DMC/DC/F.14/Comp.2459/2/2020/ 12th September, 2023

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined arepresentation from Police Station, Jahangir Puri, Delhi seeking medical opinion in respect of death of baby Tigu, allegedly due to medical negligence on the part of the doctors of Babu Jagjivan Ram Memorial Hospital, in the treatment administered to baby Tigu at Babu Jagjivan Ram Memorial Hospital, resulting in his death on 19.01.2018.

The Order of the Disciplinary Committee dated 10thAugust, 2023 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a**representation from police station, Jahangir Puri, Delhi seeking medical opinion in respect of death of baby Tigu**(referred hereinafter as the patient), **allegedly due to medical negligence on the part of the doctors of Babu Jagjivan Ram Memorial Hospital** (referred hereinafter as the said Hospital)**, in the treatment administered to baby Tigu at Babu Jagjivan Ram Memorial Hospital, resulting in his death on 19.01.2018.**

The Disciplinary Committee perused the representation from Police, written statement of Dr. B.K. Verma, Head of Office, Office of the Medical Superintendent, Babu Jagjivan Ram Memorial Hospital, enclosing therewith copy of written statement of Dr. Waseem Ahmed, Dr. Sunil Negi, Dr.Sarfaraj Ahmed, Dr. V.K. Jha, Dr. Nagesh Tripathi, Dr. Tawseef, copy of medical records of Babu Jagjivan Ram Memorial Hospital, Post Mortem report No. 45/2018 dated 19.01.2018 and other documents on record.

The following were heard in person :-

1) Shri Ashok Complainant

2) Shri Yogesh Kumar Mama of complainant

3) Smt. Meena Bhabhi of the complainant

4) Smt. Tarawati Wife of the complainant

5) Dr. Waseem Ahmed Specialist Surgery, BabuJagjivan Ram Memorial Hospital

6) Dr. Sunil Negi Senior Resident, Babu Jagjivan Ram Memorial Hospital

7) Dr. V.K. Jha CCMO, Babu Jagjivan Ram Memorial Hospital

8) Dr. Nagesh Tripathi Senior Resident, Babu Jagjivan Ram Memorial Hospital

9) Dr. Sarfaraz Ahmad Junior Resident, Babu Jagjivan Ram Memorial Hospital

10) Dr.Subhra Agarwal Medical Superintendent, Babu Jagjivan Ram Memorial Hospital

11) Dr.Digbijoy Dutta Medical Superintendent, Babu Jagjivan Ram Memorial Hospital

The Disciplinary Committee noted that Dr. Tawseef Ahmed Lone and Dr. L.C. Gupta failed to appear before the Disciplinary Committee, inspite of notice.

The complainant Shri Ashok stated that his son Master Tigu suffered burn injuries due to fall of hot water while playing at home. So, he brought the injured boy to the **Babu Jagjivan Ram Memorial**Hospital where his son was admitted and during treatment, the condition of his son deteriorated suddenly, and his son was declared dead by the doctor. He alleged that his son was not given proper treatment at **Babu Jagjivan Ram Memorial**Hospital. Due to negligence of the treating doctors, the boy collapsed in Hospital. He requests that strict action be taken against the doctors of **Babu Jagjivan Ram Memorial** Hospital**.**

It is noted that the police in its representation has averred that on 19.01.2018, one PCR call was received at PS Jahangir Puri vide DD No. 16A regarding quarrel at **Babu Jagjivan Ram Memorial** Hospital. On the receipt of PCR call, ASI Ramesh rushed to the Hospital and collected MLC no. 148196 of baby boy Tigu s/o Ashok r/o D-206, Jahangir Puri Delhi aged 2 years. On MLC, Dr. Sarfaraz Ahmad, JR, EMD reported A/H/O (a history of) burn on 19.1.2018, the patient is conscious, oriented to T/P/P (time, place and person), superficial burn on abdomen and bilateral upper limb and nature of injuries O/R and the patient referred to ‘surgery department’ where he was given treatment by Dr. Sunil (SR Surgery). However, the baby boy Tigu expired during the treatment at**Babu Jagjivan Ram Memorial**Hospital on 19.1.2018 at 11.00 a.m. and cause of death is Aspiration as mentioned by Senior Resident Dr. Sunil and Head of the Unit Department on the admission summary. During enquiry, the statements of family members were recorded. The uncle of the deceased boy, Shri Munnalal s/o Ashrafi Lal r/o D-206, Jahangir Puri, Delhi stated that the deceased boy suffered burn injuries due to fall of hot water while playing at home. So, they brought the injured boy to the **Babu Jagjivan Ram Memorial**Hospital where he was admitted and during treatment, the condition of injured boy deteriorated suddenly, and he was declared dead by the doctor. The family of the deceased also alleged that the boy was not given proper treatment at **Babu Jagjivan Ram Memorial**Hospital. Due to negligence of the treating doctors, the boy collapsed in Hospital. As there was allegation against the treating doctor,Dr.L.C. Gupta HOD Forensic Medicine **Babu Jagjivan Ram Memorial Hospital suggested that the post-mortem of the deceased boy be conducted by medical board in the present matter. However, the father of the deceased boy further gave statement that he has no doubt on the treatment given by the doctor at Babu Jagjivan Ram Memorial Hospital. Then the post mortem of the deceased boy was conducted at Mortuary Babu Jagjivan Ram Memorial Hospital vide PM no. 45/18 dated 19.1.2018. Dr. L.C. Gupta HOD & Specialist (Forensic Medicine) Babu Jagjivan Ram Memorial Hospital and the opinion mentioned in PM report is as under:-Cause of death in this case is ‘Primary Shock’ subsequent to grave scald burn. Left ventricle of the heart of the deceased has been injured by penetrating mechanical impact through as a result of direct force while treatment. Transfer guidelines and referred criteria application in the case of paediatric burn patient (having 2yrs and TBSA 5 to 7%) has not been followed. The necessary guidelines for management of paediatric burn patient and special needs of burnt child(suffering from partial skin thickness burn @ mild dermal burn) has not been followed in this type of case. It is well anticipated that intensive/excruciating pain due to scald burn which finally cause death B/o primary shock. The same is not taken care of (most patient during 1 to 4 days are managed with I/V morphine infusion or patient control analgesia (PCA) and regular paracetamol 15mg after securing I/V line and airways and putting the patient on ventilator support and further aggressive management of hypovolamic shock with fluid resuscitation and haemodynamic monitoring in intensive case. It was his considered opinion that death of the child namely Tigu @ Dugu resulted b/o gross negligence of concerned treating doctors and the doctors having responsibility of administration (the MS, the HOD etc.) who failed grossly to provide essential infrastructure to save the life in casualty/emergency department of Babu Jagjivan Ram Memorial Hospital. Time since death about 6 hrs prior PME. It was a preventable death if procedural protocol would have been followed. In the view of above-mentioned facts and opinion of Dr. L.C. Gupta HOD (Forensic Medicine) Babu Jagjivan Ram Memorial Hospital, it is, therefore, requested to conduct internal enquiry into this matter and provide their factual report as the same is required to decide further necessary action in the present matter.**

Dr. Sarfaraz Ahmad Junior Resident in his written statement averred that he was posted on duty in casualty department on 19.1.2018 in the morning shift. As per case sheet and the available records, the baby namely Tigu, 02 years, male son of Shri Ashok address D-26 Jahagirpuri New Delhi was brought in the casualty department on 19.1.2018 at around 09.24 a.m., vide emergency no. 12991 and MLC no. 148196. It was a case of burn as per history given by the patient relatives and police. He initially examined the patient who was conscious and oriented to time, place and person. The vital of the baby was stable. There was no history of loss of consciousness/ENT bleeding/seizure/vomiting. On local examination, he found there was superficial burn on abdomen and both upper limb. He advised antiseptic dressing with silver sulphadiazine, IV fluid, syrup ibugesic, syrup amoxicillin and then, he referred the case to Senior Resident surgery department for further management. After that, this case was seen and managed by the Senior Resident Dr. Sunil Negi. Thus, the case was planned to refer to the higher centre after stabilization. All of a sudden, the baby collapsed. At that time, he was busy in preparing the MLC. He immediately rushed to the patient, and found that his condition was deteriorating. Immediately, he called the on duty Senior Resident (Dr. Tawseef) and all other staff. Resuscitation was started immediately as per protocol. However, despite the best efforts of the entire team the baby could not be revived and declared dead at 11.00 a.m. The patient was also examined by the Senior Resident paediatrics Dr. Nagesh at that time. He would like to state here that there was no medical negligence from his side in this case. He did his duty with full honesty and dedication.

Dr. V.K. Jha, CCMO, Babu Jagjivan Ram in his written statement averred that on 19.1.2018, he was posted on CMO duty in morning shift. The patient Tigu, 2 years old, male presented in casualty with alleged history of burn. The patient was examined by Dr.Sarfarz and +/+ was instituted and then, referred to the Senior Resident Surgery for the treatment and MLC was registered under his supervision.

Dr. Nagesh Tripathi, Senior Resident, Babu Jagjivan Ram Hospital in his written statement averred that he was posted in paediatric OPD on 19.1.2018. He received a call from main casualty at 10.30a.m. He immediately rushed to main casualty and found the patient had no sign of line. On examination, the patient had no heart rate, no respiration and pupils bilateral dilated. Inspite of this, he done resuscitation as per PALS protocol but could not be revived and declared dead. All the initial treatment was given by the Senior Resident Surgery and the Junior Resident from main casualty department.

Dr.Tawsef, Senior Resident Surgeryin his written statement averred that he was on duty in surgery OPD as Senior Resident surgery on that day i.e. 19.1.2018. Dr. Sunil Negi was on emergency duty and had attended the patient, he was called for help from casualty at around 10.20am regarding patient baby Tigu 2 years/male, with alleged history of burn. He immediately reached casualty and attended the patient. Dr. Sunil Negi SR Surgery told him that baby was being planned for referral to higher centre after stabilizing his vitals, meanwhile patient suddenly collapsed. The patient was gasping, pulse was feeble and there was laboured breathing. Suctioning of oral cavity was done. The patient was intubated with help of Senior Resident paediatrics and CPR measures were started immediately as per protocol. Despite all resuscitative measure, the patient could not be revived and declare dead at 11.00am.

Dr. Sunil Negi, Senior Resident, Babu Jagjivan Ram in his written statement averred that he was on duty as Senior Resident Surgery on that day i.e. 19.1.2018. Baby Tigu was brought to the casualty with alleged history of burn injury, for which, he was first attended by the Junior Resident in casualty who after giving him primary care referred him to the Senior Resident Surgery for further management. He promptly attended the patient, assessed the patient’s vitals, and total body surface area of burn. Closed dressing was done, analgesics given and intra venous fluid was started as per weight. The patient was being planned for referral to higher centre with burn unit, after vitally stabilizing the patient. During the process, the patient’s condition deteriorated, for which, cardio pulmonary resuscitation was started as per protocol. Despite all resuscitative measures, the patient could not be revived and declared dead.

Dr. Waseem Ahmed, Specialist Surgery, Babu Jagjivan Ram Memorial Hospital in his written statement averred that the patient was treated by Dr. Sunil Negi, Senior Resident Surgery who was on emergency duty on that particular day i.e. 19.1.2018. As he was the in-charge of the surgery department, he has to sign on the case file in that capacity only. Dr. Sunil Negi has left the hospital in the first week of March, 2018. There were special instructions to the Senior Resident in the department to immediately refer the patients suffering from head injury, burns etc. to higher centre after stabilizing his/her vital parameters. As per case sheet and the available records of the patient, the baby was brought to the casualty department with alleged history of burn injury. He was first attended by the Junior Resident in casualty itself and then was referred to the Senior Resident Surgery on emergency duty. The Senior Resident Surgery attended the patient and treated as per the protocols in such cases (recording of vitals, calculating total body surface area of burns as per Lund and Browser chart, measuring weight of the patient, calculation of total IV fluid required and its administration alongwith analgesics, closed SSD dressing alongwith Lignocaine jelly etc.). The total body surface area of burn was calculated as 16%-18%. It was being planned to refer the baby to the higher centre after stabilization of the vitals. Meanwhile, suddenly the baby collapsed and his condition deteriorated, for which, the resuscitation was started as per protocol. However, despite best efforts by the entire team of doctors and staff, the baby could not be revived and declared dead. There was total time period of only about one hour between the arrival of the baby in the hospital and his subsequent death. According to treatment notes of Senior Resident Surgery, it seems that the pain of child was adequately controlled by syrup Ibugesic and there was no need of morphine or other analgesic. Further, he would like to bring to the Delhi Medical Council notice irregularities in the procedure concerned with the post-mortem examination in this case. As per the guidelines issued by the Department of Health & Family Welfare, Govt. of NCT of Delhi in this behalf, it has been specifically mentioned that the post-mortem examination in case of alleged medical negligence has to be conducted by a Board of doctors and that board is to be constituted by the Department of Health & Family Welfare only and the post-mortem examination will be conducted in the designated Medical Colleges only. There are detailed guidelines on the procedure that is to be followed. But surprisingly in this case these guidelines were not followed and the post-mortem examination was conducted by one doctor Dr. L.C. Gupta only.

Dr. B.K. Verma Head of Office, in his written statement averred that it is submitted that the patient named Tigu 2years, male s/o Shri Ashok was brought to the casualty department on 19.1.2018 around 9.24am, with alleged history of thermal burns for which he was examined by Junior Resident (Dr. Sarfaraz Ahmed) on duty who examined the patient and gave him primary care. Senior Resident of surgery, Dr. Sunil Negi and paediatric, Dr. Nagesh Tripathi were called for expert opinion and further management. At the time of examination the patient was conscious and oriented. The patient was advised silver sulfadiazine dressing, IV fluids, antibiotics and painkillers. The patient was immediately managed by the doctors and staff on duty. MLC was prepared vide MLC no. 148196 dated 19.1.2018 by casualty medical officer. The patient was being planned for referral to higher centre after initial stabilization of the vitals. Meanwhile at around 10.20 am, the clinical condition of the patient was deteriorated suddenly and the child collapsed. CPR measures were started immediately by the SR surgery (Dr. Sunil Negi and Dr. Tawseef) accompanied by SR pediatrics (Dr. Nagesh Tripathi) with supports of CMO, JRs and staffs of casualty as per standard protocol. However, despite all resuscitative measures patient could not be revived and was declared dead at 11.00am. Thus, there was a time gap of around one hour between the arrival of the baby in the hospital and his subsequent collapse. Though initially the family of the deceased child, on instigation by someone alleged that the boy was not given proper treatment at **Babu Jagjivan Ram Memorial Hospital due to which the boy collapsed in the hospital. However, father of the child gave his statement to the police that he had no doubt on the treatment given by the doctors at Babu Jagjivan Ram Memorial Hospital, hence, the post-mortem of the deceased boy was conducted at Mortuary of this hospital vide Post-Mortem no. 45/18 dated 19.1.2018 by Dr. L.C. Gupta (HOD/Specialist of Forensic Medicine). As per records the cause of death as mentioned in the death certificate is aspiration. It is to further submit the Babu Jagjivan Ram Memorial Hospital is a 100 bedded general hospital, and all patients requiring tertiary level medical care are referred to higher centers in the hospital ambulances accompanied by Junior Resident Doctors and subordinate staff. Hence, the question of lack of proper facility/infrastructure for referring the patient does not arise. After detailed examination and overview of comments, it seems and to the best of his knowledge, doctors and Nursing Officer discharged their duty with uttermost care and dedication to their profession. There is nothing to suggest as per the statements of concerned doctors that there was a lapse/negligence/carelessness on the part of the treating doctor/nursing officer in Babu Jagjivan Ram Memorial Hospital.**

Dr. Subhra Agarwal, HOO, Medical Superintendent, Babu Jagjivan Ram Memorial Hospital stated that original records pertaining to the treatment of Master Tigu, are not traceable; they have informed the Police regarding the same. She filed a copy of Information report in respect of article/lost document.

On being asked by the Disciplinary Committee that the said report only mentioned about the ‘Inquiry report of Tigu’ document being the lost document and is not in reference to the medical records of the patient; no satisfactory explanation was forthcoming from Dr. Subhra Agarwal, HOO, Medical Superintendent, Babu Jagjivan Ram Memorial Hospital.

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

1. It is noted that the patient **Tigu, two years old male, was brought to the emergency of the said Hospital at 09.24 a.m. on 19th January, 2018 with alleged history of burns. As per the MLC, on examination, the patient was conscious, oriented. The blood-pressure was 110/70 mmHg, pulse rate was 70 bpm. S/E L CVS R/S. P/A CNS-NAD. C/E :**superficial burn on abdomen and B/L upper limb. The patient was advised ASD with silver sulfadiazine, I.V. fluid Ringer lactate, syrup Ibugesic-one bottle tds, syrup Amoxicil-one bottle tds, referred to the surgery Senior Resident.

As per the surgery notes, on examination, the patient was conscious, pulse rate was 174/minute, blood-pressure was 110/70 mmHg, respiratory rate was 18/minute. On local examination, 16-18 superficial burn (scald). Prescribed-IVF-DNS N-300 ml in 01st 08 hours, 300 ml in next 16 hours, syrup Ibugesic, syrup Amoxicillin, ASD with silver sulphadiazine. The patient was advised for burn and plastic opinion and paediatric opinion.

As per Dr. Tawseef Ahmed Lone, Senior Resident Surgery notes, he attended the call at 10.20 a.m. from the casualty. On examination, the patient was found to be gasping, pulse-feeble, laboured- breathing, pupil-mid dilated, lots of secretion (food materials) were present in the oral cavity. Immediately, oral suctioning was done. The patient was intubated by the Senior Resident Paediatric. Endotracheal suction was also done. Ambu bag ventilation was started. Injection Adrenaline and injection Atropine were given and CPR was continued, however, the patient could not be revived and declared dead.

As per the post-mortem report No.45/2018 dated 19th January, 2018, the cause of death in the case was ‘***Primary Shock’ subsequent to grave scald burn. Left ventricle of the heart of the deceased has been injured by penetrating mechanical impact through as a result of direct force while treatment. Transfer guidelines and referred criteria application in the case of paediatric burn patient (having 2yrs and TBSA 5 to 7%) has not been followed. The necessary guidelines for management of paediatric burn patient and special needs of burnt child (suffering from partial skin thickness burn @ mild dermal burn) has not been followed in this type of case. It is well anticipated that intensive/excruciating pain due to scald burn which finally cause death B/o primary shock. The same is not taken care of (most patient during 1 to 4 days are managed with I/V morphine infusion or patient control analgesia (PCA) and regular paracetamol 15mg after securing I/V line and airways and putting the patient on ventilator support and further aggressive management of hypovolamic shock with fluid resuscitation and haemodynamic monitoring in intensive case/high dependency unit. It was considered opinion that death of the child namely Tigu @ Dugu resulted b/o gross negligence of concerned treating doctors and the doctors having responsibility of administration (the MS, the HOD etc.) who failed grossly to provide essential infrastructure to save the life in casualty/emergency department of Babu Jagjivan Ram Memorial Hospital’*.**

1. **It is observed that Dr.**Sarfaraj Ahmed had ordered syrup Ibugesic and application of local silver sulfadiazine ointment and referred to Senior Resident Surgery, Dr. Sunil Negi. Dr. Sunil Negi assessed the patient (the child) and found him to have 16-18 % superficial scald burns and order syrup Amoxicillin and oral rehydration solution and he had planned to refer the patient to Department of Plastic Surgery and Burns, Lok Nayak Hospital. It was noted that some of the facts have been struck through without any initials, also once intravenous fluids have been ordered and cancelled. Later, again by the side, intravenous fluids have been ordered, which was never administered. It seems that suddenly the patient collapsed and the patient was given CPR but the patient did not survive. The original file has been lost and anInformation report in respect of article/lost document has been filed with the police.

**There was no SOPs (Standard Operating Protocol) available then to treat such a patient and it is obvious that the child did not get appropriate therapy, as evident from the minimal information from the alleged photocopy of the filed received in the Delhi Medical Council.**

1. **On perusal of the post-mortem report, it is noted that the post-mortem examiner Dr. L.C. Gupta in addition to giving opinion regarding the cause of death, has made various comments/remarks regarding the treatment administered by the doctors of the said Hospital, as detailed hereinbelow-:**

***“Left ventricle of the heart of the deceased has been injured by penetrating mechanical impact through as a result of direct force while treatment. Transfer guidelines and referred criteria application in the case of paediatric burn patient (having 2yrs and TBSA 5 to 7%) has not been followed. The necessary guidelines for management of paediatric burn patient and special needs of burnt child (suffering from partial skin thickness burn @ mild dermal burn) has not been followed in this type of case. It is well anticipated that intensive/excruciating pain due to scald burn which finally cause death B/o primary shock. The same is not taken care of (most patient during 1 to 4 days are managed with I/V morphine infusion or patient control analgesia (PCA) and regular paracetamol 15mg after securing I/V line and airways and putting the patient on ventilator support and further aggressive management of hypovolamic shock with fluid resuscitation and haemodynamic monitoring in intensive case/high dependency unit. It was considered opinion that death of the child namely Tigu @ Dugu resulted b/o gross negligence of concerned treating doctors and the doctors having responsibility of administration (the MS, the HOD etc.) who failed grossly to provide essential infrastructure to save the life in casualty/emergency department of Babu Jagjivan Ram Memorial Hospital”*.**

It is observed that the post mortem findings should reflect about the cause of death either from a medical or legal standpoint and be restricted to the same; observation regarding the treatment administered or not, is inappropriate, as it is beyond the purview of post mortem examination. Further, If the post mortem examiner feels that the case involves any issue of medical negligence, the same should be referred to the appropriate authority, in this case the Delhi Medical Council, where a medical specialist relating to the field to which the case pertains, can examine the same in detail based on his expertise and determine the matter conclusively and effectively. A post mortem examiner is competent in the field of forensic medicine and he should, therefore, refrain from giving a conclusive report about medical negligence.

1. It is observed and noted that an absence of SOPs in burn patient emergency and appropriate protocols for transfer of such patients. Further, the medical record keeping which is an integral part of good medical practices and bedrock for evaluating/examining /determining issues related to medical treatments, was found wanting in the said Hospital. The authorities of the said Hospital are directed to be mindful of this professional obligation and to be careful in future.

**In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that a warning be issued to Dr. Sunil Kumar Negi(Delhi Medical Council Registration No.81542)** with a direction that he should undergo 08 hours of Continuing Medical Education(C.M.E.) on the subject related to ‘Management of Burn Patient’ and submit a compliance report to this effect to the Delhi Medical Council. However, since the name of **Dr. Sunil Kumar Negi (Delhi Medical Council Registration No.81542)** already stood deleted from the State Medical Register of the Delhi Medical Council on account of non-renewal of registration with the Delhi Medical Councilw.e.f. 08th October, 2022, a copy of this Order be also sent to the National Medical Commission and the Himachal Pradesh Medical Council where, as per record Dr. Sunil Kumar Negi was also registered under registration No.1649/2012 dated 09th June, 2012 for necessary action.

Matter stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Satish Tyagi) (Dr. Yogesh Kumar Sarin)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

Sd/:

(Dr. S.K. Verma)

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 10th August, 2023 was confirmed by the Delhi Medical Council in its meeting held on 21st August, 2023.

The Council also confirmed the punishment of warning awarded by the Disciplinary Committee to **Dr. Sunil Kumar Negi (Delhi Medical Council Registration No.81542)**with a direction that he should undergo 08 hours of Continuing Medical Education (C.M.E.) on the subject related to ‘Management of Burn Patient’, within a period of three months from the date of the Order and submit a compliance report to this effect to the Delhi Medical Council. However, since the name of **Dr. Sunil Kumar Negi (Delhi Medical Council Registration No.81542)**already stood deleted from the State Medical Register of the Delhi Medical Council on account of non-renewal of registration with the Delhi Medical Council w.e.f. 08th October, 2022, a copy of this Order be also sent to the National Medical Commission and the Himachal Pradesh Medical Council where, as per record Dr. Sunil Kumar Negi was also registered under registration No.1649/2012 dated 09th June, 2012 for necessary action

The Council further observed that the Order directing the issuance of warning to Dr. Sunil Kumar Negi shall come into effect after 60 days from the date of the Order.

This observation is to be incorporated in the final Order to be issued. The Order of the Disciplinary Committee stands modified to this extent and the modified Order is confirmed.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Shri Ashok R/o D-206, Jahangir Puri, Delhi- 110033.
2. Dr. Waseem Ahmed, Village-Tikha, P.O. Phephna, District Ballia, Uttar Pradesh-277503.
3. Dr. Sunil Negi, Uma Negi Niwas, Village Vijay Nagar, P.O. Totu, Himachal Pradesh-171011.
4. Dr. Sarfaraz Ahmad, Medical Superintendent, Babu Jagjivan Ram Memorial Hospital, Jahangir Puri, Delhi-110033.
5. Dr. V.K. Jha, Pocket-F-25, Flat No.51, Sector-III, Rohini, Delhi-110085.
6. Dr. Tawseef Ahmad Lone, Kaprin, Shopian, Jammu and Kashmir-19223.
7. Dr. Nagesh Tripathi, Through Medical Superintendent, Babu Jagjivan Ram Memorial Hospital, Jahangir Puri, Delhi-110033.
8. Dr. L.C. Gupta, H.O.D, Specialist (Forensic Medicine), Department of Forensic Medicine & Toxicology, Through Medical Superintendent, Babu Jagjiwan Ram Memorial Hospital, Jahangir Puri, New Delhi-110033.
9. Medical Superintendent, Babu Jagjivan Ram Memorial Hospital, Jahangir Puri, Delhi-110033.
10. S.H.O., Police Station Jahangir Puri, Delhi-110033-w.r.t. DD No.16 A dated 19.01.2018 PS Jahangir Puri, Delhi-**for information.**
11. National Medical Commission, Pocket-14, Sector-8, Phase-1, Dwarka, New Delhi-110077-**for information & necessary action.**
12. Registrar, Himanchal Pradesh Medical Council, Dulcidhum, House Folk Land Estate, Near IGMC Sarai Bhawan, Lakkar Bazar, Shimla, Himanchal Pradesh-**for information and necessary action**.

(Dr. Girish Tyagi)

Secretary