट्र राज्य	१३	२२३	११	१	१३	१००	२५८	९५	३	१०

डॉक्टर, नर्स आणि हॉस्पिटल / क्लिनिकवर झालेले हल्ले - सन २०१६ ते एप्रिल २०२१ अखेर (मुंबई शहर वगळून)

अ. क्र.	जिल्हा / आयुक्तालय	सन २०१८				सन २०१९					
		एकुण दाखल मुक्ते	एकुण आरोगी	दोषारोपपत्र दाखल	मा.न्यायालयातून निकाल लागलेले एकुण मुक्ते		एकुण दाखल मुक्ते	एकुण आरोगी	दोषारोपपत्र दाखल	मा.न्यायालयातून निकाल लागलेले एकुण मुक्ते	
					दोषसिध्दी	निर्दोष				दोषसिध्दी	निर्दोष
१	अकोला	१	३	१	०	०	२	३	३	०	०
२	अमरावती प्रा.	१	२	१	०	०	०	०	०	०	०
३	बुलढाणा	२	२	२	०	०	२	२	२	०	०
४	बवतमाळ	२	१	१	०	०	२	२	१	०	०
५	बार्शाम	१	१	१	०	०	१	१	१	०	०
*	अमरावती परिक्षेत्र	७	९	६	०	०	७	७	६	०	०
६	औरंगाबाद ग्रामोण	२	३	२	०	१	१	३	१	०	१
७	जालना	२	२	२	०	०	२	२	२	०	०
८	बीड	२	१	१	०	०	१	२	१	०	०
९	उस्मानाबाद	०	०	०	०	०	२	२	२	०	०
*	औरंगाबाद परिक्षेत्र	६	६	५	०	१	६	९	६	०	१
१०	नांदेड	७	१८	७	०	०	२	४	२	०	०
११	लातूर	५	८	५	०	१	०	०	०	०	०
१२	परभणी	५	१०	५	०	०	२	३	३	०	०
१३	हिंगोली	१	२	१	०	०	२	६	३	०	०
*	नांदेड परिक्षेत्र	१८	३८	१८	०	१	६	१३	६	०	०
१४	कोल्हापूर	२	६	२	०	०	२	२	२	०	०
१५	पुणे ग्रामोण	३	२	२	०	०	३	५	३	०	०
१६	सांगली	२	५	२	०	०	२	८	२	०	०
१७	सातारा	१	१	०	०	०	३	६	३	०	०
१८	सोलापूर ग्रामोण	३	४	३	०	०	१	१	१	०	०
*	कोल्हापूर परिक्षेत्र	११	१८	९	०	०	११	२२	११	०	०
१९	भंडारा	०	०	०	०	०	०	०	०	०	०
२०	चंद्रपूर	३	७	३	०	०	२	३	२	०	०
२१	नागपूर ग्रामोण	३	४	३	०	०	३	९	३	०	०
२२	वर्धा	०	०	०	०	०	१	१३	१	०	०
*	नागपूर परिक्षेत्र	६	११	६	०	०	६	२५	६	०	०
२३	गडचिरोली	१	१	१	०	०	१	१	१	०	१
२४	गोंदिया	१	१	१	०	०	०	०	०	०	०
*	गडचिरोली परिक्षेत्र	२	२	२	०	०	१	१	१	०	१
२५	अहमदनगर	२	२	२	०	०	२	२	२	०	०
२६	धुळे	०	०	०	०	०	१	२	१	०	०
२७	जळगांव	२	५	२	०	०	३	१	१	०	०
२८	नाशिक ग्रामोण	३	६	३	०	०	४	४	४	०	०
२९	नंदुरवार	०	०	०	०	०	१	१	१	०	०
*	नाशिक परिक्षेत्र	७	१३	७	०	०	११	१०	९	०	०
३०	रायगड	३	९	३	०	२	२	७	१	०	०
३१	रत्नागिरी	१	१	१	०	०	१	१	१	०	०
३२	सिंधुदुर्ग	२	२	२	०	०	१	२	१	०	०
३३	टाणे ग्रामोण	१	३	१	०	०	०	०	०	०	०
३४	पालघर	०	०	०	०	०	१	५	१	०	०
*	कोकण परिक्षेत्र	७	१५	७	०	२	५	१५	४	०	०
३५	पुणे रेल्वे	०	०	०	०	०	०	०	०	०	०
३६	नागपूर रेल्वे	०	०	०	०	०	०	०	०	०	०
३७	मुंबई रेल्वे	०	०	०	०	०	०	०	०	०	०
३८	औरंगाबाद रेल्वे	०	०	०	०	०	०	०	०	०	०
*	रेल्वे परिक्षेत्र	०	०	०	०	०	०	०	०	०	०
३९	नागपूर शहर	२	५	२	०	०	३	६	३	०	०
४०	पुणे शहर	३	३४	३	०	०	५	१०	५	०	०
४१	टाणे शहर	५	१२	५	०	०	६	१५	५	०	०
४२	नाशिक शहर	०	०	०	०	०	२	७	१	०	०
४३	औरंगाबाद शहर	३	३	१	०	०	०	०	०	०	०
४४	सोलापूर शहर	०	०	०	०	०	०	०	०	०	०
४५	नवी मुंबई शहर	१	१०	१	०	०	१	६	१	०	०
४६	अमरावती शहर	१	३	१	०	०	१	१	१	०	०
४७	पिंपरी चिंचवड	१	३	१	०	१	२	५	२	०	०
४८	मिरा भाईंदर	३	५	२	०	०	४	५	४	०	०
*	आयुक्तालये	१९	७५	१६	०	१	२४	५५	२२	०	०
**	महाराष्ट्र राज्य	८३	१८७	७६	०	५	७७	१५७	७९	०	२

## डॉक्टर, नर्स आणि हॉस्पिटल / क्लिनिकवर झालेले हल्ले - सन २०१६ ते एप्रिल २०२१ अखेर (मुंबई शहर वगळून)

अ. क्र.	जिल्हा / आयुक्तालये	सन २०२०					एप्रिल २०२१ अखेर				
		एकुण दाखल गुन्हे	एकुण आरोपी	दोषारोपपत्र दाखल	मा.न्यायालयातून निकाल लागलेले एकुण गुन्हे		एकुण दाखल गुन्हे	एकुण आरोपी	दोषारोपपत्र दाखल	मा.न्यायालयातून निकाल लागलेले एकुण गुन्हे	
					दोषसिध्दी	निर्दोष				दोषसिध्दी	निर्दोष
१	अकोला	५	६	५	०	०	१	१	०	०	०
२	अमरावती प्रा.	५	४	४	०	०	०	०	०	०	०
३	युलढाणा	४	८	३	०	०	०	०	०	०	०
४	यवतमाळ	६	६	५	०	०	२	६	०	०	०
५	याराम	३	३	३	०	०	१	३	०	०	०
*	अमरावती परिक्षेत्र	२३	२७	२०	०	०	४	२०	०	०	०
६	ओरंगाबाद ग्रामीण	०	०	०	०	०	३	६	०	०	०
७	जालना	६	६	५	०	०	३	३	१	०	०
८	वीड	६	१३	५	०	०	१	०	०	०	०
९	उस्मानाबाद	०	०	०	०	०	१	१	०	०	०
*	ओरंगाबाद परिक्षेत्र	१२	१९	१०	०	०	८	९	१	०	०
१०	नांदेड	११	१९	११	०	०	४	७	०	०	०
११	लातूर	९	१६	९	०	०	४	६	४	०	०
१२	परभणी	६	१२	४	०	०	७	८	३	०	०
१३	हिंगोली	४	१४	४	०	०	१	१	०	०	०
*	नांदेड परिक्षेत्र	३०	६१	२८	०	०	१६	२२	७	०	०
१४	कोल्हापूर	१०	२०	७	०	१	२	६	१	०	०
१५	पुणे ग्रामीण	१०	१८	८	०	०	४	२	१	०	०
१६	सांगली	४	१०	४	०	०	३	२	१	०	०
१७	सातारा	७	१५	५	०	०	१	२	०	०	०
१८	सांलापूर ग्रामीण	३	४	३	०	०	३	०	०	०	०
*	कोल्हापूर परिक्षेत्र	३४	६७	२७	०	१	१३	१२	३	०	०
१९	भंडारा	१	५	०	०	०	०	०	०	०	०
२०	चंद्रपूर	४	५	४	०	०	२	५	२	०	०
२१	नागपूर ग्रामीण	३	३	२	०	०	१	१	०	०	०
२२	घर्घा	४	६	२	०	०	३	४	०	०	०
*	नागपूर परिक्षेत्र	१२	१९	८	०	०	६	१०	२	०	०
२३	गडचिरोली	३	५	३	०	१	०	०	०	०	०
२४	गांदिया	३	३	१	०	०	६	१०	०	०	०
*	गडचिरोली परिक्षेत्र	६	८	४	०	१	६	१०	०	०	०
२५	अहमदनगर	६	२४	५	०	०	६	४	२	०	०
२६	भुळें	२	२	१	०	०	०	०	०	०	०
२७	जळगाव	९	१९	८	०	०	१	०	०	०	०
२८	नाशिक ग्रामिण	८	१६	८	०	०	३	८	१	०	०
२९	नंदुरवार	२	१७	२	०	०	०	०	०	०	०
*	नाशिक परिक्षेत्र	२७	७८	२४	०	०	१०	१२	३	०	०
३०	रायगड	२	२	१	०	०	१	१	०	०	०
३१	रत्नागिरी	१	७	१	०	०	१	२	०	०	०
३२	सिंधुदुर्ग	२	५	२	०	०	०	०	०	०	०
३३	टाणे ग्रामिण	२	९	२	०	०	०	०	०	०	०
३४	पालघर	२	२	२	०	०	२	७	१	०	०
*	कोकण परिक्षेत्र	९	२५	८	०	०	४	१०	१	०	०
३५	पुणे रेल्वे	०	०	०	०	०	०	०	०	०	०
३६	नागपूर रेल्वे	०	०	०	०	०	०	०	०	०	०
३७	मुंबई रेल्वे	०	०	०	०	०	२	१	०	०	०
३८	ओरंगाबाद रेल्वे	०	०	०	०	०	०	०	०	०	०
*	रेल्वे परिक्षेत्र	०	०	०	०	०	२	१	०	०	०
३९	नागपूर शहर	४	१४	२	०	०	६	२६	०	०	०
४०	पुणे शहर	५	१४	२	०	०	२	७	१	०	०
४१	टाणे शहर	४	१४	४	०	०	५	१४	०	०	०
४२	नाशिक शहर	४	६	३	०	०	६	१४	०	०	०
४३	ओरंगाबाद शहर	४	१०	४	०	०	३	४	१	०	०
४४	सांलापूर शहर	३	३	२	०	०	२	३	०	०	०
४५	नवी मुंबई शहर	२	५	२	०	०	०	०	०	०	०
४६	अमरावती शहर	३	७	२	०	०	१	१	०	०	०
४७	गिरी चिंचवड	१	४	१	०	०	३	९	१	०	०
४८	मिरा भाईंदर	१	०	०	०	०	२	१	०	०	०
*	आयुक्तालये	३१	७७	२२	०	०	३०	७९	३	०	०
**	महाराष्ट्र राज्य	१८४	३८१	१५१	०	२	१९	१७५	२०	०	०

रुग्णालयास पुरविण्यात आलेल्या सुरक्षेबाबत सांख्यिकी माहिती

अ. क्र.	घटक	रुग्णालयाची संख्या	पोलीस उपनिरीक्षक	पोलीस अंमलदार	होमगार्ड	खाजगी सुरक्षा रक्षक
1	नवी मुंबई	37	05	62	15	131
2	ठाणे शहर	106	12	312	54	00
3	पुणे शहर	203	97	407	93	236
4	पिंपरी-चिंचवड	116	03	29	29	00
5	नागपूर शहर	140	04	155	77	00
6	नाशिक शहर	112	00	73	00	177
7	औरंगाबाद शहर	114	00	30	04	50
8	अमरावती शहर	33	00	06	06	00
9	सोलापूर शहर	52	00	133	97	202
10	मिर्जा भाईर	48	01	19	16	02
11	ठाणे ग्रामीण	21	06	32	20	16
12	पालघर	42	00	37	27	00
13	रायगड	38	07	61	48	05
14	रत्नागिरी	38	00	22	29	38
15	सिंधुदुर्ग	29	02	20	25	62
16	कोल्हापूर	143	02	20	78	51
17	पुणे ग्रामीण	228	06	90	205	194
18	सातारा	86	03	62	113	07
19	सांगली	81	25	162	162	00
20	सोलापूर ग्रामीण	83	04	23	84	04
21	नाशिक ग्रा.	131	00	47	67	21
22	धुळे	72	00	57	76	00
23	जळगांव	08	00	29	00	00
24	नंदुरवार	28	00	40	39	00
25	अहमदनगर	262	32	109	57	163
26	औरंगाबाद ग्रा.	20	00	22	26	00
27	उस्मानाबाद	52	06	42	100	10
28	बीड	166	03	29	52	00
29	जालना	34	02	25	56	00
30	नांदेड	61	02	17	40	11
31	हिंगोली	23	03	37	38	07
32	परभणी	53	08	40	62	47
33	लातूर	53	02	37	70	260
34	नागपूर ग्रामीण	32	00	19	51	00
35	वर्धा	33	01	30	56	159
36	भंडारा	06	03	19	33	20
37	चंद्रपूर	25	03	42	57	00
38	गडचिरोली	03	01	13	32	00
39	गोंदिया	34	03	80	72	00
40	अमरावती ग्रा.	12	00	03	07	00
41	अकोला	37	00	115	195	00
42	वाशिम	30	00	24	30	19
43	बुलढाणा	75	00	28	22	06
44	यवतमाळ	40	02	26	43	00
एकूण		3040	248	2635	2463	1893

Court matter Urgent

Letter No PMC / 14/66/PIL 2332-2020/198/2020

Office of Director General of Police Maharashtra State

Shahid Bhagat Singh Marg, Colaba, Mumbai 400001

Mumbai 24/05/2021

To

The Additional Chief Secretary,

Home Department, Government of Maharashtra

Mumbai

(Mr Shirish Mohod, Under Secretary)

Sub : Public Interest Litigation N, 2332/2020 Rajeev Digambar Joshi vs State of Maharashtra at High Court Bombay.

In this regard it is submitted to the Government that with respect to the PIL no 2332/2020, from 2016 to April 2021, 636 offenses have been registered regarding attacks on doctors, nurses, hospitals and clinics, Out of these 178 have been registered under Maharashtra Healthcare Professionals and Institutions ordinance 2010, and 12 have been registered under the Epidemic Diseases Act 1897, and 16 have been filed under both these acts. 1381 accused were arrested and 504 chargesheets have been filed in the courts (annexure A)

For the current security for Corona, 248 police officers, 2635 police constables, 2463 home guards, and 1863 private security personnel have been deployed to all government hospitals and private hospitals as per a report dated 17th May 2021.

It will not be possible to provide permanent security to all private hospitals by the Police Department. It will be possible to provide security to these hospitals through Municipal Corporations or Municipalities e.g. Mumbai Municipal Corporation has its own security arrangement and they are providing security guards to hospitals. Similarly Security on

payment can be provided through Maharashtra State Security Corporation in the State. Because of the excessive workload on the police department it will not be possible to provide security from the police department to private hospitals.

In order to control or prevent the attacks on hospitals, clinics, doctors, nurses and healthcare workers in the state, instructions have been issued to all the concerned by letters dated 14/02/2014, 17/08/2015, 20/03/2017 and 15/01/2021 during covid epidemic, and action is being taken accordingly (Annexure B)

Telephone Number 100 is working for 24 hours for communication with police throughout the state. For providing urgent help to Doctors, Nurses, Hospitals and Clinics local police are being directed to form whatsapp groups.

We had submitted information regarding attacks on Doctors, Nurses, Hospitals and Clinics to Hon'ble Shri Thakare, Public Prosecutor on 17th May 2021.

Few years ago, there was a Public Interest Litigation before Hon'ble High Court. In that PIL affidavit had been filed by the Public Health Department and Home Department. Some issues were raised by the Public Health Department and Home Department. Those issues should be studied and decisions should be communicated to the Public Prosecutor.

sd/= Mr. Suhas Warke  
Special Inspector General of Police ( Law and Order)  
For Office of Director General of Police  
Mumbai, Maharashtra State

To Mr Deepak Thakare  
Public Prosecutor,  
High Court, Mumbai

**Minutes of Online Meeting dt 03/06/2021 at DHS, Mumbai**

The meeting was attended by

1. Dr. Sadhana Tayade DHS
2. Dr. Marulkar, Joint Director
3. Additional DG, Maharashtra
4. Mr. Avinash Bankar, Draftsman-cum-Joint Secretary, Law & Judiciary
5. Dr. Londhe, President IMA
6. Dr. Suhas Pingale, President Elect, IMA
7. Dr. Santosh Kadam, IMA mumbai west
8. Dr. Sushmita Bhatnagar, President AMC
9. Adv. Majusha Kulkarni, AHP
10. Adv. Nitin Deshpande
11. Adv Rui Rodrigues
12. Adv Nargolkar
13. Dr. Rajeev Joshi

Dr. Marulkar, Joint director health services welcomed all the members to the meeting and informed all that the petitioner, Dr. Rajeev Joshi had shared a spreadsheet to all the members well in advance. So it would be preferable to have comments as per the points mentioned in the spreadsheet according to which the suggestions can be recorded.

Dr. Rajeev Joshi said that he will record the suggestions simultaneously as the speakers discuss them point by point so that a summary can be prepared quickly. He informed that Advocate Nitin Deshpande, who is representing all the associations who have given support to the PIL, for amendments in the Act, was sitting with him for the meeting.

Dr. Sadhana Tayade said the spread sheet will help to compile the suggestions from members of the committee which DHS has to submit to the Government within the next two to three days.

After this the members gave their suggestions. On getting queries from any member, Dr. Joshi or Advocate Deshpande answered them point by point so that any misunderstanding should be cleared.

Dr. Pingale, President elect IMA Maharashtra State, said that IMA agrees with all the points mentioned in the spreadsheet and he said that Dr. Joshi had prepared a detailed list of all the amendments required in the act, by giving source of the amendment. So it would be good idea to stick to the spreadsheet during the meeting.

Dr. Kadam, President IMA west gave point wise suggestions which were entered in the spreadsheet simultaneously. Only punishment not sufficient. Compensation should be given to the victim from the accused. Amount of bail should be increased from 1 lakh onwards upto 5 lakhs. ) Representative of specialty (e.g. Medicine, nursing, physiotherapy) is required to be in the committee.

Dr. Sushmita Bhatnagar had already entered her suggestions in the spreadsheet which she read out, and most of them were acceptable to all the attendees. She said that protection should be available while on duty and present at the site at the time of violence within the hospital premises as well as on the way to work or going home. Minimum sentence should be defined for the offence. Cases should be tried by Fast track court with defined minimum and maximum period e.g not exceeding 2 years. The judicial or quasi judicial powers of the committee to be defined, including the powers of the committee, and whether there will be strict appointment criteria, remuneration and period of the appointments to be clarified headed by a judicial officer and assisted by a medical person. In case of non compliance of orders, period to be defined min 3 months and fine to be defined minimum 25000 to 1,00,000

Adv Manjusha Kulkarni of AHP said that Advocate Nargolkar who was representing Association of Hospitals will give comments on behalf of AHP. His suggestions were also entered in the spreadsheet.

Mr Suhas Warke, IG police said that in his opinion it is possible to amend the act as suggested and he supports protection of the doctors. There should be stringent law which has imprisonment and fine and security can be obtained from reserved forces also.

ADG Police Commissioner, said that if the law specifies certain fine and punishment, then there can be an issue in administration of justice and whether the case is to be tried by JMFC or Sessions Judge should not be mentioned in the law as it will be decided as per Section 154 of CrPc. No Act should go beyond constitutional provisions and should not violate article 14 of constitution of India. In his opinion having helpline number creates lot of fanfare in the beginning but these numbers are not used much by people as well as police. So time tested number 100 or new 112 which is being launched should be used and police respond to it quickly.

Mr Bankar from Law and Judiciary said that 1. This is the criminal law in nature, therefore, the provisions contained therein are in a very specific manner 2. The provisions of the said Act are in addition to other Acts or enactments or rules in force; in other words the provisions of other criminal law may be imposed on the accused person along with the provisions of this Act. 3. In so far as the trials of the cases conducted in the special court or dedicated court, then there may be no objection subject to the approval of the appropriate authority.4. the provisions of the JMFC or Sessions court may be applicable as per the scheme of the Cr.P.C. it means imprisonment provides less than 3 years then in that case trial would be conducted by the JMFC and above 3 years by the Sessions Court; 5. The offences under the said Act are cognisable and

non-bailable. If the offence makes stringent or established special courts or designated court then, the accused may not get bail easily; 6. No need to change the definition of Public Servant as it is having wide meaning including government servant. 7. May opt the services of security guards from the agency, but such security guards have no police powers. In other words the security guards have to report to the police; 8. Quantum of compensation arising out of the damages of the property is to be decided by the Court or otherwise, there may be some panel/committee to determine the amount of damages and imposition of compensation. 9. Recovery of the damages from the accused person or wrong doers must be as per the existing law, i.e. as an arrears of land revenue.

Adv. Nargolkar, Adv. Deshpande and Adv. Rui Rodrigues said that there were plenty of examples of special Acts in which such provisions were made in spite of them being in the IPC or CrPC. Dr. Tayade said that let the legal department go through the Act and then we will come to know what is acceptable and what is not. Dr. Joshi said that if certain provisions are not acceptable, they may be discussed during the next meeting, to which Adv. Nargolkar seconded. He said that we would like to know what is acceptable and what is not before the Act is passed. Advocate Rui Rodrigues from AMC said that the Court had specifically asked for short term measures which did not require modification in the Act, along with reasons if some suggestions were not acceptable.

Dr. Sadhana Tayade said that the members should submit their suggestions which will be discussed by the government and whatever was not acceptable to the Government will be kept open for discussion during the next meeting. She said she had few specific questions to Dr. Joshi

1. **Meaning of term “Any person” in clause 5** which talked about information of the offense. Dr. Rajeev Joshi replied that it was his experience that

A. Doctors working in the hospitals are sometimes not allowed by senior management to file complaints as the protocol of the institute is to go through the head of the institute. The heads may not file complaints for various reasons.

B. Doctors who are subjected to violence may not have courage to file a complaint. However, since the attack is on the medical profession, organizations like IMA should be allowed to file complaints, but police do not take complaints from NGOs.

Therefore there is a need for specific provision in the Act that any person who has knowledge of the offense can file the complaint.

Dr. Tayade said that in Government the complaint is processed through the Dean as normal procedure and whether this can be circumvented needs to be seen. However in the private sector there need not be such restrictions.

ADG said that under section 154 of CrPC, any person should be able to file a complaint and police can not refuse to take a complaint whether filed by IMA etc, so such provision was not required.

Adv Nitin Deshpande said that if CrPC permits, then there is no harm in adding this provision, as it is special act, meant to protect healthcare professionals

Dr. Tayade said that she will take legal opinion on this issue.

2. **What is the meaning of term security in the comparison chart** in the PIL showing that Maharashtra does not have Security and Arunachal Pradesh has it.

Dr. Rajeev Joshi said that he will give differences in the two acts which are as under”

- A. Arunachal Pradesh Act (section 14) Immediate professional security shall be provided by the police to the medical establishment and doctor in question so as to avoid any disruption in the services being provided in the establishment to other patients.
- B. There is no such provision in the Maharashtra Act 2010. Adv Rui Rodrigues said that Arunachal Act was formed in 2019 and was most modern of all the acts and it should be considered while framing amendments in Mah Act.

Dr. Sadhana Tayade DHS said that we have had good discussion on all the points and any further suggestions should be given by the members in writing in a day or two. Dr. Rajeev Joshi said that he has already compiled the suggestions and he will forward them with the minutes of meeting as soon as possible, preferably the next day.

Dr. Tayade said that local associations of Doctors, district IMA as well as State IMA and other associations of doctors should help in sensitizing the police department by conducting training program / workshops so that the police are aware of the amended act. This is necessary because even if act is amended and it is not implemented, it will not help the cause for which all this exercise has been done.

Dr. Suhas Pingale assured support of IMA in this endeavour, so also Dr. Sushmita Bhatnagar of AMC and Adv Nargolkar on behalf of AHP. Dr. Rajeev Joshi thanked Dr. Tayade and Dr. Marulkar for giving an opportunity to discuss the necessary amendments and assured to send submission as soon as possible.

Dr. Marulkar thanked the members for participation in the meeting before concluding

Online Meeting organized by DHS was attended by following members			Marked as
No	Name	Designation	
1	Dr. Ramswami N	Commissioner, Health Services and	
2	Dr. Sadhana Tayde	Director Health Services	DHS
3	Dr. Tatyrao Lahane	Director, Medical Education and Research	
4	Addl DG Maharashtra	Additional Police Commissioner, Law and order, Maharashtra State	ADG
5	Mr. Avinash Bankar	Deputy Secretary, Law and Judiciary	L&J
6	Dr. Londhe	President IMA MS	IMA
7	Dr. Saurabh Sanjanwala	IMA, Thane	IMA
8	Dr. Santosh Kadam	President, IMA Mumbai west	IMA
9	Dr. Nitin Ambadekar	Member, Secretary	
10	Dr. Bhatnagar Mumbai	President, AMC	AMC
11	Manjusha Kulkarni Pune	Secerary, AHP	AHP
12	Dr. Marulkar	Joint Director of Health Services	
13	Dr. Suhas Pingale	President Elect, IMA	IMA
14	Dr. Rajeev Joshi	Petitioner	PET
15	<b>Adv. Nitin Deshpande</b>	<b>Advocate for petitioner and representative of many associations of doctors</b>	<b>REP</b>
16	Adv. Rui Rodriques	Advocate for intervener AMC	AMC
17	Adv. Nargolkar	Advocate for intervener AHP	AHP
No	Particulars	Source of amendment requested by petitioner (14)	Comments
1	Following definitions be read into the Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2010 (for short, "SAID ACT").		
2	<b>Definitions:</b>		
a	Abetment means abetment as defined u/s 107 of IPC and also includes any person who pressurizes medical personnel and police authorities to compound the offense or not to register FIR.	IPC	
b	"Damage" means impairment of the usefulness or value of the property or causing harm to such property and Hospital and Medical Records.	Goa Act	
c	Damages include :		
	(i) damages to public property;	Mah 2010	
	(ii) damages to private property;	Mah 2010	
	(iii) damages causing injury or death to a person or persons;	Mah 2010	
	(iv) Cost of the actions by the authorities and police to take preventive and other actions including amount paid by medical service person or institution for police protection.	In Re: Destruction of Public and Private Properties (AIR, 2009, SC, 2266)	
	(v) Loss of income of a Medicare Service Institution or a Medicare Service Person.		
d	"Hospital and Medical Records" includes all such documents or records accumulated or maintained by Medicare Service Institution ranging from records of historic interest to any acknowledgements, etc.	Goa Act	
e	"Medicare Service" means the act of providing medical treatment and care including ante-natal and post-natal care relating to child birth or anything connected therewith, or nursing care in any form to persons suffering from any sickness, injury or infirmities whether of body or mind; medical treatment may be of any medical and paramedical sciences, viz. Allopathy, Ayurveda, Yoga and Naturopathy Unani, Siddha and Homeopathy (AYUSH) Dentistry, Nursing and Physio-therapy.	Arunachal Pradesh, Assam, Orissa and Uttar Pradesh Acts. Arunachal Pradesh Act AND Chhattisgarh Act	
f	"Medical Service Institution" means- a hospital, maternity home, nursing home, dispensary, clinic, sanatorium or an institution by whatever name called that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognized system of medicine established and administered or maintained by any person or body of persons, whether incorporated or not; or a place established as an independent entity or part of Medicare Service Institution, in connection with diagnosis and treatment of diseases where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services with the aid of laboratory or other medical equipment, are usually carried on, owned, controlled or managed by	Central Bill	(REP)"Medical Service Institution" includes ... (AMC) on way to work or going to home (AHP) agree .. similar to workmen compensation act

	(i) the Government or a department of the Government; or a Public Sector Undertaking or Autonomous Body of the Government;		
	(ii) a trust, whether public or private;		
	(iii) a corporation (including a society) registered under a Central or State Act, whether or not owned by the Government;		
	(iv) a local authority; and a		
	(v) single doctor.		(REP) And any other entity declared as such by State Government by appropriate notification in official gazette
g	"Medicare service personnel- in relation to a clinical establishment, Shall include but not limited to :-	WHY excluded public servants from this definition. Arunachal Pradesh Act. Term "Shall include but not limited to", be adopted.	
	(i) registered medical practitioner, possessing a recognized medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956, and enrolled in a State Medical Register as defined in clause (k) of that section;		
	(ii) a medical practitioner registered for practising in any other system of medicine which is recognized under any law for the time being in force;		
	(iii) a registered dentist, registered dental hygienist and registered dental mechanic as defined in clause (l) of Section 2 of the Dentist's Act, 1948;		
	(iv) a registered nurse, midwife, auxiliary nurse-midwife and health visitor who is registered as such under section 15A of the Indian Nursing Council Act, 1947;		
	(v) a medical student who is undergoing education or training in any system of medicine recognized by any law for the time being in force;		
	(vi) a nursing student who is undergoing education or training in nursing profession;		
	(vii) a paramedical workers, para-medical student and diagnostic services provider;		
	(viii) and ambulance driver and helper		
	(ix) Auxiliary Nurse and Mid-wife;	Gujarat State Act	
	(x) Trained Dai;	Gujarat State Act	
	(xi) and other staff or employee directly or indirectly employed by a medicare service institution for providing required services;	Maharashtra Act does not take into account how a hospital functions. The hospital requires administrative staff, sweepers, gardeners, barbers, persons running medical shop, security. They also need protection. Therefore, the following categories should also be included as covered by the Act:	(AMC)while on duty and present at the site at the time of violence within the hospital premises
	(xii) Ancillary supportive staff like attendant peon chowkidar sanitary staff etc		
	(xiii) Administrative persons working for running the hospitals such as Directors, Administrators, Trustees, medical superintendent, finance executives, accounts department personnel etc		
	(xiv) Employees of the clinical establishment whether they are involved in clinical, paraclinical or non-clinical work such as cleaning, sweeping, gardening etc.		
	(xv) Persons providing complimentary services to the clinical establishment such as medical stores, pantry, housekeeping, laundry, cold storage, barber etc.		
	(xvi) Contractors/vendors of the clinical establishment or their employees such as security, repairs and maintenance, eateries inside hospitals, incinerator management, biomedical waste management and medical representatives etc.		
	(xvii) If patients taking care in the hospitals and their caregivers / attendants are injured in the violent attack on the hospital they need to be protected under this Act	Suggested by Petitioner	
	(xviii) and any person declared as such by the State Government by notification in the official gazette.		
h	"Property" also means --		(REP) Property includes
	(a) Any property, movable and immovable including tangible or intangible (subject to the provisions of Information Technology Act, 2000), or hospital and medical records or medical equipment or medical machinery or any such property as owned by or in possession of, or under the control of any medicare service personnel or medicare service institution; a patient or his visitor visiting a Medicare Service Institution;	Assam State Act and the Gujarat State Act	
	(b) Personal vehicles and other equipments etc. brought to the premises or to the vicinity of the premises by the Medicare Service Person in connection with his/her duties; or any other property in which a medicare service personnel has direct interest and such property belonging to attendants, friends and relatives of patients admitted in the medicare service institution.	Petitioners request	
	(c) Any other property, in which Medicare Service Person has direct interest.	Epidemic Diseases Act	(REP) and any other entity declared as such by state government by notification in official gazette

	"violence" means an act which causes or may cause psychological or economic injury to Medicare Service Person or Medicare Service Institution.	Usha Badri Poonawala v V. K. Kurion Babu, (AIR 2002 Bom 292), Soma Suresh Kumar v/s Government of A. P. And others AIR 2013 SC (SUPP) 816.	
	(a) harm, injury, hurt, grievous hurt, intimidation to, or danger to the life of, a healthcare service personnel in discharge of duty, either within the premises of a clinical establishment or otherwise; or	Arunachal Pradesh Act	
	(b) obstruction or hindrance to a healthcare service personnel in discharge of duty, either within the premises of a clinical establishment or otherwise;		
	(c) loss of or damage to any property or documents in a clinical establishment;		
	(d) Harassment, physical or mental impacting the living or working conditions of such healthcare service personnel and preventing them from discharging his duties. e.g. use of foul language, verbal abuse, mental torture, defamation, threatening etc.	Epidemic Diseases Act	
	(e) Throwing stones, bricks etc. upon persons travelling in motor vehicles whether in Medicare institution premises, equipment, ambulances etc. or otherwise	Tamil Nadu Property (Prevention of Damages and Loss) Act, 1992.	
	(f) Any offense relating to body or property under Indian Penal Code	Indian Penal Code 1860	
	(1) Criminal conspiracy: Section 120A and Section 120B of IPC		
	(2) Offences against the public tranquility		
	(3) Unlawful assembly: Section 141, 143 and 144 IPC.		
	(4) Rioting: Section 146 IPC, Section 147 IPC and Section 148 IPC.		
	(5) Affray: Section 159 IPC and Section 160 IPC.		
	(6) Offences affecting the public health, safety, convenience, decency and morals		
	(7) Public nuisance: Section 268 IPC, Section 269 IPC and Section 294 IPC.		
	(8) Offences affecting human body		
	Hurt: Section 319 IPC, Section 323 IPC and Section 324 IPC.		
	Grievous hurt: Section 320 IPC, Section 325 IPC, Section 326 IPC and Section 326A IPC.		
	Act endangering life or personal safety of others: Section 336 IPC, Section 337 IPC and Section 338IPC.		
	(9) Wrongful restraint: Section 339 IPC and Section 341 IPC.		
	(10) Criminal force and assault: Section 350 IPC, Section 351 IPC, Section 352 IPC and Section 355 IPC.		
	(11) Offences against property		
	Theft: Section 378 IPC and Section 379 IPC.		
	Extortion (Sec.383) and Related Offences		
	Robbery (Sec.390) and Related Offences		
	Dacoity (Sec.391) and Related Offences		
	Mischief: Section 425 IPC and Section 426 IPC.		
	Criminal trespass: Section 441 IPC and Section 447 IPC.		
	(12) Offence of defamation: Section 499 IPC and Section 500 IPC.		
	(13) Offences of criminal intimidation, insult and annoyance: Section 503, Section 504 IPC and Section 506 IPC.		
	(14) Offences of outraging, insulting the modesty of women: Section 354 IPC, Section 354A IPC, Section 354B IPC, Section 354C IPC and Section 509 IPC.		
	(15) If any person commits any of the above mentioned offences, then the doctors and their staff can lodge a police complaint under Section 154 of the Criminal Procedure Code and get an FIR lodged against the said offender, and police MUST register such FIR immediately.		
3	<b>Prohibition : No person shall indulge in any act of violence against medicare service person or damage or loss to property in a medicare service institution.</b>	Mah Act 2010	Explanation for word Prohibition was asked by AMC which is provided
4	Penalty : Any offender, who commits or attempts to commit or abets or incites the commission of any act of violence in contravention of the provisions of section 3, shall be punished as per provisions of this section.	Central Draft	(AHP) Penalty should be imprisonment AND fine (and not in the form of A, B, A or B) (AMC) Minimum sentence should be defined
	(1) Whosoever causes verbal abuse leading to mental agony to healthcare professional will be imprisoned for 3 years and fine upto Rs. 50000/=	Graded Penalties for various offences AND The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 3.1 :Suggestion If a person commits any offence relating to body as defined under the provisions of Indian Penal Code with respect to a Medicare Service Person,	
	(2) Whosoever causes damage to property of a healthcare institution will be imprisoned for 5 years and fine equivalent to at least double the cost of damages caused.		
	(3) Whosoever causes injury to a healthcare professional will be imprisoned for 7 years and fine equivalent to double the cost of treatment to the injured person.		

	(4) Whosoever causes grievous hurt to healthcare professional will be imprisoned for 10 years and fine equivalent to the double the cost of treatment to the injured person.	knowing it fully well that he is a Medicare Service Person, then such a person should be sentenced to imprisonment for life.	(AMC) Compensation (IMA) Compensation should be given to the victim from the accused. Only punishment not sufficient
	(5) Whosoever causes violence against healthcare professional or institution with another 1 to 4 people will be imprisoned for 12 years.		
	(6) Whosoever causes violence against healthcare professional or institution with more than 4 people will be imprisoned for life.		
	(7) Whosoever causes death of Medicare Service Person will be given death penalty.		
	(8) Punishment for attempt to commit violence— Whoever abets or incites the commission of violence against medicare service personnel shall, upon conviction be punishable with imprisonment for a term which may extend to three years, or with fine which may extend to fifty thousand rupees or with both.	Goa Act	
	(9) Whoever, having been convicted of an offence under any provision of this Act is again convicted of an offence under the same provision, shall be punished, for the second and for each subsequent offence, with double the penalty provided for that offence.	Uttarakhand Act AND The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 (5)	
	(10) The provisions of Section 360 of the Code and the provisions of the Probation of Offenders Act, 1958 (20 of 1958) shall not apply to any person above the age of eighteen years, who is found guilty of having committed an offence under this Act.	Section 19 Probation of Offenders Act	(REP) Presidential assent may be required
5	Information of an offence –(1) Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), any person, who has an apprehension that an offence under this Act is likely to be committed or has knowledge that such an offence has been committed, he shall provide such information in the prescribed format (Form "I") to the nearest police station.	Central Draft 6. M	(AMC) Additional number for each police station
	(1) Every Report given under sub-Section (1) shall be –		
	(a) ascribed an entry number and recorded in writing;		
	(b) be read over to the informant;		
	(c) shall be entered in a book to be kept by the Police Unit.		
	(2) Notwithstanding anything contained in sub-section (1), such person may give urgent information of such offence to the police authorities on the telephone number, specially maintained for such kind of intimations.		
	(3) As soon as a report under this provision is given to the police station, by whatever mode, the Investigating Officer shall forthwith make immediate arrangements to give necessary protection to the offended Medicare Service Person and/or Medicare Service Institution and the provisions regarding the protection to an RTI Activist under the Government Resolution No.CRT-2012/ Pra. Kra. 696/ POL-11 dated February 27, 2013 shall apply.	Arunachal Act : 14. AND Ramesh and Ors. v. State of Haryana, (2017) 1 SCC 529. AND Mahender Chawla and Ors vs Union of India (UOI) and Ors (2019)14SCC615, 2019 (3) SCJ 370 AND petitioners suggestions Government Resolution No.CRT-2012/Pra. Kra.696/Pol-11 regarding protection to the RTI Activists, whistleblowers and the witnesses be made applicable	
	Threat analysis Report means the Threat Analysis Report as understood by the Government Resolution No.CRT-2012/ Pra. Kra. 696/ POL-11 dated February 27, 2013.		
6	<b>Conferment powers</b>	The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989. (9)	
	1. Notwithstanding anything contained in the Code or in any other provision of this Act, the State Government may, if it consider it necessary or expedient so to do –		
	a. for the prevention of and for coping with any offence under this Act, or		
	b. for any case or class or group of cases under this Act, in any district or part thereof, confer, by notification in the Official Gazette, on any officer of the State Government, the powers exercisable by a police officer under the Code in such district or part thereof or, as the case may be, for such case or class or group of cases, and in particular, the powers of arrest, investigation and prosecution of persons before any Special Court.		
	2. All officer of police and all other officers of Government shall assist the officer referred to in sub-section (1) in the execution of the provisions of this Act or any rule, scheme or order made thereunder. 3. The provisions of the Code shall, so far as may be, apply to the exercise of the powers by an officer under sub-section (1).		
7	Investigation of an Offence –	Central Draft 8.	

	(1) Notwithstanding anything contained in the Code of Criminal Procedure, 1973, any case registered under this Act shall be investigated by a police officer, not below the rank of gazetted Police Officer in commissionerate area and not below the rank of Assistant Police Inspector in other areas.		
	(2) On receiving intimation regarding verbal or physical abuse in Medicare Service Institution or to Medicare Service Person, the police shall reach the spot within 10 minutes in commissionerate areas and 30 minutes in other areas to take emergency measures.		
	(3) investigation of a case under this Act shall be completed within a period of 30 days from the date of registration of the First Information Report if it is not so completed, then the investigating officer shall get extension from Superintendent of Police or Commissioner of Police as the case may be. The said officers shall grant extension by giving reasons to be recorded in writing.		
	(4) Notwithstanding anything contained in the provisions of Section 167 (2) of the Code of Criminal Procedure, 1973, failure to complete investigation within the stipulated period and failure to file charge sheet, will not entitle the accused persons, accused of an offence punishable with sentence ten years or more under this Act.		
8	Cognizance of the Offence : (1)Any offence committed under this Act, shall be cognizable and non-bailable, non-compoundable and triable by the Sessions Court.		
9	Provisions regarding Bail –	Act of Goa state government clause 6(3)	(REP) S 18 SC & ST ( Prevention of Atrocities Act) , 1989 No anticipatory Bail
	<b>(1) Deposit of the Amount at the time of bail:</b>		(AMC) Amount of bail should be increased from 1 lakh onwards upto 5 lakhs (AHP) Stringent provisions required
	Any person who is accused under section 4 of this Act shall deposit such sum of money as specified below, with the Court of the Sessions Judge. This sum shall remain with the Court until disposal of the case—		
	in the event of an assault on any Medicare Service Personnel resulting in a simple injury not requiring absence from duty, Rs. 50,000.00.		(AMC)100000
	in the event of an assault on any Medicare Service Personnel resulting in a simple injury requiring a period of absence from duty, Rs. 75,000.00.		(AMC)300000
	in the event of an assault on any Medicare Service Personnel resulting in grievous injury, requiring a period of absence from duty Rs. 1,00,000.00.		(AMC)500000
	In the event the accused is found not guilty by the Sessions Court for the offence charged, the sum deposited with the Court under sub- section (3) of section 6 above shall be returned to the person.		
	If the accused is found guilty then this sum shall be adjusted against any compensation.,		
	(2) Nothing in Section 438 of the Code shall apply in relation to any case involving the arrest of any person on an accusation of having committed an offence under this Act.		
	(3) No person shall incur any liability, whether civil or criminal, for giving the information in good faith for the purpose of this provision.		
	(4) Any person who fails to report the commission of an offence under this Act or who fails to record such an offence shall be punished with either description, which may extend to six months or with fine or with both.		
	Provided that such person shall not be liable for this offence if intimation of an offence under this Act is made by some other person under Guideline No.3.		
	(5) If the State Government does not grant sanction for offence/s against a person who fails to record such an offence under this provision or investigate it, then such order, refusing to grant sanction, shall be appellable to the High Court.		
	(6) During the investigation, the statement of crucial witnesses shall be recorded under Section 164 of the Code of Criminal Procedure.		
10	<b>Special Court –</b>		
	For the purpose of providing for speedy trial, the State Government shall, with the concurrence of the Chief Justice of the High Court, by notification in the Official Gazette, specify for each district a Court of Session to be a Special Court to try the offences under this Act.		
11	<b>Special Public Prosecutor –</b>		
	For every Special Court, the State Government shall, by notification in the Official Gazette, specify a Public Prosecutor or appoint an advocate who has been in practice as an advocate for not less than seven years, as a Special Public Prosecutor for the purpose of conducting cases in that Court.		

12	Monitoring the Implementation of the Act – There shall be a Committee constituted by the State Government for each revenue division, which shall monitor the implementation of the Act and shall report to the State Government in this regard and shall also give its suggestions for more effective implementation of the Act. Such Committee shall comprise the following:		(IMA) Representative of specialty (e.g. Medicine, nursing, physiotherapy) which is required to be in the committee. Govt will invite suitable respected person from private sector
	(i) Divisional Commissioner or any officer nominated by him, not below the rank of Additional Commissioner.		
	(ii) Deputy Inspector General of Police or any police officer, not below the rank of Superintendent of Police or Additional Commissioner.		
	(iii) A District Judge or a judicial officer, not below the rank of Additional District Judge.		
	(iv) A representative of Medicare Service Institutions, having experience of administration of any such institution, having not less than 50 beds.		
	(v) A representative of Medicare Service Personnel, who is registered medical practitioner, having Post Graduate Degree.		(REP) Such person should be added to committee depending on case to case (AMC) Acceptable
13	<b>In Section 3 of the Maharashtra Act No. XI, the following sub-section (1) be added:</b>		
	(i) whosoever prevents informant or the investigating officer from giving information or recording information and carrying out investigation shall be deemed to be guilty of abetment of the offence.		
	(ii) However, the accused in such case shall not be liable to conviction if he proves that he has taken all reasonable measures to prevent causing damage to property.		
	(iii) Where persons, whether jointly or otherwise, are part of an attack which turns violent, results in damage to property of medical service institution or medical service person, the persons who have caused the damage, or were part of the attack or who have organized will be deemed to be strictly liable for the damage so caused, which may be assessed by the Committee constituted under Section 15.		
14	<b>Presumption as to the offences under the Act –</b>		
	(1) Where a person is prosecuted for committing or abetting or attempting to commit any offence under this Act, the Court shall presume that such person has committed or abetted or attempted to commit the offence, as the case may be unless the contrary is proved.	Epidemic Diseases Act 3C AND The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989. (8)	
	(2) In a prosecution for an offence under this Chapter, if it is proved that the accused rendered any financial assistance to a person accused of, or reasonably suspected of committing, an offence under this Chapter, the Court shall presume, unless the contrary is proved, that such person had abetted the offence.		
15	<b>Presumption of Culpable Mental State –</b>		
	(1) In any prosecution for any offence under this Act, which requires a culpable mental state on the part of the accused, the Court shall presume the existence of such mental state, but it shall be a defence for the accused to prove the fact that he had no such mental state with respect to the act charged as an offence in that prosecution.	Epidemic Diseases Act 3D	
	(2) For the purpose of this section, a fact is said to be proved only when the Court believes it to exist beyond reasonable doubt and not merely when its existence is established by a preponderance of probability.		
16	<b>Trial to be completed as early as possible –</b>		(AMC) fast track court with defined minimum and maximum period e.g not exceeding 2 years (AHP). sessions court and not JMFC
	(1) The Special Court shall complete the trial within one year from the date of filing charge sheet. If the prosecution remains pending for more than a year, the Special Judge shall record reasoning for the same in writing.		

	(2) in every enquiry or trial of a case under this Act the proceeding shall be held as expeditiously as possible, and in particular, when the examinations of witnesses has once begun, the same shall be continued from day today until all the witnesses in attendance have been examined, unless the Court finds the adjournment of the same beyond the following day to be necessary for reasons to be recorded, and an endeavour shall be made to ensure that the enquiry or trial is concluded within a period of one year:		
	Provided that where the trial is not concluded within the said period, the Judge shall record the reasons for not being able to do so.		
	Provided further that the said period may be extended by such further period, for reasons to be recorded in writing, but not exceeding six months at a time.		
17	<b>Liability to pay compensation for loss or damage caused to property:</b>		
	(1) In addition to the punishment specified in section 4, the offender shall be liable to pay compensation of twice the amount of damage or loss caused to the property, as may be determined by the Court referred to in section 5 and one lakh rupees for causing hurt to healthcare service personnel and five lakh rupees for causing grievous hurt to healthcare service personnel.	Central Draft	(AMC) the payment for damages from the accused to be taken at the beginning of the hearing by the court (DHS). This point is in conjunction with point 25 in short term measures and could be modified taking into account point 1 of Amendments to Mah 2010 Act suggested by AMC mentioned in the document of short term measures as well as point 25 mentioned under Exhibit X of the Petitioners affidavit as per Government letter dt 28/5/2021. Legal department opinion
	(2) Forfeiture of property of certain persons:		
	(a) Where a person has been convicted of any offence punishable under this Chapter, the Special Court may, in addition to awarding any punishment, by order in writing, declare that any property, movable or immovable or both, belonging to the person, which has been used for the commission of that offence, shall stand forfeited to Government.	The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989. (7)	
	(b) Where any person is accused of any offence under this Chapter, it shall be open to the Special Court trying him to pass an order that all or any of the properties, movable or immovable or both, belonging to him, shall, during the period of such trial, be attached, and where such trial ends in conviction, the property so attached shall be liable to forfeiture to the extent it is required for the purpose of realisation of any compensation imposed under this Act.		
	(c) If the offender has not paid the compensation imposed under sub-section (1), the same sum shall be recovered as if it were an arrear of land revenue.		
18	<b>Call to violence</b>		
	If a call to violence results in damage to property, either directly or indirectly, and has been made through a spokesperson or through social media accounts of any group/organization(s) or by any individual, such person or persons shall be liable for offences under Sections 153A, 295A read with 298 and 425 of the Indian Penal Code, 1860.	Kodungallur Film Society & Others – Appellants v/s Union of India and Others, AIR, 2018, SC (SUPP) 2519,	
19	<b>Authority to aid and advise victims of medical negligence and violence:</b>	Doctor patient relationship improvement committee suggested by Petitioner in place of section 7 of the act	(AMC) the judicial or quasijudicial powers of the committee to be defined, including the powers of the committee, and whether there will be strict appointment criteria, remuneration?, and period of the appointments to be clarified headed by judicial officer and assisted by medical person
	(1) The State Government shall, by notification in the Official Gazette, establish a Doctor-Patient-Relationship-Improvement-Committee for the area (District, State) as may be specified in such notification, to hear grievances of victims of medical negligence or mismanagement and to aid and advise such victims for taking recourse to an appropriate forum for suitable relief, and victims of violence against healthcare professionals and institutions.	Suggested by the petitioner expanding from The Authority shall consist of experts one each from the field of medical, law, consumer movement and health management.	
	(2) The committee shall consist of --		
	(i) sitting or retired District Judge as a Chairman, with the consent of the Chief Justice of Bombay High Court;		

	(ii) a private medical practitioner having Post Graduate Degree, registered with the Maharashtra Medical Council;		
	(iii) a real estate valuer.		
	(3) The conditions of service of the experts mentioned in sub-section (2), and the procedure to be followed by the Authority shall be such as may be specified by the State Government by an order in this behalf.		
20	<b>The committee will have following responsibilities –</b>		
	To maintain website of all complaints filed by doctors as well as patients.		
	To ensure appointment of a videographer to record the extent of damages, and to examine CCTV footage from recordings from the cameras fitted in the hospital premises, or the videos recorded by staff and patients on their mobile phones as evidence.		
	To appoint valuator to assess damages.		
	If required, to appoint a suitable persons as Commission and send him/her to the Medicare Service Institutions to take complaints and evidence from the Medicare Service Persons.		
	To try and mediate to resolve disputes between the Medicare Service Institution/ Person and patient in case of minor complaints.		
	Periodical Report of progress in cases on the basis of reports given by the Medicare Service Institutions, Medicare Service Persons, patients and the Investigating Officer to the Committee constituted under the Divisional Commissioner vide Guideline No.9 with root cause analysis		
	Status reports of the investigation(s) concerning such offences as set out herein- above, including the results of such trial(s), shall be uploaded on the website.		
21	<b>Responsibilities of Medicare Service Institutions &amp; Medicare</b>		
	<b>Service Persons:</b>		
	(i) To ensure timely treatment of the patients by adopting all prescribed measures/standards with sensitive behavior to the patient. No negligence shall be caused to the patient by any one.	Arunachal Pradesh and Bihar Acts	
	(ii) To ensure that treatments of the patients are being done according to prescribed norms and procedures:	Arunachal Pradesh and Bihar Acts	
	(iii) To ensure that reasons for referring of the patient to another hospital are made understood/clarified to him and the same are incorporated on the prescription of the patient.	Arunachal Pradesh and Bihar Acts	
	(iv) To maintain upto date records of treatment given to the patients.		
22	<b>Structural And Preventive measures :</b>	Kodungallur Film Society & Others – Appellants v/s Union of India and Others, AIR, 2018, SC (SUPP) 2519, AND Suggestions of the petitioner	
	List of hospitals, dispensaries, clinics and doctors residing in the area under the police chowki and police station.		
	Any person found to be carrying prohibited weaponry, licensed or otherwise, inside a hospital would be presumed to have an intention to commit violence and be proceeded in that regard as per law.	The Maharashtra Police Act 37	
	Rapid response teams		
	Helplines to deal with instances of violence in healthcare service institutions. (Special Number).		(IMA) one number for all cases related to violence (ADG) Such special helplines do not work and 100 or new 112 are time tested
	<b>Website of all complaints filed by Medicare Service Institution/</b>		
	<b>Person as well as patients :</b>		
	Doctors, Patients and Police will be able to submit information to the committee through the website.		

	The committee will display names of said persons, only after report under Section 173 of Criminal Procedure Code, 1973 for offence under this Act, is filed in the court.		
	It will be the sole discretion of other doctors and hospitals to decide whether the person whose name is in the said list should be treated and on what terms except when there is an emergency situation. Offender can not raise an issue of confidentiality, and his name will be removed if and only if he gets acquittal from any court.		
	Every person against whom an order has been made under this Act, if so required by the committee, allow his measurements and photographs to be taken by a police officer.	The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989. (12)	
	If any person referred to in sub-section (d), when required to allow his measurements or photographs to be taken resists or refuses to allow his taking of such measurements or photographs, it shall be lawful to use all necessary means to secure the taking thereof.		
	Resistance to or refusal to allow the taking of measurements or photographs under sub-section (e) shall be deemed to be an offence under section 186 of the Indian Penal Code (45 of 1860).		
	The photograph and measurements along with the name of the offender will be published on the website maintained by the government / committee.		
	Once the Accused is acquitted, all measurements and photographs (including negatives) taken under sub-section (d) shall be destroyed or made over to the person against whom such order is made. The name of such person will also be removed from the website maintained by the committee along with photographs and other relevant details.		
	If the patient has grievance about negligence of Medicare Service Institution or Medicare Service Personnel, then it shall refer the complaint to the expert committee in the nearby Government hospital for further action. If the said Expert Committee reports that prima facie there was medical negligence, to refer the matter to the Maharashtra Medical Council for further necessary action.	Arunachal Pradesh Act provides Role of State Medical Council. Section 22 and Section 45 of the Architects' Act, 1972 empower the Council of Architects to frame regulations.	
23	Protection of action taken in good faith : No suit, prosecution or other legal proceedings shall lie against the Government or any person or officer authorized by the Government or the head of a Medical service institution or his authorized representative for anything which is done in good faith or intended to be done under this Act.	Arunachal Pradesh Act : 9.	
24	Rule Making Power. Without prejudice to the foregoing provisions of this Act, the Government may make rules for carrying out purposes of this Act.	Arunachal Pradesh Act :11	
25	Revealing Identity of accused. Revealing the identity of any accused by police or public or by the media shall be prohibited under this Act unless the committee finds prima facie evidence against the Medicare Service Institutions/ Medicare Service Personnel in question. Any violation shall be punishable under imprisonment of either description which shall not be less than 6 months but which may be extended to 2 years and shall also be liable to penalty.	Arunachal Act : 13 + suggestions by petitioner	
26	Punishment for neglect of duties: Whoever, being a public servant, wilfully neglects his duties required to be performed by him under this Act, shall be punishable with imprisonment for a term which shall not be less than six months but which may extend to one year.	The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 4	
	Provided that this provision shall not apply to the members of the committee, constituted under Section 15.		
27	<b>Penalty for non compliance of orders</b>	The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 (13)	
	Any person contravening an order of the committee made under section 10 shall be punishable with imprisonment for a term which may extend to one year and with fine.		(AMC) period to be defined min 3 months and fine to be defined minimum 25000 to 1,00,000

28	The Officer-in-Charge of any police station shall ensure that during the patrolling the police personnel working under him shall regularly cover the Medicare Service Institutions in the area under his jurisdiction.		
29	Every Medicare Service Institution shall install CCTV cameras in the premises, including entry to the institution and internal areas in such a manner that entire premises are covered.		
30	<b>Healthcare Protection Fund</b>		(AMC) Do healthcare institutions have to make separate payment for protection? if yes, then this point is not agreeable. (AHP), Hospital association supports (IMA). Are we absolving government from providing security
	The government may insist that the Medicare Service Institutions pay the fund in any of the suitable manner deemed fit by this Hon'ble Court		(REP) Like corporate sector is expected to spend for CSR which is 2% of their revenue, hospitals can charge say 1% on each bill so that special police officers carrying weapons can be employed
	a. Per clinic / bed charges like Biomedical waste disposal charges are paid by the hospitals to POSSCO Company through Pune Municipal Corporation.		
	b. Per hospitalized patient charges like Toll paid by vehicles using express way.		
	c. 1% of bill charged to the patient like Corporate Social Responsibility (CSR) Fund paid by corporates		
	The fund may be utilized by the committee for		
	a. Payment of the salaries of the committee members		
	b. Payment to the Nivruttal Police Kalyan Sanstha		
	c. Payment of compensation when the offender can not pay.		
31	These guidelines shall cease to be operative as and when appropriate legislation consistent with the guidelines indicated above are put in place and/or any fast track mechanism is created by the statute(s).		

अतितात्काळ / न्यायालयीन प्रकरण

क्र.पीआयएल-२०२१/प्र.क्र.११५/सेवा-३  
सार्वजकिन आरोग्य विभाग,  
गो.ते.रुग्णालय संकुल इमारत,  
१० वा मजला, "ए" विंग, मुंबई  
दिनांक- २८ मे, २०२१.

प्रति,

आयुक्त,  
आरोग्य सेवा आयुक्तालय, मुंबई.

विषय:- क्रिमीनल पीआयएल क्र. २३३२/२०२० मध्ये अंतरीम अर्ज क्र.१३२८/२०२१,६६६०/२१

डॉ.राजीव दिगंबर जोशी

विरुद्ध

महाराष्ट्र शासन

महोदय,

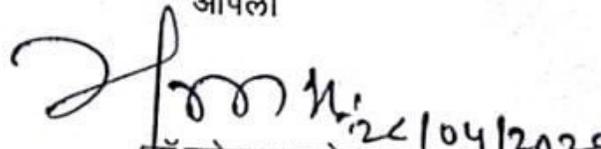
अर्जदाराने मा.उच्च न्यायालयात विषयांकित क्रिमीनल पीआयएल क्र. २३३२/२०२० व त्यामध्ये अंतरीम अर्ज क्र.१३२८/२०२१ व क्र.६६६०/२०२१ दाखल केले आहेत.

२. डॉ. राजीव दिगंबर जोशी यांनी दि. १७.०५.२०२१ रोजी उपरोक्त पीआयएल क्र. २३३२/२०२० मध्ये अतिरिक्त शपथपत्र दाखल केले आहे (प्रत सोबत जोडली आहे). सदर अतिरिक्त शपथपत्रातील EXHIBIT BX मधील अ.क्र. २६ ते ३० या परिच्छेदातील मुद्दे/सुचना शासन निर्णय दि.२४.०३.२०२१ अन्वये आपल्या अध्यक्षतेखालील समितीच्या दिनांक ३१.०५.२०२१ रोजी होणाऱ्या बैठकीत विचारार्थ ठेवण्यात यावे.

३. तसेच याचिकाकर्ते यांचे वकील अॅड योगिता सिंह यांचे दि. १८.०५.२०२१ चे पत्र समक्रमांक दि.२४.०५.२०२१ च्या शासनपत्रान्वये आयुक्तालयास पाठविण्यात आले होते. त्या पत्रातील सुचनासुध्दा दि. ३१.०५.२०२१ रोजी होणाऱ्या बैठकीत विचारार्थ ठेवण्यात यावे.

विहित मुदतीत समितीची शिफारस शासनास पाठविण्यात यावी, ही विनंती.

आपला

  
(डॉ.उमेश ध.राठोड)  
२८/०५/२०२१  
कक्ष अधिकारी, महाराष्ट्र शासन.

सहपत्र: वरीलप्रमाणे

प्रत: १.सहसंचालक (रुग्णालये), आरोग्य सेवा आयुक्तालय, मुंबई.  
२.अॅड श्री. दिपक ठाकरे, शासकीय अभियोक्ता तथा सरकारी वकील (क्रिमीनल), मा.उच्च न्यायालय, मुंबई.  
३.उपसचिव (विशा-४/विधी), गृह विभाग, मंत्रालय, मुंबई यांना कळविण्यात येते की, उक्तबाबत गृह विभागामार्फत यासंदर्भात दाखल होणाऱ्या प्रतिज्ञापत्रात सार्वजनिक आरोग्य विभागामार्फत झालेली उक्त कार्यवाही समाविष्ट करण्यात यावी.

URGENT MEASURES SUGGESTED BY PETITIONER	Source	Comments
<p>In addition to the guidelines suggested at page 739 – para 20. It shall be the duty of House officer in whose Police Station such FIR is registered to forthwith intimate the Nodal Officer concerned, who shall in turn ensure that Medicare Service Personnel are not harassed</p>	<p>189(8)Save life Foundation v. Union of India The methods of examination may either be by way of a commission under section 284, of the Code of Criminal Procedure 1973 or formally on affidavit as per section 296, of the said Code and Standard Operating Procedures shall be developed within a period of thirty days from the date when this notification is issued.</p>	
<p>Page 737 – para 15. Cyber information portal Page 738 – para 16. Panel of local video operators Page 539 – Item "e". Website to record incidences of violence</p>	<p>203(8)Kodungallur Film Society v. Union of India The Police shall maintain an online 'cyber-information reception window' on its website/app enabling people to send instances of mob violence, destructive acts and hate speech in whatever form, including the spurious videos and face news. The police shall also make their own arrangements for photographing violent protests, and take immediate steps to find out the identity of the persons involved in such activity.</p>	
<p>In addition to the guidelines suggested at page 736. Special Task force / Nodal officers</p>	<p>207(10B)Kodungallur Film Society v. Union of India This Court may consider the example of the Delhi Development Authority, where, in order to deal with illegal encroachments, the DDA has divided the city into various zones and placed them under different officers who would be held responsible in case there were building law violations in their respective zones. This has had the result of improving accountability and reduced instances of illegal encroachment.</p>	

<p>Page 742 – para 25. Conditional bail upon depositing the quantified loss</p>	<p>214(C.c.)Kodungallur Film Society v. Union of India A person arrested for either committing or initiating, promoting, instigating or in any way causing to occur any act of violence which results in loss of life or damage to property may be granted conditional bail upon depositing the quantified loss caused due to such violence or furnishing security for such quantified loss. In case of more than one person involved in such act of violence, each one of them shall be jointly, severally and vicariously liable to pay the quantified loss. If the loss is yet to be quantified by the Appropriate Authority, the Judge hearing the bail application may quantify the amount of tentative damages (which shall be subject to final determination thereof by the Appropriate Authority) on the principle stated in paragraph 15 of the decision in In Re: Destruction of Public and Private Properties (supra), after hearing the submissions of the State/agency prosecuting the matter in that regard.</p>	
<p>Page 732 – point (1) Police Protection to RTI activists in pursuance to order passed in suo moto writ petition No 466/2010</p>	<p>298(1)SUO MOTU WRIT PETITION NO.466 OF 2010 Police protection to be given to medicare service persons as given by this Hon'ble Court to RTI Activists.</p>	
<p>Pages 736 to 738. Duties of police officers</p>	<p>207-09 Kodungallur Film Society v. Union of India Appointment of Nodal Officers</p>	
<p>Pages 740-741. Punitive measures against erring police officers</p>	<p>213(55.3).Punitive measures Failure to perform duty under the Act should attract disciplinary action against the police officers.</p>	
<p><b>EXHIBIT X of the Petitioner's affidavit as per government letter dt 28/05/2021</b></p>		

25	A person arrested for any of the offences under these Acts may be granted conditional bail upon depositing the quantified loss caused due to such violence or furnishing security for such quantified loss. In case of more than one person involved in such an act of violence, each one of them shall be jointly, severally and vicariously liable to pay the quantified loss. If the loss is yet to be quantified by the Appropriate Authority, the Judge hearing the bail application may quantify the amount of tentative damages (which shall be subject to final determination thereof by the Appropriate Authority).	Page 214 Page 745 para 25 of kodungullar judgement	
26	A bare look at the provisions of Sec. 2(b) of the Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2010 shows that the definition excludes public servants. Meaning thereby those who are employed in Government Hospitals are not covered. Therefore, direction may be issued to give protection to the employees of government hospitals (Page 491 of the paper book).	Only Mah has excluded	
27	The protection of the Act may be extended to the categories covered by the definition of Healthcare Service Personnel till the State Government issues a notification u/s 1A (b) (iii) of the Epidemic Diseases Act, 1897 (Page 493 of the paper book).	Central bill	
28	The Protection of the Act be extended to everybody covered by the definition of clinical establishment in the Central Government Bill (Page 493 of the paper book).	Central bill	
29	The definition of the word 'property' should also include personal vehicles, and other equipments etc. brought to the premises or in the vicinity of the premises by medicare service person in connection with his/her duties, vehicles of the patients or anybody visiting the medicare service institution for valid reason.	Petitioner suggestion	
30	Mental violence should be treated as violence within the meaning of the Act.	Epidemic Diseases Act 1897 and Usha Badri Poonawalla judgment	
<b>Association of Medical Consultants : Intervener</b>			
<b>Guidelines as requested by Intervener's advocate Yogita Singh</b>			
1	A Circular to be issued by the Director General of Police and the concerned city Police Commissioners to all the Police Stations briefing them about the provisions of the Maharashtra Medicare Service Persons and Medicare Service Institutions (Preventions of Violence and Damage or Loss to Property) Act, 2010,	Awareness should be created for which training sessions can be arranged	
2	on the lines of the Standard Operating Procedure (SOP) contained in Order No. Standing 1018 issued by the Director General and Inspector General of Police, Karnataka State: being Exhibit B at pg.21 of the Affidavit in Reply on behalf of this Applicant dated 11.05.2021.		
3	Posters warning the people of the consequences of violence on Doctors or Hospitals and its staff, to be issued by the Police Department.		
4	Creation of WhatsApp group by each Police Station having all Medical Establishments in their jurisdiction as participants in the group such that SOS calls can be conveyed to the Police Station rapidly on the WhatsApp group.	Warning from Mah Police : wheel, three lions, khala rakshanaya... sentence and emblem indicating this is official document from police..... no mention of any specific act but insist that it is related to act for prevention of violence against medical professionals and institutions	
5	The said Circular is required to incorporate the directions issued by this Hon 'ble Court in para 6 of the order dated 13.05.2021 passed by this Hon 'ble Court.		
6	Fast track mechanism for hearing of these cases.		
<b>Points mentioned in White Paper on "Violence against Doctors"</b>			
1	Police personnel at the police station level shall have contact numbers and addresses of all Medical Professionals / Medical Care Establishments in their jurisdiction.		
2	Once Police Control Room/ Mobile Police / Police Station / Higher Authorities receive information of such a violence, responsible police personnel shall immediately reach the place.		
3	Immediate protection shall be provided to the Medical professionals / Medical Care Establishment staff / property and other patients.		

4	Police personnel on reaching the place, should first disperse the mob from the Medical Care Establishment and control the situation. This is necessary as there are other patients in the Medical Care Establishment as well as doctors attending to them who would be disturbed unless the mob is dispersed. The police should therefore reach the spot with adequate force to do so.		
5	In case of death of the patient, the dead body should not be allowed to be kept in the Medical Care Establishment by the agitators as that would instigate further disturbance. The police personnel should talk to the relations/ attendants of the concerned patients to shift the body out of the Medical Care Establishments. Immediate steps shall be taken to shift the dead body to mortuary		
6	Registration of case under the existing Karnataka prohibition of Violence against Medicare Service Professional and Damage to property in Medicare Service Institutions Act, 2009 shall be taken up.		
7	Protection shall be provided to the Medical Care Establishment till the situation settles.		
<b>Amendments to Mah 2010 Act suggested by AMC</b>			
1	Establishment of a Preventive and Inquiry Board to be constituted at the District level for the purpose of adjudging the losses caused by such violence and submitting a report thereof to the Special Court which would then pass an appropriate award for recovery of twice the amounts of such losses from the perpetrators of such violence which amounts would be directly credited to the medical establishment affected		
2	Establishment of a Special Prosecuting Authority to supervise the prosecution of cases of violence against Medical establishments. The Special Prosecution Supervisory Authority will supervise the investigations conducted by the police and ensure the speedy filing of FIRs and speedy prosecution of the offenders under the Act.		
3	Fast track Special Courts to try offences and grant awards for recovery of penalties against damages.		
4	hospitals should have large warning posters about the Act to dissuade any potential mischief mongers.		



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**ASSISTANT WEB MASTER**

*Dr. Dheerj Sonawane*

Mumbai | 9967441796

*Dr. Nemade Pradeep*

Mumbai | 9819936959

Dated: June 03, 2021

Dear Dr Rajeev Joshi,

**Subject: Authorisation Letter to Adv. Nitin P Deshpande in PIL, lodged by Dr Rajeev Joshi.**

Dear Sir,

We, Maharashtra Orthopaedic Association, authorise Adv. Nitin P Deshpande to represent our association, before the Committee, appointed by the State Government, to suggest changes in the law, dealing with Violence against the Doctors.

Thanking You



Hon. Secretary cum Treasurer

Maharashtra Orthopaedic Association

**Correspondence Address :** Dr. Karne Hospital, Near Laxmi Narayan Theatre, Satara Road, Swargate, Pune, Maharashtra 411037.

**Tel. :** 020 24265148

**Mob. :** 9822036724

**Email :** njkarne23@gmail.com

**Website :** www.mahaortho.org



# PUNE ORTHOPAEDIC SOCIETY

( Regd.No.MAH.-1653/2014/Pune, Dt.17/09/2014 )

President  
Dr N J Karne

Secretary  
Dr Abhijeet Wahegaonkar

Dated: June 03, 2021

Dear Dr Rajeev Joshi,

**Subject: Authorisation Letter to Adv. Nitin P Deshpande in PIL, lodged by Dr Rajeev Joshi.**

Dear Sir,

We, Pune Orthopaedic Society, authorise Adv. Nitin P Deshpande to represent our association, before the Committee, appointed by the State Government, to suggest changes in the law, dealing with Violence against the Doctors.

Thanking You

**Hon. President  
Pune Orthopaedic Society**

Past President  
Dr Shrinivas Shintre

Past Secretary  
Dr Sanjay Patil

President Elect  
Dr Chetan Pradhan

Secretary Elect  
Dr Swapnil Bhise

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( 2020 - 2021 )

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Dr Nilesh Jagtap

Dr Rajiv Nirawane

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(CO- OPT)  
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POS Secretariat :

C/O. SUV Healthcare Services

Samarth CHS Ltd. Bldg. No. 28, Second Floor, Block No. 402, Lokmanya Nagar, Navi Peth, Off LBS Road,  
Pune - 411 030 Mobile Nos . : +91 98816 95550, +91 98810 62537 .

Website : [www.puneortho.org](http://www.puneortho.org)



# PURVA HAVELI DOCTOR'S ASSOCIATION

Reg.No. F - 50205 / Pune

03/06/2021

Dear Dr Rajeev Joshi,

Subject: Authorisation Letter to Adv Nitin P Deshpande in PIL lodged by Dr Rajeev Joshi.

Dear Sir,

Purva Haveli Doctor's Association, hereby authorises Nitin P Deshpande to represent our association before the committee appointed by the State Govt to suggest changes in the law dealing with violence against the Doctors.

Thanking You,

Dr. Rahul S Kalbhor

President

(M) 7755929401



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**KONDHWA WANAWADI  
MEDICAL PRACTITIONERS ASSOCIATION**

Reg. No. Maha 1166-2011, Pune. Dated 02-07-2011. | Reg. No. F34043.



Date:-03/06/2021

Dear Dr Rajeev Joshi,

**Subject:** Authorization Letter to Adv Nitin P Deshpande in PIL lodged by Dr Rajeev Joshi.

Dear Sir,

Our association KONDHWA WANAWADI MEDICAL PRACTITIONERS ASSOCIATION, PUNE authorizes Nitin P Deshpande to represent our association before the committee appointed by the State Govt to suggest changes in the law dealing with violence against the Doctors

Thanking You

Vinod R. shel  
President

KWMPA, Pune  
mobile 9875660140

For KONDHWA WANAWADI MEDICAL  
PRACTITIONERS ASSOCIATION  
Reg. No. Maha. 1166/2011, F34043, Pune  
Date - 02/07/2011, PUNE  
KUBERA PARK, Pune - 411037.



# Maheshwari Doctor's Association, Pune

A - 102, Kiran Sparsh, Narayan Peth, Pune – 411030.

**President**

Dr. Radheshyam Lahoti  
9850064250

**Secretary**

Dr. Yogesh Asava  
9922414489

**Treasurer**

Dr. Shyamsunder Chandak  
8149253122

**Vice President :**

Dr. Abhijit Mantri  
9822096460

**Joint Treasurer :**

Dr. Sumit Chandak  
9923257565

**Joint Secretary :**

Dr. Shruti Maheshwary  
9923405086  
Dr. Chetan Kabra  
9175432223

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9822438001  
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9881101705  
Dr. Mahesh Rathi  
9822148699  
Dr. Himanshu Pophale  
9503939461  
Dr. Sandeep Baheti  
9822014401  
Dr. Gaurav Somani  
9822522571

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Dr. Rajesh Tapdiya  
Dr. Deepak Laddha

जाणक नं ६/२०२१-०१

दिनांक : ०३/०६/२०२१

Dear Dr Rajeev Joshi,

Subject: Authorisation Letter to Adv Nitin P Deshpande in PIL lodged by Dr Rajeev Joshi.

Dear Sir,

Our MAHESHWARI DOCTORS ASSOCIATION, PUNE authorises Adv.Nitin P Deshpande to represent our association before the committee appointed by the State Govt to suggest changes in the law dealing with violence against the Doctors.

Thanking You

Dr.Radheshyam Lahoti

President MDA , Pune

Dr.Yogesh Asawa

SECRETARY , MDA , Pune



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# Keshavnagar - Mundhwa Doctor's Association

KMDA

Reg No. Maharashtra 968/2015/Pune

Shree Sai Hospital, Shikshak Society, Keshavnagar,  
Mundhwa, Pune - 411036.

Dr. Manoj Kumbhar

President

Mob. No. 9822840204

Dr. Kumar (Dada) Kodre

Vice - President

Mob. No. 9850266464

Dr. Sushil Gaikwad

Secretary

Mob. No. 7875678620

Dr. Harish Salunkhe

Joint Secretary

Mob. No. 9175887175

Dr. Dhananjay Valvankar

Treasurer

Mob. No. 9822964558

Dr. Shantanu Kulkarni

Joint Treasurer

Mob. No. 9370335529

And all Members of

KMDA

Ref. No.

Date : 3/6/2021

Dear Dr Rajeev Joshi,

Subject: Authorisation Letter to Adv Nitin P Deshpande in PIL  
lodged by Dr Rajeev Joshi.

Dear Sir,

Our association (Keshav Nagar Mundhwa Doctors Association)  
authorises Nitin P Deshpande to represent our association  
before the committee appointed by the State Govt to suggest  
changes in the law dealing with violence against the Doctors

Thanking You

KESHAVNAGAR MUNDHWA DOCTOR'S  
ASSOCIATION  
Reg.No.:- MAH.968/2015/Pune  
President  
Secretary

Treasurer

HEALTH IS WEALTH



# Uttam Nagar Shivane Doctor's Association

Estb. : Jan 2015

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 Mob. : 9373000178

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 Mob. : 8796100437

I.P.P.  
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 Mob. : 9922277500

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**Dr. Nikhil Lokhande**  
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**Dr. Sushant Hande**  
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**Datta Andhale**  
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**Anup Loddha**  
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**Amol More**  
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**Prakash Pawar**  
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**Pravin Thorat**  
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**Prakash Shahane**  
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 Mob. : 9485038046

**Prakash Khedekar**  
 Mob. : 9460550975

**Prakash Chavan**  
 Mob. : 94789964

3/6/2021

To,

Dear Dr, Rajeev Joshi

Sub=> Authorisation Letter to Adv  
 Nitin P. Deshpande in PIL Lodged  
 by Dr Rajeev Joshi.

Dear Sir,

Our Uttam Nagar Shivane Doctor's Association (U.S.D.A.) authorises Nitin P. Deshpande to represent our association before the committee appointed by the state Govt. to suggest changes in the law dealing with violence againsts the Doctors.

Thanking you

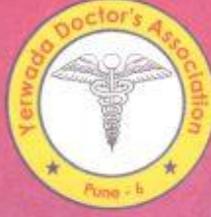
*Bhadra*



**Yerwada Doctor's Association**

Pune - 411 036.

Reg. No. 1458/2004/ Pune

**DR. VAIBHAV R. PHATANGARE**

President 2019-20

**VAIBHAV HOSPITAL**Ganga Complex, Opp. Neeta Park,  
Airport Road, Yerwada, Pune - 411006.

Email.: drvaibhav.ph@gmail.com

Mob.: 9960885540

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Dr Prajakta KelheDr. Prajakta Burse  
Dr. Pramila GabhaleDr. Preeti Dere  
Dr Sheetal Shete

Dear Dr Rajeev Joshi,

**Subject:** Authorisation Letter to Adv  
Nitin P Deshpande in PIL lodged by  
Dr Rajeev Joshi.

Dear Sir,

We, YERAWADA DOCTORS  
ASSOCIATION, day today 01.06.2021,  
hereby authorize Adv.Mr. Nitin P  
Deshpande to represent our association  
before the committee appointed by the  
State Govt to suggest changes in the law  
dealing with violence against the Doctors.

Thanking You,

PP.Jain. Secretary  
Subhakar. Treasurer  
P. Ranade Co-Treasurer

YERAWADA DOCTOR'S ASSOCIATION  
Regn. No. : MAH. 1458-2004



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PDA

# PHALTAN DOCTORS ASSOCIATION

Phaltan, Tal. Phaltan, Dist. Satara 415523.

Reg.No. Maha./16309/Satara

Ref.No. :

Date :

04.06.21

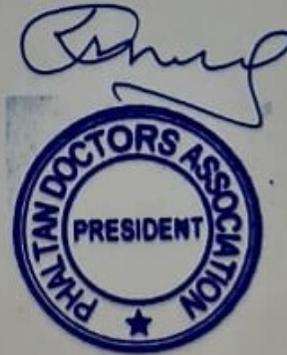
Dear Dr Rajeev Joshi,

Subject: Authorisation Letter to  
Adv Nitin P Deshpande in PIL lodged by  
Dr Rajeev Joshi.

Dear Sir,

Our association  
(PHALTAN DOCTORS ASSOCIATION )  
authorises Nitin P Deshpande to represent  
our association before the committee appointed  
by the State Govt to suggest changes in  
the law dealing with violence  
against the Doctors.

Thanking You



Dr. Gosavi Sachin  
President  
9823143843

Dr. Khatke Vikas  
Vice President  
7020965379

Dr.Mrs.Nale Rajshree  
Vice President  
9890487737

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Secretary  
9422607077

Dr. Rajvaidya Rushikesh  
Treasurer  
9422039978

Treasurer

Secretary

Vice President

Vice President

President



## PUNE CHAPTER OF IADVL MAHARASHTRA STATE BRANCH

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Building No 1 Flat No 4 ,401/A/  
Senapati Bapat Road  
Pune 411004  
Mobile-9921213912  
E mail-drrashmi.skin@gmail.com

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E mail-dsbhide@gmail.com

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Dr. Nitin Chaudhari

**Patrons:**

Dr. P B Joshi  
Dr. D J Patil  
Dr. Yashwant Tawade  
Dr. M A Tutakane  
Dr. V D Tiwari  
Dr. Dilip Shah

Date-

3<sup>rd</sup> June 2021

Dear Dr Rajeev Joshi,

Subject: Authorisation Letter to Adv Nitin P  
Deshpande in PIL lodged by Dr Rajeev Joshi.

Dear Sir,

Our association (IADVL , Pune Chapter)  
authorizes Nitin P. Deshpande to represent  
our association before the committee  
appointed by the State Govt. to suggest  
changes in the law dealing with violence  
against the Doctors

Thanking You

Dr. Dhanashree Bhide

President IADVL Pune Chapter



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**HON. PRESIDENT : DR. PRASHANT CHAUDHARI**  
Nirmal Clinic, Monal Park Apt., Gadital,  
Hadapsar, Pune-28. **M.:9850052763**

**HON. SECRETARY : DR. RAHUL ZANJURNE**  
Z-plus Accident Hospital, Hadapsar,  
Pune-28. **M.:8508139139**

**HON. TREASURER: DR. MANOJ KUMBHAR**  
Shree Sai Hospital, Keshavnagar, Mundhwa,  
Pune-28. **M.:9405014800**

● Office : Abane Hospital, Lokseva Hanuman Mandir Lane, Gadital, Hadapsar, Pune-411028. Ph.: 020-26993128.

Ref. No.:

Date : 3.6.2021

Dear  
Dr. Rajeev Joshi  
Pune.

Subject : Authorization Letter to Adv. Nitin Despande in PIL  
lodged by Dr. Rajeev Joshi.

Dear Sir,

Our association (Hadapsar Medical Association) authorised Nitin Despande to represent our association before the committee appointed by the State Govt. to suggest changes in the law dealing with violence against the Doctors.

Thanking you,

  
**Dr. Prashant Chaudhari**  
**Hon. President**

  
**Dr. Rahul Zanjurne**  
**Hon. Secretary**

  
**Dr. Manoj Kumbhar**  
**Treasurer**



# INDIAN MEDICAL ASSOCIATION Nashik Branch

Public Trust No. E-45, Nashik  
IMA House, Shalimar Chowk, Shivaji Road, Nashik 422 001. Ph.: (0253) 2504887  
Email : nasikima01@gmail.com Visit us : www.imanashik.org



**President**

Dr. Hemant Sonanis  
9922069966

**Hon. Secretary**

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9923879842

**Hon. Treasurer**

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9423581533

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**WDW Co-Chairperson**

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Dr. Manisha Jagtap

Dr. Nilesh Jejurkar

Dr. Smita Dahekar

Dr. Mahesh Bhirud

**Advisory Committee**

Dr. Shirish Deshpande

Dr. Pankaj Gupta

Dr. Nivedita Pawar

Viruddha Bhandarkar

Date:- 03/06/2021

To  
Dr Rajeev Joshi,

Subject: Authorisation Letter to Adv Nitin P Deshpande in PIL  
lodged by Dr Rajeev Joshi.

Dear Sir,

Our, Indian Medical Association ,Nashik., authorises Nitin P  
Deshpande to represent our association before the committee appointed  
by the State Govt to suggest changes in the law dealing with violence  
against the Doctors.

Thanking You

Dr. Hemant Sonanis  
President, IMA Nashik



*K. Gadekar*  
Dr. Kavita Gadekar  
Secretary, IMA Nashik

Theme of the year - Unity of Doctors and Balance in Life



## National Integrated Medical Association Daund Branch

**Dr Anil Lonkar**  
President  
Mo.: 9421054982

**Dr. Vishal Misal**  
Secretary  
Mo.: 9226932435

**Dr Uday Shelar**  
Treasurer  
Mo.: 9545019848

Address for correspondence: C/o Dr. Vishal Misal, Sec. NIMA Daund Br., Misal Hospital, Mahadeo Nagar, Behind BSNL Office, Daund 413801 Dist. Pune. Mobile: 9226932435; email: [vmisal449@gmail.com](mailto:vmisal449@gmail.com)

Dear Dr Rajeev Joshi,

3/6/2021

Subject: Authorisation Letter to Adv Nitin P Deshpande in PIL lodged by Dr Rajeev Joshi.

Dear Sir,

Our association National Integrated Medical Association (NIMA) Daund Branch authorizes Nitin P Deshpande to represent our association before the committee appointed by the State Govt to suggest changes in the law dealing with violence against the Doctors.

Thanking You,

*Anil Lonkar*

Dr Anil Lonkar.

President.



# 876 URULI KANCHAN DOCTOR ASSOCIATION

(Govt. Reg No. - E8460/Pune dated 12/03/2019 )

Office Add.- Ward No.-1, Shindawane Road, Uruli Kanchan, Tal. Haveli, Pune - 412202.

Email - urulikanchandoctorassociation@gmail.com

Contact : 9420173442, 9423224656

Date :-03/06/2021

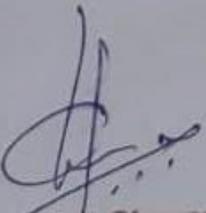
Dear Dr Rajeev Joshi,

**Subject:-** Authorisation Letter to Adv Nitin P Deshpande in PIL lodged by Dr Rajeev Joshi.

Dear Sir,

Our Association - Uruli Kanchan Doctor Association Authorises Nitin P Deshpande to represent our association before the comittee appointed by the State Govt to suggest changes in the law dealing with violence against the Doctors

Thanking You

  
**Dr. Abhijit Chavan**  
President

**Dr. Sumangala Jagtap**  
Vice President

**Dr. Ankush Pawar**  
Vice President

**Dr. Smita Subandh**  
Secretary

**Dr. Sharad Gote**  
Secretary

**Dr. Sameer Nanaware**  
Treasurer



**VCKDA**  
'proud & united doctors'

**Vadgaonsheri – Chandan nagar- Kharadi  
Doctor Association**

Reg No: MAH-719/2004/PUNE

Office Address: - Shree Ayrved & Panchakarma Hospital,

Lane No 4, Sr.No.43, Pathare Thube nagar, Chandan Nagar, Pune-411014

Contact no: - 8378000050

Email ID: -vckdapune@gmail.com

**President**

Dr. Prashant Daundkar – Patil

**Vice President**

Dr. Vishal Murkute

**Gen.Secretary**

Dr. Shubhangi Sundalam

**Treasurer**

Dr. Udaysinha Jadhav

**Sports Secretary**

Dr. Avinash Shrivastav

**Ex. Com.Members**

Dr. Santosh Kumar Shinde

Dr. Deepali Shelar

Dr. Narendra Deshmukh

Dr. Rajendra Khetre

Dr. Zakirhusen Attar

Dr. Kalpana Awari

Date :- 03/06/2021

To,

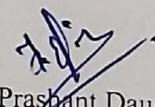
Dear Dr Rajeev Joshi,

Subject: Authorisation Letter to Adv Nitin P Deshpande in PIL lodged  
by Dr Rajeev Joshi.

Dear Sir,

Our association Vadgaonsheri Chandannagar Kharadi Doctors association authorises Dr.Prashant Daundkar to represent our association before the committee appointed by the State Govt to suggest changes in the law dealing with violence against the Doctors

Thanks & Regards

  
Dr Prashant Daundkar - Patil

President VCKDA





# 878 INDIAN FOOT & ANKLE SOCIETY

## President Emeritus

Dr. Sureshwar Pandey

Date : 03-06-2021

## President

Dr. Mahendra Kudchadkar  
ortho67@gmail.com

Dear Dr Rajeev Joshi,

## Honorary Secretary

Dr. Kumar Shantanu Anand  
anandshantanu1@gmail.com

Subject: Authorisation Letter to Adv Nitin P Deshpande in PIL lodged by Dr Rajeev Joshi.

## President-Elect

Dr. Malhar Dave

Dear Sir,

Our association, that is, Indian Foot and Ankle Society, authorises Nitin P Deshpande to represent our association before the committee appointed by the State Govt to suggest changes in the law dealing with violence against the Doctors.

## Past Presidents

Dr. Rajeev Vohra  
Dr. Nikesh Shah  
Dr. Sampat Dumbre Patil

Thanking You

## Immediate Past Secretary

Dr. Ajoy S. M.

## Joint Secretary

Dr. Parthiban Jeyapaul

## Treasurer

Dr. Abdul Gafoor

## Executive Committee Members

Dr. Alok Jain  
Dr. Abhishek Jain  
Dr. Aditya Somayaji  
Dr. Arun Ramanathan  
Dr. Hitin Mathur  
Dr. Jagdeep Madaan

## Co-opted Members

Dr Rajesh Simon  
Dr. Maninder Singh Shah  
Dr. Abhijit Bandopadhyay  
Dr. Inderjit Singh

President  
Indian Foot and Ankle Society

Honorary Secretary  
Indian Foot and Ankle Society