



BEFORE THE MADURAI BENCH OF THE MADRAS HIGH COURT

Reserved on : 06.12.2017

Pronounced on : 18 -01-2018

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CORAM:

THE HONOURABLE MR. JUSTICE R. SUBBIAH

and

THE HONOURABLE MR. JUSTICE A.D. JAGADISH CHANDIRA

Criminal Appeal (MD) No. 260 of 2016

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M. Palaneeswaran

.. Appellant

Versus

The State
represented by The Inspector of Police
Thanjavur East Police Station
Thanjavur
(In Crime No.419/2013)

.. Respondent

Appeal filed under Section 374 of Code of Criminal Procedure against the Judgment dated 27.08.2015 made in S.C. No. 171 of 2014 on the file of I Additional District and Sessions Judge, (P.C.R.) Thanjavur.

For Appellant	:	Mr. A. Haja Mohideen
For Respondent	:	Mr. C. Ramesh
		Additional Public Prosecutor

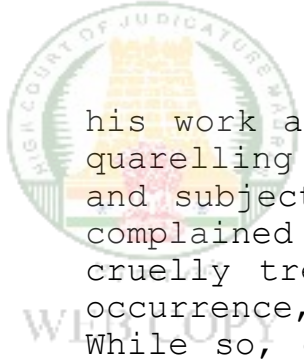
JUDGMENT

R. SUBBIAH, J

The appellant is the sole accused in S.C. No. 171 of 2014 on the file of I Additional District and Sessions Judge, Thanjavur. He stood charged for the offence punishable under Section 302 of IPC. After conclusion of trial, the trial Court, by the judgment dated 27.08.2015 convicted the accused for the offence under Section 302 of IPC and sentenced him to undergo imprisonment for life with fine of Rs.10,000/-, in default, to undergo imprisonment for a period of one year. Challenging the said judgment, the present appeal is filed by the accused/appellant.

2. The case of the prosecution could succinctly be narrated as follows:-

(i) The accused Palaneeswaran and the deceased Seethaladevi are husband and wife and their marriage was solemnised eight years prior to the date of occurrence. Due to the wedlock, a son was born to them and he was 7 years old at the time of occurrence. The appellant was working as Professor in Adaikala Madha College, Vallam, Mannarkudi. The deceased was working as Physical Education Trainer in Vandiyur Iruppu Government Higher Secondary School. For about 7 months prior to the date of occurrence, the appellant did not go to

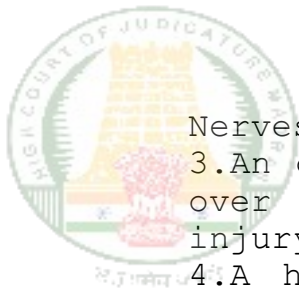


his work and was sitting idle in the house. The accused was also quarelling with the deceased very often by suspecting her fidelity and subjected her to matrimonial cruelty. The deceased therefore complained to her family members about the manner in which she was cruelly treated by the accused. Even a day prior to the date of occurrence, the appellant picked up a quarrel with the deceased. While so, on 11.06.2013 at about 08.15 am the deceased was getting ready in her bed room to go to her work. At that time, the deceased requested the appellant to drop her in the school as he was idle in the home. Enraged by the same, the accused brought a bill hook from the kitchen with an intention to murder the deceased, locked the bedroom from inside and started cutting the deceased indiscriminately on her neck, right chest, right forearm, right wrist, left hand, left shoulder and other vital parts of the body and the deceased fell down in a pool of blood.

(ii) At the time of occurrence, the father of the accused/appellant (PW3) went to board his grand son in the school van and when he returned home, he saw around 15 persons gathered in front of the house. PW3 was informed that his daughter-in-law died, hence, he peeped from the window of the bedroom and saw the appellant/accused sitting in the cot. Immediately, PW3 informed PW1, Paternal uncle of the deceased about the incident over phone who in turn informed the same to the father of the deceased/PW5. Immediately, PW5/father, PW6/mother of the deceased and PW1 rushed to the place of occurrence and saw the deceased lying in a pool of blood. At about 10.45 am, PW1, uncle of the deceased gave a complaint to PW15, Sub-Inspector of Police. Based on such complaint, PW15 registered a case in Crime No. 419 of 2013 for the offence punishable under Section 302 of IPC. Ex.P9 is the First Information Report, which was forwarded by PW15 to the Court of Judicial Magistrate No.1, Thanjavur and copies were forwarded to the higher officials. On receipt of a copy of Ex.P9, PW16, Inspector of Police went to the place of occurrence, where he drew a rough sketch, Ex.P10 in the presence of witnesses Vadivel (PW9) and Sathish. In the presence of the same witnesses, he also drew an observation Mahazar, Ex.P5. Thereafter, PW16 collected blood stained cement block (MO7) and sample cement block (MO8) from the scene of occurrence and sent it to the concerned Court under Form No.95. Then, PW16 recorded the statement of witnesses Balasubramaniam (PW1), Mohan (PW5), Sivasankaran (PW7), Ramalingam, Sathish, Vadivelu (PW9), Manilal Gandhi (PW3), Arasu (PW4) and Senthilvelan. PW16 thereafter sent the dead body of the deceased to the Government Hospital, Thanjavur through Gnanavel, Special Sub-Inspector of Police, PW11, with a requisition letter to conduct postmortem on the dead body of the deceased. Accordingly, PW13, the Doctor attached to Thanjavur Government Medical Hospital conducted postmortem and issued postmortem report, Ex.P6 wherein it was opined as follows:-

The Following Ante Mortem Injuries were noted:

- 1.A oblique gaping heavy cut injury of size 9x2xBone deep seen over left temporal, parietal region. It lies 3cm from behind left ear.
- 2.An oblique gaping heavy cut injury of size 9x5x4cm seen over middle of neck. It lies 7cm below to chin, 8 cm above from supra sternal notch. It cut U/L Muscle, Vessels,



Nerves, Trachea and Esophagus.

3. An oblique gaping heavy cut injury of size 4x1x3cm seen over right side of middle of neck. It lies 1cm below injury No. (2) It cut U/L Muscles, Vessels, Nerves.

4. A horizontal gaping heavy cut injury of size 7x1x2cm seen over lower part of right side of neck. It cut U/L Muscles, Vessels, Nerves. It lies 1cm injury No (3)

5. An oblique gaping heavy cut injury size 18x3x4cm seen over lower part of right side and back of neck. It lies 13cm below from occipital protuberance and 1cm below no injury No. (4). It cut U/L Muscles, Vessels, Nerves, cervical vertebra No. (4) underlying spinal cord.

6. An oblique gaping heavy cut injury of size 5x2x3cm seen over upper part of right side of chest. It lies 4cm below injury no. (4)

7. An oblique heavy cut injury of size 2x1x1cm seen over top of right shoulder. It lies 8cm outer to injury No. (6)

8. An oblique heavy cut injury of size 1x1x0.5cm seen over top of right shoulder. It lies 1cm outer to injury no. (7).

9. An oblique gaping heavy cut injury of size 6x3xBone deep seen over outer aspect of upper part of right arm. It lies 11cm below injury no. (8). It U/L soft tissue, vessels, nerves and bone.

10. An oblique gaping heavy cut injury of size 3x2x1cm seen over upper part of right arm. It lies 3cm below to injury no. (9).

11. An oblique gaping heavy cut injury of size 11x4cmxBone deep seen over right wrist and hand. It cuts U/L Muscles, Vessels, Tendon, Nerves, radius bone. It lies 20cm below right elbow.

12. An oblique gaping heavy cut injury of size 7x2x5cm seen over middle of outer aspect of left arm. It lies 19cm below left shoulder and 10cm above left elbow.

13. An oblique gaping heavy cut injury of size 6x8x3cm seen over left shoulder blade. It lies 9cm below to left shoulder.

14. An oblique gaping heavy cut injury of size 4x2x2cm seen over back of right side of chest.

15. An oblique cut injury of size 3x2x0.5cm seen over left jaw.

16. Abrasion of size 4x3cm seen over lower part of right side of neck.

Other Findings:

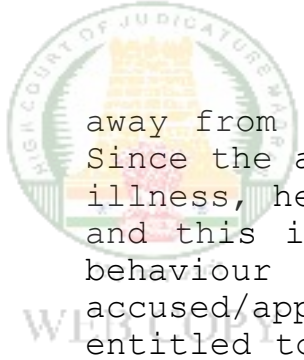
Heart: normal coronary vessels patent. Lungs, Liver, Spleen & Kidneys normal, c/s pale. Hyoid bone: Intact. Stomach: contains 30ml of light brown colour fluid. NSS, mucosa - pale. Small Intestine: Contains 20ml of bile stained fluid. NSS mucosa pale. Bladder: contains 10ml of urine. Uterus: Normal c/s copper 'T' in situ. Pelvis: Intact. Brain: Normal c/s pale. Spinal column: Intact.



(iii) During the course of investigation, on 12.06.2013, based on a tip-off, PW16 arrested the accused near a bridge at Pattukottai at about 7.00 am in the presence of PW10. On such arrest, the accused gave a voluntary confession statement which was recorded in the presence of PW10. PW16 thereafter sent the accused/appellant for remand. In the course of investigation, PW16 also recorded the statement of PW13, Doctor who conducted the Postmortem. PW16 also collected the personal belongings worn by the deceased at the time of her death such as ear stud, finger ring, silver anklet (MO6 series), blood stained saree (MO2) etc., and sent them to the Court by preparing Form No.95. He also recorded the statement of Gnanavel, Special Sub-Inspector of Police, PW11 as well as PW14, Scientific Officer attached to Forensic Sciences Department, Thanjavur. After completion of investigation, PW16 has filed the charge sheet against the accused on 12.08.2013.

3. Before the trial court, in order to prove the guilt of the accused/appellant, the prosecution has examined 16 witnesses as PW1 to 16 and marked as many as 10 documents as Ex.P1 to P10 and also produced Mos 1 to 9., When the trial court questioned the accused under Section 313 of the Code of Criminal Procedure with respect to the incriminating materials made available against him, he denied the charges as false. In order to disprove the case of the prosecution, the accused examined three Doctors on his side as Dws 1 to 3 and marked Exs. D1 to D4 to contend that he was suffering from mental disorder called Paranoid Schizophrenia before and at the time of occurrence and therefore he was incapable of knowing what is right or contrary to law. Such a defence raised on behalf of the accused/appellant was rejected by the trial court by holding that the accused is not suffering from any mental imbalance or disorder as defended and thus convicted and sentenced him for the offence punishable under Section 302 of IPC.

4. Though very many contentions have been raised before the trial court, including the contention that the accused/appellant is suffering from Paranoid Schizophrenia and he is not mentally sound, either before or and at the time of commission of the offence, before us, the learned counsel for the accused/ appellant has not urged any other ground but only contended that the accused/appellant was and is suffering from Paranoid Schizophrenia and as such he was not aware of and incapable of understanding what he is doing. In support of such contentions, before the trial court, on behalf of the accused/appellant, three Doctors were examined as Dws 1 to 3 to prove the mental insanity of the accused/ appellant. Further, the learned counsel for the accused/appellant placed reliance on the evidence of PW2, mother of the accused as well as PW3, father of the accused. PW2 in her evidence has stated that her son, the accused, was suffering from mental disorder for which he is regularly taking medicines. Further, PW3, father of the accused in his evidence has stated that on the date of occurrence, when he peeped through the window, he saw the deceased lying in a pool of blood and his son, the accused, was sitting on the cot until police reached the scene of occurrence. Relying on this piece of evidence, learned counsel for the accused/appellant would contend that if really the accused/appellant was mentally sound, he would have ran



away from the scene of occurrence soon after committing the crime. Since the accused/appellant is a person who is suffering from mental illness, he quietly sat on the cot soon after committing the offence and this itself would show that the accused was not having normal behaviour pattern. Therefore, the learned counsel for the accused/appellant would contend that the accused/appellant is entitled to the benefits under Section 84 of the Indian Penal Code, but the same was not considered by the trial Court.

5. The learned counsel for the accused/appellant would further contend that though the prosecution has stated that the accused was arrested on the next date of the occurrence, in the presence of PW10, the deposition of PW10 did not support the case of the prosecution with respect to the arrest of the accused/ appellant. It is further contended that Dws 1 to 3 have examined the accused and they have clearly stated that the accused is suffering from psychiatric related ailment for which he is taking treatment from the year 2006 to till the date of occurrence. DW1 is working as a Doctor in the Psychiatric Department attached to the Government Hospital, Thanjavur. DW1 in his deposition has stated that in view of the mental illness suffered by the accused, he is not in a position to understand what he is doing. DW1 has also deposed that he treated the accused for his mental disorder. Further, DW3 in his evidence has categorically deposed that the accused was periodically taking treatment for his ailment and if he stopped taking medicines, then he will exhibit more rude and violent behaviour. Further, DW3 deposed that since the accused/appellant was undergoing treatment, he may not be in a position to assess what is right or wrong. DW3 has also deposed that at the time when he examined the accused, his mental status was most depressed and suspicious in nature. As per the deposition of DW3 the accused/appellant was brought for treatment by his relative and it was complained that the accused is frequently insisting his wife to abort the foetus by denying his paternity to the pregnancy. Thus, it is the submission of the counsel for the accused/appellant that the accused/appellant was not mentally normal before and at the time of occurrence, he was disturbed and due to his mental insanity, he has committed the crime but it was not properly appreciated by the trial court. The act of the accused/appellant in committing the murder of his wife would clearly fall within the scope and ambit of Section 84 of the Indian Evidence Act and therefore, the learned counsel prayed for setting aside the Judgment passed by the trial court.

6. In support of his contentions, the learned counsel for the accused/ appellant relied on several decisions. First, he placed reliance on the decision of the Honourable Supreme Court in (Gurjit Singh vs. State of Punjab) reported in 1986 Criminal Law Journal 1505 to contend that during the course of trial, the trial Court has an obligation to ascertain the mental insanity of the accused and non-consideration of the same would vitiate the Judgment of conviction. For the very same proposition, the learned counsel for the accused/appellant also placed reliance on the decision of the Honourable Supreme Court in (News Item "38 years in Jail without trial" published in Hindustan Times, in Re; vs. Union of India) reported in (2007) 15 Supreme Court Cases 18.



7. On the contrary, the learned Additional Public Prosecutor appearing for the State brought to the notice of this Court that the accused/appellant has committed the murder of the deceased at about 8.30 am in the morning and the complaint was given by PW1 at 10.45 am without any delay. The first information report was also registered within two hours from the time of commission of the offence. At the time when the accused was arrested and produced before the learned Judicial Magistrate, Thanjavur, he has not stated anything about his mental illness. In fact, the trial Court had rendered a specific finding that the documents filed in support of the defence relates to the treatment taken by the accused/appellant for de-addiction for consuming alcohol in the year 2006. The trial court further recorded a specific finding that in Ex.D-1, in the first page, the date of admission of the patient, patient details etc., are recorded in different ink and the in-patient number 10908 was altered as 1700908. It was further recorded that the treatment taken by the accused for de-addiction was manipulated to make it appear as if treatment was given to him for Paranoid Schizophrenia in the year 2008. The trial court, after rendering a detailed finding, has rejected the defence pleaded on behalf of the accused that the accused is suffering from mental insanity. Thus, the trial court, at the time of trial, assessed the mental insanity pleaded on behalf of the accused/appellant and rejected the theory put forward by him. While so, the decisions relied on by the learned counsel for the accused/appellant will not lend support to the case of the accused/appellant. In such circumstances, the learned Additional Public Prosecutor would only contend that the accused was not suffering from any mental disorder, as defended and he prayed for dismissal of the appeal.

8. We have given our anxious consideration to the submissions made by the learned counsel appearing for the accused/appellant and the learned Additional Public Prosecutor for the respondent. We have also perused the material records placed before us, including the Judgment of conviction passed by the trial Court.

9. It is not in dispute that the deceased in this case died due to a homicidal act perpetrated towards her by none other than the accused/appellant, who is her husband and therefore we are not dealing with the overt act against the accused/appellant in the crime. What is mainly pleaded before us is that the accused/appellant, before and at the time of commission of offence, was suffering from mental instability and therefore, he is entitled to the benefits conferred under Section 84 of the Indian Penal Code. It is further vehemently contended on behalf of the accused/appellant that before commencement of the trial, the trial Court failed to assess the mental stability or otherwise of the accused to face the criminal trial. In the light of the above submission raised on behalf of the accused/appellant in this appeal, it is necessary for us to look into the provisions of Section 84 of the Indian Penal Code, which reads as follows:-

<https://hcservices.ecourts.gov.in/hcservices/>

84. Act of a person of unsound mind - Nothing is an offence which is done by a person who, at the time of doing it, by reason of unsoundness of mind, is incapable of knowing the nature of the act, or that he is doing what is either wrong or contrary to law."



10. Similarly, Section 329 of the Code of Criminal Procedure Code lays down the procedure in case of person of unsound mind is tried during trial. Section 329 of the Code can usefully be extracted hereunder:-

329. Procedure in case of person of unsound mind tried before Court:-

(1) If at the trial of any person before a Magistrate or Court of Session, it appears to the Magistrate or Court that such person is of unsound mind and consequently incapable of making his defence, the Magistrate or Court shall, in the first instance, try the fact of such unsoundness and incapacity, and if the Magistrate or Court, after considering such medical and other evidence as may be produced before him or it is satisfied of the fact, he or it shall record a finding to that effect and shall postpone further proceedings in the case.

(1-A) If, during trial, the Magistrate or Court of Sessions finds the accused to be of unsound mind, he or it shall refer such person to a psychiatrist or clinical psychologist for care and treatment and the psychiatrist or clinical psychologist, as the case may be, shall report to the Magistrate or Court whether the accused is suffering from unsoundness of mind.

Provided that if the accused is aggrieved by the information given by the psychiatric or clinical psychologist, as the case may be, to the Magistrate, he may prefer an appeal before the Medical Board which consists of

(a) head of psychiatry unit in the nearest Government hospital and

(b) a faculty member in psychiatry in the nearest medical college.

(2) If such Magistrate or Court is informed that the person referred to in sub-section (1-A) is a person of unsound mind, the Magistrate or Court shall further determine whether unsoundness of mind renders the accused incapable of entering defence and if the accused is found so incapable, the Magistrate or Court shall record a finding to that effect and shall examine the record of evidence produced by the prosecution and after hearing the advocate of the accused but without questioning the accused, if the Magistrate or Court finds that no prima facie case is made out against the accused, he or it shall, instead of postponing the trial, discharge the accused and deal with him in the manner provided under Section 330.

Provided that if the Magistrate or Court finds that a prima facie case is made out against the accused in respect of whom a finding of unsoundness of mind is arrived at, he shall postpone the trial for such period as in the opinion of the psychiatrist or clinical psychologist, is required for the treatment of the accused.



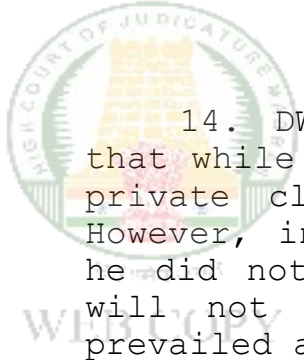
(3) If the Magistrate or Court finds that a prima facie case is made out against the accused and he is incapable of entering defence by reason of mental retardation, he or it shall not hold the trial and order the accused to be dealt with in accordance with Section 330."

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11. On a reading of the aforesaid provisions of the Act, it is evident that if it appears to the Magistrate or Court of Sessions, during the course of trial of any person that such person is of unsound mind and incapable of making defence, the Magistrate or the Court shall, at the first instance, try the fact of such inconsistencies and incapacity of such person and thereafter record a finding as to the mental status of the person. In other words, if it appears to the Magistrate or Court that the physical appearance or attitude of a person produced before him is not normal and the behavioural pattern is erratic, he shall cause an enquiry, satisfy himself and render a finding as to the mental status of such person. Till such a finding is recorded, all further proceedings in the case shall be postponed. Such a finding of fact can be recorded by the Magistrate or Court either on its own motion or on the basis of a plea raised thereof on behalf of such person or through a petition accompanied by medical records to prove his or her mental status. In this case on hand, at the time of remand of the accused/appellant before the Magistrate, there was neither a plea raised on behalf of the accused as regards his mental incapability or the Magistrate recorded a finding to that effect. However, only during the cross-examination, PW2, mother of the accused as well as PW3, father of the accused has deposed that the deceased was taking tablet for his ailment and that he is not mentally sound.

12. For the purpose of considering whether the accused was suffering from any mental unsoundness, before and at the time of commission of the offence and whether there was failure on the part of the trial court to infer it on appearance of the accused/appellant before it, let us consider the deposition of the witnesses examined on behalf of the accused/appellant. All the witnesses examined on behalf of the accused/appellant are Doctors. DW1, Dr. Radhakrishnan, was working as a Doctor in the Psychiatric Department of Government Medical College Hospital, Thanjavur at the relevant period and he has deposed before the trial Court that he treated the accused from 25.09.2008 to 05.10.2008 and from 16.06.2010 to 28.06.2010 when he was working as a Doctor in a Private hospital. The medical case sheet and medical prescriptions given by DW1 were marked as D-1 and D-2, however, during the course of cross-examination, DW1 admitted that there was no seal of the hospital or signature of the Doctor in Exs. D1 and D2.

13. DW2 was also a Doctor working as Assistant Professor in Psychiatric Department of Thanjavur Government Medical College Hospital. <https://heservices.ecourts.gov.in/heservices/> On perusal of the evidence of DW2, we are of the view that his evidence will not be of any assistance to the defence since he treated the accused on 10.04.2014 while he was in remand.



14. DW3 retired as a Doctor. In his evidence, DW3 has stated that while he was working as a Doctor in National Medical Centre, a private clinic, he treated the accused between 2006 and 2007. However, in his cross-examination he has categorically stated that he did not treat the accused during the year 2012, therefore, he will not be in a position to assess his mental status which prevailed at the time of the occurrence during the year 2013.

15. Above all, the trial Court, upon perusal of the entire evidence on record, including the defence witness, has given a categorical finding on fact that the accused was given treatment only for de-addiction and not for his mental instability, as alleged. In order to lend support to such conclusion, the trial court has given a specific finding that the medical records filed on behalf of the accused were tampered to make it look as if he was given treatment for his mental unsoundness. In para No.22 of the Judgment, it was concluded by trial court as follows:-

"22. Though in D2 series certain prescriptions were filed by the defence, DW1 in his evidence deposed that after 10.06.2013, he has given treatment on 21.08.2013. However, no document was filed to show the Doctor has treated the accused on 10.06.2013. In Ex.D1 the date of admission was shown as 25.09.2006. Further, from Ex.D1, it appears that the accused was admitted in the Thanjavur De-addiction centre to get treatment for de-addiction of alcohol. However, in the cross-examination of DW1, the Doctor deposed that instead of 25.09.2008, he put the date as 25.09.2006. On perusal of Ex.D1 1st page, the date of admission of the patient details, date of admission are recorded in different ink. Inpatient No.10908 was altered 1700908. Except the 1st page all other pages appears to be a new one when compared to the 1st page. The case sheet was torn and appears to be stapled later. From the above, it could be inferred that the treatment was given for de-addiction in the year 2006 later manipulated as if treatment was given for Paranoid Schizophrenia in the year 2008. The medical prescriptions given to the accused would normally in the hands of the accused. While the facts being so, it is not made clear by the defence as to how those medical prescriptions were in the hands of the doctor who treated the accused. The production of original medical prescriptions by the doctor itself *ipso facto* proves that the medical prescriptions were created for the purpose of defending this case belatedly."

16. It is evident from the above portion of the Judgment of the trial court that the trial Court, on facts, has given a categorical finding disbelieving the documents filed on behalf of the defence to show that the accused was suffering from Paranoid Schizophrenia. While considering the medical records and the medical evidence, the Trial Court was not prepared to accept that the accused was of unsound mind and was suffering from Paranoid Schizophrenia at the time of occurrence. The said conclusion arrived at by the trial court is based on the evidence given by Dws 1 to 3, the Doctors, who



are said to have treated the accused. The trial court, on facts, has given a finding that the treatment given to the accused was with reference to his de-addiction and not for his mental insanity. The trial court has therefore concluded that the accused had full knowledge of the act, which he had committed. The trial court, has therefore, come to the conclusion that the accused would not have been suffering from mental disorder, as pleaded. The trial court went on to the extent of holding that the accused was in fact not suffering from Paranoid Schizophrenia at all and rejected the defence raised on behalf of the accused to show that he was suffering from Paranoid Schizophrenia.

17. Above all, in this case, as mentioned above, at the time when the accused was produced before the Judicial Magistrate for remand, neither any plea was raised with regard to mental insanity nor the Judicial Magistrate, at the time of remand, observed any unusual conduct or behaviour on the part of the accused. However, such a plea as regards mental insanity of the accused was raised only during the course of trial. The trial Court, in compliance with Section 329 of the Code of Criminal Procedure properly appreciated the material evidence made available by the prosecution as well as defence and concluded that the accused is not suffering from any mental disturbance, as defended. We wish to add that from the deposition of PW2, mother of the accused as well as PW3, father of the accused, who happened to be the interested witnesses to support the case of the defence, we are not inclined to infer that the appellant was of unsound mind at the time of the commission of offence or any time before that. In such view of the matter, the decisions relied on by the learned counsel for the accused/appellant are not applicable to this case inasmuch as the trial Court has categorically assessed the mental instability of the accused with reference to the material records made available. Therefore, we refrain from taking a different view other than the one taken by the trial Court with respect to the mental stability of the accused.

18. It is contended on behalf of the accused/appellant that soon after the occurrence, the accused did not run away from the scene of occurrence and he quietly sat on the cot, which would only indicate that he had committed the offence out of mental instability without knowing the nature of the act done by him. In our opinion, merely because the accused, soon after committing the offence remained impassive, without having any remorse for the act committed by him, by itself would not mean that he was mentally unsound at the time of commission of the offence. This is more so because, according to PW16, the accused was arrested only on the next day of occurrence in the presence of PW10. PW10 also in his evidence has categorically stated about the arrest of the accused near the bridge at Pattukottai at 7.00 am and also the confession statement recorded in his presence. Therefore, the submission of the counsel for the accused/appellant that the deposition of PW10 did not support the case of the prosecution with respect to arrest of the accused/appellant on the next day of occurrence cannot be accepted. In any event, the defence raised on behalf of the accused that the accused was suffering from mental insanity is not proved by the accused beyond all probabilities. The trial court has recorded



detailed finding as to why the defence raised by the accused cannot be accepted. As the defence did not raise any other defence in this appeal except the plea of mental instability of the accused, which, in our opinion has not been proved beyond all probabilities, we are only inclined to confirm the Judgment of conviction recorded by the trial Court.

19. In the result, we confirm the Judgment passed by the trial Court. The Criminal appeal fails and it is dismissed.

Sd/-
Assistant Registrar (C.O)

/True Copy/

Sub-Assistant Registrar

To

- 1.The I Additional District and Sessions Judge
(P.C.R.) Thanjavur
- 2.Do through the Principal Sessions Judge,
Thanjavur
- 3.The Judicial Magistrate No.I, Thanjavur
- 4.Do through the Chief Judicial Magistrate,
Thanjavur at Kumbakonam
- 5.The District Collector, Thanjavur
- 6.The Superintendent , Central Prisons, Trichy
- 7.The Director General of Police, Mylapore, Chennai-600 004
- 8.The Inspector of Police,
Thanjavur East Police Station, Thanjavur
- 9.The Additional Public Prosecutor,
Madurai Bench of Madras High Court, Madurai

Copy to: The Section Officer, Criminal Section,
Madurai Bench of Madras High Court, Madurai

+One cc to M/s.A.Haja Mohideen, Advocate, SR.No.42849

rsh

RL/12C/11P/SV/MMS/SAR4/15/2/2018

<https://hcservices.ecourts.gov.in/hcservices/>

Judgment in
Crl.A. (MD) No. 260 of 2016

18-01-2018