

**IN THE HIGH COURT OF PUNJAB AND HARYANA
AT CHANDIGARH**

CWP-26319-2016 (O&M)

Reserved on: 10.12.2025

Pronounced on: 26.02.2026

Uploaded on: 26.02.2026

Parminder Singh

....Petitioner

Versus

State of Punjab and another

....Respondents

CORAM: HON'BLE MR. JUSTICE KULDEEP TIWARI

Present: Mr. Pulkit Jain, Advocate,
for the petitioner.

Mr. T.P.S. Walia, AAG, Punjab.

KULDEEP TIWARI, J. (Oral)

1) The petitioner has been constrained to knock the doors of this Court by invoking its inherent jurisdiction under Article 226/227 of the Constitution of India, as his claim for medical reimbursement on account of liver and kidney transplantation (cadaver donor), was considered and sanctioned at the rates prescribed by the All India Institute of Medical Sciences, New Delhi, but rest of the claim was denied, in terms of the Medical Reimbursement Policy dated 13.02.1995 (Annexure R-2), and clarification dated 23.01.1998.

2) Succinctly put, the petitioner was retired as Assistant Engineer from the department of PWD (B&R), Punjab, on 31.03.2016. However, in the year 2010, he was diagnosed with a kidney ailment, and therefore, remained under treatment with the Post Graduate Institute of Medical Education & Research, Chandigarh (PGIMER). Initially, the PGIMER

issued him a Complicated Chronic Disease Certificate for Chronic Kidney Disease on 12.01.2011, valid up to 11.01.2014 (Annexure P-1), which was re-issued/re-validated on 12.01.2014 till 11.01.2019 (Annexure P-2). But, gradually, the kidney disease led to deterioration of his liver, as well, and thus, he was issued a Chronic Hepatitis C certificate on 17.05.2013, which remained in force till 16.05.2015 (Annexure P-3). He continued his treatment, i.e. medicines, tests and dialysis, with the PGIMER, from 2011 to 2015. Since his health was worsening with each passing day, he was in emergent need of organ transplant, but could not secure a donor, despite being registered with the PGIMER. Simultaneously, he also consulted and remained under treatment with Fortis Hospital, Mohali, from 2012 to 2014. Having been left with no other option, he got himself registered with other hospitals pan India, for securing a cadaver donor, including Sir Ganga Ram Hospital, New Delhi, in the year 2014, where, he also underwent numerous diagnostic tests and treatment, and his name was placed in a queue.

3) Likewise, he also got himself registered with Apollo Hospital, Bangalore. Ultimately, in the year 2015, he got a call from the Apollo Hospital, Bangalore, that a cadaver donor was available. Since time was of the essence, he immediately underwent kidney and liver transplant surgery on 03.01.2015, and remained under observation till 13.01.2015. Thereafter, all the bills and certificates issued by the said hospital were submitted by the petitioner with the respondent-State for reimbursement, to the tune of Rs.31,50,000/- (Annexure P-7). However, upon verification and *Ex-post facto* sanction, the Director, Health & Family Welfare, Punjab, vide a communication dated 12.04.2016 (Annexure P-8), had accorded approval, but as per the rates of AIIMS, New Delhi/Government rates, i.e. Rs.8,13,117/-. In the interregnum, the respondent authorities had re-visited

the claim of the petitioner, when it came to their notice that treatment for cadaver liver and kidney transplant was available at AIIMS, New Delhi, in the year 1996, which had fixed the rate of Rs.11,00,000/-, vide letter dated 09.07.2021. Accordingly, claim of the petitioner was revised *Ex-post facto*, and was accorded sanction for Rs.13,68,235/- on 20.11.2025, in favour of the petitioner, and the amount has even been released.

4) Learned counsel for the petitioner contended that there was no reason, whatsoever, with the State Government to deny the complete reimbursement, once they had verified that petitioner, indeed, underwent a liver and kidney transplantation. So much so, the bills were actually raised by the hospital concerned. He further submitted that the petitioner remained under treatment, during 2011 to 2015, with the PGIMER, Chandigarh. However, since no cadaver donor was available, he was constrained to get himself registered with other hospitals, out of which, only Apollo Hospital, Bangalore, had a cadaver donor. In such a peculiar situation, he had to undergo organ transplantation surgery at Apollo Hospital, Bangalore, itself. He asserted that a Government employee, during his lifetime, is entitled for reimbursement on account of medical expenditure and no fetters can be placed upon such right.

5) While taking his submissions ahead, he contended that the issue arises for consideration in the instant writ petition has already been examined by the Hon'ble Supreme Court in **Shiva Kant Jha Vs. Union of India (Writ Petition (Civil) No.694 of 2015**, decided on 13.04.2018, wherein, it was categorically held that medical reimbursement is an enforceable legal right of an employee, flowing from Service Rules and the Constitutional Principles. Likewise, he also placed reliance on the decision dated 25.09.2023, rendered by a Coordinate Bench of this Court in

CWP-13165-2017 (Subhash Sharma Vs. State of Haryana and others), to assert that complete medical reimbursement was ordered in favour of the petitioner therein.

6) *Per contra*, learned State counsel, primarily, raised a legal issue that the Government of Punjab has already framed a Policy to regulate the claims of medical reimbursement. According to the Policy, the petitioner is entitled for reimbursement only at the rates prescribed by the AIIMS, New Delhi, even if, he underwent transplantation from a private hospital of his choice. He further submitted that, in fact, legality of the Policy in question has already been put to challenge before the Hon'ble Supreme Court in State of Punjab Vs. Ram Lubhaya Bagga, 1998 (1) SCT 716, wherein, it was held that the Policy is not hit by Article 21 and 47 of the Constitution of India, and thus, it is *intra vires*. So much so, it is well within the right of the State to amend it, from time to time, under the changing circumstances, which could not be challenged. It was further observed that no right can be absolute in a Welfare State, and every fundamental right is to be within permissible reasonable restriction. Therefore, the restriction imposed in the instant case was also within the permissible parameters. He concluded by submitting that all admissible dues have already been released in favour of the petitioner, as per the rates prescribed by the AIIMS, New Delhi.

7) This Court has heard the rival submissions advanced on behalf of the parties, and gone through the record.

8) It is a matter of record that, in terms of the Policy dated 13.02.1995, the employees and pensioners can get treatment in any private institute/hospital of their choice, within the country, subject to furnishing of an unambiguous undertaking that he/she will accept reimbursement of

expenses incurred by him/her on the treatment to the level of expenditure, as per rates fixed by the Director, Health and Family Welfare, Punjab, for a similar treatment package or actual expenditure whichever is less. For ready reference, the relevant part of the Policy is extracted hereinbelow:-

“(b) Treatment in Private Hospitals in the country. It has been decided that employees and pensioners should be given freedom to get treatment in any private institute/hospital (of their own choice), in the country provided that he/she gives an undertaking out of his/her free will and in unambiguous terms that he/she will accept reimbursement of expenses incurred by him/her treatment to the level of expenditure as per rates fixed by the Director, Health and Family Welfare, Punjab for a similar treatment package or actual expenditure whichever is less. The rate of for a particular treatment would be included in the advice issued by the District/State Medical Board. A committee of technical experts shall be constituted by the Director, Health and Family Welfare, Punjab to finalize the rates of various treatment packages and the same rate list shall be made available in the offices of the Civil Surgeons of the State.

However, this permission would be granted by the Director, Health and Family Welfare, Punjab on the advice of State Medical Board in case of the treatment in private Hospitals outside the State and the District Medical Board in case of treatment in private hospitals within the State.”

9) There is no quarrel with respect to the terms and conditions formulated in the Policy, per which, medical reimbursement would be made only at the rates fixed by the AIIMS, New Delhi. However, the Policy, in a way, restricts rights of the petitioner/employee, who is faced with the

exceptional circumstances, where he was required to undergo immediate kidney and liver transplant surgery (cadaver donor).

10) Before proceeding further with the matter, it is essential to comprehend the meaning of cadaver donor. A cadaver donor is a deceased, usually a brain dead, whose major organs are still functioning on medical support, and can be retrieved for transplantation with the consent of the survivors/family members. Likewise, cadaver transplantation is a procedure of transplanting organ/organs from the legally declared dead person to a living person/recipient. The most challenging part in the process of such transplantation is the availability of a cadaver. In the country like ours, social, cultural and religious sentiments, more often than not, act as barriers in organ donation of a brain-dead person. Therefore, it is extremely difficult to identify a brain-dead person, particularly, whose kith and kin are willing to donate his organs. Even after securing a cadaver donor, immediate transplantation is not feasible due to lack of infrastructure and logistical support. In such a complicated situation, it has never been the matter of choice of a recipient to elect either any empanelled hospital, or a Government hospital, for the purpose of transplantation, rates of which correspond with the AIIMS, New Delhi. Moreover, the patient, who needs organ(s) transplantation, always finds himself/herself surrounded by emergent circumstances, as it would be the last resort to survive the life threatening disease.

11) In the backdrop of the abovesaid crucial circumstances, the Policy (supra), needs to be read in its right earnest, so as to achieve the desired object. The primary object of the Policy is to regulate the claim of medical reimbursement of its employees, and not to curtail their pre-existing rights. Surprisingly, the Policy does not address the exceptional

circumstances, as the petitioner was faced with. So much so, the stand set out by the respondent-State is entirely based only upon technicalities, notwithstanding, the *bonafide* and genuine claim of the petitioner. If the Policy is silent on such aspects, it is incumbent upon the Courts to interpret the same purposively, so as to fill the gaps/lacunae to prevent unjust denial of legitimate rights.

12) At this juncture, this Court is reminded to refer to a legal aphorism '*Ubi Jus Ibi Remedium*'; where there is a right, there is a remedy. This principle signifies that if a citizen's legal right is breached, the law must provide remedy. A legal wrong cannot exist without there being a legal remedy. This principle emphatically denotes that no wrong should go without redress, and only by this way, the Courts can establish faith in the rule of law.

13) In *Shiva Kant Jha (supra)*, the Hon'ble Supreme Court has held that a right of medical claim cannot be denied merely because the name of the hospital is not included in the list of empaneled hospitals. The real test must be the factum of treatment. The relevant observations made in the decision read as under:-

"13) It is a settled legal position that the Government employee during his life time or after his retirement is entitled to get the benefit of the medical facilities and no fetters can be placed on his rights. It is acceptable to common sense, that ultimate decision as to how a patient should be treated vests only with the Doctor, who is well versed and expert both on academic qualification and experience gained. Very little scope is left to the patient or his relative to decide as to the manner in which the ailment should be treated. Speciality Hospitals are established for treatment of specified ailments and services of Doctors specialized in a discipline are availed by patients only to ensure proper, required and safe treatment. Can it be said that taking treatment in Speciality

Hospital by itself would deprive a person to claim reimbursement solely on the ground that the said Hospital is not included in the Government Order. The right to medical claim cannot be denied merely because the name of the hospital is not included in the Government Order. The real test must be the factum of treatment. Before any medical claim is honoured, the authorities are bound to ensure as to whether the claimant had actually taken treatment and the factum of treatment is supported by records duly certified by Doctors/Hospitals concerned. Once, it is established, the claim cannot be denied on technical grounds. Clearly, in the present case, by taking a very inhuman approach, the officials of the CGHS have denied the grant of medical reimbursement in full to the petitioner forcing him to approach this Court.

14) This is hardly a satisfactory state of affairs. The relevant authorities are required to be more responsive and cannot in a mechanical manner deprive an employee of his legitimate reimbursement. The Central Government Health Scheme (CGHS) was propounded with a purpose of providing health facility scheme to the central government employees so that they are not left without medical care after retirement. It was in furtherance of the object of a welfare State, which must provide for such medical care that the scheme was brought in force. In the facts of the present case, it cannot be denied that the writ petitioner was admitted in the above said hospitals in emergency conditions. Moreover, the law does not require that prior permission has to be taken in such situation where the survival of the person is the prime consideration. The doctors did his operation and had implanted CRT-D device and have done so as one essential and timely. Though it is the claim of the respondent-State that the rates were exorbitant whereas the rates charged for such facility shall be only at the CGHS rates and that too after following a proper procedure given in the Circulars issued on time to time by the concerned Ministry, it also cannot be denied that the petitioner was taken to hospital under emergency conditions for survival of his life which requirement was above the sanctions and treatment in empanelled hospitals.”

14) While following the ratio laid down in **Shiv Kant Jha (supra)**, a Coordinate Bench of this Court in **Subhash Sharma (supra)**, has granted the relief of complete medical reimbursement incurred on the treatment, to the petitioner therein, who underwent a liver transplant surgery. The respondent-State allowed the medical claim as per the instructions/policy dated 06.05.2005, and he was granted medical reimbursement only to the extent of Rs.10,00,000/-, whereas, the actual expenses on account of treatment were Rs.24,00,000/-

“It is a conceded position that though, initially the medical claim of the petitioner for reimbursement was not entertained by the respondents but thereafter, upon reconsideration, the respondents have allowed the medical claim of the petitioner under the instructions dated 06.05.2005 issued by the Government of Haryana. Under the said instructions, out of the total claim of Rs.24. lacs, a sum of Rs.10 lacs has been reimbursed to the petitioner as a full and final payment on the basis of fact that had the petitioner undertaken the said treatment from PGIMER, Chandigarh, he would have incurred an amount of Rs.10 lacs on the treatment in question hence, as per the instructions dated 06.05.2005, in case treatment has been undertaken from an unapproved hospital in emergent situation, reimbursement can only be made as per the PGIMER, Chandigarh rates and not beyond that.

xx xx xx xx

Respondents are directed to reconsider the claim of the petitioner for remaining amount of Rs.14 lacs keeping in view the observations of this Court in the order and for whatever amount the petitioner is entitled for qua medical facilities and procedure for the liver transplantation, the same be reimbursed to him. With regard to the payment for room rent rates etc., the same will be given as per the PGIMER, Chandigarh rates only.”

15) Similarly, in **Kamla Devi Vs. State of Haryana and others,** **2024, NCPHHC 8924**, a Coordinate Bench of this Court has held:-

“11. Learned counsel for the respondents submits that the claim of the petitioner has been considered as if, the surgery is presumed to have been undertaken at PGIMER, Chandigarh.

12. Said argument is also fallacious. Once the liver transplant surgery was not available at PGIMER, Chandigarh, the question of presuming the same to be undertaken at PGIMER, Chandigarh so as to decide the claim of the petitioner for medical reimbursement is totally artificial and has no basis and hence, reimbursement of medical claim on the basis of the PGIMER rates cannot be accepted in the facts and circumstances of the present case.”

16) While dealing with a somewhat similar issue, a Division Bench of this Court in **Shakuntla Vs. State of Haryana, 2004 (1) SLR 563,** held that in case, where a treatment is taken in emergency from a hospital other than the approved hospitals, the State cannot deny the medical reimbursement:-

*7. The petitioner is an employee of Government of Haryana and that the child is her dependent, as such, for the treatment of the child, she is entitled to reimbursement of the medical expenditure in pursuant to the Punjab Service (Medical Attendant) Rules, 1940, which are applicable to the State of Haryana. So far as the availability of the medical facilities at the institutes like AIIMS, New Delhi, normally the operation waiting period is so much that the emergency patients most of the times cannot be entertained and they are referred to other hospitals. It may be noticed that it is only in dire emergency that a person reaches the hospital where immediate treatment can be given. In a case where the life of a human being is at stake, it is too technical to require such a person to hunt for a list of the approved hospitals and then decide which hospital to go to. Sometimes the said hospital may not be able to accommodate the patient. Such situation has been dealt with by the apex Court in **Surjit Singh v. State of Punjab, 1996(1) RSJ 845.** It may be noticed that Government of Haryana has already included Sir*

Ganga Ram Hospital in the list of approved hospitals and that the said notification/instructions have been issued on October 31, 2002. De hors of this, in the case of saving a human life at a given point of time, it is not expected of an attendant to look into the list and then hunt for the hospital which is contained therein. Such procedures should not be expected to be followed in an emergency by the attendant of the patient. If such regulations are applied so strictly, the end result may be disastrous and in that situation the patient may die. If the death occurs, in that eventuality the responsibility of the State cannot be washed out. No doubt, in normal circumstances the procedures prescribed should be followed but the procedure should not be made so cumbersome that one may get frustrated in adhering to such procedures. Emergency knows no law and no procedures. The emergency act when required to be committed should not be weighed in terms of money especially when human life is at stake.

8. The authorities prescribed under the rules have also to apply their mind in a conscious and cautious manner in dealing with such kind of situations. Saving the life of near and dear, a person may have to commit any act which includes the selling of one's jewellery, borrowing money at exorbitant rate of interest or subject himself/herself to every and any condition. No hospital, private or Government would entertain the patient without the amount having been deposited, it is at that juncture, circumstances and situations, the attendant of the patient becomes so vulnerable that except for saving the life of near and dear nothing seems to be more important. Thus, gravity of the situation has to be understood by the Government in a far more positive manner than applying the normal mathematics. The situations may arise and generally do arise when the attendant of the patient may not have or be possessed with the money or the jewellery for saving the life of near and dear. Can we not think of better solutions for providing facilities to the patient in such a given situation? This needs to be examined by the concerned quarters who are not only meant for ruling but for serving the society. For rendering service to the society the necessary expenditures are not to be curbed but at the same time the action

should be such that it may not open a possible wasteful tap in the State exchequer. Thus, the answer has to be provided by the persons who have been sitting at the helms of affairs of the State and have been facing such situations. According to us, the situation should be dealt with by the persons as if he or she is involved in the situation himself or herself. We never know that the situation which is being dealt with may fall upon that person as well.

9. In the given case, saving the life of the child was paramount for the mother, i.e. the petitioner and she had no option but to get the child in the first instance admitted in the Saxena Nursing Home, Rewari but upon their advice, for performing the operation, she had to weigh as to which institution is better equipped for saving the life of the child and as per her statement, she had been advised to take the child to Sir Ganga Ram Hospital, New Delhi. Fortunately, the child survived with efforts of the Doctor and, of course, the credit went to the Institution. No doubt, the expenditure incurred may be far more than what is prescribed in the Government. Hospital or in a recognised hospital. The Government has recognised some of the hospitals and so far as rates are concerned, for administering medical help they, vary from one institution to the other. The only measuring law is that in case of grave emergency which hospital comes to the mind of the attendant and which hospital is considered best for saving the life of the patient. These decisions sometimes become crucial for saving the life of an individual.

10. The cumulative effect while considering the claims of all the petitioners is that the individual cases of all the petitioners need to be dealt with expeditiously because at the time of meeting out the medical expenditures in the hospitals, the payment is raised by taking loans upon interest, by sale of jewellery or liquidating their movable or immovable assets including the Fixed Deposits, if any. Such acts sometimes involve the life time saving of an employee. Thus, the question of dealing with such kind of payments does leave a healthy impression with an employee. Generally speaking, the employer is expected to look after his employees though as per the terms and conditions spelt out in the terms of employment or the rules framed in respect

thereof. Wherever the rules prescribe the reimbursement to be made to the employees, the unnecessary delays should be avoided. The facts spelt out in all these cases relate to such kind of delays and thereby the petitioners have faced the unnecessary harassments. We are of the view that the impugned orders vide which the claims of the petitioners have been rejected are not sustainable under law, as the plea set up is that the hospitals are not recognised or not contained in the list approved by the government, which does not stand the test of law. Thus, the case of all the petitioners deserve to be scrutinised in accordance with the rules and so also the Judge made law. Therefore, we grant a writ of certiorari and quash the impugned orders of rejection in respect of the claims of each of the petitioners which have been impugned before us and we also command the Government by issuing a writ of mandamus that the cases of all the petitioners be dealt with in accordance with the rules and the Judge made law within a period of three months. It is clarified that the petitioners may substantiate their claims, if so required, within 15 days from the date of receipt of a certified copy of this judgment and that the aforestated period of three months shall in addition to 15 days and wherever the additional pleas or the additional documents are not required to be submitted, the aforestated period of 15 days shall not be available to either side. It is further directed that upon deciding the cases of the petitioners within the aforestated period, the payment due and payable to the petitioners shall be made within one month falling which the Government shall be liable to pay interest at the rate of 12% per annum after the expiry of the period of one month as prescribed. The Interest ith thereafter, amount so payable shall be deducible from the salary of the officer(s) concerned and responsible for dealing with and for not making the payment within the aforestated period and that the said amount shall not be reimbursible by the Government under any head. It is clarified that for any such delay beyond the aforestated period the interest accrued thereon shall be paid by the Government in the first instance and the deductions shall be made after the liability has been fastened by the concerned quarters.”

17) On the similar lines, in **Hari Chand Vs. State of Punjab and others, 2016 (1) PLR 712**, a Coordinate Bench of this Court has held that if a treatment is not available in the empanelled hospital of the State Government, even then, the policy in this regard has to be read clearly in favour of the petitioner therein:-

“11. The question presently arising is that Live Liver Transplant facility was not available at AIIMS, New Delhi when the treatment was taken. If it is not available at AIIMS, New Delhi then the policy dated February 13, 1995 has to be read clearly in favour of the petitioner to bring his entire balance claim to his pocket since there is no fixed point of assessment incurred towards medical expenses. Therefore, the treatment at Indraprastha Apollo Hospital, New Delhi was in the nature of a medical emergency and the expense package in the final bill lies no matter what in the province of life and death. In other words, the situation arising was do or die, take it or leave it. The choice between the two poles can be easily imagined and needs no forensic reasoning. There is also no bar contained in the 1940 Rules or in the instructions issued from time to time, including the one under consideration, which could result in disallowing the claim altogether. It is, therefore, not open to the State to penny-pinch and decline the request for the remaining half of the expenses incurred in the treatment which was not available in Punjab or at premier medical institute at AIIMS, New Delhi. This was a Hobson's choice.”

18) Likewise, in **Shri D.D. Guglani Vs. Haryana State Electricity Board through its Executive Engineer, Suburban Division, HSEB**, a Coordinate Bench of this Court has unequivocally interpreted that statutory regulations must be so read that would sub-serve the cause of justice and if need be, tempered with human compassion:-

“3. I have gone through the file. The plaintiff's contention was that the treatment caused at the hospital at Delhi

which was actually approved hospital by the Central Government and that further treatment at PGI, Chandigarh was undertaken only when the doctor who treated the plaintiff counselled that there were no facilities in any hospital in the State of Haryana at the relevant time for hemo-dialysis for kidney ailment. The appellate Court had relied on the Haryana Government circular that directed the Government employee to take treatment only in Government approved hospitals and not in hospitals outside. The appellate Court, while reserving the judgment of the trial Court that provided for medical reimbursement, had observed that the civil court is a court of law and it cannot be swayed by compassion. It must be remembered that the law is not sapped dry of all human compassion. Rules and statutory regulations must be so read that would sub-serve the cause of justice and if need be, tempered with human compassion. The Government instructions that an employee shall not take treatment other than the approved hospital is a point well taken. In this case, the doctor, who had given treatment to the petitioner was stated to be dead at the time when the trial had taken place. There was therefore only an oral assertion of the plaintiff that the doctor had told him that there was no facility for hemo-dialysis. There was not as if the plaintiff had taken treatment in some hospital for mere fancy. He was in a serious terminal condition where he secured treatment at PGI and at the Central Government approved hospital at Delhi. would take the evidence of the plaintiff itself as sufficient that he had taken treatment at the above two hospitals only because similar facilities were not available in any approved hospital in the State of Haryana. The treatment caused at the Central Government approved hospital or at PGI cannot be said to be unrealistically high in comparison to the medical costs at Haryana. There was no justification for the appellate Court to reverse the finding of the trial Court by wooden application of rules without minding the fact that the best the Government could have sought for information regarding the treatment whether costs at the State hospital in Haryana was in some way lower than the cost incurred at PGI or at the hospital at Delhi. With no such specific evidence available, I would hold that the petitioner would be

entitled to full reimbursement of the cost incurred by him. I restore the trial Court's findings and decree the suit as prayed for. The substantial question of law raised is answered as above. The suit is decreed and the second appeal is allowed with costs throughout."

19) On the anvil of the abovesaid legal position, this Court too has found that the Policy in question ought to have been interpreted purposively, so as to ensure achievement of the desired intent. Concededly, the petitioner remained under treatment at PGIMER from 2011 to 2015, but he did not get any cadaver donor for kidney and liver transplantation. In such circumstances, a person cannot be left in a lurch to wait for an indefinite period for a cadaver donor in the empanelled hospitals of the State, or the hospitals where the corresponding rates of AIIMS, New Delhi, are applicable. In a situation like the present one, the patient, who is at the brink of his life, must be granted the freedom to enroll himself with any hospital within the country, which can offer him treatment, at the earliest. Conversely, the Policy does give the freedom to the employees to choose a hospital for getting treatment, but it imposes a restriction of reimbursement of medical claim, strictly, as per the rates fixed by the AIIMS, New Delhi. In the matter at hand, it is worth reiteration that the petitioner had undergone a liver and kidney transplant surgery at Apollo Hospital, Bangalore, not by choice but out of compulsion, as no other hospital ever responded to his registration/enrollment for a cadaver donor. In such circumstances, the first and foremost factor for a patient and his family is to get a cadaver donor from any of the hospitals throughout the county. And, whenever such a donor is available, the surgery must be undertaken without losing

much time, to save the patient from the clutches of the life threatening disease.

20) In the wake of the position sketched out above, the instant writ petition is **allowed**. The respondent authorities are directed to release the balance amount, in terms of the claim raised by the petitioner, within 08 weeks from the receipt of a certified copy of this order.

(KULDEEP TIWARI)
JUDGE

26.02.2026
Ak Sharma

Whether speaking/reasoned	Yes
Whether reportable	Yes/No