



IN THE HIGH COURT OF KARNATAKA AT BENGALURU

DATED THIS THE 5TH DAY OF FEBRUARY, 2026

BEFORE

THE HON'BLE MR. JUSTICE S SUNIL DUTT YADAV

CRIMINAL PETITION NO. 15376 OF 2025

BETWEEN:

1. SRI SATISH KRISHNA SAIL
S/O. LATE KRISHNA SAIL,
AGED ABOUT 57 YEARS,
R/A. 'MOHAN', NA-17, CHITTAKULA, SADASHIVGAD,
KARWAR,
KARNATAKA - 581 352

... PETITIONER

(BY SRI. SUNIL KUMAR S., ADVOCATE A/W
SRI LAKSHMIKANTH G., ADVOCATE)

AND:

1. DIRECTORATE OF ENFORCEMENT
GOVERNMENT OF INDIA,
REPRESENTED BY ITS
ASSISTANT DIRECTOR,
BENGALURU ZONAL OFFICE,
3RD FLOOR, B BLOCK, BMTC,
SHANTINAGAR, TTMC, K.H. ROAD,
BENGALURU - 560 027

... RESPONDENT

(BY SRI. ARVIND KAMATH, ASGI A/W
SRI MADHU N. RAO, STANDING COUNSEL, SPP, E.D.)

Digitally
signed by
VIDYA G R
Location:
HIGH
COURT OF
KARNATAKA



THIS CRL.P IS FILED U/S 482/438 OF BHARATIYA NAGARIK SURAKSHA SANHITA, 2023 (BNSS) R/W SECTION 45 OF THE PREVENTION OF MONEY LAUNDERING ACT, 2002, PRAYING TO ENLARGE THE PETITIONER ON REGULAR BAIL OR DIRECT THE RESPONDENT - ED TO RELEASE HIM ON BAIL IN THE EVENT OF HIS ARREST/RE-ARREST IN ECIR/BGZO/20/2025 DTD 04.08.2025, FOR OFFENCE P/U/S 3 AND 4, 45 OF PMLA, 2002, WHICH IS NOW PENDING BEFORE THE HON'BLE LXXXI ADDL. CITY CIVIL AND SESSIONS COURT, AT BENGALURU.

THIS PETITION COMING ON FOR ORDERS THIS DAY, ORDER WAS MADE THEREIN AS UNDER:

CORAM: HON'BLE MR. JUSTICE S SUNIL DUTT YADAV

ORAL ORDER

The petitioner who is accused no.1 before the trial court happens to be the sitting Member of the Karnataka Legislative Assembly has filed the present petition seeking to be enlarged on regular bail or direct the respondent-ED to release him on bail in the event of his arrest/re-arrest in ECIR/BGZO/20/2025 for the offence under Section 3, punishable under Section 4 of the Prevention of Money Laundering Act, 2002 ('PMLA Act' for short).

2. The brief facts for the purpose of disposal of the present petition which relates to release of the petitioner



on bail are that the respondent Enforcement Directorate had registered ECIR/BGZO/20/2025 on 04.08.2025 for the offence under Section 3, punishable under Section 4 of the PMLA Act, 2002 against accused no.1 and others. Further it is to be noticed that during the process of investigation, petitioner having been arrested, petitioner had sought for bail before the Trial Court. The trial court had initially granted interim bail to the petitioner and eventually the application for bail came to be rejected by order dated 07.11.2025 by the Special Court.

3. The petitioner had sought to be enlarged on bail on medical grounds before the Trial Court. The trial court by a detailed order though having taken note of the medical condition of the petitioner, had however felt that the ground under Section 45 of the PMLA Act, 2002, i.e., sick or infirm was not made out.

4. The petitioner has now filed the present petition before this court and seeks to be enlarged on bail.



5. The present petition came to be filed on 10.11.2025 and this court by order dated 10.11.2025 had granted interim bail taking note of the interim bail granted by the Special Court which was granted on 11.09.2025 and was in force till passing of the order rejecting the bail application on 07.11.2025. Since then, the protection granted by way of interim relief has been extended till date and accordingly, the petitioner is in effect on bail.

6. It must be noticed that the present petition being limited to grant of bail on medical grounds, narration of other facts may not be of much consequence. The grounds on which the petitioner had sought to be enlarged on bail is while placing reliance to the proviso to Section 45 (1) of PMLA Act, 2002. The proviso which is an enabling provision provides that if a person is sick or infirm, such person may be released on bail if the court so directs.

7. Section 45 and the relevant proviso is extracted below for reference.



"Section 45 - Offences to be cognizable and non-bailable.

(1) Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), no person accused of an offence under this Act shall be released on bail or on his own bond unless

(i) the Public Prosecutor has been given an opportunity to oppose the application for such release; and

(ii) where the Public Prosecutor opposes the application, the court is satisfied that there are reasonable grounds for believing that he is not guilty of such offence and that he is not likely to commit any offence while on bail:

Provided that a person, who, is under the age of sixteen years, or is a woman or is sick or infirm, or is accused either on his own or along with other co-accused of money-laundering a sum of less than one crore rupees may be released on bail, if the Special Court so directs:

8. The facts that are made out is that the petitioner has been diagnosed with early signs of Liver Cirrhosis during the month of August, 2023 at Institute of Liver and Biliary Sciences, New Delhi and has been suffering from



multiple ailments such as pituitary gland cyst, liver cirrhosis, severe fluid retention, urinary difficulties and episodes of blood vomiting and has been undergoing continuous medical treatment at multiple institutions. There is a detailed narration of treatment taken by the petitioner at various hospitals.

9. The only point for determination is as to whether the petitioner could be stated to be sick or infirm which would enable the court to release the petitioner on bail notwithstanding the conditions imposed under the main provision of Section 45 (1) of the PMLA Act sans the proviso.

10. In order to ascertain the ailments of the petitioner and enable the court to come to a conclusion that he was sick or infirm, the court had passed various orders subjecting the petitioner to medical examination to enable the court to form an opinion.



11. On 13.11.2025, the Additional Solicitor General made a submission that petitioner may be subjected to medical evaluation. The petitioner's counsel indicated that petitioner would cooperate with the evaluation process and furnish medical records. Initially, there was a direction for medical evaluation by the Command Hospital, Air Force, Bangalore.

12. On 20.11.2025, it was brought to the notice of the court that Command Hospital had declined to examine the petitioner and had also observed that the petitioner could be examined before the Government Hospital or Bangalore Medical College Hospital. It was brought to the notice of the court that Command Hospital had declined to examine the petitioner and had also observed that the petitioner could be examined before the Bangalore Medical College Hospital. It is further submitted that the petitioner was examined by the Doctors of the Bangalore Medical College Hospital.



13. On 11.12.2025, the proceedings of the court would record that the respondent has taken stand that it would be appropriate to subject the petitioner to fresh medical examination and affidavit of the Assistant Director of the office of Directorate of Enforcement, Bangalore Zonal Office was filed in this regard.

14. On 18.12.2025, learned Additional Solicitor General had taken stand that it would be appropriate to have the petitioner examined in All India Institute of Medical Sciences, New Delhi ('AIIMS' for short). The date for medical evaluation was also fixed by this court itself.

15. On 13.01.2026, this court had passed a detailed order while accepting the requirement of petitioner to be examined by AIIMS. The order dated 13.01.2026 reads as follows:

"The memo filed by learned counsel for the petitioner is taken on record."



It is submitted that the Authority at A.I.I.M.S., New Delhi have observed that admission of petitioner is required for evaluation and management and that the date has been fixed for admission on 21.01.2026 and that they would ensure they would admit him at A.I.I.M.S.

Along with the memo, the medical records as regards the petitioner is annexed. Apart from the medical examination, including the health parameters and in light of the context, ILBS, New Delhi, in which such opinion is sought, the concerned Doctors may also voice opinion regarding:

"whether the petitioner's ailment and medical condition would permit him to undergo incarceration without prejudicing his treatment?"

It is clarified that such aspect is only an opinion from the Doctors of A.I.I.M.S. and subject to the Court taking a final call.

The interim bail granted by the Special Court on 11.09.2025 which has been extended



till date, is extended till the next date of hearing on same terms.

Re-list the matter on 05.02.2026."

16. The court had not only required that medical examination of all health parameters be made but had also called upon the Doctors to voice opinion as to whether petitioner's ailment and medical condition would permit him to undergo incarceration without prejudicing his treatment.

17. Subsequent thereto, a memo was filed by the petitioner producing the medical records after evaluation at AIIMS Hospital. The Department of Gastro Enterology, AIIMS, New Delhi, by way of Certificate dated 23.01.2026 have rendered their opinion on the health of the petitioner. The certificate dated 23.01.2026 reads as follows:

"TO WHOM IT MAY CONCERN

*This is to certify that Mr Satish Krishna Sail,
S/o Krishna Sail 58-year-old male (UHID*



108857645) was admitted under my care for the evaluation of suspected underlying cirrhosis from 21.1.26 to 23.1.26. On evaluation, he was found to have decompensated cirrhosis of the liver Metabolic and alcohol-associated liver disease (MELD score- 14 & Child Pugh Score- 9B). He has underlying portal hypertension-related complications in the form of ascites, esophageal varices (for which primary Endoscopic Variceal Ligation was done in November 2024) and hepatopulmonary syndrome. Triple phase CT abdomen was done and discussed with Dr.Rajender, Radiology faculty, in which there is structural evidence of cirrhosis of the liver with ascites. In view of decompensated cirrhosis, ascites & hepatopulmonary syndrome, further evaluation for liver transplantation is warranted. He needs to follow up periodically in the Gastroenterology OPD with relevant investigations.

18. Along with the certificate, Discharge Summary is also enclosed. It will be useful to extract the additional summary as regards observations made relating to Clinical History, Hospital Course and Investigations.

" A 58-year-old male, a sitting Member of the Legislative Assembly from Karnataka, has a history of type 2 diabetes mellitus, systemic hypertension,



grade II obesity, and obstructive sleep apnea on CPAP therapy. He has alcohol use disorder with moderate ongoing alcohol intake, and his last alcohol intake was in 2022. He was found to have fatty liver on routine evaluation in 2018 and subsequently developed decompensated cirrhosis in 2023, manifesting as ascites and pedal oedema. He was evaluated at ILBS, where he underwent primary endoscopic variceal ligation for oesophageal varices in November 2024, with documented eradication of varices in August 2025. Mild hepatopulmonary syndrome was noted on contrast echocardiography, and liver transplantation was advised at that time.

Over the last 1 year, he has had persistent pedal oedema and abdominal distension, now associated with purpuric skin lesions for the past 5 months. He has presented to AIIMS with these complaints and past history for confirmation of cirrhosis and further management.

HOSPITAL COURSE

He was managed with intravenous albumin, diuretics, nutritional support, and other supportive therapy. Routine laboratory investigations were performed, and a triphasic contrast-enhanced CT of the whole abdomen was obtained and reviewed with the gastrointestinal radiology team. The clinical



history, baseline investigations, and imaging findings were consistent with decompensated cirrhosis of the liver, likely related to chronic alcohol use and multiple metabolic risk factors. His medical therapy was optimised, and he is now being discharged in a hemodynamically stable condition with the following advice.

INVESTIGATIONS

<i>Parameters.</i>	<i>21.1.26</i>
<i>Hb</i>	<i>12.2</i>
<i>TLC</i>	<i>3820</i>
<i>Plat</i>	<i>66k</i>
<i>Urea/creat</i>	<i>26/0.7</i>
<i>Na/K</i>	<i>137/3.6</i>
<i>Bilirubin (T/D)</i>	<i>2.6./0.8</i>
<i>SGOT/SGPT</i>	<i>70/49</i>
<i>SAP</i>	<i>140</i>
<i>TP/ALB</i>	<i>8/2.8</i>
<i>INR</i>	<i>1.5</i>

*AFP-5.7 ng/mL
HbA1c-6.1%
UACR-1.34 mg/g*

*Previous investigation:
HBsAg/Anti-HCV-Negative
Serum ceruloplasmin-29.9 (normal)
AF analysis-High SAAG ascites (2.12)
TSH-4.1 uIU/mL
Blood group-B positive*

CECT Abdomen (16.8.25)-CLD changes, MPV-14.5 mm, collaterals present, mild ascites, LR shunt present 8.3 mm



TPCT W/A (22.1.26):

Liver measures 15.9 cm in size (CC dimension, along mid clavicular line), shows architectural distortion in form of right lobar atrophy and mild caudate lobe hypertrophy (CRL ratio 1) with widening of fissures and irregular nodular outline-suggestive of CLD. No e/o abnormal arterial enhancing or venous focal lesion seen. No IHBRD seen. Hepatic veins are normal.

Main Portal vein is normal (measures 11 mm in maximum calibre) and shows normal contrast opacification with no evidence of thrombus Right & left branch of portal vein appears dilated and shows normal contrast enhancement. Splenic vein is normal (measure 8mm in calibre at hilum) and shows normal contrast opacification Superior mesenteric vein is normal (measure-13mm in calibre at confluence) and shows normal contrast opacification. Splenoportal confluence shows normal contrast opacification with no evidence of thrombus Multiple tortuous venous collaterals are seen in peroesophageal, perigastric, perisplenic, mesenteric region and retroperitoneal collaterals are seen with a communication between the dilated splenic vein and left renal vein - s/o leiorenal shunt-8mm in calibre, which appears to be dilated and tortuous Common hepatic artery is normal in calibre (-5mm maximum diameter) & opacification and show orthoptic origin from celiac artery, and further divides into RHA and LHA.

Spleen is enlarged in size (Measures-15 cm), normal in morphology, attenuation and enhancement. No focal lesion seen.

There is diffuse misty appearance of mesentery with multiple tiny subcentimetric nodes in mesentery & retroperitoneum.

Moderate ascites seen.



*Gall bladder is minimally distended with
pericholecystic fluid
Common bile duct is normal*

*Small bowel loops and large bowel loops are grossly
normal*

*Pancreas is normal in bulk, morphology, attenuation
and enhancement*

*Bilateral kidneys are normal in size, shape,
morphology, attenuation and enhancement Bilateral
pelvic/lyceal system are normal. No evidence of
calculus hydronephrosis.*

Bilateral adrenals are normal. No focal lesion seen

Abdominal aorta and IVC are normal

*Urinary bladder is partially distended and is normal
Prostate is normal in size, shape, morphology and
attenuation.*

*No evidence of significant periportal/ peripancreatic/
retroperitoneal lymphadenopathy*

Visualized bones shows degenerative changes

*Visualised lower chest sections are unremarkable.
Note made of cyst in the superior segment of RLL.
Note made of atherosclerotic plaques in the
abdominal aorta.*

Impression Present study reveals

*Features of Chronic Parenchymal Liver Disease with
Portal hypertension (splenomegaly, portosystemic
collaterals & lienorenal shunt, moderate ascites)*

*No evidence of abnormal arterial enhancing lesion to
suggest HCC."*



19. Sri.Sandesh Chouta, learned Senior Counsel appearing for the petitioner relies heavily upon medical records of AIIMS and submits that the medical report is self-explanatory insofar as condition of health as well as requirement of ongoing treatment. The petitioner has also relied on the Discharge Summary issued by the Institute of Liver and Biliary Sciences showing the date of discharge as 18.07.2025 and draws attention to 'Advice at Discharge'.

20. It is submitted that petitioner's health condition is such that it would be described to be sick or infirm in terms of Section 45 which would enable the court to enlarge the petitioner on bail on the ground of medical requirement.

21. Learned Additional Solicitor General appearing for the respondents has also placed on record Email dated 30.01.2026 sent by the Doctors of AIIMS, which is to be



read as modification of the certificate issued by the AIIMS extracted above. The said Email reads as follows:

"Dear Mr. Rao,

I have modified the certificate from our end - clearly stating his medical illness and his follow-up required. The following statement is now added.

The patient needs to be admitted once a week in hospital to receive injections (albumin). He should avoid crowded places and ensure clean food and water to avoid catching any new infections. He should undergo evaluation for a liver transplant on priority.

Do let me know if you need any clarifications."

22. The learned Additional Solicitor General submits that the court have to decide as to whether the protection would fall within the term 'sick' or 'infirm' as provided under proviso to Section 45 of the PMLA Act.

23. It is further submitted that mere requirement of liver transplantation by itself cannot be a ground to release the petitioner on bail while the petitioner could get



such treatment in the Government Hospitals. However that appears to be a feeble submission in light of medical certificate by AIIMS by noticing that it is at the instance of the respondent, the petitioner was subjected to medical evaluation at AIIMS Hospital.

24. It is clear in terms of the proviso to Section 45 that the court has got discretion notwithstanding the main provision under Section 45, whereby conditions have to be fulfilled for being enlarged on bail and in terms of the proviso, the court could ascertain whether petitioner is either 'sick' or 'infirm' for being enlarged on bail.

25. The certificate issued by AIIMS dated 23.01.2026 is self-explanatory. The petitioner is suffering from cirrhosis of liver - Metabolic and alcohol associated liver disease (MELD score-14 & Child Pugh Score-9B) and he has underlying portal hypertension related complications in the form of ascites and has to undergo liver transplantation.



26. The petitioner would point out that blood platelets count ought to be above one Lakh in order to enable pre-transplant procedure to be followed including coronary Angiogram. Even otherwise, the certificate of AIIMS requires acceptance. In the absence of serious challenge, the Email placed on record by the respondents themselves wherein the Doctor has voiced opinion requires serious consideration. It says the petitioner needs to be admitted once in a week in hospital to receive injections (albumin). It is further stated that he has to avoid crowded places and ensure clean food and water to avoid catching any new infections. He has to undergo evaluation for a liver transplant on priority. This by itself would indicate that the petitioner may require to be in a sterile environment.

27. If that were to be so, noticing the medical records, case would be made out without reference to other contentions noticing that the request is only for being released on medical grounds to enlarge the



petitioner on medical bail. It is the advice of the Doctors at AIIMS Hospital at the choice of respondents itself indicates that the petitioner is required to have liver transplantation on priority.

28. Taking holistic view of the abovesaid facts, it would be appropriate that the petitioner be enlarged on bail noticing that the court is empowered to do so by exercise of jurisdiction under proviso to Section 45 of the PMLA Act.

29. It is also necessary to notice that earlier also, the petitioner has been taking medical treatment and medical records have been produced before this court by the petitioner. It is pointed out by the petitioner that the petitioner while in custody was taken to ESI Hospital, Rajajinagar, Bangalore on 10.09.2025 and he was subjected to tests on 11.09.2025 and the authorities themselves noticing the medical condition of the



petitioner, produced the petitioner before the Special Court and the petitioner was granted interim medical bail.

30. The petitioner has placed on record certificates to show that treatment was taken at Gleneagies BGS Hospital, Kengeri, Bangalore, for liver cirrhosis and other ailments on 12.09.2025, that treatment was taken at Institute of Liver and Biliary Sciences on 24.09.2025 and 25.09.2025 and periodically thereafter, tests were undertaken. Various other medical records have been placed by the petitioner.

31. Insofar as the medical records would indicate that petitioner could be described to be sick or infirm. The court had observed that it may be necessary that Doctors expressed opinion as to whether petitioner's ailment and medical conditions would permit him to undergo incarceration without prejudicing treatment. The Email received as addendum, the medical certificate produced by the respondent further indicate that he needs



hospitalization once in a week to receive injections (albumin) and that he is required to stay away from crowded places and ensure clean food and water to avoid catching of new infections. The last Email would indicate that incarceration will not be practicable and jeopardize the fragile health condition of the petitioner.

32. In light of the discussion made above, this court pass the following:

ORDER

The petitioner/accused no.1 Satish Krishna Sail is enlarged on Medical Bail on executing a personal bond for a sum of Rs.5 Lakhs with one surety for the likesum subject to following conditions:

i) The petitioner/accused no.1 shall not threaten or tamper with the prosecution witnesses.

ii) The petitioner/accused no.1 shall not do any other acts which would directly or indirectly interfere with the investigation process.



iii) The petitioner/accused no.1 whenever leaves outside the jurisdiction of this court for medical treatment, shall immediately after returning back, file a report regarding number of days he has left for medical treatment and report in that regard which would be in the form of intimation to the court.

iv) The petitioner/accused no.1 to file before the court once in every eight weeks, the report containing his medical conditions with relevant parameters.

v) The petitioner/accused no.1 must file a report regarding the process of procedure of liver transplantation from the Gastro Enterologist with whom he has been consulting within three weeks.

vi) It is made clear that in light of petitioner being enlarged on bail on medical grounds, petitioner to ensure that his conduct does not reflect activities inconsistent with medical conditions.



The petition stands disposed of with the above observations.

SD/-
(S SUNIL DUTT YADAV)
JUDGE

NP