DMC/DC/F.14/Comp.3873/2/2024/ 04th June, 2024

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station, Prashant Vihar, Delhi, seeking medical opinion on a complaint of Shri Vijay Yadav, r/o- Khasra No. 677, Plot No.07, Near Cake Factory Alipur, Delhi-110036, alleging medical negligence on the part of the doctors of City Hospital, Main Bazar, Samepur, Delhi-110042, in the treatment administered to the complainant’s wife Smt Shilpi Kumari, resulting in her death on 16.03.2023 at Santom Hospital where she subsequently received treatment.

The Order of the Disciplinary Committee dated 02nd May, 2024 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station, Prashant Vihar, Delhi, seeking medical opinion on a complaint of Shri Vijay Yadav, r/o- Khasra No. 677, Plot No.07, Near Cake Factory Alipur, Delhi-110036 (referred hereafter as the complainant), alleging medical negligence on the part of the doctors of City Hospital, Main Bazar, Samepur, Delhi-110042 (referred hereinafter as the said Hospital), in the treatment administered to the complainant’s wife Smt Shilpi Kumari (referred hereinafter as the patient), resulting in her death on 16.03.2023 at Santom Hospital where she subsequently received treatment.

The Disciplinary Committee perused the representation from police, copy of the complaint, written statement of Dr. Sanjna Jain, Dr. Vivek Mangla, Dr. Deepti Katarya, Dr. Dinesh Modi of City Hospital, copy of medical records of City Hospital, medical records of Santom Hospital, post mortem report No.204/2023 dated 18.03.2023, and other documents on record.

The following were heard in person:-

1) Shri Vijay Yadav Complainant

2) Shri Sumit Kumar Complainant’s Brother

3) Dr. Sanjana Jain Consultant, Gynaecology, City

 Hospital

4) Dr. Vivek Mangla Surgeon, City Hospital

5) Dr. Dinesh Modi Surgeon, City Hospital

6) Dr. Deepti Katarya Medical Superintendent, City

 Hospital

It is noted that as per the police representation it is alleged that on 16th March, 2023, an information vide DD No. 37A was received at Police Station Prashant Vihar in which the complainant Shri Vijay Yadav alleged that his wife Smt. Shilpi Kumari (the patient) died due to negligence in the treatment of the doctor of City Hospital Samaypur Badli, Delhi. During enquiry, it was found that his wife Smt. Shilpi Kumari was admitted in City Hospital on 13th March, 2023 and her major operation was conducted there and when her condition worsened, she was admitted to Santom Hospital, Prashant Vihar on 15th March, 2023, where on 16th March, 2023 she died during the treatment. The MLC of the patient Smt. Shilpi Vide MLC No. 1225/23 was collected and the body of the patient was preserved in BSA Hospital Mortuary. A Medical Board was constituted at Maulana Azad Medical College and the post-mortem of the patient was conducted there on 18th March, 2023 vide post-mortem No.204/2023 and the body of the patient was handed over to her husband (the complainant) after conducting the post-mortem. Further, the post-mortem report of the patient was collected, on which, the doctor opined regarding cause of death as – “death in this case occurred as a result of haemorrhagic shock in an operated case of total hysterectomy, done for haemorrhage following D & C procedure and viscera has been preserved for chemical analysis. Further opinion will be given after receipt of the above mentioned reports. Regarding alleged medical negligence, the Delhi Medical Council is the appropriate authority for adjudication in the cases of medical negligence; hence, the case may be referred to Delhi Medical Council for further investigation and necessary action in this regard”. The Delhi Medical Council is, therefore, requested to opine whether it is a case of medical negligence or otherwise?

The complainant Shri Vijay Yadav alleged that he was married to Smt. Shilpi in the year 2016 and out of the said wedlock; he has two children aged 5 years and 2½ years. He and his wife had approached the doctors of City Hospital, as his wife was 14 weeks pregnant and she was suggested ultrasound when she was last taken to NDMSMC, Alipur. Upon check-up, Dr. Sanjana Jain suggested that they should abort the child as there is a chance that the said pregnancy might prove detrimental to his wife's health. They agreed to the opinion given by Dr. Sanjana and went ahead with the procedure. However due to the medical negligence, casual and callous attitude and deliberate failure to take the warranted action at the right time, his wife lost her life. On 13th March, 2023, he had approached city hospital along with his wife where they met Dr. Sanjana Jain who upon having a look at the ultra sound report and the medical history of his wife suggested that they should abort the pregnancy as his wife might face difficulties during the delivery which can lead to further complications. Initially they were reluctant, however, Dr. Sanjana Jain assured them that it is a simple procedure which will be done using medicines and that his wife will face no pain whatsoever. After consulting amongst them, he and his wife decided to act upon the advice to abort the pregnancy and deposited Rs. 5,000 for the said procedure and his signatures were obtained on a number of pages saying that it is procedural and they are required before starting the procedure. The Doctor began the said procedure immediately and started the medication to his wife. The patient was admitted for the next two days. However, despite administering the medication for two days, when the pregnancy could not be terminated, Dr. Sanjana informed them that D&C, a minor operation needed to be performed, assuring them that the said procedure will be done after administering anesthesia and his wife would feel no pain.

He further alleged that on 15th March, 2023, to go through the process he was further asked to deposit Rs. 15,000 as per the instructions of Dr. Sanjana, Jain which were duly paid as per instructions of Dr. Sanjana. Thereupon his wife was taken in the operation theatre, and during the process, he could hear the screams of his wife. Contrary to what they were informed, no anaesthesia was administered to his wife and she was operated upon by the doctor without the necessary medication. Later, he came to know that Anaesthesiologist was not even available with the hospital at that point in time and they were given false information, in order to extract further payment from him.

When he met his wife, she was in lot of pain and complained about the doctor and the manner in which she operated upon her. The doctor informed them that she had operated when his wife had low blood pressure and that he should get coffee for her to raise her blood pressure. The staff at the hospital further endorsed the advice of Dr Sanjana Jain and he was sent to get the coffee. While he was leaving to take the warranted action, he saw Dr. Sanjana Jain leaving the hospital and when he asked her as to who will be taking care of his wife, given that the no other doctor was present in the hospital, he was told that there is no requirement, as it was minor surgery and there is no need for any doctor. When he returned and gave his wife coffee, it did not have the desired effect and the hospital staff advised him to further get more coffee. However by this time, his wife had begun sweating profusely and complained of dizziness. She requested assistance to visit the washroom, however, the hospital did not have any wheelchair and he was told that he will have to assist her in doing so. Upon returning from washroom, the condition of his wife deteriorated rapidly and when he raised a hue and cry, the doctor returned after two hours at 5.00 p.m. Upon the check-up Dr. Sanjana Jain informed him that his wife needed blood transfusion immediately as she had lost lot of blood. He was shocked to learn that but requested the doctor to do so at the earliest. However, the doctor returned and informed that she will have to remove the uterus immediately as it was severely damaged and the doctor was facing difficulty in stopping the loss of blood. He requested her to seek further opinion from some other doctor as he had lost faith in her. He later learnt that Dr. Sanjana Jain had performed the operation on his wife, however when he saw his wife at 5:45-6.00 p.m., she was barely conscious and could not communicate with him. When he sought explanation from the Dr. Sanjana Jain she asked them to deposit Rs. 35,000 as his wife needed to be transferred to Santom Hospital and required an ambulance for her to have any chance of survival. When he objected, and he along with his relatives, who had already reached there by then informed that instead of taking his wife to Santom Hospital, he wished to take her to a bigger medical facility like St. Stephens etc, the doctor declined and informed that she had made a mistake and if there has to be any chance of survival of his wife, she needs to be operated upon immediately. They had to pay addition sum of Rs. 20,000 in order to do the needful and the said transfer was made at about 6:45 p.m. However they were shocked to learn that the Hospital lacked even the basic amenities like Oxygen Cylinder and Dr. Sanjana Jain had called for a government ambulance instead of a private one in order to save costs. Upon reaching the Santom Hospital, they were asked to deposit Rs. 30,000 and when they looked around to seek an explanation for the extra payment, as Dr. Sanjana Jain had assured them that the payment made by them includes fees of the Santom Hospital, they were shocked to learn that the Dr. Sanjana Jain had cheated them even there. They were left with no other option but to make the payment.

He also alleged that Dr. Sanjana Jain in connivance with the hospital staff, despite knowing the real condition of his wife, willfully turned a blind eye to her and rather than providing her with proper and adequate treatment only thought about milking him off his money on false and hollow assurances. He being a lay man had no other option but to believe what the doctor and the hospital staff told him as they knew that under the garb of saving his wife's life they can act in a rash and negligent manner which led to untimely death of his wife. He had readily paid them wherever and whenever they requested him to and despite this fact his wife passed away due to the utter and gross negligence on the part of Dr. Sanjana Jain and the accompanying hospital staff.

Dr. Sanjana Jain, Consultant Gynaecology, City Hospital in her written statement averred that the wife of the complainant Smt. Shilpi was admitted in her centre (City Hospital) on 13th March, 2023 with the diagnosis of G3P2L2 with Prev. 2LSCS with three months pregnancy as she had bleeding per vagina off and on earlier USG S/O subchorionic Hematoma. The patient was carefully examined and after considering her condition she was admitted for D&C. Her condition was duly explained to the patient as well as to her husband and after their due consent, D&C was performed on 15th March, 2023 at 1.00 p.m. The patient had continuous bleeding, therefore, she was planned to manage conservatively with IV fluid and necessary medication as per protocol. Bleeding stopped but her blood pressure again started falling at 5.00 p.m. and bleeding per vagina increased. The condition of the patient was explained to the complainant and High Risk Consent was taken. It was informed to the attendant that after the D&C procedure the patient had excessive bleeding and the same has not been controlled inspite of necessary medication, therefore, life saving Hysterectomy has to be done. The life of the patient was in danger; therefore, after obtaining due consent for Hysterectomy the said procedure was performed under general anesthesia. During surgery due to hemorrhagic shock the patient suffered Cardiac arrest. The team of doctors started immediate CPR to revive the patient, heart was revised within 2 minutes and they succeeded to revive the patient. Two units of blood were transfused to the patient along with haemaccel and I/V fluid. After considering her condition, the team of doctors decided to shift the patient to another Centre with ventilator support after explaining the situation to the relatives. Therefore, the patient was shifted to Santom Hospital for ventilator support. At the time of shifting, the patient was responding to the verbal commands of the treating doctors and eye opening was present.

She further averred that cardiac arrest after hysterectomy is a known complication. As per the medical journals during the surgery because of the hemorrhagic shock, 35% of the patients suffered cardiac arrest. She and her team of doctors have treated this patient with due care and caution and followed standard medical norms and there was no deviation in the treatment of this patient. The patient suffered a known complication of hysterectomy; therefore, there was no negligence or deficiency in service.

Dr. Deepti Katarya, Medical Superintendent, City Hospital in her written statement averred that the patient Smt. Shilpi, G3P2L2 with Prev. 2LSCS with 14 weeks of pregnancy came to their hospital for termination of pregnancy. After due consents and explaining all the risks, the patient was admitted on 13th March, 2023 afternoon. Mifepristone followed by Misoprostol was given and the patent was taken for suction (surgical evacuation) on 15th March, 2023 afternoon. Dr. Sanjana Jain performed the D&C procedure and she was around. The patient's vitals were stable till around 04.30 p.m.

Dr. Vivek Mangla, Anesthetist, City Hospital in his written statement averred that on 15th March, 2023, at about 5.45 p.m., he received a phone call from Dr. Sanjana Jain from City Hospital. She asked him to come as soon as possible for a emergency Hysterectomy. She told him that as the patient was bleeding profusely, she had to undergo exploration and treatment under anesthesia urgently. He immediately rushed to the hospital. It was evening time with lot of traffic on the road. Moreover, he had to park his car about 500 metres away from hospital and walk through congested road to the hospital. He reached the hospital around 6:30 p.m. he entered the Operation Theater as was directed on telephone. The patient Smt. Shilpi, 23 years old, was already shifted on O.T. Table. He was told that the patient came to hospital with bleeding P/V and findings as per pre-admission ultrasound scan. The patient had undergone D & C procedure at around 12:30 p.m. or 1:00 pm on same day under mild sedation given by Gynaecologist. D &C was uneventful except that there was continued bleeding per vagina after D&C procedure. For this, every possible medicines had already been given as per treatment chart. Intravenous fluids and other supporting medicines were also given. Relatives had been explained about the bad condition of the patient. The patient already had two LSCS previously done. Gynaecologist told him to give Aneesthesia to the patient so that emergency Hysterectomy could be done to save the patient. The patient had her meals about eight hours ago. She already had received intravenous injections of Ranitidine and Emeset and Antibiotics. Patient's genenal condition was poor, afebrile, pallor+++ (very pale, as already lost large quantity of blood), pulse rate was 128 per minute, blood pressure was 86/42 mm of Hg, without any vasopressors, SpO2 was 98% on Oxygen with mask. Rest parameters were as per his treatment notes in case sheet. Blood reports of the patient were sent but reports were still awaited. 2 bags of blood were ordered and was still on the way. Looking at all the conditions, the patient was diagnosed as PPH with hemorrhagic Shock. She was severely pale and continuously bleeding. She was not in a state to be referred to any higher centre as she may collapse on her way. Considering all these, after discussion with the Gynaecologist and explaining all the situations with chances of morbidity and mortality to the relatives present at that time in Hospital, it was decided to go for emergency Hysterectomy urgently in City Hospital to save the life of the patient. He asked for 4 bags of blood and 6 bags of FFP, High Risk Consent, two running I V lines with 18 Gauze Canula etc. Critical condition of the patient was explained to the relatives present in the hospital. In between he checked his Anaesthesia machine, monitor and all desired medicines. Then he gave General Anaesthesia to the patient and intubated her trachea. Surgery started immediately. In between, as per his detailed notes in case sheet, he continued I.V. fluids, started Haemaccael, other vasopressors and all the possible medicines to stabilize the patient. Blood was still on the way and the patient was still bleeding. At 7:22 p.m., the patient had sudden cardiac arrest due to severe hemorrhagic shock. Immediately CPR was started, heart was revived in less than one minute. Surgery continued to stop the bleeding and save the life of the patient. Other necessary medicines were also given to stabilise the patient till they receive the blood bags. Pulse of the patient was continuously rising and became feeble and blood pressure was continuously dropping despite all the vasopressors support and other efforts. The patient was in severe hemorrhagic shock. At around 7:42 pm, the patient again had cardiac arrest. Immediately CPR started and heart was revived within 2 minutes. All treatment was continued as per his treatment chart. At around 7:50 p.m., surgery was concluded. At that time, he received 2 bags of blood. He immediately checked them and transfused them fast.

Meanwhile, all the situation and critical condition of the patient was thoroughly explained to the relatives and, it was decided to refer the patient to a higher centre for further management, as bleeding had stopped at that time. Some relatives asked to send the patient to Stephen Hospital, near Tees Hazari. After explaining them about critical condition of the patient and distance from Stephen Hospital, anything could happen in ambulance itself. Understanding all this, it was decided to refer the patient to any nearby ICU centre. So Ambulance was called and the patient was referred to Santom hospital with Endotracheal tube in situ and on Ambu bag ventilation with Oxygen at around 8:40 p.m. Dr. Sanjana Jain, Gynaecologist, also accompanied the patient in the Ambulance to Santom hospital ICU. Details of all the treatment given by him and events in his presence are written in his treatment chart.

So in views of all above situations, it was decided to take up for surgery, for betterment of patients. All this was as per rules and protocol of Anaesthesia rules for planned surgery doesn't apply in such critical and emergency life saving situations. Proper Anaesthesia plan was made, his treatment plan was also according to protocol. It was best for that situation. He explained the full condition and situation and consequences of the treatment to the relatives. He agreed to give anaesthesia in view of emergency. The patient was first seen by him in O.T. All the monitoring was done. All the care and precautions were being taken. In the operation theatre, the patient was put on multi para monitor with continuous monitoring of pulse rate, blood pressure, oxygen saturation in blond and ECG Preoxygenation was done. After all his satisfaction, he gave general Anaesthesia to the patient to save her life. All the desired medicines were given, as per protocol and availability. At no point of time, the patient was left unattended. All the medicines used were in prescribed doses. Cardiac arrest happened twice on O. T. Table due to severe hemorrhagic shock. Both of the time, it was detected immediately and CPR was started immediately and heart was revived successfully within one one two minutes. Prompt attention, response and successful action was taken. All preventive medicines like Eptoin, steroids, lasix, vasopressors, Oxygen Atropine, soda-bicarbonate, Calcium gluconate etc. to prevent any damage to vital organs like brain, kidneys etc. were given.

At 8:40 p.m., while shifting the patient to Ambulance, patient's condition was critical, trachea intubated, given bag ventilation with Oxygen, Spontaneous eye opening was present, sluggish response to painful stimulus, spontaneous respiratory effort was adequate but the patient was continued with IPPV (bag ventilation with Oxygen) on vasopressors support. More blood and FFP was still awaited. Relatives present in the hospital were called in O.T. repeatedly, and the incidents explained to them and prognosis was also explained to them. He had done best for his patient and had nothing to hide or manipulate. It's very unfortunate and depressing to him also that all their efforts were in vain and the patient expired after one day. What happened at Santom Hospital and what treatment was given, is not fully known to him. He is completely unaware about the same. Thus, death during treatment is not an evidence of negligence.

To summarize, he had done his best for the treatment of the above mentioned patient and as per protocols for emergency management. All the steps were taken by him are standard protocol. There is no act of omission or comission. This was a case of a medical accident not medical negligence. This accident was also handled successfully by him and timely referred the patient to nearest ICU. After stabilising the patient all the steps taken were for betterment of the patient. All the queries, and points raised by the complainant are false and far away from reality and misleading. Also he is knowingly hiding many facts. There was no negligence in the treatment of the patient.

Dr. Dinesh Modi, Surgeon, City Hospital in his written statement averred that he attended the call for assistance in Emergency Obst. Hysterectomy by Dr. Sanjana Jain, Gynaecologist. Surgery went smoothly no surgical problem was faced.

In view of the above, the Disciplinary Committee makes the following observations :-

1. The patient Smt. Shilpi Kumari was admitted on 13th March, 2023 in City Hospital at around 01:30 p.m. with history of G3P2L2/Pr.2 LSCS/3 months with complaints of bleeding P/V on and off; wants termination of pregnancy. On examination, the pulse rate was 92/min, blood-pressure was 94/62 mmHg. P/A soft, non tender; Local Examination bleeding/vaginum was present. She gave no history of pain per abdomen, no history of abortifacient; LMP with USG report of 14 weeks. Wanted termination in view of bleeding per vaginum on and off. On 15th March, 2023, advised for plan of the surgical evacuation for placenta previa with bleeding per vagina. On 15th March, 2023, the patient was taken to O. T. (under consent) under I.V. sedation, the surgical evacuation was done at 01.00 p.m. by Dr. Sanjana Jain, Gynaecologist under consent**.** During evacuation, the patient had bleeding per vagina slightly more than normal. The treatment and I/V fluids were given. The patient still had bleeding. Evacuation with ovum forceps was completed. Injection Prostodin was repeated and bleeding was stopped. She was kept for observation for half an hour and then, shifted to ward. At 03:30 p.m., the patient was stable with blood-pressure 90/68mmHg and pulse rate was 100/minute. Local Examination revealed minimal bleeding per vaginum. At 4:30 p.m., the patient complaint of giddiness, pulse rate was 112/minute and blood-pressure was 92/60 mmHg, pallor (+), bleeding per vaginum was present. P/S/V clots present were removed. Bleeding was stopped. The treatment continued and IV Fluids were increased. At 5:30 p.m., the patient complained of excessive bleeding; pulse rate was noted on 120/minute and blood-pressure was 96/60 mmHg. The treatment continued and Informed Consent for hysterectomy was taken and bi-manual compression was started. At 06:30 p.m., she was taken to O.T. for Total Abdominal Hysterectomy. O.T. notes reveal per op, uterus was well contracted in size. Lower uterine segment was distended, full of clots. No hemoperitoneum. She had episode of cardiac arrest at 07:22 p.m. and then at 7:42 p.m. and the patient was resuscitated both times and hysterectomy was done and on advise of anaesthetist and discussion with the attendants, the patient was shifted to ICU at Santom Hospital.

The patient Smt. Shilpi Kumari was shifted from City Hospital in intubated state with hypotension. The patient was admitted in Santom Hospital at 9.52 p.m. on 15th March, 2023 with history of P/V bleed post D&C on 15th March, 2023 followed by hysterectomy; during hysterectomy she had cardiac arrest, CPR was initiated, the patient was intubated and was shifted to Santom Hospital for further management. On examination, the patient was unconscious, not responding to verbal command, T-98F, P-156/m, Spo2 96%, blood-pressure was 80/50mmHg. Per abdomen was soft. NT, HR was absent. CNS- Pupil dilated and fixed, non-reactive to light. Past history of P/V bleed G3P2L2 post D&C Post hysterectomy on 15th March, 2023. Diagnosis- post hysterectomy P/V bleed severe anemia septicemia septic shock.

The patient was conservatively managed in ICU; all routine investigation was done and stat IVF and I.V. antibiotics with other supportive treatment was administered. The patient's blood pressure was on lower side, thus, started on inotropes support of noradrenaline, which was gradually increased to multiple inotropic support. The patient's condition did not show any sign of improvement and blood products were transfused. The patient become bradycardiac and was revived after CPCR; however at 10:05 a.m. on 16th March, 2023, the patient again become bradycardiac and efforts were made to revive but the patient could not be revived after five cycles of CPCR and thus, no sign of life, pupil dilated and fixed non reactive to light ECG became straight line and thus the patient was declared dead at 10:30 a.m. on 16th March, 2023.

The cause of death as per the Post Mortem Report No. 204/2023 of Maulana Azad Medical College was death as a result of hemorrhagic shock in an operated case of total hysterectomy, done for hemorrhage following D & C procedure.

1. It is observed that the ultrasound report dated 13th March, 2023 of Nirmal Clinical Lab and X-ray does not suggest subchorionic hematoma. Further, it is suggestive of anterior placenta and that the patient was having irregular bleeding. In view of both these findings, it is unclear as to why morbidly adherent placenta was not suspected by the gynaecologist Dr. Sanjana Jain.

1. Dilation and Evacuation (D&E) procedure, at 14 weeks of pregnancy in a patient with previous two LSCS (Lower Segment Caesarean Section), is a difficult and a challenging procedure to be attempted.
2. It appears that the cause of post D&E hemorrhage was most likely due to morbidly adherent placenta. The option of performing hysterectomy under these circumstances could have been considered either whilst conducting D&E procedure or earlier in post operative period since patient had more than normal bleeding and her BP was on lower side. Hysterectomy was done at 6.30 p.m. after almost five hours of D&E procedure (which was done at 1.00 p.m.), by which time the patient’s condition had worsened due to hemorrhage and shock.

1. The D&E procedure is an accepted method for performing Medical Termination of pregnancy. Bleeding (hemorrhage) which is a known complication associated with such a procedure, not controlled may necessitate hysterectomy.

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that Dr. Sanjana Jain made an error in judgment in the treatment of late Smt. Shilpi Kumari, however, the same was not patently wanton or reckless to invite criminal liability.

Matter stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Alok Bhandari) (Dr. A. G. Radhika)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee

The Order of the Disciplinary Committee dated 02nd May, 2024 was confirmed by the Delhi Medical Council in its meeting held on 08th May, 2024.

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi) Secretary

Copy to :-

1. Shri Vijay Yadav, r/o- Khasra No. 677, Plot No.07, Near Cake Factory Alipur, Delhi-110036.

1. Dr. Sanjana Jain, Through Medical Superintendent, City Hospital, Main Bazar, Samepur, Delhi-110042.
2. Dr. Vivek Mangla, Through Medical Superintendent, City Hospital, Main Bazar, Samepur, Delhi-110042.
3. Dr. Deepti Katarya, Through Medical Superintendent, City Hospital, Main Bazar, Samepur, Delhi-110042.
4. Dr. Dinesh Modi, Through Medical Superintendent, City Hospital, Main Bazar, Samepur, Delhi-110042.
5. Medical Superintendent, City Hospital, Main Bazar, Samepur, Delhi-110042.
6. SHO, Police Station, Prashant Vihar, Distt. Rohini, Delhi-110085-(w.r.t.: DD No.37A, dated 16.03.2023, P.S. Prashant Vihar, Distt. Rohini, Delhi)-**for information & necessary action.**

 (Dr. Girish Tyagi)

 Secretary