IN THE HIGH COURT OF PUNJAB AND HARYANA AT CHANDIGARH

CWP No.10101 of 2016
Decided on :21.12.2016

Vasu Gupta

... Petitioner

Versus

Punjab Technical University, Jalandhar and another

... Respondents

CORAM : HON'BLE MR.JUSTICE G.S. SANDHAWALIA

Present : Mr. Puneet Jindal, Senior Advocate with
Ms. N.A. Mahajan, Advocate for the petitioner.

Mr. Tribhawan Singla, Advocate
for respondent No.1-University.

Mr. Puneet Sharma, Advocate
for respondent No.2-institute.

G.S. Sandhawalia, J. (Oral)

The challenge in the present writ petition is to the order dated 04.03.2016 (Annexure P-16 colly.), whereby the petitioner's request for relaxation of the shortage of attendance was declined by the Vice-Chancellor of the respondent-University.

The reason behind the passing of the said order was that there were a large number of students who had been detained due to shortage of lectures and were not allowed to appear in the examinations. The petitioner had attended only 50% lectures in the 2nd semester and if relaxation was given to him, it would become a wrong precedent and would not be in the academic interest of any student. He was, therefore, allowed to attend classes of 2nd semester with the lower batch and take the examination afresh for the 2nd semester after the requisite attendance.

A perusal of the record would go on to show that the petitioner

was admitted in the B.Tech. (ECE) Course in the year 2014 with the respondent No.2-institute, which is affiliated with the respondent No.1-University. On 20.12.2014 when he was collapsed on account of heart ailment and was immediately taken to the local hospital at Jalandhar, where he was diagnosed as 'Ventricular Tachy-Cardia' and was given a shock for revival, which would be clear from Annexure P-11. He, thereafter, was taken to Delhi and also remained admitted in the Medanta Heart Institute, Gurgaon, documents of which have been attached. It has been mentioned that it is a 'Recurrent Syncope' and is a survivor of SED and the last episode was a 'DC verted in emergency'. Thereafter, a procedure was carried out in the MAX Super Speciality Hospital at Delhi on 16.01.2015 and intervention was done to diagnose his problems. The details of the procedure read as under:-

> *"PROCEDURE*
>
> *A quadripolar electrode was introduced via right femoral vein, and placed in the high atrium for pacing, and recording atrial activity. One decapolar electrode was placed in the coronary sinus for recording. One decapolar electrode was placed in the coronary sinus for recording. One quadripolar catheter was placed at the bundle of His for recording. One quadripolar catheter was placed at the RV apex for pacing and recording ventricular activity. All stimulation studies were done at twice the diastolic threshold of the chamber paced.*
>
> *<u>EPS Parameters</u>*
>
> *<u>Basic Intervals</u>:*

	PA	*AH*	*HV*	*QRS*	*QT*
Normal values ms	*(22-55)*	*(26-120)*	*(35-55)*	*(80-90)*	*(<440)*
(RR=600 ms)	*25*	*50*	*60*	*90*	*320*

ATRIO-VENTRICULAR CONDUCTION

Normal decremental AV conduction was seen on atrial pacing at gradually increasing rate, with gradual prolongation of A-H interval. Wenckebach's AV block developed at the pacing rate of 187/min.

Atrio- Ventricular Wenckebach cycle length:

Pre ablation: 320 msec

Post ablation: 320 msec

AVERP:

Post ablation: 450/290/200 msec

VENTRICULO-ATRIAL CONDUCTION

VA conduction was seen on ventricular pacing at gradually increasing rate. VA block developed at the pacing rate of 250/min.

Ventricular-atrial Wenckebach cycle length

Pre-ablation 240 msec

Post-ablation 280 msec

TACHYCARDIA INDUCTION

A narrow QRS tachycardia was induced on programmed electrical stimulation of ventricle at 450/290/320 msec. The tachycardia had a cycle length of 240 msec (250/min), with a VA (HRA) of 190 msec. Earliest atrial activation was seen in distal coronary sinus electrode during tachycardia. Ventricular preexcitation reset the tachycardia and ventricular pacing revealed same atrial activation sequence as during tachycardia. A diagnosis of AVRT with concealed left free wall accessory pathway was made.

The patient developed hypotension and sweating and dizziness during tachycardia.

RF ABLATION*:*

The accessory pathway was mapped using ablation catheter in the left free wall region. The accessory pathway was ablated using RF energy. Single applications of 45 wants were given for 60 seconds in 3'O clock mitral valve annular position. No tachycardia was inducible after the ablation. There was no evidence of accessory pathway after the ablation.

No AV block was observed during or after the RF energy delivery.

FINAL ASSESSMENT

1. AVRT

2. Concealed left free wall accessory pathway

3. Successful RF ablation."

As per the discharge summary, the details were also mentioned that the procedure was uncomplicated and well tolerated and he was discharged in a similar stable condition and he had a similar episode in the year 2009.

It is further the case of the petitioner that on said medical intervention, he had also suffered various ailments and was under treatment and the necessary medical certificates have been attached, showing he was under treatment from 13.03.2015 to 03.04.2015 in a private hospital at Jalandhar.

On account of his detention on the shortage of lectures on 23.04.2015, he approached this Court in ***CWP No.8833 of 2015*** (Annexure P-10). Keeping in view the power of relaxation as per Regulation 8 and the fact that he had filed a representation, the writ petition was disposed of with directions on 10.08.2015 (Annexure P-10) to take a sympathetic view, keeping in view the background and his representation be decided.

It is pertinent to mention that there was a interim order dated 06.05.2015 in his favour in the earlier writ filed whereby he had been permitted to sit in the subsequent examinations. It is also a matter of record that he has now cleared 3rd and 4th semester examination. Result of one paper is to be cleared, which has to be re-evaluated and resultantly,

the petitioner has thus progressed academically and is studying in the 5th semester. The impugned order was, thereafter, passed on 04.03.2016 (Annexure P-16) at a belated stage, in spite of directions of this Court that the issue be decided within a period of four weeks.

As noticed the ground for rejection is that similar that students similarly placed would seek same consideration. The order on the face of it an order without reasons. The details have already been mentioned. The petitioner was suffered from a serious medical ailment. He escaped from the jaws of death having collapsed in the educational institution and was revived timely on account of proper medical treatment. He, thereafter, had been treated in the specialized hospitals at Gurgaon/New Delhi. All these aspects have totally been ignored by the Vice-Chancellor of the University while passing the order. The medical record has not been examined and discussed and, therefore, the order cannot be called a reasoned in any manner and is liable to be set aside on this ground alone.

As per Regulation 8, the Vice-Chancellor is competent to allow any relaxation, subject to the ratification by the Board of Governors. Regulation 8 reads as under:

> *"Notwithstanding anything contained in these Regulations, the Vice Chancellor shall be competent to allow any relaxation subject to ratification by the Board of Governors."*

In spite of the powers vested in him, the Vice-Chancellor unfortunately, even in a justified case, has chosen not to exercise the same and thus the order is not sustainable.

Senior counsel for the petitioner has very ably also pointed out that as many as 35 students were given benefit and specifically pleaded the said fact in the Para No.17. The reply of the respondent-University also admits this fact that out of 35 students, 31 students had to give their exams, but were to attend classes of the earlier sessions. However, regarding the three students there is only a passive plea taken that they were given the benefit by the Vice-Chancellor, but the said decision was not ratified by the Board of Governors, which was to be done. Thus, admittedly for the other three it has not been clarified that whether they were permitted to carry on with their course, even if the Board of Governors had not ratified the said decision of the Vice-Chancellor.

The admission is thus apparent that similarly situated persons who may be placed at lower pedestal have been granted the benefit.

Reference can also be made to the judgment passed by this Court in the Case of ***'Salil Trikha Vs. Guru Nanak Dev University, Amritsar and another' 2011 (1) SCT 587.*** It was held that if the students are kept away from the studies under medical ailments and the circumstances beyond their control, then the admission is to be regularized. The relevant portion of the said judgment reads as under:-

> *"Here is a case where the petitioner was prevented from attending classes/course on account of the circumstances beyond his control. No statutory rules or Ordinance has been placed before this Court which may deal with a situation like this. No*

> *rule or law is intended to over look the genuine problem of the human beings. These rules apply in normal situations and do not deal with the abnormal situation like the present one where a candidate has suffered on account of the medical problems which were beyond his control.*

Accordingly, the writ petition is allowed. The impugned order dated 04.03.2016 (Annexure P-16 colly.) is quashed. A writ of mandamus is issued directing the Vice-Chancellor of the respondent-University to grant the benefit by exercising the power under Regulation 8 in the favour of the petitioner and grant exemption to him on the medical ground from having 75% attendance in the 2nd semester in the facts and circumstances of the case.

With the abovesaid observations, the present writ petition is allowed. The needful be done within a period of four weeks from the receipt of the certified copy of this order. The benefit of examinations given under the interim orders of the Court will be accordingly given to the petitioner.

(G.S. SANDHAWALIA)
JUDGE

DECEMBER 21, 2016
Naveen

Whether speaking/reasoned: *Yes/No*

Whether Reportable: *Yes/No*