



IN THE HIGH COURT OF JUDICATURE AT MADRAS

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DATED : 16.11.2022

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THE HONOURABLE MR.JUSTICE S.M.SUBRAMANIAM

W.P.No.34112 of 2016

and

W.M.P.Nos.29439, 29440 & 38455 of 2016

and 21083 & 37918 of 2017

S.Muthumalai Rani

... Petitioner

Vs.

- 1.The Secretary,
Department of Health and Family Welfare,
Secretariat,
Fort St. George,
Chennai – 600009.
- 2.The District Collector,
Coimbatore District,
Collectorate Building,
Coimbatore – 641 018.
- 3.The Principal Accountant General (A & E),
O/o. The Accountant General (A & E) Tamil Nadu,
361, Anna Salai,
Teynampet,
Chennai 600 018.
- 4.Director of Pension,
259, Anna Salai, 4th Block, 3rd Floor,



DMS Building, Teynampet, Chennai 600 006.

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5.The Dean,
Coimbatore Medical College Hospital,
Coimbatore – 641018.

6.Director of Medical Education,
Directorate of Medical Education,
No.162, EVR Periyar Salai,
Kilpauk, Chennai – 600 010.

... Respondents

Prayer: Writ Petition filed under Article 226 of the Constitution of India for issuance of a Writ of Certiorarified Mandamus, to call for the records of the 5th respondent in Na.Ka.No.1338/Ni 1/2015 dated 12.09.2016 and quash the same and to direct the 5th respondent to release the retirement benefits such as Gratuity, Special Provident Fund and Earn Leave Salary to the petitioner with 24% interest till the date of disbursement.

For Petitioner	: Mr.B.Kumar Senior Counsel For Mr.T.Sudhan Raj
For R1, R4 to R6	: Mr.Stalin Abhimanyu Additional Government Pleader
For R2	: Mr.D.Gopal Government Advocate
For R3	: Mr.V.Murali

**ORDER****Petitioner's Case:**

The order of recovery dated 12.09.2016 issued to recover the financial loss occurred to the State Exchequer is sought to be quashed in the present writ petition.

2. The petitioner joined as Pharmacist on 01.03.1978 and retired as Medical Store Officer (MSO), Coimbatore Medical College Hospital on 30.06.2015. On retirement, the petitioner had received her Provident Fund benefits and also the pension. However, the Gratuity, Special Provident Fund and Earned Leave Salary are yet to be disbursed, despite the fact that it was sanctioned by the Principal Accountant General. The petitioner states that she had approached the 5th respondent in October 2015 to release all the terminal and pensionary benefits due to her. Though a 'No-Due' certificate was issued to the writ petitioner, the benefits were not settled without any reason.

3. Again the petitioner approached the 5th respondent in January 2016 and she was informed that the official formalities are yet to be concluded with



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regard to the financial audit. Thereafter, the petitioner received a letter dated 01.02.2016 from the 5th respondent seeking clarification for ordering excessive Speciality Drugs during her tenure as Medical Store Officer (MSO). In response to the said letter, the petitioner submitted her explanations through her reply dated 15.02.2016. The 5th respondent again sought further clarifications from the petitioner based on the report of the present Medical Store Officer (MSO) by his letter dated 22.03.2016. The petitioner submitted her explanations to that letter also. Thereafter, the petitioner sent a representation to the 4th respondent on 19.03.2016 to take necessary action. The 4th respondent directed the 5th respondent to settle the benefits. However, that was not complied with by the 5th respondent. Finally, the petitioner received a show cause notice from the 5th respondent on 03.06.2016 stating that why a sum of Rs.66,20,356.45/- should not be recovered from the petitioner's pensionary benefits, since the petitioner purchased the Speciality Medicines excessively and she was asked to submit explanations to the show cause notice. The petitioner submitted her detailed explanations to the show cause notice on 15.06.2016. Meanwhile, the petitioner submitted an application before the District Collector to recover the



Gratuity amount under the provisions of the Payment of Gratuity Act. Finally,

the petitioner received the impugned order dated 12.09.2016 directing her to pay a sum of Rs.56,45,497.87/-. Thus, the petitioner is constrained to move the present writ petition.

4. The learned Senior Counsel appearing on behalf of the writ petitioner mainly contended that the petitioner was allowed to retire from service on 30.06.2015. The terminal and pensionary benefits were sanctioned, which was withheld without any valid reason. 'No-Due' certificate was issued to the writ petitioner and therefore, the authorities cannot initiate any further action against the writ petitioner. The petitioner submitted her explanations to the letters sent by the 5th respondent more than one occasion and finally responded to the show cause notice issued by the 5th respondent. The petitioner cannot be held responsible for the alleged financial loss and in her capacity as Medical Store Officer (MSO), she had purchased the medicines as per the procedures contemplated.

5. The learned Senior Counsel appearing on behalf of the writ



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petitioner reiterated that the petitioner served about 37 years and she had procured the Speciality Medicines by following the procedures and without even conducting any proper enquiry, the impugned recovery order has been passed. Such a huge amount cannot be recovered from a Government servant, without even conducting proper enquiry. That apart, the petitioner retired from service on 30.06.2015 and 4 years period as contemplated under the Pension Rules also expired and therefore, no further action can be initiated against the petitioner and thus, the petitioner is entitled for all terminal and pensionary benefits due to her.

6. The learned Senior Counsel appearing on behalf of the petitioner contended that the petitioner is wrongfully held liable for the expired medicines. The medicines purchased were expired after the retirement of the writ petitioner. Thus, the petitioner cannot be held liable for any financial loss. Utilisation of the purchased medicines were properly done by the Competent Authorities, was not enquired into. The medicines are to be supplied on need basis and in the absence of any enquiry, the unilateral decision taken by the authorities is unsustainable.

**Respondent's Case:**

WEB COPY 7. The learned Additional Government Pleader appearing on behalf of the respondents 1, 4 to 6 objected the contentions raised on behalf of the petitioner by stating that when the petitioner was holding the post of Medical Store Officer (MSO), she had violated the practice and norms for the purchase of Speciality Medicines. The Medical Store Officer (MSO) is the only officer, who is responsible for the procurement of all the drugs. As far as Speciality Drugs are concerned, prior approval from the Head of Departments are mandatory. However, in the case on hand, the petitioner without any prior approval from the Head of the concerned Department had purchased huge quantity of Speciality Medicines.

8. It is a general practice that the utilisation of a particular medicine during the past 6 months period along with the maximum of 10% excess medicines can be procured by Medical Store Officer (MSO). However, the petitioner herein had purchased huge quantity of excess medicines. This was a gross dereliction of duty by the petitioner.



WEB COPY 9. Coimbatore Medical College Hospital consist of about 45 Departments. There are 11 dispensaries within the premises of the Coimbatore Medical College Hospital, which are under the control of Medical Store Officer. However, in a callous manner, the petitioner had purchased huge quantity of excess medicines with complete non-application of mind and without following the procedures as contemplated. The next incumbent to the petitioner in the post of Medical Store Officer (In-charge) had taken earnest efforts in transferring the medicines to other Government Hospital, which includes Rajiv Gandhi Government General Hospital, Chennai, Vellore Medical College Hospital, Government Arignar Anna Cancer Institute, Kanchipuram, Government Mohan Kumaramangalam Medical College Hospital, Salem, Government Head Quarters Hospital, Tirupur, Government Rajaji Hospital, Madurai, Government Tiruvarur Medical College Hospital, Government Multi Speciality Hospital, Omanthurar, Government Estate, Chennai. Enormous amount of human resources from several staff in the Government Hospitals were extracted in the process of transferring these medicines, only because of the blunder



committed by the petitioner.

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10. The learned Additional Government Pleader appearing on behalf of the respondents 1, 4 to 6 brought to the notice of this Court that at the time of relieving from Government service on retirement, the petitioner has declared the following:

“I, Tmt.S.Muthumalairani, Medical Store Officer, Coimbatore Medical Hospital, Coimbatore do hereby declare that I am willing to pay the Government dues if any found at a later date by means of audit objection from any pension and other retirement benefits.”

11. An enquiry in this regard was contemplated against the petitioner. In a reply to the Enquiry Officer dated 23.05.2017, the petitioner has stated the following:

“பார்வை 1 ல் குறிப்பிடப்பட்டுள்ள மருந்துகள் காலாவதி ஆகும் என என்னை பொறுப்பாக்கியதற்கும், என்னுடைய ஓய்வு ஊதிய பலன்களை



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வழங்காததற்கும் குறித்து, ஏற்கனவே சென்னை உயர்நீதிமன்றத்தில் 2016 ஆம் வருடம் W.P. No. 34112 வழக்கு தொடரப்பட்டு தடை ஆணை பெற்றுள்ளேன். மேற்படி தடையானையின் நகல் இத்துடன் இணைத்துள்ளேன். வழக்கு நிலுவையில் உள்ளதால் மேற்படி விசாரணைக்கு என்னால் ஆஜர் இயலாது என்பதை தெரிவித்துக்கொள்கிறேன்.”

12. Relying on the above undertaking and the reply given by the petitioner, the learned Additional Government Pleader contended that considering the large scale irregularity, lapses and dereliction of duty, the authorities have initiated an enquiry to find out the truth behind the purchase of large quantity of excess Speciality Medicines. However, the petitioner has not cooperated for the enquiry. Contrarily, she has clearly stated that there is an interim order in the present writ petition and therefore, she is not in a position to appear even for enquiry. Therefore, the petitioner now cannot turn around and plead delay for the purpose of seeking exoneration from the enquiry proceedings.



13. The learned Additional Government Pleader appearing on behalf of the respondents 1, 4 to 6 further contended that the Government has taken steps to improve the system in the matter of procurement of medicines and regarding implementation of Health Schemes in all the Medical Institutions across the State of Tamil Nadu. Thus, in the present case, an enquiry is to be conducted and the action had already been taken by the competent authority within a period of four years as contemplated under the Pension Rules and the delay in disposal of the present writ petition would not be a ground to exonerate the petitioner from the enquiry proceedings, which was otherwise contemplated within the period of limitation.

14. Several questions aroused regarding the purchase of speciality medicines in bulk and utilisation of such medicines judiciously and also the procedures followed for such purchase, utilisation etc. When bulk quantity of speciality medicines got expired, it became a national waste and further would cause huge financial loss to the State Exchequer. Thus, the Government was directed to furnish the details regarding the actions taken in this regard, more specifically, in the matter of purchase of bulk speciality



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medicines from the Pharmaceutical Companies.

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15. The 1st respondent filed a status report regarding the policy of the

Government to control the infectious diseases in humans and its increased form and also the steps taken by the Government and robust daily disease surveillance system to generate early warning signals to infectious diseases etc. The State of Tamil Nadu has wide and wonderful medical structures, namely District Headquarters Hospitals, Taluk level Government Hospitals, Primary Health Centres, etc. Medical care centres are provided for the benefit of people residing in remote villages and hilly areas across the State of Tamil Nadu. Thus, the medical care centres and the structurally set up of medical institutions are comparatively higher than the facilities available in many other States across the country.

16. However, the implementation part of health care schemes are to be looked into in the context of work performance and work discipline of the Doctors, Nurses, Paramedical staffs, which require vigilance and improvement. The treatments provided to poor people residing in rural areas and hilly areas by the Doctors, Nurses, Paramedical staffs working in Primary Health Centres and Taluk level Government Hospitals required more monitoring for the purpose of making the medical centres people friendly and



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efficiently. While establishing the medical centres, the Government should ensure the execution of the Health Care Schemes in an efficient manner through the public servants. But wider allegations are prevailing in the public domain regarding the work performance and work discipline in such medical institutions across the State of Tamil Nadu.

17. The 1st respondent filed second status report regarding the regulatory mechanism in force in the matter of purchase and utilisation of speciality medicines and the report reads as under:

18. Status Report Filed by the 1st Respondent:

(a) What is the mechanism followed to regulate that no expired medicine is given to the poor in the Government Hospital?

It is submitted that there is system in place at various levels to regulate that no expired Medicine is given to the public in Government Hospital. First, at procurement level, most of the drugs required by Government Hospitals are purchased through centralised process by Tamil Nadu Medical Service Corporation (TMSC) following fool proof Codal procedure. While getting supply of any particular drugs to the needy Hospital, the batch of longest possible



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expiry will be supplied by TNMSC as per the conditions. The consumption and movements of drugs are monitored regularly by the Head of the Institutions and Drug committee which is constituted in each Government Hospital for this purpose. In case of any drug for which the consumption has been reduced in a particular Hospital and if the drug is not required, or surplus drugs are available, they are being transferred to the highly needed institutions by circular. The circular will be prepared and circulated among all medical institutions by the concerned Medical Institutions and also through Directorate. Needy institutions may submit their requirements by request, the same will be transferred to other institutions and acknowledged by them. These procedures are fully documented. Further, surprise drug audits are being done by Head of Institutions to check the availability of expired drugs in drug store and if found so, necessary action will be taken against defaulters. The Tamil Nadu Medical Services Corporations Limited is functioning as the Nodal Agency for procurement of medicines which involves an open tender process to procure drugs from the manufacturers and supply drugs to Government Hospitals. The Tamil Nadu Medical Services Corporations Limited purchases drugs with shelf life to the extent of 95% period and that too for the next six



months needs and the same are issued to the Government Hospitals. Hence, purchase of nearing shelf life expiring drugs by the Tamil Nadu Medical Services Corporations Limited does not arise. At the institutions, short expiry drugs with less than three months of validity are periodically taken out by the Pharmacists and redistributed to other needy institutions.

(b) King Institute of Preventive Medicine, Chennai, alone, will not be sufficient enough for identification of various factors responsible for the treatment provided in various Government Institutions, including 36 Government Medical College Hospitals. What is the alternative?

King Institute of Preventive Medicine has a premier testing laboratory facility. However now as part of improvement of testing to various diseases, bulk of the testing are done in tertiary care institutions throughout the State. For example, before the pandemic Covid19 testing RT-PCR facility was available in one government institution which has now been expanded to 78 Government institutions.

(c) A grievance / complaint redressal mechanism should be available in each Government Hospitals?



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It is submitted that a public grievance mechanism for intimating non availability of drugs is available through a toll free No. 104. Further, there is a grievance box placed in all hospitals. Resident Medical officer and Assistant Resident Medical officers are available in rotation basis 24×7 for redressing the grievances received from the Public. There is State wide Grievance Redressal system is being operated through toll free number 104. Complaints are escalated from here to respective Block Medical Officers (BMO), Resident Medical Officers (RMO) and Chief Medical Officer (CMO) and the concerned Heads of Department.

(d) Is there a mechanism to transfer the medicines to other hospitals, if the same is going to get expired?

(1) In case of any drug for which the consumption is poor in a particular Hospital and if the drug is not required in the near term, or available in surplus, such drugs are transferred to the highly needed institutions. The details are prepared and circulated among all medical institutions through the concerned Head of Institution. Needy institutions submit their requirements and the same is transferred to other institutions by transporters and acknowledgement received from them. These procedures are fully documented. Fur-



ther, the Tamil Nadu Medical Services Corporations Limited engages itself in

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transfer of medicines within its warehouses at times of demand / acute shortage in any District(s).

(2) It is submitted that necessary instructions are issued to all Primary Health Centres, if any surplus or near expiry medicines are available, the same be transferred to nearby Government Hospitals and Government Medical College Hospitals.

(e) In the light of pharmaceutical companies minting money, is there an agreement to return back the expired medicines from the Government Hospitals?

It is submitted that Drug storage and supply is handled by separate category of employees such as Medical Store Officer, Chief Pharmacist/Pharmacists under the supervision of Head of Institutions. Based on the prescription/indent by Doctors, the required drugs issued to the patients directly or to the concerned ward. Indent of costly drugs by wards have to be approved by Resident Medical Officer/Head of Institutions. Doctors have no direct access to drug Store or supply chain. Further all the Essential drugs supplied by Government are labeled with "Tamil Nadu Government Supply;



Not for Sale". Hence it is not possible for Doctors/nurses/staff to take the life

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saving medicine for their use benefits. It is humbly submitted that all life sav-

ing Medicines are available to common people in Government hospitals.

The Tamil Nadu Medical Services Corporations Limited while placing

purchase order with the manufacturers, obtains an undertaking from them for

replacement of goods if supplied with shelf life expiry of less than 300 days.

(The drugs are actually meant for use in 180 days). The purchase orders are

placed by the Tamil Nadu Medical Services Corporation based on the con-

sumption pattern only. Hence the scope of expired drugs is less.

(f) Foreign trips and Gifts are given by Pharmaceutical Companies to the Doctors and the same is unethical. Government Doctors who are also private, solicit the Government Hospital patients to attend their Private Hospital / Clinic. What is the mechanism to stop these kinds of unethical practices?

The Medical Stores supplies the medicines on receipt of proper in-
dents signed by the Head of the Departments and the Resident Medical Offi-
cer and then it is used by the concerned departments. If complaints against
doctors are received, the same is enquired and if the allegations are true,

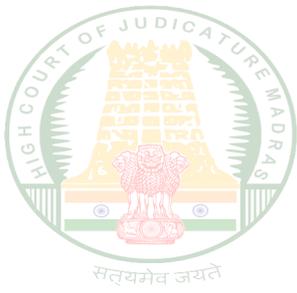


strong disciplinary action is taken against the individuals. Toll free No. 104 is available to the Public for making complaints.

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(g) There are also allegations of Doctors / Nurses/ Staffs in the Government Hospitals taking the life saving medicines for their use benefits. Because of which costly lifesaving medicines are unavailable to common people in Government Hospitals?

Bulk of Life saving drugs are procured from Tamil Nadu Medical Services Corporation. In addition the drugs are also procured by institutions from private pharmacies, if such drug requirement is few, and where the same is not available in the warehouse of Tamil Nadu Medical Services Corporation. In a bigger hospitals there are a number of Pharmacies function within the Hospital. For example in Rajiv Gandhi Government Hospital, Chennai, there are more than 25 pharmacy stores. As each pharmacy caters to some speciality drugs relating to certain speciality only, medicine which is not available in a particular Pharmacy can be had from nearby pharmacy. If any such complaints are received, strong action will be taken against all concerned.



(h) Abuse / Misuse / Corruption in medicines are happening. A

mechanism must be evolved, where doctors must be scared to involve in these kinds of activities?

If any complaints of this nature are received, necessary Departmental disciplinary action under Tamil Nadu Civil Services (Discipline and Appeal) Rules will be initiated against the doctors / concerned officials who abuse/misuse/indulge in corruption of medicine.

19. With reference to the measures taken by the Government for effective implementation of the health care system across the State of Tamil Nadu, the learned Additional Government Pleader appearing on behalf of the respondents 1, 4 to 6 contended that Aadhar Enabled Biometric Attendance System in all 2302 Primary Health Centres and in other Public Health Institutions had been implemented. These 2302 devices and institutions have been monitored as “Aadhar Enabled Biometric Attendance System (AEBAS)” data generated and maintained by National Informatics Centre (NIC), Government of India on their website <https://tamilnadu.attendance.gov.in>. Therefore, now the Government is monitoring the attendance of the Doctors, Nurses and Paramedical staff in all



the medical institutions across the State of Tamil Nadu.

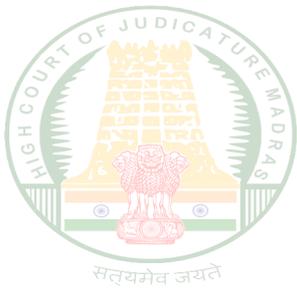
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Analysis:

20. Right to Health is a facet of Article 21 of the Constitution of India.

It casts an obligation on the State to preserve life. Right to Health and medical care is a Fundamental Right under Article 21 read with Articles 39(e), 41 and 43 of the Constitution of India. Self-preservation of one's life is the necessary concomitant of the right to life enshrined in Article 21, fundamental in nature, sacred, precious and inviolable.

21. In the case of **State of Maharashtra Vs. Chandrabhan [AIR 1983 SC 803]**, the Hon'ble Supreme Court of India held that right to life, enshrined in Article 21 means something more than survival or animal existence. It includes all those aspects of life, which go to make a man's life meaningful, complete and worth living. That which alone can make it possible to live must be declared to be an integral component of the right to life.



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22. The human right to health is also recognised in numerous international instruments. Article 25.1 of the Universal Declaration of Human Rights affirms: “Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services”. Various steps are also contemplated to be taken by the State for the achievement of the covenants in the international instruments.

23. The 1st respondent in their status report enumerated the procedures contemplated for procurement of medicines, its supply and distribution, etc. It is further contended that stringent actions are taken against the Doctors and other officials working in Medical Department. However, the true and efficient implementation of the procedures as developed by the Government, is the question, which is to be answered by the Government itself.



WEB COPY 24. In the present case, the allegations against the petitioner was that she purchased bulk quantity of speciality medicines over and above the requirement and without following the procedures as contemplated for procurement of medicines. However, the 5th respondent had taken effective steps to supply huge quantity of medicines to various Hospitals across the State of Tamil Nadu and even after such supply, large quantity of speciality medicines expired, which caused huge financial loss to the State Exchequer. Thus, an enquiry is warranted to fix the responsibility and accountability on the officials concerned. In the absence of any elaborate enquiry, the Authorities Competent cannot take unilateral decision, which may not be proper.

25. The petitioner is a senior official served in the rank of Medical Store Officer and retired from service on 30.06.2015. At the time of retirement, she had given an undertaking that she is willing to pay the Government dues, if any found at a later date by means of audit objections from any pension and other retirement benefits. The said undertaking is binding on the petitioner. When an undertaking has been given by the



petitioner, now she cannot turn around and say that the authorities have initiated action after her retirement on 30.06.2015.

26. Rule 9 of the Tamil Nadu Pension Rules, 1978, contemplates that disciplinary actions are permissible against the retired Government servants upto 4 years from the date of retirement. In the present case, the 5th respondent issued a letter dated 01.02.2016, immediately after retirement of the writ petitioner, seeking her explanations regarding the excess procurement of the speciality drugs without following the procedures. Again another letter was sent by the 5th respondent to the petitioner on 22.03.2016. Subsequently, a show cause notice was issued to the writ petitioner providing an opportunity to her. Finally, the impugned order of recovery was issued in proceedings dated 12.09.2016. Therefore, it is not the case, where no opportunity was provided to the writ petitioner. A show cause notice was issued and thereafter, final order has been passed. However, the respondents have initiated further enquiry during the pendency of the writ petition and the petitioner did not cooperate for the conduct of the enquiry on account of the pendency of the writ petition and due to an interim order granted in the



present writ petition.

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27. Pendency of the writ petition before the High Court, cannot be a ground to plead limitation for the purpose of exonerating an employee from departmental disciplinary proceedings. Due to the interim stay granted in the present writ petition, the petitioner had not cooperated for an enquiry, which was already initiated by the respondents, within a period of limitation under the Rules. The petitioner retired on 30.06.2015 and the 5th respondent sent letters on 01.02.2016 and 22.03.2016 and thereafter, a show cause notice was issued on 03.06.2016 and finally passed the impugned order of recovery on 12.09.2016 and therefore, the actions were initiated within the period of limitation and there is no violation or otherwise. Since, an interim order was granted in the present writ petition, the petitioner submitted a reply that she will not be in a position to participate in the enquiry and the said delay was at the volition of the petitioner and not at the instance of the respondents.

28. The allegations against the writ petitioner are serious in nature. Purchase of bulk quantity of speciality medicines without following the procedures as contemplated is a serious misconduct, which caused huge



financial loss to the State Exchequer. Thus, the enquiry commenced must be concluded in all respects by following the procedures as contemplated and by affording opportunity to all the officials concerned. The financial loss caused to the State Exchequer must be recovered from all concerned and public cannot be made to suffer on account of irregularities or illegalities committed by the public servants.

Conclusion:

29. In view of the adjudication of issues in the aforementioned paragraphs, this Court is inclined to pass the following orders:

- (1) The order impugned passed by the 5th respondent in Na.Ka.No.1338/Ni 1/2015 dated 12.09.2016 is quashed and the matter is remitted back to the respondents.
- (2) The respondents / competent authorities are directed to conduct a detailed enquiry, if required by obtaining an appropriate permission from the 1st respondent / Government and initiate all appropriate actions against the officials concerned, including the petitioner, by following the procedures and by affording opportunity to the concerned officials and dispose of the same.



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Such an exercise is directed to be completed within a period of three (3) months from the date of receipt of a copy of this order.

- (3) The petitioner is directed to co-operate for the early disposal of the enquiry proceedings and in the event of non-cooperation on the part of the petitioner, the same shall be recorded in the minutes by the competent authorities, and in such circumstances, the petitioner is not entitled to seek any relief on the ground of delay in disposal of enquiry proceedings.
- (4) The 1st respondent is directed to constitute required number of “Flying Squads” at Regional levels / District levels for the purpose of conducting frequent surprise inspections in Government Hospitals, Primary Health Centres, etc., across the State of Tamil Nadu and ensure that the Doctors, Nurses, Paramedical staff attend their duties as per the rules in force and present during the working hours in the medical institutions, and to monitor the functioning of the Hospitals in all respects including the quality of treatments and medicines supplied to the patients etc.
- (5) The activities of the “Flying Squads” are directed to be monitored by the Head of the Department / Government as the case may be, so as to maintain the efficiency of the “Flying Squads”.



30. Accordingly, the Writ Petition stands allowed, with the above directions. Consequently, connected Miscellaneous Petitions are closed.

However, there shall be no orders as to costs.

16.11.2022

Jeni
Index : Yes
Speaking order

To

1. The Secretary,
Department of Health and Family Welfare,
Secretariat,
Fort St. George,
Chennai – 600009.
2. The District Collector,
Coimbatore District,
Collectorate Building,
Coimbatore – 641 018.
3. The Principal Accountant General (A & E),
O/o. The Accountant General (A & E) Tamil Nadu,
361, Anna Salai,
Teynampet,
Chennai 600 018.
4. The Director of Pension,
259, Anna Salai, 4th Block, 3rd Floor,
DMS Building, Teynampet, Chennai 600 006.



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5. The Dean,
Coimbatore Medical College Hospital,
Coimbatore – 641018.

6. The Director of Medical Education,
Directorate of Medical Education,
No.162, EVR Periyar Salai,
Kilpauk, Chennai – 600 010.



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VERDICTUM.IN



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S.M.SUBRAMANIAM, J.

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