

IN THE HIGH COURT OF JUDICATURE AT BOMBAY
ORDINARY ORIGINAL CIVIL JURISDICTION
WRIT PETITION NO. **CW 17132** OF 2021

DISTRICT : MUMBAI

Deepak Kumar Radheshyam Khurana & Ors.

...Petitioners

Versus

Mumbai Port Trust & Anr.

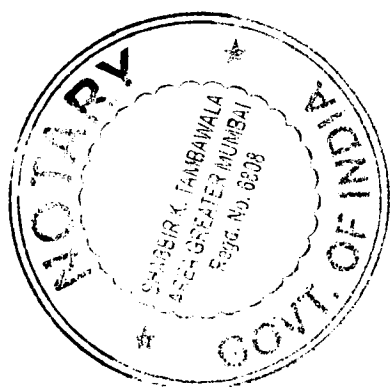
...Respondents

INDEX

SR. NO.	PARTICULARS	PAGE NO.
1.	Proforma	I - III
2.	Synopsis	A - C
3.	Writ Petition	1 - 30
4.	Vakalatnama	31 - 34
5.	Memorandum of Address	35
6.	List of documents	36
7.	EXHIBIT A: A copy of the Office Order, dated 20.05.2021	37 - 38
8.	EXHIBIT B: A copy of the circular of Respondent No. 1, dated 15.06.2021	39 - 41
9.	EXHIBIT C: A copy of one such list, dated 23.06.2021	42
10.	EXHIBIT D: A copy of the RTI reply dated 09.03.2021	43 - 46
11.	EXHIBIT E: A copy of the RTI reply dated 23.03.2021	47 - 51



12.	EXHIBIT F: A copy of the RTI reply dated 16.04.2021	52-54
13.	EXHIBIT G: A copy of the letter written by Tamil Nadu Medical Practitioner's Association dated 27.04.2021	55-57
14.	EXHIBIT H: A copy of the article titled "617 Serious Adverse Events After Vaccination Reported in India until March 29" published in The Wire dated 09.04.2021	58-66
15.	EXHIBIT I: A copy of the letter dated 31.01.2021	67-78
16.	EXHIBIT J: A copy of the letter dated 16.03.2021	79-90
17.	EXHIBIT K: A copy of the legal notice, dated 03.07.2021	91-95
18.	Affidavit in support	96-97
19.	Advocate Certificate	98



I

IN THE HIGH COURT OF JUDICATURE AT BOMBAY

ORDINARY ORIGINAL CIVIL JURISDICTION

WRIT PETITION NO.

OF 2021

DISTRICT- MUMBAI

Deepak Kumar Radheshyam Khurana & Ors.

...Petitioners

Versus

Mumbai Port Trust & Anr.

...Respondents

Office Notes. Office Memorandum of Coram Appearance Court Order or Direction and Prothonotary Orders	Court's or Judge's Order
--	--------------------------

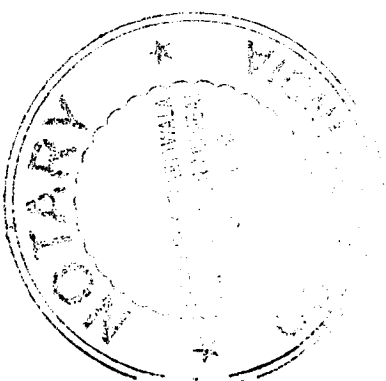


II

Office Notes. Office Memorandum of Coram Appearance Court Order or Direction and Prothonotary Orders	Court's or Judge's Order
--	--------------------------



Office Notes. Office Memorandum of Coram Appearance Court Order or Direction and Prothonotary Orders	Court's or Judge's Order
--	--------------------------



A

IN THE HIGH COURT OF JUDICATURE AT BOMBAY
ORDINARY ORIGINAL CIVIL JURISDICTION

WRIT PETITION NO. OF 2021

DISTRICT : MUMBAI

Deepak Kumar Radheshyam Khurana & Ors. ...Petitioners

Versus

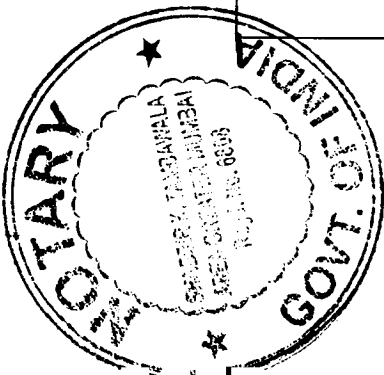
Mumbai Port Trust & Anr. ...Respondents

SYNOPSIS

The present petition is being filed against Respondent No. 1 making the COVID-19 vaccine mandatory for the employees and discrimination against the non-vaccinated employees by asking them to pay for the periodical RTPCR test and directing deduction of leaves causing loss of livelihood.

LIST OF DATES AND EVENTS

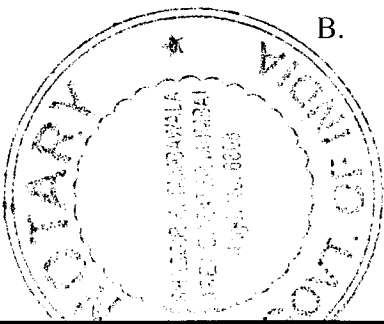
SR. NO.	DATE	EVENT	EXH.	PG.NO.
1.	1987-1997	Petitioners joined the services of Respondent No. 1.		
2.	20.05.2021	Respondent No. 1 issued an Office Order directing mandatory administration of the COVID19 vaccine		



3.	15.06.2021	A modified circular was issued by Respondent No. 1 placing more emphasis on the vaccine. This directed the following: 1. No facility of WFH 2. Employees are not permitted without the RTPCR test, at their own cost 3. Employees to submit fresh RTPCR every 10 days 4. No Reimbursement given to the employees for hospital bills, in case of contacting Covid		
4.	23.06.2021	Respondent No. 1 displayed a list of employees who have not taken vaccines		
5.	Since 25.05.2021	Petitioners have not been allowed to resume duty		
6.	03.08.2021	Message sent by Admin Officer, to the section officers to treat absence of petitioner has earned leave.		

I.POINTS TO BE URGED:

- A. The Applicant is being arbitrarily forced to take the COVID vaccine, where the guidelines by the Union of India clearly stipulate that the use of the vaccine is purely voluntary and not mandatory.
- B. The said action of the Respondent is in violation of the order of the Hon'ble Supreme Court in Common Cause v Union of India (2018) 5 SCC 1 and is in violation of the constitutional right under



C

Article 21 of the Applicant.

II. ACTS AND LAWS RELIED UPON:

1. The Constitution of India, 1950

III. AUTHORITIES / CASE LAWS CITED

To be relied upon at the time of hearing

Adin

Advocate for the Petitioner



IN THE HIGH COURT OF JUDICATURE AT BOMBAY
ORDINARY ORIGINAL CIVIL JURISDICTION
WRIT PETITION NO. OF 2021

DISTRICT : MUMBAI

In the matter of Article 14,
19, 21 and 226 of the
Constitution of India

1. Deepak Kumar Radheshyam Khurana)
Age: 47 years old)
R/O Old B.P.T Colony)
40/36 wadala (East))
Mumbai 400037)
2. Mohammad Ziyaur Rahman)
Age: 55 years old)
R/O Balaji Bhavan)
Flat No. 202 Plot No. 89)
Sector - 21)
Nerul)
Navi Mumbai)
3. Ramesh R Kurhade)
Age: 51 years old)
C-5/7/0:3, Sahyadri Aptt,)
Sector 1A, CBD Belapur)
Navi Mumbai- 400614)

2

4. Mohd Naeem Suleman Pawaskar)
Age: 57 years old)
R/O 1/33 BPT Colony Nagar)
Tankbunder Road)
Mazgaon Mumbai - 400010)
5. Nisar Ahmed A. Latif Kondkar)
Age: 59 years old)
R/O 21/378 M.B.P.T. Colony)
Tejas Nagar)
Reynolds Road)
Wadala East)
Mumbai- 400037)
6. Irfan Ahmed Mukadam)
Age: 50 years old)
R/O A/202, Shelter Plaza Chs.)
Ltd. Sec - 50 plot- 53)
Seawoods Nerul)
Navi Mumbai- 400706)
7. Harishchandra Charansingh Hadale)
Age: 58 years old)
R/O 22/447 New B.P.T colony)
Nadkarni Park Road)
Wadala East)
Mumbai- 400037)...Petitioners

Versus



1. Mumbai Port Trust)
Through Chairman)
Port Bhavan)
Mumbai - 400001)
2. Union of India)
Through Ministry of Ports,)
Shipping and Waterways)
Transport Bhawan, Sansad Marg)
New Delhi – 110001)...Respondent

To

**THE HON'BLE CHIEF JUSTICE AND THE HON'BLE
PUISNE JUDGES OF THE HON'BLE HIGH COURT OF
JUDICATURE AT BOMBAY**

**THE HUMBLE PETITION
OF THE PETITIONER
NAMED ABOVE**

MOST RESPECTFULLY SHOWETH:

1. Petitioners are employees of the Bombay Port Trust on the following posts:
- a. Petitioner No. 1 joined services of the Respondents on 02.05.1997 and is currently designated as Vendor under the department the Chief Welfare Office.
 - b. Petitioner No. 2 joined services of the Respondents on 12.04.1991 and is currently designated as Junior Engineer, grade I, under the Mechanical and Electrical Engineering Department.
 - c. Petitioner No. 3 joined services of the Respondents on 19.02.1997 and is currently designated as Chargeman



h

(E) under the Mechanical and Electrical Engineering Department.

d. Petitioner No. 4 joined services of the Respondents on 10.11.1986 and is currently designated as Electrician under the Mechanical and Electrical Engineering Department.

e. Petitioner No. 5 joined services of the Respondents on 01.04.1981 and is currently designated as Senior Wireman under the Mechanical and Electrical Engineering Department.

f. Petitioner No. 6 joined services of the Respondents on 05.02.1999 and is currently designated as Junior Engineer, grade I, under the Mechanical and Electrical Engineering Department.

g. Petitioner No. 7 joined services of the Respondents on 11.06.1984 and is currently designated as Sorter(JR) under the Traffic Department.

2. Respondent is the Mumbai Port Trust, an autonomous corporation of the Respondent No. 2, and an employer of the Petitioners.

3. The present petition is being filed against Respondent No. 1 making the COVID-19 vaccine mandatory for the employees and discrimination against the non-vaccinated employees by asking them to pay for the periodical RTPCR test and directing deduction of leaves causing loss of livelihood.

Facts of the case:

4. The brief facts leading to filing of this Writ Petition are as follows:



- a. Petitioners are citizens of India and are entitled to the guarantees enshrined under the Constitution of India, more particularly, Part II of the Constitution of India. The Petitioners are long-standing permanent staff of the Respondent No. 1 and all have been in service since the 1990s.
- b. On 20.05.2021, Respondent No. 1 issued an office order making COVID-19 vaccination for the employees above the age of 45 mandatory. A copy of the Office Order, dated 20.05.2021, is annexed as Exhibit A.
- c. In continuation, on 15.06.2021, a circular was issued by the Respondent No. 1 that strongly emphasised on the vaccine in the following manner:

“(i) Employees who have registered so far for vaccination/employees registered for vaccination but not taken any dose of vaccine, will not be allowed the facility to work from home (WFH). Their Work from Home (WFH) facility will be withdrawn w.e.f. 16.6.2021.

(ii) Employees who have not registered for vaccination/Registered but not taken any dose of vaccine so far, will not be permitted to attend office without production of RT-PCR test conducted by a recognised hospital at their own cost w.e.f. 16.6.2021.

(iii) The RT-PCR test report will be valid for ten days only and thereafter the employees have to again submit fresh RT-PCR Report, for every 10 days, so as to take them to duty.



6

(iv) Further, the above facts will also be taken into consideration for payment of Rs. 50 lakh compensation announced by the Ministry.

(v) Further, the employees who have not registered for vaccination/employees who have registered but have not taken vaccine so far, will be given treatment in Port Hospital on payment basis only for COVID-19 treatment. Further, no referral / reimbursement of bills will be entertained in their cases in respect of COVID-19 related treatment hospitalization.

(vi) Any employee who is having a serious health condition and not able to take vaccination immediately, should submit the details and obtain CMO's certification to that effect, in order to attend duty."

A copy of the circular dated 15.06.2021, is annexed as Exhibit B.

- d. On 23.06.2021, the Respondent No. 1 displayed a list of employees who have not taken the vaccination and again insisted on taking the vaccination immediately by the employees. A copy of one such list, dated 23.06.2021, is annexed as Exhibit C.
- e. On 25.03.2021, it was communicated to the Petitioners orally that they will not be allowed to resume duty unless they have taken COVID19 vaccination. Since 25.06.2021, the Petitioners have not been allowed inside the premises of the Respondent No. 1 and have been marked as absent.



- f. Moreover, under the false pretense of making the vaccination voluntary, the Respondent No. 1 requires unvaccinated employees to conduct RT-PCR at the arbitrary gap of ten days and impose the cost of the RT-PCR on the Petitioners and other employees.
- g. On 03.08.2021, a message was sent by the Admin Officer, CME Department, to the section officers of the department to treat the absence of the Petitioners as Earned Leave as per balance leaves or it will be Leave without pay for the Petitioners.

Vaccine is Voluntary

- h. Petitioners respectfully submit that the Ministry of Health and Family Welfare on its website under the heading “Frequently Asked Questions on Covid-19 Vaccine” has stated that the Covid-19 vaccine is voluntary. Government. The link to the FAQ’s Ministry of Health and Family welfare (MOHFW) is asunder:
<https://www.mohfw.gov.in/pdf/FAQsonCOVID19VaccineDecember2020.pdf>
- i. Further in a reply to RTI application dated 09.03.2021 filed by Anurag Sinha of Jharkhand, the Central Ministry of Health and Family Welfare has stated very clearly that “taking the Covid Vaccines was entirely voluntary and there is no relation whatsoever to provision of government facilities, citizenship, job etc to the vaccine”. Hereto annexed and marked as Exhibit D is a copy of the RTI reply dated 09.03.2021.
- j. In a reply dated 23.03.2021 to the RTI filed by Mr. Dinesh Bhausahab Solanke, RTI number A.60011/06/2020 -CVAC, the Ministry of Health and Family Welfare, stated that, “the Covid-19 Vaccine



being voluntary, there is no provision for compensation as of now." Hereto annexed and marked as Exhibit E is a copy of the RTI reply dated 23.03.2021.

- k. In a reply to RTI filed by Mr. Tarun, dated 16.04.2021 file number MOHFW/R/E/21/01536, the Ministry of Health and Family Welfare, replied to the 1st question, "Is Covid Vaccine Voluntary or Mandatory?", thus: "Vaccination for Covid-19 is Voluntary". Further when asked the subsequent questions, "Can any government or private organization hold our salary or terminate us from job in case of not taking Covid vaccine?" and "Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking covid vaccine?" the reply was, "In view of the above reply, these queries do not arise". Hereto annexed and marked as Exhibit F is a copy of the RTI reply dated 16.04.2021.
- l. A perusal of the above RTI replies makes it clear that the Union of India has made the vaccination drive completely voluntary and therefore decision of respondent no. 1 to dismiss the Applicant for refusing to take vaccine is not only contrary to the guidelines of the Union of India but violative of Article 14 and 21 of the Constitution of India.

Common Cause v Union of India [(2018) 5 SCC 1]

- m. Petitioners respectfully submit that the Petitioners have a right to receive treatment of their choice and vaccination cannot be forced upon them. Making vaccine mandatory and forcing upon an individual will be contrary to the judgment of the Hon'ble Supreme Court in Common Cause Case, where Hon'ble



Supreme Court on the while discussing an individual's right over his/her own body and the right to decide the medical treatment for themselves held as under:

"169. In the context of health and medical care decisions, a person's exercise of self-determination and autonomy involves the exercise of his right to decide whether and to what extent he/she is willing to submit himself/herself to medical procedures and treatments, choosing amongst the available alternative treatments or, for that matter, opting for no treatment at all which, as per his or her own understanding, is in consonance with his or her own individual aspirations and values.

...

202.8. An inquiry into Common Law jurisdictions reveals that all adults with capacity to consent have the right of self-determination and autonomy. The said rights pave the way for the right to refuse medical treatment which has acclaimed universal recognition. A competent person who has come of age has the right to refuse specific treatment or all treatment or opt for an alternative treatment, even if such decision entails a risk of death. The "Emergency Principle" or the "Principle of Necessity" has to be given effect to only when it is not practicable to obtain the patient's consent for treatment and his/her life is in danger. But where a patient has already made a valid Advance Directive which is free from reasonable doubt and specifying that he/she does not wish to be treated, then such directive has to be given effect to.

...

306. *In addition to personal autonomy, other facets of human dignity, namely, “self-expression” and “right to determine” also support the argument that it is the **choice of the patient to receive or not to receive treatment.***

...

517. *The entitlement of each individual to a dignified existence necessitates constitutional recognition of the principle that an individual possessed of a free and competent mental state is entitled to decide whether or not to accept medical treatment. The right of such an individual to refuse medical treatment is unconditional. Neither the law nor the Constitution compel an individual who is competent and able to take decisions, to disclose the reasons for refusing medical treatment nor is such a refusal subject to the supervisory control of an outside entity;*

...

602. *Right of self-determination also encompasses in it bodily integrity. Without consent of an adult person, who is in fit state of mind, even a surgeon is not authorised to violate the body. Sanctity of the human life is the most fundamental of the human social values. The acceptance of human rights and development of its meaning in recent times has fully recognised the dignity of the individual human being. All the above three principles enable an adult human being of conscious mind to take decision regarding extent and manner of taking medical treatment. **An adult human being of conscious***



mind is fully entitled to refuse medical treatment or to decide not to take medical treatment and may decide to embrace death in a natural way. Euthanasia, as noted above, as the meaning of the word suggest is an act which leads to a good death. Some positive act is necessary to characterise the action as euthanasia. Euthanasia is also commonly called "assisted suicide" due to the above reasons."

Vaccine may cause death and serious adverse events

- n. Petitioners respectfully submit that newspaper reports show that many deaths and serious adverse events are reported after taking Covid-19 vaccine. Alarmed by the rise in deaths and serious adverse events following immunization, Tamilnadu Medical Practitioner’s Association wrote a letter dated 27.04.2021 in this regard highlighting the concerns. Hereto annexed and marked as Exhibit G is a copy of the letter written by Tamil Nadu Medical Practitioner’s Association dated 27.04.2021.

The letter is reproduced asunder:

"Dear friends,

All of you must be concerned about the reported deaths after taking the Covid vaccine. Though the Adverse Effects Following Immunisation (AEFI committee) comforts public and the profession by saying they're unrelated to the vaccine, we have to take it with a grain of salt

124 cases died and 305 cases hospitalised in India following Covid vaccination were analysed:



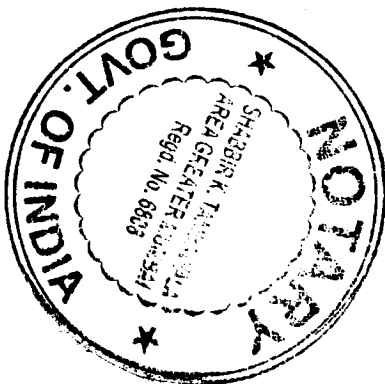
	Died	(124)
<i>Hospitalised(305)</i>		
<i>Within 3 days</i>	93	276
<i>4th to 7th day</i>	18	15
<i>8th to 28th day</i>	11	13
<i>After 28 days</i>	02	01

If they are due to reasons other than vaccination, they should be evenly distributed during every week following vaccination, but 75% death occurred and 90% were hospitalised during the first 3 days. Hence let us not take it for granted and find out if we can prevent complications.

I feel this may be due to thrombogenic property of the vaccine, which contains attenuated or dead virus. This can lead to coronary or cerebrovascular events, especially if there has been some pre-existing disease in those vessels.

Applying this logic, to all those who called me for the advice before vaccination, I started anticoagulant and antiplatelet agent (rivaroxaban 10 mg and aspirin 75mg) two days before the vaccination and continued it for 8 days after, with no major adverse effects reported in 125 patients.

This may not be strictly randomised, controlled study, but we are desperate in preventing post-vaccine deaths and should be able to assure our patients about their safety. I invite comments from our colleagues, whether we should pursue this 'theory' to the next step (sending our recommendation to the ICMR and AEFI committee for their comments and future action).



Let Tamil Nadu doctors take the lead in this terrible situation.”

- o. Reporting on the deaths and serious adverse events following immunization, The Wire in an article titled “617 Serious Adverse Events After Vaccination Reported in India until March 29” dated 09.04.21, reported the following:

“As of March 29, 2021, at least 617 serious adverse events following immunisation (AEFI) had been reported from around the country, according to a presentation made before the National AEFI Committee two days later. Of these 617, at least 180 people (29.2%) died, and of these, complete documents were available only for 35 people (19.4%).

....

The Government of India has been drawing flak for some time after it stopped publishing AEFI reports after February 26, around 40 days after the start of India’s COVID-19 vaccination drive, and after a seemingly to concerns about AstraZeneca’s shot, called ‘Covishield’ in India.

According to the slides presented on March 31, prepared by the Immunisation Technical Support Unit at the health ministry and which The Wire Science has seen, the ministry has ascertained the type of AEFI for 492 reports. Of them, 63 people didn’t require hospitalisation, 305 people required hospitalisation and 124 people died. A little more than half of those who died did so due to acute coronary syndrome, which refers to any conditions that suddenly and significantly reduce



14

blood flow to the heart, including heart attacks.

However, according to the presentation, complete documents were available for only 35 people. These documents refer to case reporting forms and case investigation forms that the corresponding healthcare workers must file at the district level for each case.

*“Currently, we are observing gaps in how serious adverse events are being investigated at the district level,” Delhi-based public health researcher Malini Aisola had previously told Indiaspend on March 9. “In some cases there is a post mortem, in some cases there isn’t.” She told *The Hindu* (<https://www.thehindu.com/news/national/coronavirus-180-deaths-following-vaccination-reported-in-india/article34274144.ece>) on April 9 that “in at least six out of 10 cases where the National AEFI Committee has completed causality assessment, no post mortem has been done”.*

On March 17, as The Wire Science reported, “the immunisation division of the health ministry released a note (Z.16025/02/2018-IMM) saying it had considered eight AEFIs. A subcommittee had determined four were “coincidental”, one was “unclassifiable” and three were designated B1: “reviewing factors result in conflicting trends of consistency and inconsistency with causal association to immunisation”.” All of these cases were among recipients of Covishield.

....



Dr Jacob John, formerly of Christian Medical College, Vellore, also pointed to a preliminary pattern in the data – that the incidence of deaths wouldn't be bunched together in time, and might be more evenly distributed, if they were all coincidental. As Prasad Ravindranath, the article's author, notes, "there are 93 deaths in the first three days and 18 deaths in four-seven days after vaccination. There have been 11 deaths in 8-28 days post-vaccination." This and similar patterns merit further investigation, according to Dr John.

The presentation doesn't mention the name of the vaccine for each of the AEFI events, but since last month, there have been widespread concerns in Europe that the AstraZeneca shot may be associated with rare but debilitating blood clots. While authorities in Europe insisted that the shot's benefits outweighed its risks and that people should continue receiving it, some governments as well as an assessment body of the European Medicines Agency (EMA) said there could be a very small risk factor for cerebral venous sinus thrombosis.

According to The Hindu, the EMA "included only six deaths from India after vaccination with Covishield for its analysis" because, Aisola said, of "a massive backlog in processing assessments in India". In addition, Dr Kang also said in an interview with Karan Thapar for The Wire last week that while the risk is low, the issue has been compounded by the Indian government's secretive deliberations on the matter."



Hereto annexed and marked as Exhibit H is a copy of the article titled “617 Serious Adverse Events After Vaccination Reported in India until March 29” published in The Wire dated 09.04.2021.

The Vaers Report:-

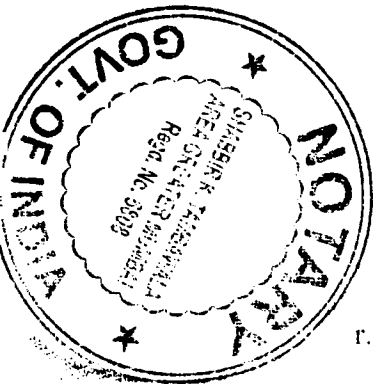
4434 Persons Died And 195000 Persons Had Adverse Events After Vaccination In Usa (Dec 2020 To May 2021)

p. The US government has set up The Vaccine Adverse Event Reporting System (VAERS) for reporting of all deaths happening post vaccination. This system reported 4434 deaths and 195000 serious adverse events were reported out of 257 million doses of vaccination in the USA. The link to VAERS is asunder:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

q. Despite such a reporting mechanism, the reporting of serious adverse events remains grossly under reported in the USA. In a separate 2011 study titled “Electronic Support for Public Health-Vaccine Adverse Event Reporting System” commissioned by Department of Health and Human Services (U.S.A) and performed by Harvard Consultants, concluded that “*fewer than 1 % of vaccine adverse events are reported*”. The link of this report can be found at:
<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

Health Activists Write Letter To The Health Minister To Disclose Information Relating To The Clinical Trial

r. Alarmed by the reports of deaths and serious adverse events following immunization, several reputed health



activists composed of doctors wrote a letter to the Health Minister requesting to make public the details of the investigation reports of the deaths and serious adverse events following immunization. The letter dated 31.01.2021 made following requests:

"We strongly urge you to provide the following information and place it in the public domain:-

1. *Has an investigation into the 11 deaths taken place? Please give details of the committees that conducted the investigation and causal assessment. What procedure did the investigations follow, what were the findings, and on what basis was it concluded that the deaths were not related to the vaccine?*

2. *Have there been any other reports of deaths or other severe or serious AEFIs following administering of the covid19 vaccine? Please place complete information on all deaths, severe and serious AEFIs in the COVID-19 vaccine rollout, and their investigation, in the public domain. This information should include the numbers, date of vaccination, details of the AEFI, place, investigation status and results. Please also release the minutes of the National, State and District AEFI Committees*

3. *Why are the names, affiliations and qualifications of all AEFI investigation committee members at the District, State and Central level not in the public domain? Please make the names and affiliations of Committee Members public.*

4. *Is there any group of experts overseeing the vaccine rollout? Please make their names, expertise and affiliations public*

5. *Has any committee of experts discussed whether the vaccine rollout should be paused pending final investigation and determination in*



the deaths and other serious AEFIs reported? Please release the minutes of the committee meetings where such discussions took place, with the explanation for not temporarily pausing vaccination.

6. *Will the programme be amended based on deaths, serious AEFIs investigation findings? Will the programme be re-assessed and amended, with warnings, informed consent, etc., prior to the completion of the rollout of the first dose and prior to the commencement of the rollout of the second dose of the vaccine?*

7. *Will any no-fault compensation be paid to the families of the healthcare and frontline workers who died? This is all the more important because the COVID-19 vaccines are not fully approved but only given emergency use approval with limited data."*

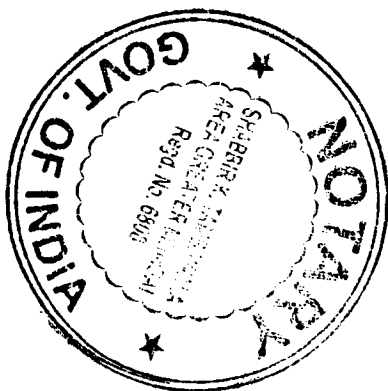
Hereto annexed and marked as Exhibit I is a copy of the letter dated 31.01.2021.

- s. Aggrieved by the silence of the authorities on the growing number of deaths and serious adverse events following immunization and getting no information on their earlier letter dated 31.01.2021, health activists wrote another letter dated 16.03.2021, and made the following demands:

"1. For each of the vaccines rolled out, details of all serious AEFIs as of March 16, 2021, and the status of investigation;

2. Findings of all completed serious AEFI investigations, including:

- a. *cause of death by clinical diagnosis;*



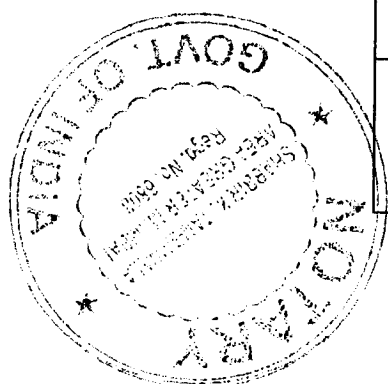
- b. *autopsy findings when possible, or verbal autopsy, to confirm or revise the clinical diagnosis; c.causality assessment and the reasoning behind that assessment;*
- d. *aetiology; if no aetiology is found, the death must provisionally be attributed to the vaccine, and*
- e. *the process undertaken by the various AEFI committees, including whether the WHO guidelines for investigation of AEFI occurring as cluster have been strictly followed,*
- f. *cause of other AEFIs, and the causality assessments by the various committees.*

Hereto annexed and marked as EXHIBIT J is a copy of the letter dated 16.03.2021.

Astrazeneca (Covishield) Banned In 16 Countries

- t. 16 countries have suspended the AstraZeneca COVID-19 vaccine - Denmark, Norway, Germany, France, Italy, Spain, Iceland, Bulgaria, Ireland, The Netherlands , Cyprus, Portugal, Latvia, Sweden, Luxembourg and Canada. The details of the status of the administration of the vaccine in these countries is asunder:

SR. No	Name Of The Country	Status	Link of the News report
1	Denmark	Banned	https://www.bbc.com/news/world-europe-56744474



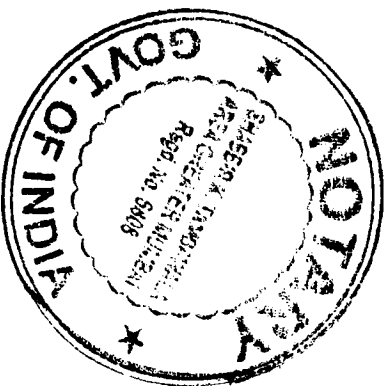
2	Norway	Banned	https://sciencenorway.no/covid19/norwegian-experts-say-deadly-blood-clots-were-caused-by-the-astrazeneca-covid-vaccine/1830510
3	France	Banned	https://www.reuters.com/article/us-health-coronavirus-idUSKBN2B722U
4	Italy	Banned	https://www.reuters.com/article/us-health-coronavirus-idUSKBN2B722U
5	Spain	Banned	https://www.indiatoday.in/coronavirus-outbreak/vaccine-updates/story/germany-france-suspend-use-of-astrazeneca-vaccine-blood-clot-concerns-1779681-2021-03-15
6	Iceland	Banned	https://www.reuters.com/article/us-health-coronavirus-denmark-idUSKBN2B319K
7	Bulgaria	Banned	https://medicalxpress.com/news/2021-03-bulgaria-astrazeneca-vaccine-pm.html
8	Cyprus	Banned	https://www.reuters.com/article/us-health-coronavirus-cyprus-astrazeneca-idUSKBN2B72NL



- u. A legal notice by the representative of one of the Petitioners was sent to the Respondent No. 1 on 03.07.2021. However, there has been no response to the same. A copy of the legal notice, dated 03.07.2021, is annexed as Exhibit K.
- v. In the recent events, it is learnt by the Petitioner that a message has been sent out to the Section officers of various departments that the employees not being allowed in the premises for lack of vaccination and self-paid testing will be marked absent and their absence will be treated as earned leave by the Respondent No. 1.

GROUNDS

- 5. The Petitioner approaches this Hon'ble Court on the following grounds which are without prejudice to one another:
 - a. The right to life of the Petitioner is protected by Article 21 of the Constitution.
 - b. Petitioners have a right to receive treatment of their choice and vaccination cannot be forced upon them. Making vaccines mandatory and forcing upon an individual (Petitioners herein) will be contrary to the judgment of the Hon'ble Supreme Court in Common Cause Case, where Hon'ble Supreme Court has held that an individual has right over his/her own body and



the right to decide the medical treatment for themselves.

- c. The Ministry of Health and Family Welfare on its website under the heading “Frequently Asked Questions on Covid-19 Vaccine” has stated that the Covid-19 vaccine is voluntary. This clearly suggests that as per the central government, the vaccine is voluntary and not mandatory for individuals in the country.
- d. India has made the vaccination drive completely voluntary and therefore the decision of Respondent no. 1 to not allow the Petitioners to resume duty for refusing to take vaccine is not only contrary to the guidelines of the Union of India but violative of Article 14 and 21 of the Constitution of India.
- e. Moreover, the requirement of RTPCR every 10 days is totally arbitrary and has no nexus with the prevention of the spread of the COVID19 virus. According to the data from one of the test kits approved by the ICMR, it clearly indicates that “For Research Use Only and **Not for use in diagnostics procedures.**”
- f. Even otherwise, the State Government has removed the requirement of RTPCR for only domestic travel passengers who have taken both doses of vaccines and have passed 15 days since then. All other travellers are required to undergo RTPCR test. Therefore, by singling out the employees to undergo RTPCR who have not taken vaccine against those who have taken only one dose or both does but not crossed the 15 days mark is discriminatory.



24

- g. In Re Dintar Incident Vs. State of Mizoram and 11 Ors (Writ Petition No. 13/2021), The Gauhati High Court held as:

“ It has been brought to our notice that even persons who have been vaccinated can still be infected with the covid virus, which would in turn imply that vaccinated persons who are covid positive, can also spread the said virus to others. It is not the case of the State respondents that vaccinated persons cannot be infected with the covid virus or are incapable of spreading the virus. Thus, even a vaccinated infected covid person can be a superspreader. If vaccinated and un-vaccinated persons can be infected by the covid virus and if they can both be spreaders of the virus, the restriction placed only upon the un-vaccinated persons, debarring them from earning their livelihood or leaving their houses to obtain essential items is unjustified, grossly unreasonable and arbitrary As such, the submission made by the learned Additional Advocate General that the restrictions made against the unvaccinated persons vis-à-vis the vaccinated persons is reasonable does not hold any water. As the vaccinated and un-vaccinated persons would have to follow the covid proper behavior protocols as per the SOP, there is no justification for discrimination. .”

- h. In Madan Mili Vs. The Union of India and 2 Ors (PIL 13/2021) , The Gauhati High Court held as:

“if the sole object of issuing the Order dated 30.06.2021, by the Chief Secretary cum Chairperson-State Executive Committee, Government of Arunachal Pradesh, vide Memo No. SEOC/DRR&DM/01/2011-12, is for containment of the Covid-19 pandemic and its further spread in the State of Arunachal Pradesh, the classification sought to be made between vaccinated



and unvaccinated persons for Covid-19 virus for the purpose of issuing temporary permits for developmental works in both public and private sector, vide Clause 11 thereof, prima facie, appears to be a classification not founded on intelligible differentia nor it is found to have a rational relation/nexus to the object sought to be achieved by such classification, namely, containment and further spread of Covid-19 pandemic.”

- i. The Hon'ble Chief Justice of Meghalaya High Court Biswanath Sommader, In the case of Registrar General, High Court of Meghalaya Vs. State of Meghalaya (PIL 6/2021) has observed :

“ The issue here essentially centres around a question on the lawmaking power of the State Government, which, even though permitted by Entry 6, List II of the Seventh Schedule, has to be in consonance with the fundamental right to life and livelihood of an individual. In this case, there is a clear lack of legitimacy in prohibiting freedom of carrying on any occupation, trade or business amongst a certain category or class of citizens who are otherwise entitled to do so, making the notification/order ill conceived, arbitrary and/or a colourable exercise of power. A notification/order of the State certainly cannot put an embargo and/or fetter on the fundamental right to life of an individual by stripping off his/her right to livelihood, except according to the procedure established by law. Even that procedure is required to be reasonable, just and fair.

...



It has also been advised by the Principal Secretary to the Government of Meghalaya, Health and Family Welfare Department, in the said guidelines that the orders in the districts have to be seen as a “persuasive advisory” and not as a coercion with regards to the issue of vaccination.”

j. Moreover, to consider the petitioners on earned leave and loss of pay for the lack of vaccination or self-paid testing amounts to loss of livelihood.

k. In *Aniruddha Babar Vs. The State of Nagaland and Anr.*(PIL 6/2021), the Gauhati High Court held:

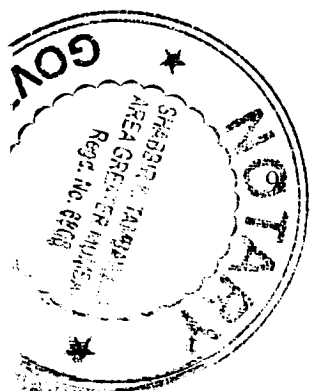
“ Till the returnable date, fees should not be charged for testing from Government employees and their salaries should not be stopped for reason of not having being vaccinated.”

6. Petitioners submit that they have not filed any other petition in respect of the present subject matter before this Honourable Court or any other court or the Supreme Court of India.

7. Petitioners are employees of the Respondent No. 1, which has headquarters in Mumbai and in Maharashtra. Thus, the cause of action arises under the jurisdiction of this High Court.

8. Petitioners state that they have no other alternative efficacious remedy but to approach this Hon’ble Court and the reliefs prayed for herein, if granted, shall be complete.

Petitioner will rely on documents a list whereof is annexed hereto.



10. There is no delay or laches in filing this petition.
11. The Petitioners have affixed the required court fees of Rs. _____ to this Petition.
12. No caveat with regard to the subject matter of this petition has been received by the Petitioner from the Respondents till date.

PRAYER

13. THE PETITIONER PRAY AS UNDER:

- a. For a writ of Mandamus or any other appropriate writ or order directing the Respondent No. 1 to follow Union of India's order that the vaccine is purely voluntary and therefore no order be issued making vaccine mandatory in Respondent No. 1 establishment.
- b. For a writ of Mandamus or any other appropriate writ or order directing the Respondent No. 1 to immediately allow the Petitioners to resume duty without forcing them to take the vaccine.
- c. For a writ of Mandamus or any other appropriate writ or order directing the Respondent No. 1 to not deduct



earned leaves or pay of the Petitioners for the lack of vaccine or self-paid RTPCR testing.

- d. For a writ of Mandamus or any other appropriate writ or order directing the Respondent No. 1 to make a just and uniform policy regarding RT-PCR test for all its employees and not recover cost of the RT-PCR test from the Petitioners or any other employees.
- e. Pending hearing and final disposal to direct the Respondent No. 1 to allow the Petitioners to resume duty with immediate effect.
- f. Pending hearing and final disposal to direct the Respondent No. 1 to not ask the Petitioners to pay cost of RTPCR test.
- g. Ad-interim relief in terms of prayer clause (e) and (f).
- h. For an order and direction to the Respondent to pay the costs of this petition as quantified by this Hon'ble Court;
- i. For any other order or direction that this Hon'ble Court may deem fit and appropriate under the facts and circumstances of the instant case and in the interest of justice.



Adini
Advocate for the Petitioners

Deepak
Petitioner No.1

29

(Deepak Kumar Radheshyam Khurana)

Zia
Petitioner No.2

(Mohammad Ziyaur Rahman)

Ramesh R Kurhade
Petitioner No.3

(Ramesh R Kurhade)

Mohd Naeem Suleman Pawaskar
Petitioner No.4

(Mohd Naeem Suleman Pawaskar)

Nisar Ahmed A. Latif Kondkar
Petitioner No.5

(Nisar Ahmed A. Latif Kondkar)

Irfan Ahmed Mukadam
Petitioner No.6

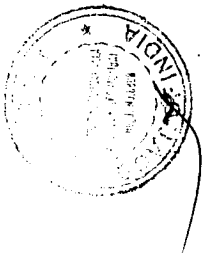
(Irfan Ahmed Mukadam)

Harishchandra C. Hadale
petitioner No.7
[Harishchandra C. Hadale]



VERIFICATION

I, Deepak Kumar Radheshyam Khurana, age 47 years, residing at Old B.P.T Colony 40/36 wadala (East) Mumbai 400037do hereby state and solemnly declare that what is stated in paras. No. 1 to 5 is true to my own knowledge and what is stated in the remaining paras. No. 6 to 13 is stated on information and belief and I believe the same to be true.



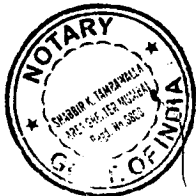
Solemnly declared at Mumbai)

Deepak

on this 5th day of July 2021)

Petitioner No.1

(Deepak Kumar Radheshyam Khurana)

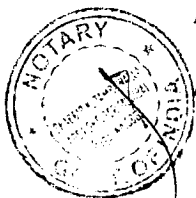


Identified by me,

Aditi
Radwal
ADITI SAXENA / RACHITA PADWAL

Advocate for the Petitioners.

Before me,



BEFORE ME

S. K. Tambawalla
S. K. TAMBAWALLA
ADVOCATE, HIGH COURT
B-23, Taheri Manzil
Nesbit Road, Mazgaon
Mumbai - 400 010

NOTAR



NOTARIAL

NOTARIAL



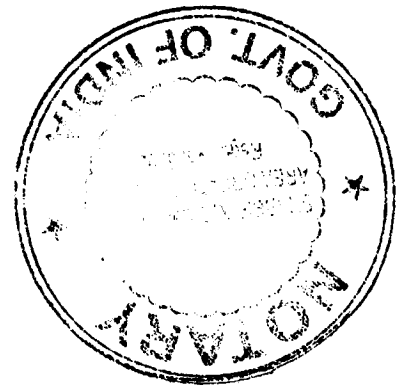
NOTARY & REGISTERED
Sr. No. 1620 dt. 5/7/21

32

5. Nisar Ahmed A. Latif Kondkar)
Age: 59 years old)
R/O 21/378 M.B.P.T. Colony)
Tejas Nagar)
Reynolds Road)
Wadala East)
Mumbai- 400037)
6. Irfan Ahmed Mukadam)
Age: 50 years old)
R/O A/202, Shelter Plaza Chs.)
Ltd. Sec - 50 plot- 53)
Seawoods Nerul)
Navi Mumbai- 400706)
7. Harishchandra Charansingh Hadale)
Age: 58 years old)
R/O 22/447 New B.P.T colony)
Nadkarni Park Road)
Wadala East)
Mumbai- 400037)...Petitioners

Versus

1. Mumbai Port Trust)
Through Chairman)
Port Bhavan)
Mumbai - 400001)
2. Union of India)
Through Ministry of Ports,)
Shipping and Waterways)
Transport Bhawan, Sansad Marg)
New Delhi – 110001)...Respondent



VAKALATNAMA

To,
The Prothonotary and Senior Master,
High Court, Civil Original Side,
Mumbai

Sir,

I, the Petitioners, herein do hereby appoint Ms. ADITI SAXENA AND RACHITA PADWAL, to act, appear and plead on our behalf in the above matter.

IN WITNESS WHEREOF WE HAVE SET AND SUBSCRIBED OUR HANDS TO THIS WRITING, on this 2nd day of August 2021, at Mumbai.

Accepted,

Aditi
Rachita
ADITI SAXENA / RACHITA PADWAL

Advocate for the Petitioner

First Floor, Jalaram jyot,

61, Janmabhoomi Marg,

Fort, Mumbai- 400001.

Advocate Code No.I 22791/23312

aditisaxena.0202@gmail.com

MAH No. 2921 / 2019.

Deepak

Petitioner No.1

(Deepak Kumar Radheshyam Khurana)

Zi

Petitioner No.2

(Mohammad Ziyaur Rahman)

Ramesh R

Petitioner No.3

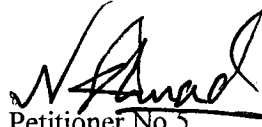
(Ramesh R Kurhade)





Petitioner No.4

(Mohd Naeem Suleman Pawaskar)



Petitioner No.5

(Nisar Ahmed A. Latif Kondkar)



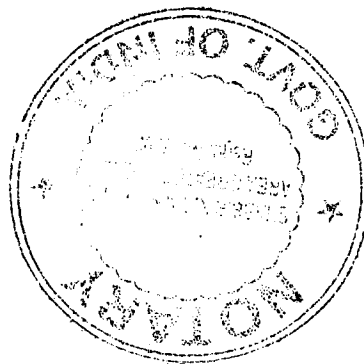
Petitioner No.6

(Irfan Ahmed Mukadam)



Petitioner No.7

(Harishchandra C. Hasale)



IN THE HIGH COURT OF JUDICATURE AT BOMBAY
ORDINARY ORIGINAL CIVIL JURISDICTION
CIVIL WRIT PETITION NO. OF 2021

DISTRICT : MUMBAI

Deepak Kumar Radheshyam Khurana & Ors. ...Petitioners

Versus

Mumbai Port Trust & Anr. ...Respondents

MEMORANDUM OF ADDRESS

^A
ADITI SAXENA / RACIITA PADWAL ^R

Advocate for the Petitioners

First Floor

Jalaram Jyot

63, Janmabhoomi Marg

Fort, Mumbai- 400001.

AdvocateCodeNo. I22791/10585 ²⁹³¹²

aditisaxena.0202@gmail.com

MAH/ / 20

^{Aditi}
Advocate for the Petitioners



IN THE HIGH COURT OF JUDICATURE AT BOMBAY
ORDINARY ORIGINAL CIVIL JURISDICTION
CIVIL WRIT PETITION NO. OF 2021

DISTRICT : MUMBAI

Deepak Kumar Radheshyam Khurana & Ors. ...Petitioners

Versus

Mumbai Port Trust & Anr. ...Respondents

LIST OF DOCUMENTS UPON WHICH THE PETITIONER WILL
RELY UPON

All documents annexed at Exhibit A - Exhibit J.

Any other documents relevant for the successful prosecution.

Aditi

Advocate for the Petitioner



6/30/2021

संस्थापक/का. 022-2269 6953
संस्थापक/का. 022-2269 6953
ईमेल: info@mptt.com

मुंबई पोर्ट ट्रस्ट MUMBAI PORT TRUST



सामान्य प्रशासन विभाग
पोर्ट भवन, दूतारा पाला
शांजी वल्लभदास मार्ग, बॅलार्ड इस्टेट
मुंबई - 400 001.

General Administration Department,
Port House, 2nd floor,
S.V. Marg, Ballard Estate,
MUMBAI - 400 001.



NB/CAD/P/C/BB/C/2017

20th May 2021

OFFICE ORDER

It is seen from the analysis of data concerning employees and passengers admitted to MPTT Hospital for treatment of COVID in the 2nd wave that majority of those who suffered serious consequences and succumbed to the disease had not taken even one dose of vaccination. While the number of patients in the 2nd wave of COVID is on the decline, possibility of surge in the number on account of 3rd wave cannot be ruled out. Hence, it is necessary to keep in readiness to deal with any such situation development in future.

2. It is therefore important that by way of preparedness all the employees and work forces above the age of 45 years of age are vaccinated on priority. While such a request has been made. However, still a large number of employees are not vaccinated. Consequently, as a matter of last resort and out of a genuine concern, it is directed that from the 10th day from the date of issue of this order, all the employees above the age of 45 years who have not registered on COWIN platform for vaccination as also those who have registered but not taken the first dose of vaccination within a date of registration will not be taken on duty. Furthermore, to facilitate vaccination of Class IV employees for e.g. workmen in the Docks who find it difficult to register themselves on COWIN platform, the Traffic Manager is made arrangements for their registration at Booking Office at Sion Milk Shed by providing seats with computers and internet connectivity for this purpose. Wherever required, similar arrangement to be made for assistance of the Class IV employees by the respective Heads of the Department at or near the Booking point/reporting point.

3. A strict compliance of the above direction is requested. A report of compliance taken and arrangements done by the respective HOD to be sent to the Chairman's office with a copy to the Secretary.

This is issued with the approval of the Chairman.

(C.S. Ranhot)
SECRETARY (I/C)

At the Head of Department/Division
In the presence of the Chairman or in the absence of the Chairman,
Secretary to the Chairman, for the Chairman.



True Copy

Advocate

Typed COPY OF Ex-A

38

MUMBAI PORT TRUST

No. GAD/P/GEE-G/2017

20th May 2021

OFFICE ORDER

It is seen from the analysis of data concerning employees and pensioners admitted to MbPT Hospital for treatment of COVID in the 2nd wave that majority of those who suffered serious consequences and succumbed to the disease had not taken even one dose of the vaccination. While the number of patients in the 2nd wave of COVID is on the decline, possibility of surge in the number on account of the 3rd wave cannot be ruled out. Hence, it is necessary to keep in readiness to deal with any such situation developing in future.

2. It is, therefore, important that by way of preparedness all the employees at work places above the age of 45 years of age are vaccinated on priority. Time and again this request has been made. However, still a large number of employees are not vaccinated. Consequently, as a matter of last resort and out of a genuine concern, it is directed that from the 10th day from the date of issue of this circular all the employees above the age of 45 years, who have not registered on COWIN platform for vaccination as also those who have registered but not taken first dose of vaccination within 5 days of registration will not be taken on duty. Furthermore, to facilitate vaccination of Class IV employees for e.g.. workmen in the Docks, who find it difficult to register themselves on COWIN platform, the Traffic Manager to make arrangements for their registration at the Booking Office at Shramik Bhawan by posting staff with computers and internet connectivity for this purpose. Wherever required, similar arrangement to be made for assistance of the Class IV employees by the respective Heads of the Department at or near the booking point / reporting point.

3. A strict compliance of the above direction is requested. A report of measures taken and registrations done be sent by the respective HOD to the Chairman office with a copy to the Secretary.

4. This issue with the approval of the Chairman.

(G.S. Rathod)
SECRETARY. (I/c.)

All the Heads of Department/Division,
PS to Dy. Chairman, for information of the Dy. Chairman,
PS to Chairman, for information of the Chairman..



True Copy


Advocate

Exhibit - B

39

MUMBAI PORT TRUST

Phone: 91-22-6656 6656
Fax : 91-22-2269 6963
e-mail: mbpt@vsnl.com



General Administration Department
Port House, 2nd floor,
S.V. Marg, Ballard Estate,
MUMBAI - 400 001.

No.GAD/E&H/GEE-G/2295

Date: 15th June 2021

CIRCULAR

Sub: Vaccination for COVID-19- Further instructions - Reg.

Ref: (i) This office Circular No.GAD/P/GEE-G/2017 dt 20.5.2021.
(ii) This office Circular No.GAD/G/P/GEE-G/2145 dt 31.5.2021.
(iii) DoPT OM No. F 11-13/9/2014-Estt.A III dt 22.4.2021.

1. Kind attention is invited to this office circulars dated 20.5.2021 and 31.5.2021, wherein necessary advisory was given to all officers/employees to register themselves for COVID-19 vaccination and also to take vaccination as advised by Ministry of Personnel, Public Grievances and Pensions OM dated 22.4.2021.
2. However, the status of registration of employees for COVID – 19 vaccination, as on 14.6.2021, noticed is as follows:

Sr.No.	Age Group	Registered	Un-Registered
1	45 & above	4665	208
2	Below 45	362	23
	Total	5027	231

Further, even in the case of registered employees also, the number of employees who have taken vaccination (either 1 dose/2 doses) is as follows:

Sr.No.	Age Group	Registered	Vaccinated so far	Balance to be Vaccinated
1	45 & above	4665	4219	446
2	Below 45	362	322	40
3	Total	5027	4541	486

From the above, it is seen that there are still some employees, who have not yet registered for vaccination / registered but not taken vaccine so far, in MbPT.

contd...2



3. As all are totally aware, the COVID-19 is a severe global pandemic situation, and thereby it is the duty and responsibility of each public servant to take all precautions to protect themselves and their family members from the ill-effects of COVID-19. In this endeavor, MbPT management has been coordinating with State Government/Ministry and taking all steps to arrange vaccination for its employees, even though there is a scarcity of supply of vaccines. However, still some employees have not yet registered for vaccination and some employees even though registered, have not taken vaccine so far, which fact indicates that they are not only putting themselves at risk, but also causing risk to their family members as well as to their co-employees. The fact that people who do not take vaccination may likely become super-spreaders, cannot be ruled out.

4. The MbPT Management has a social responsibility to protect the health of its employees by providing safe working environment in the office.


5. The above matter was deliberated at length in the IPA GB meeting held on 11.6.2021 with all the Major Ports and accordingly, the following restrictions are proposed to be imposed for strict compliance w.e.f. 16.6.2021:

- (i) Employees who have not registered so far for vaccination / employees registered for vaccination but not taken any dose of vaccine, will not be allowed the facility to work from home (WFH). Their Work from Home (WFH) facility will be withdrawn w.e.f. 16.6.2021.
- (ii) Employees who have not registered for vaccination/Registered but not taken any dose of vaccine so far, will not be permitted to attend office without production of RT-PCR test conducted by a recognized hospital, at their own cost w.e.f. 16.6.2021.
- (iii) The RT-PCR test report will be valid for ten days only and thereafter the employees have to again submit fresh RT-PCR Report, for every 10 days, so as to take them to duty.
- (iv) Further, the above facts will also be taken into consideration for payment of Rs.50 lakh compensation announced by the Ministry.
- (v) Further, the employees who have not registered for vaccination/employees who have registered but have not taken vaccine so far, will be given treatment in Port Hospital on payment basis only for COVID-19 treatment. Further, no referral / re-imburement of bills will be entertained in their cases in respect of COVID-19 related treatment/ hospitalization.
- (vi) Any employee who is having a serious health condition and not able to take vaccination immediately, should submit the details and obtain CMO's certification to that effect, in order to attend duty.

contd...3



6. Heads of the Departments are advised to follow the above guidelines strictly, in the interest of the protection of all employees from the ill-effects of COVID-2019.


SECRETARY

To,

All Heads of Department
All Dy. HODs / Divisional Offices / Sections } *for information and strict compliance.*

All Unions – *for information*
Notice Board



True Copy



Advocate

Exhibit - C

42

MUMBAI PORT TRUST
MECHANICAL & ELECTRICAL ENGINEERING DEPARTMENT
ELECTRICAL ESTABLISHMENT, SOUTHERN DIVISION

EESD/ COVID-19 / 226

23.06.2021

To,
Administrative Officer
M.E.E.D.

Sub: Information of registration and vaccination for COVID-19
Ref: 1) Your letter no. MEED/E/1-MS(COVID)/2888 dtd. 15.06.2021
2) Your Whatsapp Message on 22.06.2021 and
3) telephonic message received on 23.06.2021

Sr. No.	Name of employee	Designation	Reg. No.	If not willing Reason therefore
1(7)	Mohd. Ziaur Rahman	Jr. Engg. Gr.I	93242034533220	Not yet taken
2(19)	Ramesh Ramchandra Kurhadé	Chargeman (E)	79264925916940	Not yet taken
3(39)	Ashok Murlidhar Phasale	Sr. Wireman	31687659212740	Covid suffered
4(42)	Shravan Ramji Dive	Wireman	51908771150550	hospitalised
5(44)	Vitthal Kondiba Chavan	Sr. Wireman	56295095895980	Medical Issue
6(51)	Ravindrakumar Hindurao Dhas	Wireman	93138807482610	Allergy
7(56)	Budhapriya S. Kadam	Asstt. Wireman		On leave & could not contact
8(58)	Mohan Dattaram Mayekar	Fitter	62761465085540	Covid suffered
9(78)	Eknath Prabhu	MFD	24484620777390	T.B. patient
10(88)	Vinayak N. Shirke	Wireman	84463811458210	Covid suffered

As per your directives above named employees are hereby directed to take **Covid-19 Vaccination immediately** and those with medical issue are directed to report to the C.M.O., MbPT Hospital and collect the certificate for resuming duty. All above mentioned things are to be complied upto **24.06.2021**, then after these employees will not be allowed to resume duty without **RT-PCR** certificate as informed earlier. Covid suffered employees will have to produce covid -19 suffered certificate for resumption on duty (these employees will have to take covid-19 vaccination after completion of 83 days from covid-19 disease).

Forwarded for information and further necessary action.

DA: Nil

Executive Engineer
E.E.S.D.

True Copy

Advocate



Exhibit - D

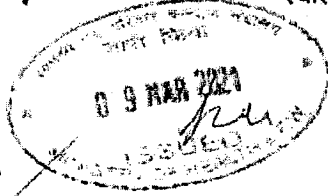
43

5/3/2021

RTI3 - pg 1.png

मिसिल संख्या जेड.60011/06/2020-सीवीएसी
भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
सीवीएसी अनुभाग

Priss



निर्माण भवन, नई दिल्ली
दिनांक 09 मार्च, 2021

To,

Sh. Anurag Sinha,
Qtr no. 10 po swang bokaro
Jharkhand, gomia, 829128
Jharkhand

विषय: आरटीआई अधिनियम, २००५ के अंतर्गत मांगी गई जानकारी के संबंध में।

महोदय,

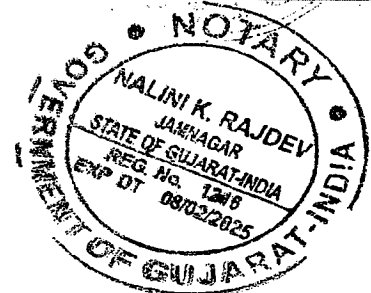
कृपया आप अपनी आर.टी.आई. एमओएचएफडब्ल्यू/आर/ई/21/00630, आर.टी.आई. अधिनियम, 2005 के संदर्भ ले जोकि अधोहस्ताक्षरी को दिनांक 27.02.2021 को प्राप्त हुआ था जिसमें आर.टी.आई.(RTI) अधिनियम, २००५ के तहत जानकारी मांगी गई है

संख्या क्रम	आवेदक के प्रश्न	उत्तर
i.	कोरोना वैक्सीन लेना स्वैच्छिक है या अनिवार्य, जबरदस्ती	कोरोना वैक्सीन लेना स्वैच्छिक है।
ii	क्या वैक्सीन नहीं लेने पर सारी सरकारी सुविधाएं बंद कर दी जायगी, सरकारी योजना पेशन	आवेदन में लिखी बातें निराधार हैं। किसी भी सरकारी सुविधा, नागरिकता, नौकरी इत्यादि से वैक्सीन का कोई सम्बन्ध नहीं है।
iii	क्या वैक्सीन नहीं लेने पर नौकरी नहीं मिलेगा, ट्रेन, बस, मेट्रो में घढ़ने नहीं मिलेगी	
iv	यदि कोई ias ips स्वास्थ्य या पुलिस कर्मचारी नागरिक को धमकी दे की वैक्सीन ले नहीं तो ये कर देगे तो नागरिक क्या कर सकती क्या कोर्ट जा सकते हैं	
v	क्या वैक्सीन नहीं लेने पर स्कूलों, कॉलेज, विश्वविद्यालय, गैस कनेक्शन, पानी, बिजली कनेक्शन, राशन आदि के लिए क्या वैक्सीन नहीं मिलेगे	
vi	क्या वैक्सीन नहीं लेने पर नौकरी से निकला जा सकता है वेतन रोका जा सकत है, निजी और सरकारी विभाग दोनों में।	

olc

True Copy

Advocate



Typed COPY OF EX-D

hh

File no. A.60011/06/2020-CVAC

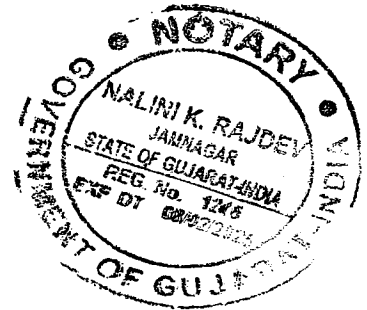
Government of India

Ministry of Health and Family Welfare
(COVID-19 Vaccine Administration Cell)

Nirman Bhawan, New Delhi- 110011

Dated 9th March, 2021

To,
SH. Anurag Sinha,
Quarter no. 10 po swang Bokaro
Jharkhand gomia 829128



Subject: Information sought under RTI Act 2005- reg.

Sir,

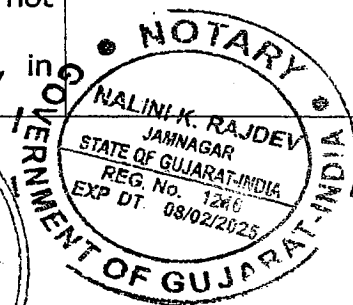
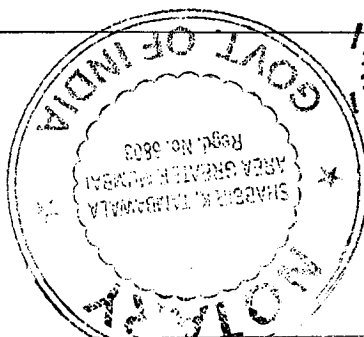
Please refer to your RTI application Registration No. No.
_____ received on 27.02.2021, seeking information under




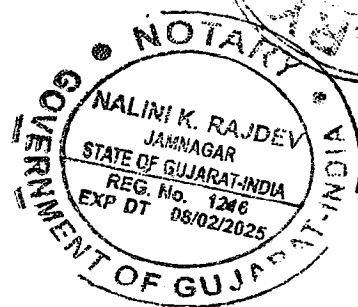
45

RTI Act, 2005. The information in respect of Covid Vaccine Administration Cell. MoHFW is as under:

S. No	Questions of the applicant	Answers
1.	Is Taking the Covid- 19 vaccine, voluntary, compulsory and forceful?	Taking the Covid-19 vaccine is voluntary.
2.	Will not taking the Covid-19 vaccine result in suspension of Government facilities?	The mentioned queries are unfounded. The Covid-19 vaccine does
3.	Will not taking the vaccine result in a loss of jobs, and suspension from using facilities like the Metro, train and bus?	not have any relation with the government facilities, nationality, employment, etc.
4.	If a government official such as a Police man or an IAS/IPS officer threatens a citizen of having negative consequences of not taking the Covid-19 vaccine, in	



	<p>such a case what is the remedy available to the can the citizen approach the honorable court?</p> <p>5. Will not taking the covid-19 vaccine result in non-admission in colleges, schools and universities?</p> <p>And result in suspension of facilities like, gas connection, water connection, electricity connection, ration etc.?</p> <p>6. Will not taking the covid-19 vaccine result in expulsion from jobs and a refusal to pay wages or salary in the private as well as the government sectors?</p>	
--	---	---



True Copy

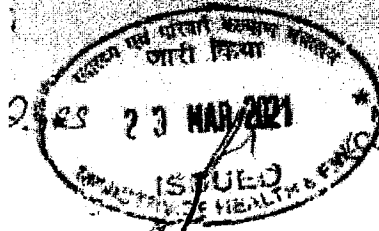

Advocate

Exhibit - E

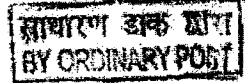
47

5/3/2021

IMG-20210403-WA0168.jpg



File No. A.60011/06/2020-CVAC
Government of India
Ministry of Health & Family Welfare
COVID-19 Vaccine Administration Cell)



Nirman Bhawan, New Delhi-110011
Dated 23 March, 2021

To,

Mr. Dinesh Bhausaheb Solunke,
Dr. Dinesh Solunke, ~~Nirman Bhawan, New Delhi-110011~~
~~Ministry of Health & Family Welfare, Government of India~~
~~COVID-19 Vaccine Administration Cell~~
~~solunke.dinesh@nic.in~~

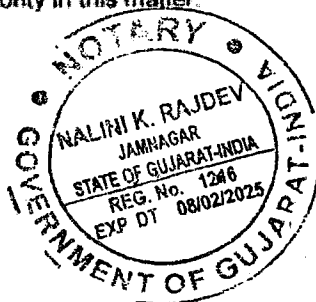
Subject: -Information sought under RTI Act 2005 - reg.

Sir,

Please refer to your RTI application Registration No. No. ~~MOHFW/RTI/21/00527~~ received on 11.03.2021, seeking information under RTI Act, 2005. The information in respect of Covid Vaccine Administration Cell, MoHFW is as under:

संख्या क्रम	आवेदक के प्रश्न	उत्तर
1	How many vaccine reciever till date have developed adverse reactions? Kindly provide details, out of which how many had serious complications? Needing ICU care kindly provide details How many deaths are reported till date after covid19 vaccination? Kindly provide details. Is there any compensation provided for vaccine injury or adverse reactions, deaths. if yes please provide details of the same.	You may seek this information from the concerned States/UTs. 103 deaths have been reported after Covid-19 vaccination as on 18.03.21 However, it is not clear as yet whether the deaths occurred due to vaccination or for other reasons. As far as compensations is concerned, the covid-19 vaccine being voluntary, there is no provision for compensation, as of now.

2. If you are not satisfied with the above reply, an appeal can be made to Mrs. Sarita Hair, Deputy Secretary(CVAC), R. No. 435-C Wing, (Tel. No. 011-23061554), Ministry of Health & Family Welfare, Nirman Bhawan - 110011 within 30 days of receipt of this reply, who is the appellate authority in this matter.



Yours faithfully,

(Saroop Singh)

Under Secretary to the Govt. of India & CPIO
Phone: 23062959

Copy to:-

1. Section Officer, RTI Cell, MoHFW, Nirman Bhawan w.r.t. RTI Application Registration No. MOHFW/RTI/21/00527, received on 11.03.2021.
2. Guard file.

<https://mail.google.com/mail/u/0/#inbox?projector=1>

True Copy

Advocate

TYPED COPY OF EX-E

48

File no. A.60011/06/2020-CVAC

Government of India

Ministry of Health and Family Welfare

(COVID-19 Vaccine Administration Cell)

Nirman Bhawan, New Delhi- 110011

Dated 23rd March, 2021

To

Mr. Dinesh Bhausahab Solunke

Dr. Dinesh Solunke

Subject: Information sought under RTI Act 2005- reg.

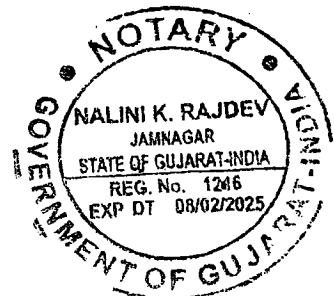
Sir,

Please refer to your RTI application Registration No. No.

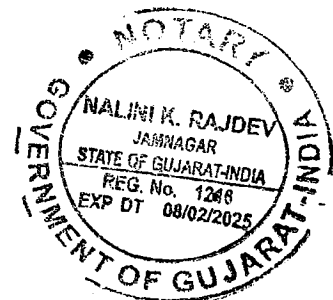
_____ received on 11.03.2021, seeking information under

RTI Act, 2005. The information in respect of Covid Vaccine

Administration Cell. MoHEW is as under:

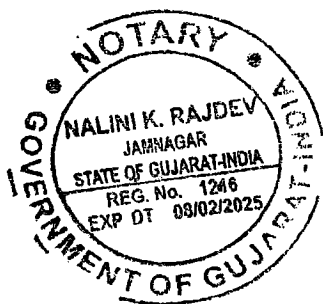


S. No	Question of the applicant	Answer
1.	<p>How many vaccine receivers till date have developed adverse reactions? Kindly provide details, out of which how many has serious complications? Needing ICU care kindly provide details. How many deaths are reported till date after COVID-19 Vaccination? Kindly provide details. Is there any compensation provided for vaccine injury or adverse reactions, deaths? If yes please provide details for the same.</p>	<p>You may seek this information from the concerned States/UT's. 203 deaths have been reported after COVID-19 Vaccination as on 18.03.21, However, it is not clear as yet whether the deaths occurred due to vaccination or due to other reasons.</p>



		<p>As far as compensation is concerned the COVID-19 Vaccine being voluntary, there is no provision for compensation as of now.</p>
--	--	--

2. If you are not satisfied with the above reply, an appeal can be made to Mrs. Sarita Nair, Deputy Secretary (CVAC) R. No. 435-C Wing, (Tel. No. 011-23061554), Ministry of Health & Family welfare, Nirman Bhawan – 110011 within 30 days of receipt of this reply, who is the appellate authority in the matter.



Yours faithfully,

(Saroop Singh)

Under Secretary to the Govt. of India & CPIO

True Copy

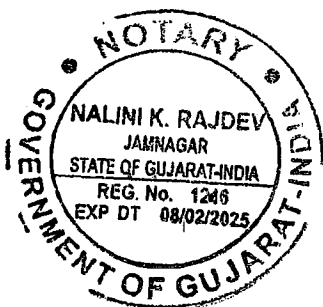

Advocate

51

Phone: 23062959

Copy to: -

1. Section Officer RTI Cell. MoHFW, Nirman Bhawan w.r.t. RTI Application Registration No. MOHFW/R/T/21/00527, received on 11.03.21.
2. Guard file.



True Copy


Advocate

Exhibit - F

52

Amendment No. 1

Public Authorities

English

RTI Online

Version 2.0

An Initiative of Department of Personnel & Training, Government of India

Home Submit Request Submit First Appeal View Status View History User Manual FAQ

Online RTI Status Form

Note: Fields marked with * are Mandatory.

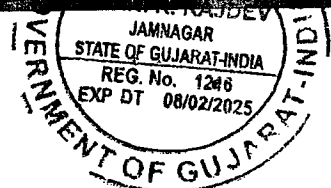
Enter Registration Number	MR01FWR/RE/21/01536
Name	FARUK
Date of filing	16/04/2021
Public Authority	Department of Health & Family Welfare
Status	REQUEST DISPOSED OF
Date of action	23/04/2021
Reply :- Your query:	<p>1. Is covid vaccine voluntary or mandatory?</p> <p>2. Can any government or private organization hold our salary or terminate us from job in case of not taking covid vaccine?</p> <p>3. Is there any compensation provision after any side effects of covid vaccine?</p> <p>4. Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking covid vaccine?</p>
Reply:	<p>1. Vaccination for COVID-19 is voluntary</p> <p>2. and 4. In view above reply, these queries do not arise</p> <p>3. There is no provision of financial assistance/compensation. However, severe and serious Adverse Events Following Immunization (AEFI) cases are treated free of cost at Government Hospital/facilities</p>
CPIO Details :-	<p>Satyendra Singh</p> <p>Phone: 011-23062955</p> <p>singh.satyendra@nic.gov.in</p>
First Appellate Authority Details :-	<p>Sahita Nar</p> <p>Phone: 011-23061554</p> <p>sahita.nar@nic.in</p>
Notary Officer Details	
Telephone Number	011-23061831
Email Id	rajesh@nic.gov.in

Print RTI Application Print Status Go Back



True Copy

[Signature]
Advocate



Typed copy of Gx-F

53

RTI Online

Enter Registration Number: MOHFW/R/E/21/01536

Name: TARUN

Date of filing: 16/04/21

Public Authority: Department of Health and Family Welfare

Status: REQUEST DISPOSED OF

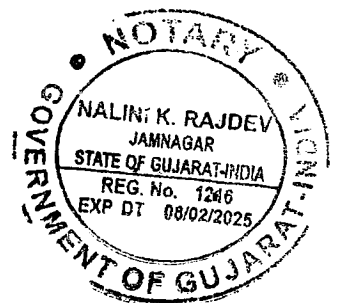
Date of action: 20/04/21

Reply: - Your query:

1. Is COVID-19 vaccine voluntary or mandatory?
2. Can any government or private organization hold our salary or terminate us from job in case of not taking COVID-19 Vaccine?
3. Is there any compensation provided after any side effects of covid vaccine?
4. Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking COVID-19 Vaccine?

Reply:

1. Vaccination for COVID-19 is voluntary.



54

2. And 4. In view above reply, these queries do not arise
3. There is no provision of financial assistance/compensation.

However severe and serious Adverse Events Following immunization (AEFI) cases are treated free of cost at Government Hospitals/facilities.

CPIO DETAILS: - Satyendra Singh

Phone: 011-23062959

singh.satyendra80.gov.in

First Appellate Authority Details: - Sarita Nair

Phone: 011-23061554

sarita.nair@gov.in

NODAL OFFICER DETAILS

Telephone Number: - 011-23061831

Email ID: - r.attri54@nic.in

True Copy


Advocate

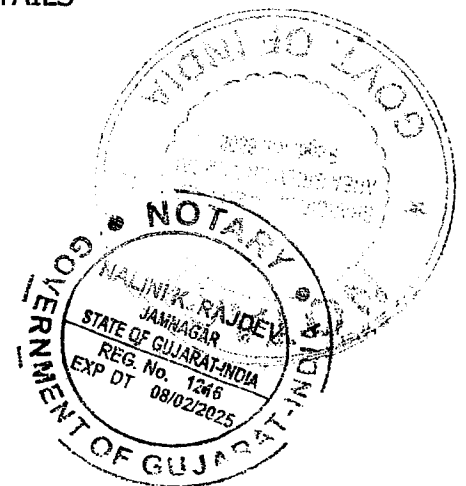
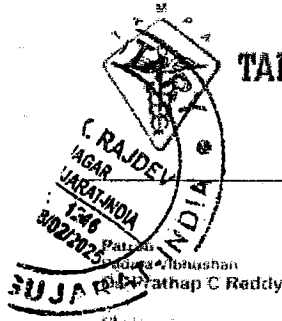


Exhibit - G

55

Phone : 2641 3244, 2641 3300, 98405 49256
Email : m.govalan@gmail.com
prfcmkr@yahoo.co.in



TAMILNADU MEDICAL PRACTITIONERS' ASSOCIATION (Regd)

தமிழ்நாடு மருத்துவர்கள் சங்கம் (ரெஜிஸ்டர்)

306, Poonamallee High Road, Chennai - 600 010

April 27, 2021

Dear friends,

All of you must be concerned about the reported deaths after taking the Covid vaccine. Though the Adverse Effects Following Immunisation (AEFI) Committee comforts public and the profession by saying they're unrelated to the vaccine, we have to take it with a grain of salt.

124 cases died and 305 cases Hospitalised in India following Covid vaccination were analysed :

	Died (124)	Hospitalised (305)
Within 3 days	93	276
4 th to 7 th day	18	15
8 th to 28 th day	11	13
After 28 days	02	01

If they are due to reasons other than vaccination, they should be evenly distributed during every week following vaccination, but 75% deaths occurred and 90% were hospitalised during the first 3 days. Hence let us not take it for granted and find out if we can prevent the complications.

I feel this may be due thrombogenic property of the vaccine, which contains attenuated or dead virus. This can lead to coronary or cerebrovascular events, especially if there has been some pre-existing disease in those vessels.

Applying this logic, to all those who called me for advice before vaccination, I started anticoagulant & antiplatelet agents (rivaroxaban 10mg and aspirin 75mg) two days before the vaccination and continued for 8 days after, with no major adverse effects reported in 125 patients.

This may not be a strictly randomized, controlled study, but we are desperate in preventing post-vaccine deaths and should be able to assure our patients about their safety. I invite comments from our colleagues, whether we should pursue this 'theory' to the next step (sending our recommendation to the ICMR & AEFI Committee for their comments and further action). Let TN Doctors take the lead in this terrible situation.

Thanking you, sincerely,


C.M.K. REDDY

Chairman
Dr. B. Krishna Rau

President
Dr. C.M.K. Reddy

Vice Presidents
Dr. K.K. Ramalingam
Dr. G. Balakrishnan
Dr. G. Gita Haripriya
Dr. J. Damodaran
Dr. C. Anburasu

Director of CME Program
Dr. J.S. Rajkumar

General Secretary & Editor
Dr. M. Govalan


Treasurer & Associate Editor
Dr. H. Yuvraj Gupta

Joint Secretaries
Dr. S.N. Narasingan
Dr. T. Ram Manohar Rao
Dr. Deepa Ganesh
Dr. K. Salvam
Dr. J.R. Aniruth
Dr. T. Rohit
Dr. S.M. Irshad
Dr. T. Mathu

Executive Committee Members
Dr. R.S. Anbuselvam
Dr. Sharad Ramdeo Sikchi
Dr. C. Mohan Reddy
Dr. P. Ramesh Rao
Dr. B.M. Veerabhadran
Dr. N. Vijayasaradhi
Dr. K. Pari
Dr. Sreya Jayakrishna,
Dr. R. Natesan
Dr. Rathna Vasupal
Dr. V. Ananth

An organisation to promote, protect and preserve the interests and welfare of private medical practitioners in Tamil Nadu

True Copy


Advocate



56

Typed copy Ex-4



TamilNadu Medical Practitioner's Association (Regd.)

306, Poonamalle High Road, Chennai-600010

April 27, 2021

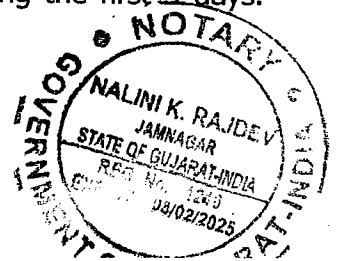
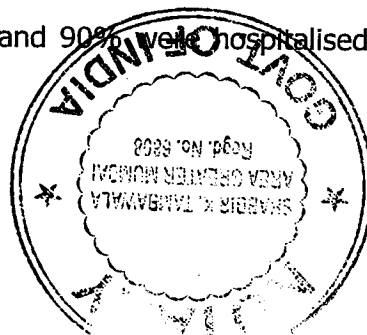
Dear friends,

All of you must be concerned about the reported deaths after taking the Covid vaccine. Though the Adverse Effects Following Immunisation (AEFI committee) comforts public and the profession by saying they're unrelated to the vaccine, we have to take it with a grain of salt

124 cases died and 305 cases hospitalised in India following Covid vaccination were analysed:

	Died (124)	Hospitalised(305)
Within 3 days	93	276
4 th to 7 th day	18	15
8 th to 28 th day	11	13
After 28 days	02	01

If they are due to reasons other than vaccination, they should be evenly distributed during every week following vaccination, but 75% death occurred and 90% were hospitalised during the first 3 days.



57



Hence let us not take it for granted and find out if we can prevent complications.

I feel this may be due to thrombogenic property of the vaccine, which contains attenuated or dead virus. This can lead to coronary or cerebrovascular events, especially if there has been some pre-existing disease in those vessels.

Applying this logic, to all those who called me for the advice before vaccination, I started anticoagulant and antiplatelet agent (rivaroxaban 10mg and aspirin 75mg) two days before the vaccination and continued it for 8 days after, with no major adverse effects reported in 125 patients.

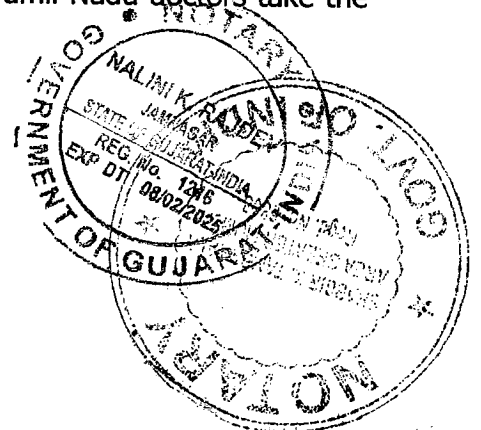
This may not be strictly randomised, controlled study, but we are desperate in preventing post-vaccine deaths and should be able to assure our patients about their safety. I invite comments from our colleagues, whether we should pursue this 'theory' to the next step (sending our recommendation to the ICMR and AEFI committee for their comments and future action). Let Tamil Nadu doctors take the lead in this terrible situation.

Thank you sincerely

GMK Reddy

True Copy


Advocate



Amended - 1



UKAT-INDIA
1246
08/02/2025
HEALTH (HTTPS://SCIENCE.THEWIRE.IN/CATEGORY/HEALTH/)

617 Serious Adverse Events After Vaccination Reported In India Until March 29

09/04/2021

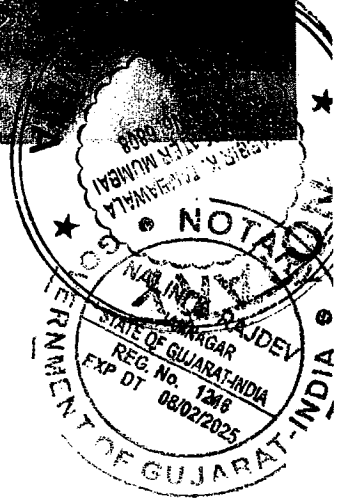


A medical worker holds a vial of AstraZeneca's COVID-19 vaccine at a vaccination centre in Ronquieres, Belgium, April 6, 2021. Photo: Reuters/Yves Herman/File Photo

Bengaluru: As of March 29, 2021, at least 617 serious adverse events following immunisation (AEFI) had been reported from around the country, according to a presentation made before the National AEFI Committee two days later. Of these 617, at least 180 people (29.2%) died, and of these, complete documents were available only for 35 people (19.4%).

According to vaccine scientist **Dr Gagandeep Kang**, there are five types of AEFIs: vaccine product related reaction, vaccine quality defect related reaction, immunisation error related reaction, immunisation anxiety related reaction and coincidental event. The National AEFI Committee is tasked with determining the type of each AEFI in the country and, where applicable, arranging for compensation for the affected parties and/or informing vaccine regulation.

Latest News & Updates on **THE WIRE** (https://thewire.in/?utm_source=sciwi)



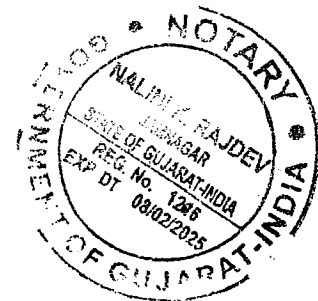
The Government of India has been drawing flak for some time after it stopped publishing AEFI reports after February 26, around 40 days after the start of India's COVID-19 vaccination drive, and after a seemingly laidback response to concerns about AstraZeneca's shot, called 'Covishield' in India.

According to the slides presented on March 31, prepared by the Immunisation Technical Support Unit of the health ministry and which *The Wire Science* has seen, the ministry has ascertained the type of AEFI for 492 reports. Of them, 63 people didn't require hospitalisation, 305 people required hospitalisation and 124 people died. A little more than half of those who died did so due to acute coronary syndrome, which refers to any conditions that suddenly and significantly reduce blood flow to the heart, including heart attacks.

However, according to the presentation, complete documents were available for only 35 people. These documents refer to case reporting forms and case investigation forms that the corresponding healthcare workers must file at the district level for each case.

"Currently, we are observing gaps in how serious adverse events are being investigated at the district level," Delhi-based public health researcher Malini Aisola had previously told *IndiaSpend* on March 9. "In some cases there is a post mortem, in some cases there isn't." She told *The Hindu* (<https://www.thehindu.com/news/national/coronavirus-180-deaths-following-vaccination-reported-in-india/article34274144.ecg>) on April 9 that "in at least six out of 10 cases where the National AEFI Committee has completed causality assessment, no post mortem has been done".

On March 17, as *The Wire Science* reported, "the immunisation division of the health ministry released a note (Z.16025/02/2018-IMM) saying it had considered eight AEFIs. A subcommittee had determined four were "coincidental", one was "unclassifiable" and three were designated B1: "reviewing factors result in conflicting trends of consistency and inconsistency with causal association to immunisation." All of these cases were among recipients of Covishield.



A slide from the AEFI presentation. Source: Special arrangement

AEFI Deaths and categorisation (n=124)

Interval from last vaccine dose	0-3 days	4-7 days	8-14 days	15-28 days	29 days or more	Total	COMORBIDITIES													
Male	67	9	5	0	7	76														
Female	31	9	6	2	4	48														
Total	93	18	11	2	12	124														
Diagnosis category							AGE	SEX	RELIGION	EDUCATION	PROFESSION	RESIDENCE	URBAN/RURAL	COASTAL	INDUSTRIAL	AGRICULTURE	OTHER			
ACS/MI	49	10	4	0	6	63	14	10	16	6	3	18	67							
CVA	11	2	1	0	14	2	0	2	0	0	0	10	14							
Sudden death	7	2	1	0	10	3	0	2	0	1	4	10								
Paraparesis	0	0	1	0	1	1	0	0	0	0	0	1								
Cardiomyopathy	1	0	0	0	1	0	1	0	0	0	0	1								
ARDS	1	0	0	0	1	1	0	0	0	0	0	1								
AGE	2	0	0	0	2	0	0	0	0	0	0	2								
Asthma	1	0	0	0	1	0	0	0	0	1	0	1								
Pancreatitis	1	0	0	0	1	1	0	0	0	0	0	1								
CNS infection	2	0	0	0	2	0	0	1	1	0	0	2								
Respiratory infection	4	0	1	0	5	1	1	0	0	2	1	5								
Septic	2	1	0	0	3	1	0	0	1	0	0	2								
Multiple myeloma	0	0	0	1	1	1	0	0	0	0	0	1								
Others	1	1	0	1	3	0	0	0	0	1	1	2								
COVID-19 IMI, (Thrombocytopenia)	2	0	0	0	2	1	1	0	0	0	0	2								
Unknown	9	2	3	0	14	2	0	0	1	0	11	14								
Total	93	18	11	2	124	28	13	21	10	7	47	116								

A slide from the AEFI presentation. Source: Special arrangement



Severe AEFI and Categorisation (n=65)

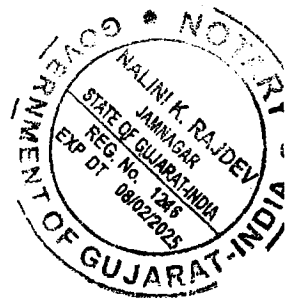
Diagnosis category					
Total	55	4	4		63
Male	21	2	1		24
Female	34	2	3		39
Diagnosis category					
Allergy/Anaphylaxis	15	1			16
Mono/Para/Quadripareisis	1		1		2
Facial/CN palsy	5		1		6
CRVO/Fundus Hge	1	2			3
Seizure	1				1
Fever	5				5
Anxiety	21		1		22
Cellulitis/Abscess/Lymphadenitis	3				3
Other	1	1			2
COVID +			1		1
Unknown	1				1
Wrong	1				1
Total	55	4	4	0	63

A slide from the AEFI presentation. Source: Special arrangement

AEFI Hospitalisations and categorisation (n=305)

Diagnosis category					
Total	276	15	13	1	305
Male	76	7	7		90
Female	200	8	6	1	215
Diagnosis category					
ACS/MI	13	5			18
CVA	10			1	11
Allergy/Anaphylaxis	45	1			46
Mono/Para/Quadripareisis	11	2	4		17
Facial palsy	2		2		4
CNS infection/lesion	4				4
Resp infn	4		1		5
Seizure	14	1			15
Arrhythmia	1				1
Vest neuritis	1		1		2
Fever	34	1			35
HTN	7	1			8
Anxiety	95	2	2		99
Other	28	2	2	0	32
COVID +	6	2	3		11
Unknown	2				2
Total	276	15	11	1	305

A slide from the AEFI presentation. Source: Special arrangement



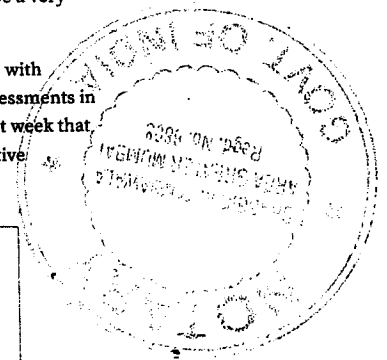
Dr Jacob John¹, formerly of Christian Medical College, Vellore, also pointed to a preliminary pattern in the data – that the incidence of deaths wouldn't be bunched together in time, and might be more evenly distributed, if they were all coincidental. As Prasad Ravindranath, the article's author, notes, "there are 93 deaths in the first three days and 18 deaths in four-seven days after vaccination. There have been 11 deaths in 8-28 days post-vaccination." This and similar patterns merit further investigation, according to Dr John.

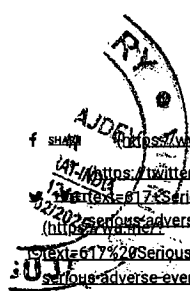
The presentation doesn't mention the name of the vaccine for each of the AEFI events, but since last month, there have been widespread concerns in Europe that the AstraZeneca shot may be associated with rare but debilitating blood clots. While authorities in Europe insisted that the shot's benefits outweighed its risks and that people should continue receiving it, some governments as well as an assessment body of the European Medicines Agency (EMA) said there could be a very small risk factor for cerebral venous sinus thrombosis.

According to *The Hindu*, the EMA "included only six deaths from India after vaccination with Covishield for its analysis" because, Aisola said, of "a massive backlog in processing assessments in India". In addition, Dr Kang also said in an interview with Karan Thapar for *The Wire* last week that while the risk is low, the issue has been compounded by the Indian government's secretive deliberations on the matter.

Support The Wire

I & C Embassy Latest News & Updates on **THE WIRE** (https://thewire.in/?utm_source=scliw)





<https://www.facebook.com/sharer.php?u=https://science.thewire.in/health/617-serious-adverse-events-after-vaccination-reported-in-india-until-march-29/>
<https://twitter.com/share?url=https://science.thewire.in/health/617-serious-adverse-events-after-vaccination-reported-in-india-until-march-29/>
<https://www.linkedin.com/sharing/share-offsite?url=https://science.thewire.in/health/617-serious-adverse-events-after-vaccination-reported-in-india-until-march-29/>
<https://www.stumbleupon.com/submit?url=https://science.thewire.in/health/617-serious-adverse-events-after-vaccination-reported-in-india-until-march-29/>
<https://reddit.com/submit?url=https://science.thewire.in/health/617-serious-adverse-events-after-vaccination-reported-in-india-until-march-29/>

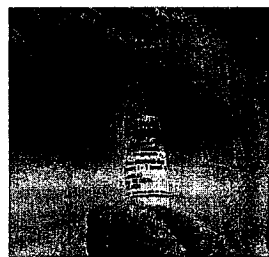
RELATED POSTS



<https://science.thewire.in/the-sciences/the-bengal-poll-verdict-is-a-chance-to-reclaim-space-for-education-and-health/>

EDUCATION
<https://science.thewire.in/category/education/>

The Bengal Poll Verdict Is a Chance To Reclaim Space for Education and Health
<https://science.thewire.in/the-sciences/the-bengal-poll-verdict-is-a-chance-to-reclaim-space-for-education-and-health/>



<https://science.thewire.in/the-sciences/making-sense-of-the-spat-between-anvisa-and-gamaleya-over-sputnik-v-vaccines/>

THE SCIENCES
<https://science.thewire.in/category/the-sciences/>

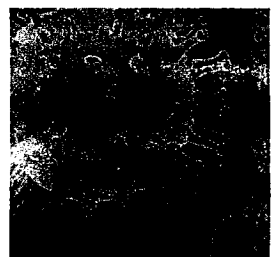
Making Sense of the Spat Between Anvisa and Gamaleya Over Sputnik V Vaccines
<https://science.thewire.in/the-sciences/making-sense-of-the-spat-between-anvisa-and-gamaleya-over-sputnik-v-vaccines/>



<https://science.thewire.in/environment/india-has-only-one-hoolock-gibbon-species-not-two-as-previously-thought-study/>

ENVIRONMENT
<https://science.thewire.in/category/environment/>

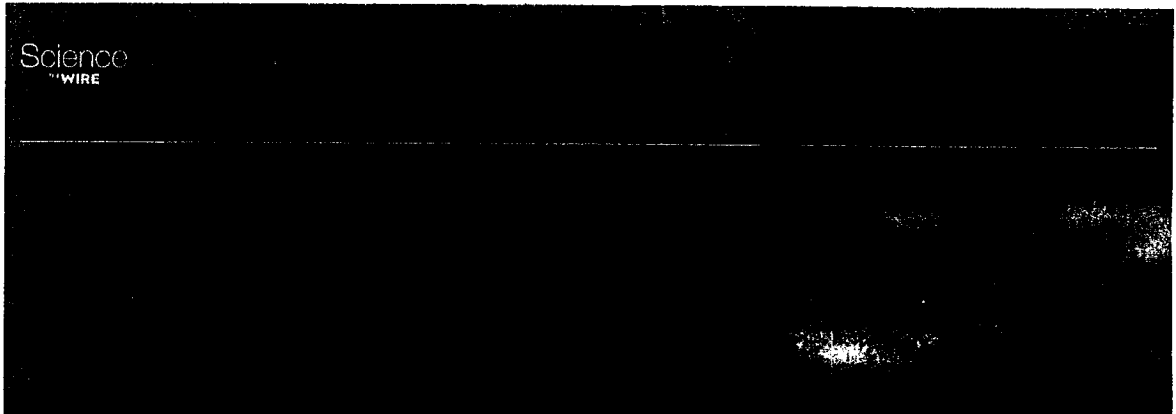
India Has Only One Hoolock Gibbon Species, Not Two as Previously Thought: Study
<https://science.thewire.in/environment/india-has-only-one-hoolock-gibbon-species-not-two-as-previously-thought-study/>



<https://science.thewire.in/health/obesity-can-help-explain-severe-covid-19-in-young-people-study-suggests/>

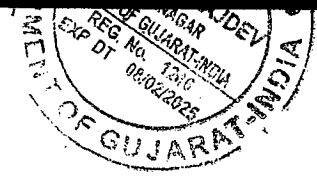
HEALTH
<https://science.thewire.in/category/health/>

Obesity Can Help Explain Severe COVID-19 in Young People, Study Suggests
<https://science.thewire.in/health/obesity-can-help-explain-severe-covid-19-in-young-people-study-suggests/>



True Copy

 Advocate



THE WIRE https://thewire.in/?utm_source=sciwi

Typed copy of Ex-H

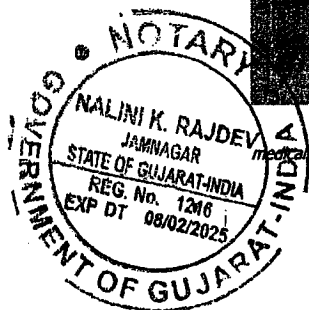


09.04.2021

617 serious adverse events after vaccination reported in India until March 29



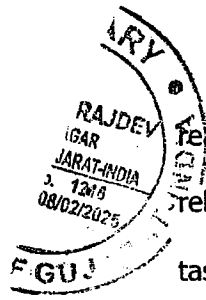
medical worker holds a vial of AstraZenca's COVID-19 at a vaccination centre in Ronqueres, Belgium, April 6, 2021



Bengaluru: As of March 29, 2021, at least 617 serious events following immunisation AEFI had been reported from around the country, according to a presentation made before the National AEFI committee two days later. Of these 617, at least 180 people (29.2%) died, and of these, complete documents were available only for 35 people (19.4%).

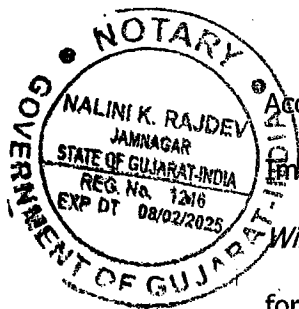


According to vaccine scientist Dr Gagandeep Kang there are five types of AEFI's: vaccine product related reaction, vaccine quality defect related



reaction, immunisation error related reaction, immunisation anxiety related reaction and coincidental event. The National AEFI committee is tasked with determining the type of each AEFI in the country and, where applicable, arranging for compensation for the affected parties and/or informing vaccine regulation.

The Government of India has been drawing flak for some time after it stopped publishing AEFI reports after February 26, around 40 days after the start of India's COVID-19 vaccination drive, and after a seemingly laid-back response to concerns about AstraZeneca's shot, called 'Covishield' in India.



According to the slides presented on March 31, prepared by the Immunisation Technical Support unit at the health ministry at which *The Wire Science* has seen, the ministry has ascertained that type of AEFI for 492 reports. Of them, 63 people didn't require hospitalisation, 305 people required hospitalisation and 124 people died. A little more than half of those who died did so due to acute coronary syndrome, which refers to any condition that suddenly and significantly reduce blood flow to the heart, including heart attacks.

However, according to the presentation, complete documents were available for only 35 people. These documents referred to case reporting forms and case investigation forms that the corresponding healthcare workers must file at the district level of each case.



64

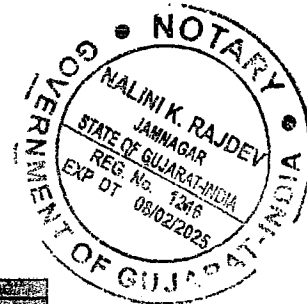


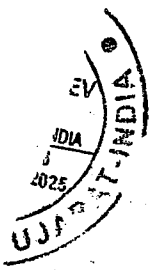
Currently we are observing gaps in how serious adverse events are being investigated at the district level, Delhi-based public health research Malini Aisola had previously told *IndiaSpend* on March 9. "In some cases there is a postmortem, in some cases there isn't". She told *The Hindu* on April that "in at least 6 out of 10 cases where national AEFI committee has completed casualty assessment, no post-mortem has been done" On March 17, as the wires and reported, "the immunisation division of the health minister released a note (Z.16025/02/2018-IMM) saying it had considered eight AEFI's. A subcommittee had determined four were "coincidental", 1 was 'unclassifiable' and three were designated B1: "reviewing factors result in conflicting trends of consistency and inconsistency with causal association to immunisation". All of these cases were wrong recipient of Covishield.

A slide from the AEFI presentation. Source: Special arrangement

AEFI Deaths and categorisation (n=124)

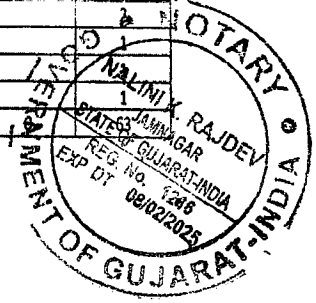
Interval from last vaccine dose (days)	<43 days	43-70 days	70-126 days	>126 days	Unknown	COMORBIDITIES																	
Male	62	9	5	0	76																		
Female	31	9	6	2	48																		
Total	93	18	11	2	124																		
Diagnosis category	<43 days	43-70 days	70-126 days	>126 days	Unknown	ACS/MI	CVA	Sudden death	Paraparesis	Cardiomyopathy	AIDS	AGE	Asthma	Pancreatitis	CNS infection	Respiratory infection	Sepsis	Multiple myeloma	Others	COVID+ (H M)	Thrombocytopenia	Unknown	Total
ACS/MI	49	10	4	0	63	14	10	16	6	3	18	67											
CVA	11	2	1	0	14	2	0	2	0	0	10	14											
Sudden death	7	2	1	0	10	3	0	2	0	1	4	10											
Paraparesis	0	0	1	0	1	1	0	0	0	0	0	1											
Cardiomyopathy	1	0	0	0	1	0	1	0	0	0	0	1											
AIDS	1	0	0	0	1	1	0	0	0	0	0	1											
AGE	2	0	0	0	2	0	0	0	0	0	0	2											
Asthma	1	0	0	0	1	0	0	0	0	1	0	1											
Pancreatitis	1	0	0	0	1	1	0	0	0	0	0	1											
CNS infection	2	0	0	0	2	0	0	1	1	0	0	2											
Respiratory infection	4	0	1	0	5	1	1	0	0	2	1	5											
Sepsis	2	1	0	0	3	1	0	0	1	0	0	2											
Multiple myeloma	0	0	0	1	1	0	0	0	0	0	0	1											
Others	1	1	0	1	3	0	0	0	0	0	1	1											
COVID+ (H M)																							
Thrombocytopenia	2	0	0	0	2	1	1	0	0	0	0	2											
Unknown	9	2	3	0	14	2	0	0	1	0	11	14											
Total	93	18	11	2	124	28	13	21	10	7	47	126											





Severe AEFI and Categorisation (n=65)

Diagnosis category				Total
Total	55	4	4	63
Male	21	2	1	24
Female	34	2	3	39
Diagnosis category				
Allergy/Anaphylaxis	15	1		16
Mono/Para/Quadripareisis	1		1	2
Facial/CN palsy	5		1	6
CRVO/Fundus Hge	1	2		3
Seizure	1			1
Fever	5			5
Anxiety	21		1	22
Cellulitis/Abscess/Lymphadenitis	3			3
Other	1	1		2
COVID +			1	1
Unknown	1			1
Wrong	1			1
Total	55	4	4	63



AEFI Hospitalisations and categorisation (n=305)

Diagnosis category					Total
Total	276	15	13	1	305
Male	76	7	7		90
Female	200	8	6	1	215
Diagnosis category					
ACS/MI	13	5			18
CVA	10			1	11
Allergy/Anaphylaxis	45	1			46
Mono/Para/Quadripareisis	11	2	4		17
Facial palsy	2		2		4
CNS infection/lesion	4				4
Resp infn	4		1		5
Seizure	14	1			15
Arrhythmia	1				1
Vest neuritis			1		1
Fever	34	1			35
HTN	7	1			8
Anxiety	95	2	2		99
Other	28	2	2	0	32
COVID -	6	2	3		11
Unknown	2				2
Total	276	15	11	1	305

Dr. Jacob John 1, formerly of Christian Medical College, Vellore, also pointed to a preliminary pattern in the data- that the incidence of deaths wouldn't be bunched together in time, and might be more evenly distributed, if they were all coincidental. As Prasad Ravindranath, the articles author, notes, "there are 93 deaths in the first three days and





18 deaths in 47 days after vaccination. There have been 11 deaths in 3 to 28 days post vaccination". This and similar patterns made it further investigation according to Dr John.

The Presentation does not mention the name of the vaccine for each of the AEFI events, but since last month, there have been widespread concerns in Europe that the AstraZeneca shot may be associated with rare but debilitating blood clots. While authorities in Europe insisted that the shot's benefits outweighed its risk and people should continue receiving it, some government as well as an assessment body of the European Medical Agency (EMA) said there would be a very small risk factor for cerebral venous sinus thrombosis.

According to *The Hindu*, the EMA "included only six deaths from India after vaccination with Covishield for its analysis" because, Aisola said, of "a massive backlog in processing assessments in India". In addition, Dr Kang also said in an interview with Karan Thapar for *The Wire* last week that while the risk is low, the issue has been compounded by the Indian government's secretive deliberations on the matter.



True Copy
[Signature]
Advocate

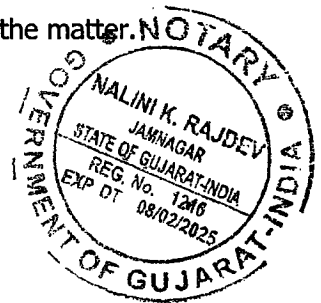
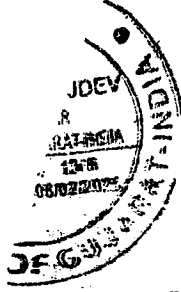


Exhibit - I

67



URGENT ATTENTION

Date: 31 January 2021

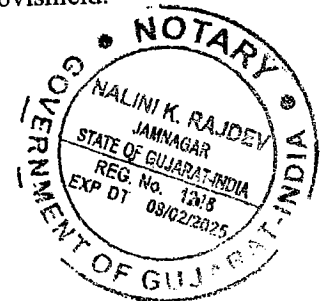
- 1. Hon'ble Dr. Harsh Vardhan**
Union Minister
Ministry of Health and Family Welfare,
New Delhi
Email: hfm@gov.in
- 2. Dr. V. G. Somani**
Drugs Controller General of India
New Delhi
Email: dci@nic.in
- 3. Dr. V. K. Paul**
Member, NITI Aayog
Chair, National Expert Group on Vaccine Administration
For COVID-19
Email: vinodk.paul@gov.in; vinodkpaul@gmail.com
- 4. Dr. Renu Swarup**
Secretary, Department of Biotechnology
Chair, NTAGI
Email: secy@dbt.nic.in

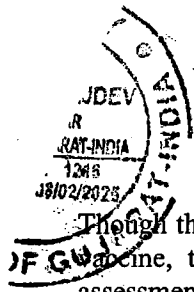
Subject: Investigations of deaths of 11 healthcare and frontline workers following administration of COVID-19 vaccine

Dear Sir(s) and Madam,

We write to you with the trust that you will take cognizance of our concerns and respond promptly. We refer to the deaths of eleven health and frontline workers between 16 and 30 January, 2021, following administration of the COVID-19 vaccine, as reported in the media. The deaths took place in the States of Uttar Pradesh, Karnataka, Andhra Pradesh, Rajasthan, Telangana, Gurugram, Odisha, and Kerala.

The 11 deaths, reported in the media, took place between a few hours and five days of persons (primarily 42 to 56 years old) healthcare workers, and a frontline worker (23 years old), taking the vaccines, and all have been ascribed to cardiovascular problems or "brain stroke". The vaccine taken in each case was Covishield.





Though the district/state officials have stated that none of the deaths are related to the vaccine, the reports of the District, State and National AEFI Committees on the assessment of these deaths and other serious AEFIs have not been released. No details of who investigated the deaths, and the methodology used for each investigation, have been made public. The National Committee has an obligation to investigate possible patterns in causative factors for these deaths.

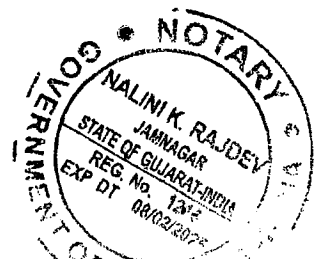
We would like to bring to your notice that the 11 deaths meet the WHO's definition of a "**cluster**" of serious AEFIs as given in its Covid-19 vaccines: safety surveillance manual -- "when two or more AEFIs related in time, place or by vaccine occur" (1).

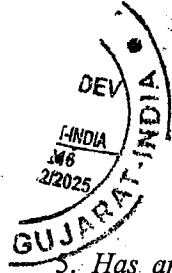
Guidelines for investigation of cluster AEFIs are given in the WHO's global manual for surveillance of adverse events following immunization (2). AEFIs must be investigated urgently in order to issue warnings to people who should not take it due to contraindications, to correct errors, to reassure the public, as well as to identify potential serious problems in the vaccine. The algorithm for cluster AEFI investigation can rule out errors in manufacturing or administration, anxiety clusters, and coincidental events, *to identify signals for further investigation*.

The health and frontline workers who died had volunteered to take the vaccine with the trust in your decision to give emergency approval to the vaccine to protect them from a serious disease. They are owed some respect and dignity, and they have a right to at least a prompt, thorough and transparent investigation of their deaths, and action based on that investigation.

We strongly urge you to provide the following information and place it in the public domain:-

1. *Has an investigation into the 11 deaths taken place?* Please give details of the committees that conducted the investigation and causal assessment. What procedure did the investigations follow, what were the findings, and on what basis was it concluded that the deaths were not related to the vaccine?
2. *Have there been any other reports of deaths or other severe or serious AEFIs following administering of the covid19 vaccine?* Please place complete information on **all deaths, severe and serious AEFIs** in the COVID-19 vaccine rollout, and their investigation, in the public domain. This information should include the numbers, date of vaccination, details of the AEFI, place, investigation status and results. Please also release the minutes of the National, State and District AEFI Committees.
3. *Why are the names, affiliations and qualifications of all AEFI investigation committee members at the District, State and Central level not in the public domain?* Please make the names and affiliations of Committee Members public.
4. *Is there any group of experts overseeing the vaccine rollout?* Please make their names, expertise and affiliations public.





5. *Has any committee of experts discussed whether the vaccine rollout should be paused pending final investigation and determination in the deaths and other serious AEFIs reported? Please release the minutes of the committee meetings where such discussions took place, with the explanation for not temporarily pausing vaccination.*
6. *Will the programme be amended based on deaths, serious AEFIs investigation findings? Will the programme be re-assessed and amended, with warnings, informed consent, etc., prior to the completion of the rollout of the first dose and prior to the commencement of the rollout of the second dose of the vaccine?*
7. *Will any no-fault compensation be paid to the families of the healthcare and frontline workers who died? This is all the more important because the COVID-19 vaccines are not fully approved but only given emergency use approval with limited data.*

We request you to kindly acknowledge this letter and to respond promptly to our queries and concerns. We hope you will take steps in the right direction so as to ensure that trust, transparency, and honesty is inculcated and maintained in the vaccine rollout programme.

Regards,

Ms Sandhya Srinivasan, Consulting Editor, *Indian Journal of Medical Ethics*, Mumbai

Dr Amar Jesani, Editor, *Indian Journal of Medical Ethics*, Mumbai

Adv Veena Johari, Advocate, Courtyard Attorneys, Mumbai

Dr Antony R Kollanur, Consultant Public Health, Kochi

Dr Babu KV, Public Health Activist, Kerala

Dr Chayanika Shah, PhD, Queer Feminist Activist and Science Studies Researcher, Mumbai

Mr Chinu Srinivasan, Low Cost Standard Therapeutics (LOCOST), Vadodara

Dr George Thomas, Orthopaedic Surgeon, Chennai

Dr Imrana Qadeer, Former Professor, Centre of Social Medicine and Community Health, JNU, New Delhi

Ms Laxmi Murthy, Journalist, Bangalore

Ms Malini Aisola, Public Health Researcher, Delhi

Dr Mira Shiva, Co-convenor, All India Drug Action Network, Delhi

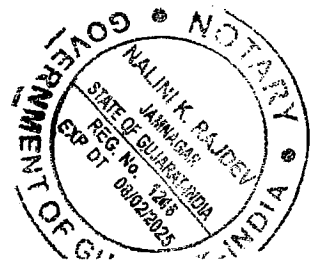
Dr Mohan Rao, Former Professor, Centre of Social Medicine and Community Health, JNU, New Delhi

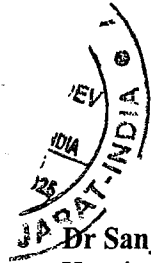
Dr Prabir Chatterjee, Independent Public Health Consultant, Bankura

Dr Ramani Akturi, Independent Public Health Physician, Bhopal

Dr Ravi Dsouza, Community Health Physician, Bhopal

Dr Sanjay A Pai, Working Editor, *Indian Journal of Medical Ethics*, Bangalore





Dr Sanjay Nagral, Director, Department of Surgical Gastroenterology, Jaslok Hospital and Research Centre, Mumbai
Dr Sejal Tambat, Family Medicine Practitioner, Mumbai
Dr SP Kalantri, Physician, Sewagram
Dr Sylvia Karpagam, Public Health Doctor and Researcher, Bangalore
Dr T Jacob John, Retired Professor and Head, Department of Clinical Virology, Christian Medical College, Vellore
Dr Vandana Prasad, Public Health Professional, Delhi

Cc:

1. **Mr. Rajesh Bhushan**, Secretary, MOHFW, Co-Chair National Expert Group on Vaccine Administration for COVID-19: email: secyhfw@nic.in
2. **Dr. S Eswara Reddy**, Joint Drugs Controller: email: se.reddy@nic.in
3. **Dr. PBN Prasad**, Joint Drugs Controller: email: pbn.prasad@cdsco.nic.in
4. **Dr. Balram Bhargava**, Director General ICMR, & Vice Chair NTAGI: email: secy-dg@icmr.gov.in
5. **Dr. Pradeep Haldar**, Deputy Commissioner (Imm.I/C): email: pradeephaldar@yahoo.co.in
6. **Dr. M K Aggarwal**, Deputy Commissioner (UIP): email: drmkagarwal2@gmail.com
7. **Mr. A K Pradhan**, DDC(I), CDSO: email: akpradhan@cdsco.nic.in
8. **Dr. Roderico Ofrin**, Regional Emergencies Director, Office of the WHO Representative India: email: wrintia@who.int
9. **Dr. J N Shrivastava**, Executive Director, NHSRC, Chairman National Quality Assurance Committee for AEFI Surveillance Program; email: nhsrcindia@gmail.com
10. **Mr. P K Mishra**, Principal Secretary, PMO: email: pkmishra.pmo@gov.in

References

1. *Covid-19 vaccines: safety surveillance manual*. Geneva: World Health Organization; 2020. P. 63. Available from: <https://www.who.int/publications/i/item/10665338400>
2. *Global manual on surveillance of adverse events following immunization*. Geneva: World Health Organization; 2014 (Revised March 2016). P. 58. Available from: https://www.who.int/vaccine_safety/publications/Global_Manual_revised_12102015.pdf?ua=1



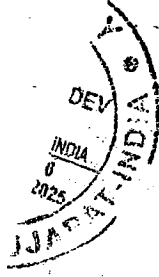
True Copy


Advocate



Typed Copy of Ex-I

71



URGENT ATTENTION

Date: 31 January 2021

1. Hon'ble Dr Harsh Vardhan

Union Minister

Ministry of Health and Family Welfare

New Delhi

Email: hfm@gov.in

2. Dr VG Somani

Drugs Controller General of India

New Delhi

Email: dci@nic.in

3. Dr VK Paul

Member, NITI Aayog

Chair, National Expert Group on Vaccine Administration

For COVID-19

Email: vinodk.paul@gov.in; vinodkpaul@gmail.com

4. Dr Renu Swarup

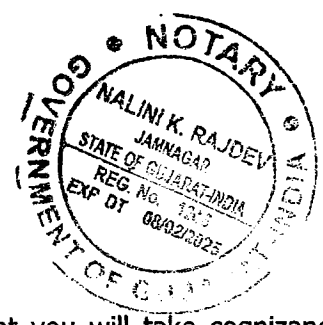
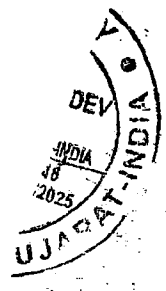
Secretary, Department of Biotechnology Chair, NTAGI

Email: secy@dbt.nic.in



Subject: Investigations of deaths of 11 healthcare and frontline workers following administration of COVID-19 vaccine

72



Dear Sir(s) and Madam,

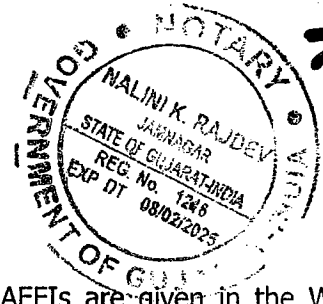
We write to you with the trust that you will take cognizance of our concerns and respond promptly. We refer to the deaths of eleven health and frontline workers between 16 and 30 January, 2021, following administration of the COVID-19 vaccine, as reported in the media. The deaths took place in the States of Uttar Pradesh, Karnataka, Andhra Pradesh, Rajasthan, Telangana, Gurugram, Odisha, and Kerala.

The 11 deaths, reported in the media, took place between a few hours and five days of persons (primarily 42 to 56 years old) healthcare workers, and a frontline worker (23 years old), taking the vaccines, and all have been ascribed to cardiovascular problems or "brain stroke". The vaccine taken in each case was Covishield.

Though the district/state officials have stated that none of the deaths are related to the vaccine, the reports of the District, State and National AEFI Committees on the assessment of these deaths and other serious AEFIs have not been released. No details of who investigated the deaths, and the methodology used for each investigation, have been made public. The National Committee has an obligation to investigate possible patterns in causative factors for these deaths.

We would like to bring to your notice that the 11 deaths meet the WHO's definition of a "cluster" of serious AEFIs as given in its Covid-19 vaccines: safety surveillance manual -- "when two or more AEFIs related in time, place or by vaccine occur".





73

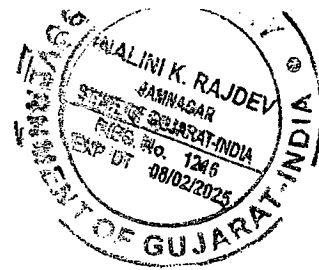
Guidelines for investigation of cluster AEFIs are given in the WHO's global manual for surveillance of adverse events following immunization. AEFIs must be investigated urgently in order to issue warnings to people who should not take it due to contraindications, to correct errors, to reassure the public, as well as to identify potential serious problems in the vaccine. The algorithm for cluster AEFI investigation can rule out errors in manufacturing or administration, anxiety clusters, and coincidental events, to identify signals for further investigation.

The health and frontline workers who died had volunteered to take the vaccine with the trust in your decision to give emergency approval to the vaccine to protect them from a serious disease. They are owed some respect and dignity, and they have a right to at least a prompt, thorough and transparent investigation of their deaths, and action based on that investigation.

We strongly urge you to provide the following information and place it in the public domain:-

1. Has an investigation into the 11 deaths taken place? Please give details of the committees that conducted the investigation and causal assessment. What procedure did the investigations follow, what were the findings, and on what basis was it concluded that the deaths were not related to the vaccine?
2. Have there been any other reports of deaths or other severe or serious AEFIs following administering of the covid19 vaccine? Please place complete information on all deaths, severe and

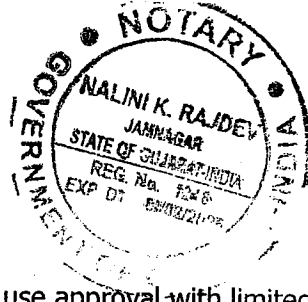
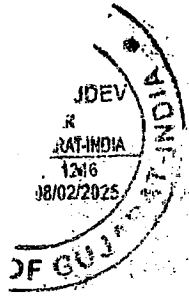




serious AEFIs in the COVID-19 vaccine rollout, and their investigation, in the public domain. This information should include the numbers, date of vaccination, details of the AEFI, place, investigation status and results. Please also release the minutes of the National, State and District AEFI Committees

3. Why are the names, affiliations and qualifications of all AEFI investigation committee members at the District, State and Central level not in the public domain? Please make the names and affiliations of Committee Members public.
4. Is there any group of experts overseeing the vaccine rollout? Please make their names, expertise and affiliations public
5. Has any committee of experts discussed whether the vaccine rollout should be paused pending final investigation and determination in the deaths and other serious AEFIs reported? Please release the minutes of the committee meetings where such discussions took place, with the explanation for not temporarily pausing vaccination.
6. Will the programme be amended based on deaths, serious AEFIs investigation findings? Will the programme be re-assessed and amended, with warnings, informed consent, etc., prior to the completion of the rollout of the first dose and prior to the commencement of the rollout of the second dose of the vaccine?
7. Will any no-fault compensation be paid to the families of the healthcare and frontline workers who died? This is all the more important because the COVID-19 vaccines are not fully approved





75

but only given emergency use approval with limited data.

We request you to kindly acknowledge this letter and to respond promptly to our queries and concerns. We hope you will take steps in the right direction so as to ensure that trust, transparency, and honesty is inculcated and maintained in the vaccine rollout programme.

Regards,

Ms Sandhya Srinivasan, Consulting Editor, *Indian Journal of Medical Ethics*,

Mumbai

Dr Amar Jesani, Editor, *Indian Journal of Medical Ethics*, Mumbai

Adv Veena Johari, Advocate, Courtyard Attorneys, Mumbai

Dr Antony R Kollanur, Consultant Public Health, Kochi

Dr Babu KV, Public Health Activist, Kerala

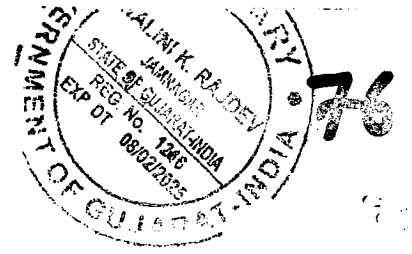
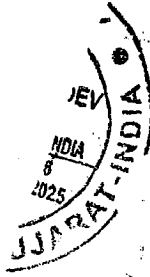
Dr Chayanika Shah, PhD, Queer Feminist Activist and Science Studies Researcher, Mumbai

Mr Chinu Srinivasan, Low Cost Standard Therapeutics (LOCOST), Vadodara

Dr George Thomas, Orthopaedic Surgeon, Chennai

Dr Imrana Qadeer, Former Professor, Centre of Social Medicine and Community Health, JNU, New Delhi

Ms Laxmi Murthy, Journalist, Bangalore



Ms Malini Aisola, Public Health Researcher, Delhi

Dr Mira Shiva, Co-convenor, All India Drug Action Network, Delhi

Dr Mohan Rao, Former Professor, Centre of Social Medicine and Community Health, JNU, New Delhi

Dr Prabir Chatterjee, Independent Public Health Consultant, Bankura

Dr Ramani Akturi, Independent Public Health Physician, Bhopal

Dr Ravi Dsouza, Community Health Physician, Bhopal

Dr Sanjay A Pai, Working Editor, *Indian Journal of Medical Ethics*, Bangalore

Dr Sanjay Nagral, Director, Department of Surgical Gastroenterology, Jaslok Hospital and Research Centre, Mumbai

Dr Sejal Tambat, Family Medicine Practitioner, Mumbai

Dr SP Kalantri, Physician, Sewagram

Dr Sylvia Karpagam, Public Health Doctor and Researcher, Bangalore

Dr T Jacob John, Retired Professor and Head, Department of Clinical Virology, Christian Medical College, Vellore

Dr Vandana Prasad, Public Health Professional, Delhi

CC. -

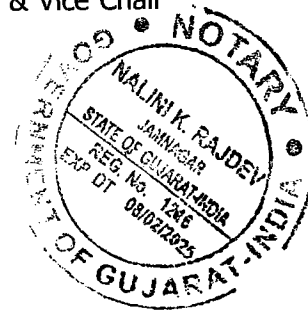
1. **Mr. Rajesh Bhushan**, Secretary, MOHFW, Co-Chair National Expert Group on Vaccine Administration for COVID-19: email: secyhfw@nic.in



77



2. **Dr. S Eswara Reddy**, Joint Drugs Controller: email: se.reddy@nic.in
3. **Dr. PBN Prasad**, Joint Drugs Controller: email: pbn.prasad@cdsco.nic.in
4. **Dr. Balram Bhargava**, Director General ICMR, & Vice Chair NTAGI: email: secy-dg@icmr.gov.in
5. **Dr. Pradeep Haldar**, Deputy Commissioner (Imm.I/C): email: pradeephaldar@yahoo.co.in
6. **Dr. M K Aggarwal**, Deputy Commissioner (UIP): email: drmkagarwal2@gmail.com
7. **Mr. A K Pradhan**, DDC(I), CDSCO: email: akpradhan@cdsco.nic.in
8. **Dr. Roderico Ofrin**, Regional Emergencies Director, Office of the WHO Representative India: email: wrintia@who.int
9. **Dr. J N Shrivastava**, Executive Director, NHSRC, Chairman National Quality Assurance Committee for AEFI Surveillance Program; email: nhsrcindia@gmail.com
10. **Mr. P K Mishra**, Principal Secretary, PMO: email: pkmishra.pmo@gov.in



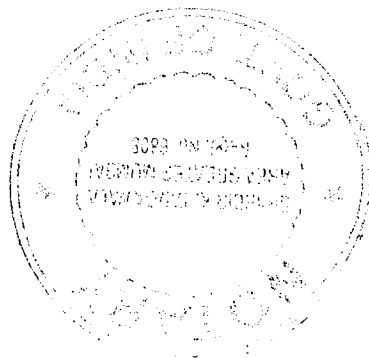
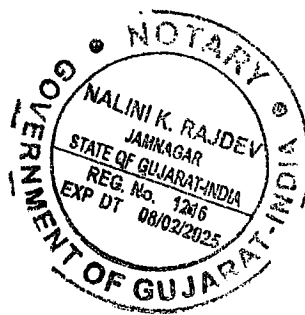
References

1. *Covid-19 vaccines: safety surveillance manual*. Geneva: World Health Organization; 2020. P. 63. Available from: <https://www.who.int/publications/i/item/10665338400>





2. *Global manual on surveillance of adverse events following immunization.* Geneva: World Health Organization; 2014 (Revised March 2016). P. 58. Available from: https://www.who.int/vaccine_safety/publications/Global_Manual_revised_1210_2015.pdf?ua=1



True Copy

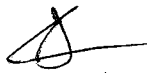
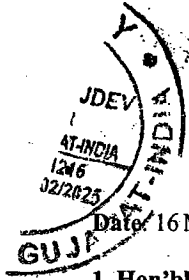

Advocate

Exhibit - J

79



Date: 16 March 2021

1. Hon'ble Dr Harsh Vardhan

Union Minister
Ministry of Health and Family Welfare
New Delhi
Email: hfm@gov.in

2. Dr VG Somani

Drugs Controller General of India
New Delhi
Email: dci@nic.in

3. Dr VK Paul

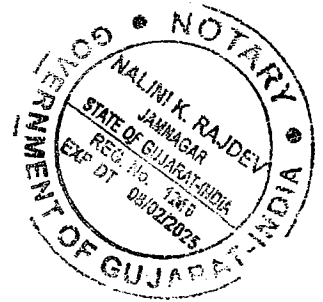
Member, NITI Aayog
Chair, National Expert Group on Vaccine Administration
For COVID-19
Email: vinodk.paul@gov.in; vinodkpaul@gmail.com

4. Dr Renu Swarup

Secretary, Department of Biotechnology
Chair, NTAGI
Email: secy@dbt.nic.in

5. Dr NK Arora

Member, National Task Force on COVID-19
Advisor, National AEFI Committee, Delhi
Email: nkarora@inclenrust.org; narendrakumararora@gmail.com

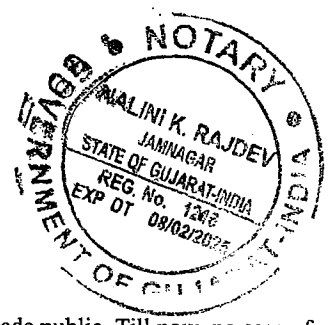
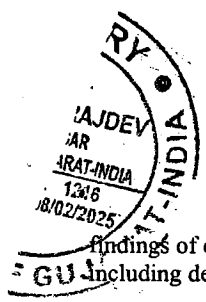


Urgent investigation of deaths and serious adverse events following administration of COVID-19 vaccine

We are writing to you as people working in public health, ethics, medicine, law, and journalism, and as members of the public, who support the immunisation programme. We wrote to you earlier on 31 January 2021 expressing our concerns regarding the lack of information on the investigations of deaths following COVID-19 vaccination in India. We are disappointed at the government's silence on our letter while further reports of deaths following administration of COVID-19 vaccine are appearing in the media.

The government is responsible for ensuring safety of all vaccines and particularly those administered through a government programme. This includes monitoring and surveillance of adverse events following immunisation (AEFIs). AEFIs are to be investigated through well-defined procedures for vaccine pharmacovigilance and the reports made available in the public domain, for trust-building and transparency. This is especially important for new vaccines such as the COVID-19 vaccines currently being rolled out across the country under emergency use authorisation, targeted to millions of people.

We understand that at least 65 deaths have occurred following vaccination for COVID-19 since the vaccination campaign started on January 16. However, the National AEFI Committee's investigation



findings of only two of these deaths have been made public. Till now, no case of serious AEFI including death has been attributed to the vaccine.

Denmark, Iceland, Norway, Italy, France, Bulgaria, Germany, Luxembourg, Estonia, Lithuania, Latvia and Ireland have paused immunisation with the Astra Zeneca vaccine pending investigation of a small number of post-vaccination deaths from intravascular clotting/ thromboembolic events, while Austria has suspended the use of certain batches.

Media reports indicate that many deaths post vaccination with COVISHIELD, AstraZeneca’s vaccine which is being manufactured in India by the Serum Institute of India, occurred due to cardiac arrest, cerebral venous thrombosis and stroke.

We believe that due to the possible linkages of vaccination and blood clotting, all these deaths and adverse events should be reviewed together for a possible causal relationship with the vaccine. We raise one possibility: human cells bearing SARS-CoV-2 spikes displayed on the surface, are, for the ACE 2 receptors, like the virus itself. The event cascade leading to clotting is a part of the pathogenesis of the virus-human interactions. We suggest that there is a possibility of this being enacted by some vaccines.

Reports of other serious AEFIs including neurological symptoms, hemiplegia and Guillain-Barre syndrome also need to be investigated.

As the vaccination drive has been expanded to include persons over 60 years and persons above 45 years with specified morbidities, it is all the more important to investigate any possibilities of the COVID-19 vaccines triggering serious AEFI in people with certain medical conditions, who are the very people in need of vaccination. Could they be ‘predisposed’ to aggravation of their basic condition?

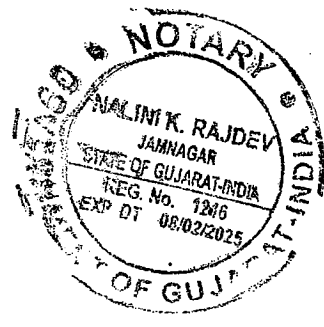
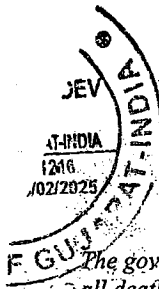
We note with concern that critical updates to the fact sheets recommended by the CDSCO’s Subject Expert Committee have not been issued, even though they are meant to provide additional guidance and clarify use of the vaccines in persons such as those with allergies, who are immunocompromised or using immunosuppressants, or using blood thinners/anti-coagulants.

There are gaps in AEFI investigations at the local level, affecting the quality of evidence submitted to State and National AEFI Committees who depend on these findings for making causality assessments. The National AEFI Committee also has a critical role in assessing cases that present as a cluster and to explore potential common pathways.

In our letter dated January 31, 2021, we asked for details of all investigations into deaths and other serious AEFIs, as well as the minutes of AEFI monitoring committees, and details of all AEFI committee members and other experts overseeing the vaccine rollout. We have not received any response. We also note that the government has stopped sharing any details of AEFIs after February 26, 2021.

Lakhs of people in India are being administered the COVID-19 vaccines every day in the confidence that the vaccine will protect them against severe disease and death. The vaccine programme owes them complete information on the vaccines, a vaccination protocol that minimises the risk of harm, and an assurance of thorough and transparent investigation of injuries and death following immunisation. They are also owed medical care, and compensation for harm suffered post-vaccination. The government has not met these obligations.





The government must immediately undertake complete, time-bound and transparent investigation of all deaths and other serious adverse events following vaccination with the COVID-19 vaccine.

The following must be put in the public domain:

1. For each of the vaccines rolled out, details of all serious AEFIs as of March 16, 2021, and the status of investigation;
2. Findings of all completed serious AEFI investigations, including:
 - a. cause of death by clinical diagnosis;
 - b. autopsy findings when possible, or verbal autopsy, to confirm or revise the clinical diagnosis;
 - c. causality assessment and the reasoning behind that assessment;
 - d. aetiology; if no aetiology is found, the death must provisionally be attributed to the vaccine, and
 - e. the process undertaken by the various AEFI committees, including whether the WHO guidelines for investigation of AEFI occurring as cluster have been strictly followed,
 - f. cause of other AEFIs, and the causality assessments by the various committees.

Based on the findings of investigations the vaccination protocols should be modified with screening procedures that decrease the probability of serious adverse events following immunisation, if found necessary.

Awaiting a response,

Thanking you,

Sincerely,

- Ms Sandhya Srinivasan**, Consulting Editor, *Indian Journal of Medical Ethics*, Mumbai
- Dr Amar Jesani**, Editor, *Indian Journal of Medical Ethics*, Mumbai
- Adv Veena Johari**, Advocate, Courtyard Attorneys, Mumbai
- Adv Anand Grover**, Senior Advocate, Former UN Special Rapporteur on the Right to Health (2008-14), Director, Lawyers Collective, Mumbai/Delhi
- Dr Babu KV**, Public Health Activist, Kannur
- Ms Brinelle Dsouza**, Co-convenor, Jan Swasthya Abhiyan, Mumbai, and faculty member, School of Social Work, Tata Institute of Social Sciences, Mumbai
- Dr Chayanika Shah**, Independent Researcher and Retired College Teacher, Mumbai
- Dr George Thomas**, Orthopaedic Surgeon, Chennai
- Dr Imrana Qadeer**, Former Professor, Centre of Social Medicine and Community Health, JNU, New Delhi
- Dr KR Antony**, Paediatrician and Public Health Consultant, Kochi
- Ms Laxmi Murthy**, Journalist, Bengaluru
- Ms Malini Aisola**, Public Health Professional, New Delhi
- Dr Mira Shiva**, Public Health Physician, Delhi
- Dr Mohan Rao**, Independent Public Health Researcher, Bengaluru, and former Professor, Centre of Social Medicine and Community Health, JNU, New Delhi
- Dr Prabir Chatterjee**, Independent Public Health Consultant, Kolkata
- Dr Ramani Akturi**, Public Health Physician, Bhopal
- Dr Ravi Dsouza**, Community Health Physician, Bhopal





Dr Sanjay A Pal, Pathologist, Bangalore
Dr Sanjay Nagral, Director, Department of Surgical Gastroenterology, Jaslok Hospital and Research Centre, and Head, Department of Surgery, K B Bhabha General Hospital, Mumbai
Ms Sarojini N, Public Health Researcher, New Delhi
Dr Sejal Tambat, Family Medicine Practitioner, Mumbai
Mr S Srinivasan, LOCOST, Vadodara
Dr SP Kalantri, Physician, Sewagram
Dr Siddhartha Das, Theoretical Physicist, Purnea, Bihar
Sunita Bandewar, PhD, Independent Researcher in Health and Bioethics, Pune
Dr Sylvia Karpagam, Public Health Doctor and Researcher, Bengaluru
Dr T Jacob John, Retired Professor and Head, Department of Clinical Virology, Christian Medical College, Vellore
Dr Vandana Prasad, Public Health Professional, Delhi
Dr Yogesh Jain, Public Health Physician, Chhattisgarh

References

1. *Global manual on surveillance of adverse events following immunization*. Geneva: World Health Organization; 2014 (Revised March 2016). Available from: https://www.who.int/vaccine_safety/publications/Global_Manual_revised_12102015.pdf?ua=1
2. *Covid-19 vaccines: safety surveillance manual*. Geneva: World Health Organization; 2020. Available from: <https://www.who.int/publications/i/item/10665338400>

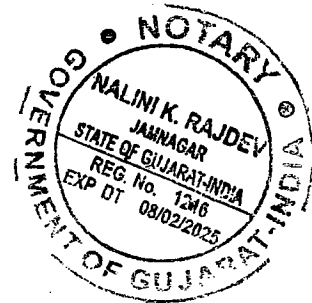
Cc:

1. **Mr Rajesh Bhushan**, Secretary, MOHFW, Co-Chair National Expert Group on Vaccine Administration for COVID-19: email: secyhfw@nic.in
2. **Dr S Eswara Reddy**, Joint Drugs Controller: email: se.reddy@nic.in
3. **Dr P B N Prasad**, Joint Drugs Controller: email: pbn.prasad@cdsco.nic.in
4. **Dr Balram Bhargava**, Director General ICMR, & Vice Chair NTAGI: email: secy-dg@icmr.gov.in
5. **Dr Pradeep Haldar**, Deputy Commissioner (Immunisation): email: pradeephaldar@yahoo.co.in
6. **Dr M K Aggarwal**, Deputy Commissioner (UIP): email: drmkagarwal2@gmail.com
7. **Mr A K Pradhan**, DDC(I), CDSCO: email: akpradhan@cdsco.nic.in
8. **Dr Roderico Ofrin**, Regional Emergencies Director, Office of the WHO Representative India: email: wrindia@who.int
9. **Dr J N Shrivastava**, Executive Director, NHSRC, Chairman National Quality Assurance Committee for AEFI Surveillance Program; email: nhsrindia@gmail.com
10. **Mr P K Mishra**, Principal Secretary, PMO: email: pkmishra.pmo@gov.in



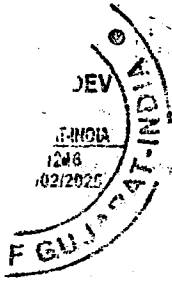
True Copy

Advocate



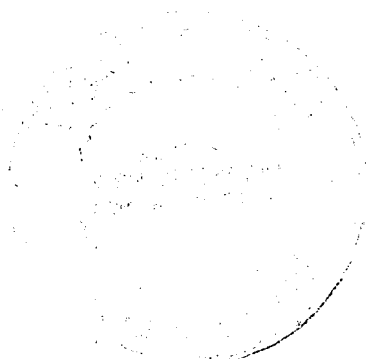
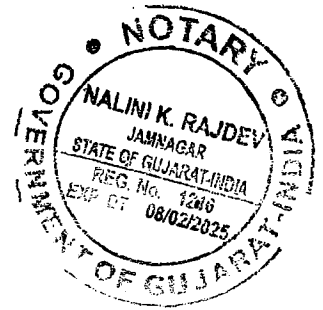
83

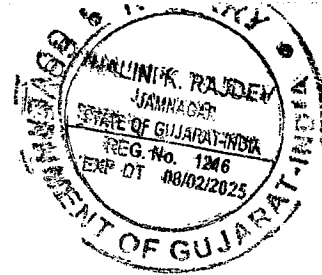
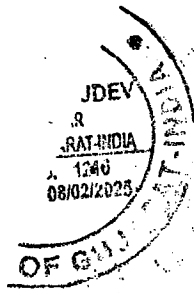
TYPED COPY OF EX-J



Date: 15 March 2021

1. Hon'ble Dr Harsh Vardhan
Union Minister
Ministry of Health and Family Welfare
New Delhi
Email: hfm@gov.in
2. Dr VG Somani
Drugs Controller General of India
New Delhi
Email: dci@nic.in
3. Dr VK Paul
Member, NITI Aayog
Chair, National Expert Group on Vaccine Administration
For COVID-19
Email: vinodk.paul@gov.in; vinodkpaul@gmail.com
4. Dr Renu Swarup
Secretary, Department of Biotechnology Chair, NTAGI
Email: secy@dbt.nic.in
5. Dr NK Arora
Member, National Task Force on COVID-19
Advisor, National AEFI Committee, Delhi
Email: nkarora@incentrust.org;
narendrakumararora@gmail.com





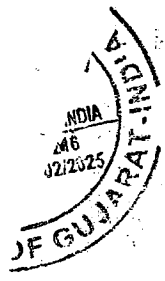
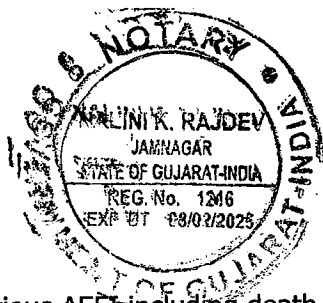
84

Urgent investigation of deaths and serious adverse events following administration of COVID-19 vaccine

We are writing to you as people working in public health, ethics, medicine, law, and journalism, and as members of the public, who support the immunisation programme. We wrote to you earlier on 31 January 2021 expressing our concerns regarding the lack of information on the investigations of deaths following COVID-19 vaccination in India. We are disappointed at the government's silence on our letter while further reports of deaths following administration of COVID-19 vaccine are appearing in the media.

The government is responsible for ensuring safety of all vaccines and particularly those administered through a government programme. This includes monitoring and surveillance of adverse events following immunisation (AEFIs). AEFIs are to be investigated through well-defined procedures for vaccine pharmacovigilance and the reports made available in the public domain, for trust-building and transparency. This is especially important for new vaccines such as the COVID-19 vaccines currently being rolled out across the country under emergency use authorisation, targeted to millions of people.

We understand that at least 65 deaths have occurred following vaccination for COVID-19 since the vaccination campaign started on January 16. However, the National AEFI Committee's investigation findings of only two of these deaths have been made public.



Till now, no case of serious AEFI including death has been attributed to the vaccine. Denmark, Iceland, Norway, Italy, France, Bulgaria, Germany, Luxembourg, Estonia, Lithuania, Latvia and Ireland have paused immunisation with the Astra Zeneca vaccine pending investigation of a small number of post-vaccination deaths from intravascular clotting/ thromboembolic events, while Austria has suspended the use of certain batches.

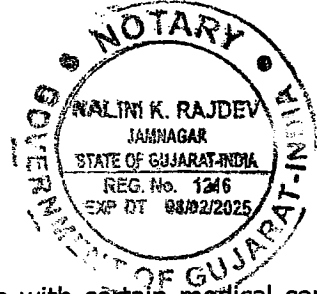
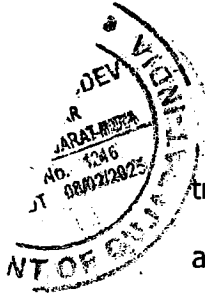
Media reports indicate that many deaths post vaccination with COVISHIELD, AstraZeneca's vaccine which is being manufactured in India by the Serum Institute of India, occurred due to cardiac arrest, cerebral venous thrombosis and stroke.

We believe that due to the possible linkages of vaccination and blood clotting, all these deaths and adverse events should be reviewed together for a possible causal relationship with the vaccine. We raise one possibility: human cells bearing SARS-CoV-2 spikes displayed on the surface, are, for the ACE 2 receptors, like the virus itself. The event cascade leading to clotting is a part of the pathogenesis of the virus-human interactions. We suggest that there is a possibility of this being enacted by some vaccines.

Reports of other serious AEFIs including neurological symptoms, hemiplegia and Guillain-Barre syndrome also need to be investigated.

As the vaccination drive has been expanded to include persons over 60 years and persons above 45 years with specified morbidities, it is all the more important to investigate any possibilities of the COVID-19 vaccines





triggering serious AEFI in people with certain medical conditions, who are the very people in need of vaccination. Could they be 'predisposed' to aggravation of their basic condition?

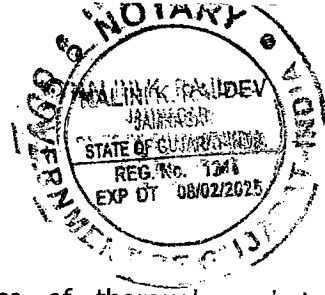
We note with concern that critical updates to the fact sheets recommended by the CDSCO's Subject Expert Committee have not been issued, even though they are meant to provide additional guidance and clarify use of the vaccines in persons such as those with allergies, who are immunocompromised or using immunosuppressants, or using blood thinners/anti-coagulants.

There are gaps in AEFI investigations at the local level, affecting the quality of evidence submitted to State and National AEFI Committees who depend on these findings for making causality assessments. The National AEFI Committee also has a critical role in assessing cases that present as a cluster and to explore potential common pathways.

In our letter dated January 31, 2021, we asked for details of all investigations into deaths and other serious AEFIs, as well as the minutes of AEFI monitoring committees, and details of all AEFI committee members and other experts overseeing the vaccine rollout. We have not received any response. We also note that the government has stopped sharing any details of AEFIs after February 26, 2021.

Lakhs of people in India are being administered the COVID-19 vaccines every day in the confidence that the vaccine will protect them against severe disease and death. The vaccine programme owes them complete information on the vaccines, a vaccination protocol that minimises the





87

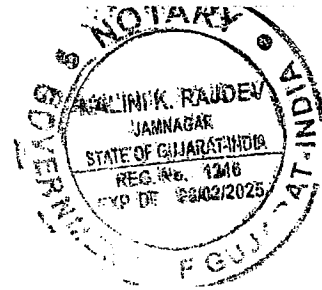
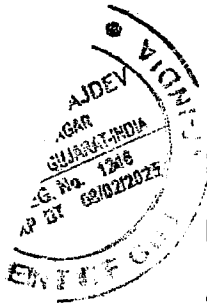
risk of harm, and an assurance of thorough and transparent investigation of injuries and death following immunisation. They are also owed medical care, and compensation for harm suffered post vaccination. The government has not met these obligations.

The government must immediately undertake complete, time-bound and transparent investigation of all deaths and other serious adverse events following vaccination with the COVID-19 vaccine.

The following must be put in the public domain:

1. For each of the vaccines rolled out, details of all serious AEFIs as of March 16, 2021, and the status of investigation;
2. Findings of all completed serious AEFI investigations, including:
 - a. cause of death by clinical diagnosis;
 - b. autopsy findings when possible, or verbal autopsy, to confirm or revise the clinical diagnosis;
 - c. causality assessment and the reasoning behind that assessment;
 - d. aetiology; if no aetiology is found, the death must provisionally be attributed to the vaccine, and
 - e. the process undertaken by the various AEFI committees, including whether the WHO guidelines for investigation of AEFI occurring as cluster have been strictly followed,
 - f. cause of other AEFIs, and the causality assessments by the various committees.





Based on the findings of investigations the vaccination protocols should be modified with screening procedures that decrease the probability of serious adverse events following immunisation, if found necessary.

Awaiting a response,

Thanking you,

Sincerely,

Ms Sandhya Srinivasan, Consulting Editor, *Indian Journal of Medical Ethics*, Mumbai

Dr Amar Jesani, Editor, *Indian Journal of Medical Ethics*, Mumbai

Adv Veena Johari, Advocate, Courtyard Attorneys, Mumbai

Adv Anand Grover, Senior Advocate, Former UN Special Rapporteur on the Right to Health (2008- 14), Director, Lawyers Collective, Mumbai/Delhi

Dr Babu KV, Public Health Activist, Kannur

Ms Brinelle Dsouza, Co-convenor, Jan Swasthya Abhiyan, Mumbai, and faculty member, School of Social Work, Tata Institute of Social Sciences, Mumbai

Dr Chayanika Shah, Independent Researcher and Retired College Teacher, Mumbai

Dr George Thomas, Orthopaedic Surgeon, Chennai

Dr Imrana Qadeer, Former Professor, Centre of Social Medicine and Community Health, JNU, New Delhi

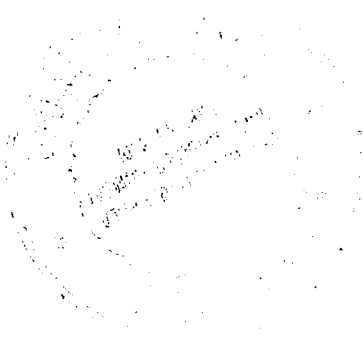
Dr KR Antony, Paediatrician and Public Health Consultant, Kochi

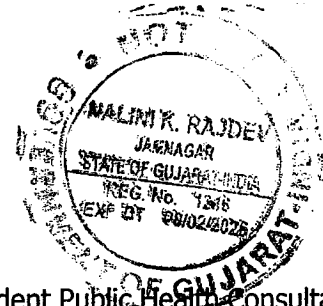
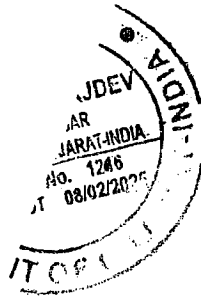
Ms Laxmi Murthy, Journalist, Bengaluru

Ms Malini Aisola, Public Health Professional, New Delhi

Dr Mira Shiva, Public Health Physician, Delhi

Dr Mohan Rao, Independent Public Health Researcher, Bengaluru, and former Professor, Centre of Social Medicine and Community Health, JNU, New Delhi





Dr Prabir Chatterjee, Independent Public Health Consultant, Kolkata

Dr Ramani Akturi, Public Health Physician, Bhopal

Dr Ravi Dsouza, Community Health Physician, Bhopal

Dr Sanjay A Pai, Pathologist, Bangalore

Dr Sanjay Nagral, Director, Department of Surgical Gastroenterology, Jaslok Hospital and Research Centre, and Head, Department of Surgery, K B Bhabha General Hospital, Mumbai

Ms Sarojini N, Public Health Researcher, New Delhi

Dr Sejal Tambat, Family Medicine Practitioner, Mumbai

Mr S Srinivasan, LOCOST, Vadodara

Dr SP Kalantri, Physician, Sewagram

Dr Siddhartha Das, Theoretical Physicist, Purnea, Bihar

Sunita Bandewar, PhD, Independent Researcher in Health and Bioethics, Pune

Dr Sylvia Karpagam, Public Health Doctor and Researcher, Bengaluru

Dr T Jacob John, Retired Professor and Head, Department of Clinical Virology, Christian Medical College, Vellore

Dr Vandana Prasad, Public Health Professional, Delhi

Dr Yogesh Jain, Public Health Physician, Chhattisgarh

References

1. *Global manual on surveillance of adverse events following immunization*. Geneva: World Health Organization; 2014 (Revised March 2016). Available from: https://www.who.int/vaccine_safety/publications/Global_Manual_revised_12102015.pdf?ua=1
2. *Covid-19 vaccines: safety surveillance manual*. Geneva: World Health Organization; 2020. Available from: <https://www.who.int/publications/i/item/10665338400>

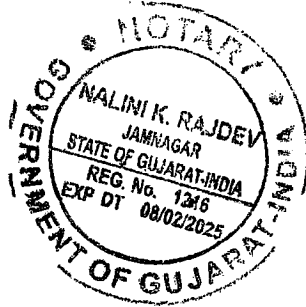
Cc:

1. **Mr Rajesh Bhushan**, Secretary, MOHFW, Co-Chair National Expert Group on Vaccine Administration for COVID-19: email: secyhw@nic.in
2. **Dr S Eswara Reddy**, Joint Drugs Controller: email: se.reddy@nic.in
3. **Dr P B N Prasad**, Joint Drugs Controller: email: pbn.prasad@cdsco.nic.in





4. **Dr Balram Bhargava**, Director General ICMR, & Vice Chair NTAGI: email: secy-dg@icmr.gov.in
5. **Dr Pradeep Haldar**, Deputy Commissioner (Immunisation): email: pradeephaldar@yahoo.co.in
6. **Dr M K Aggarwal**, Deputy Commissioner (UIP): email: drmkagarwal2@gmail.com
7. **Mr A K Pradhan**, DDC(I), CDSCO: email: akpradhan@cdsco.nic.in
8. **Dr Roderico Ofrin**, Regional Emergencies Director, Office of the WHO Representative India: email: wrindia@who.int
9. **Dr J N Shrivastava**, Executive Director, NHSRC, Chairman National Quality Assurance Committee for AEFI Surveillance Program; email: nhsrindia@gmail.com
10. **Mr P K Mishra**, Principal Secretary, PMO: email: pkmishra.pmo@gov.in



True Copy

Advocate

Exhibit - K

91

Pankaj S. Waghmare & Tanaji P. Gaikwad

B.Com., LL.B

M.A., LL.B

Advocates, High Court, Mumbai

Off. No. 32, 3rd Floor, Balaji Bldg. No.1, Madhav Wadi, Opp Dadar Rly.
Station, Dadar (East), Mumbai - 400 014. Mo. 09702581899, 09920200199

Date: - 03/07/2021

Ref.No.:- 08/PSW/2021

Urgent Attention

To,

✓ 1. Chairman, (I.A.S.)

Mumbai Port Trust,

Port Bhavan, Mumbai - 400 001.

2. Secretary,

General Administration Department,

Port House, 2nd Floor, S.V. Marg,

Ballard Estate,

Mumbai - 400 001.

3. Chief Mechanical Engineer,

MBPT Nirman Bhavan,

S.Nakhava Road, Mazgaon,

Mumbai - 400 010.



Sub.:- Regarding making mandatory COVID-19 Vaccination
against my client's wish without due authority of law.

Respected Sir,

Under instructions from and on behalf of my client Mr.
Ramesh Ramchandra Kurhade residing at C-5/7/0:3, Sahyadri
Apartment, Sector - 1A, CBD Belapur, Navi Mumbai - 400 614, I
have to address you as follows:-

1. My client is in service with MBPT working as an Electrician in MEED Department. It was utter shock and surprise to my client when your concerned authorities communicated my client orally that since 25/06/2021 he will be allowed to resume duty only after Covid-19 Vaccination. Therefore, my client is unable to resume duty since 25/06/2021 because he has not administered Covid -19 Vaccine.
2. That, the Government of India has not made Covid-19 Vaccination compulsory to its citizen which is evident from the website of the Ministry of Health and Family Welfare under the heading of "Frequently Asked Questions on Covid-19 Vaccine" wherein it is specifically stated that the **"the Covid-19 Vaccine is Voluntary"**. Therefore, you do not have any legal sanctity and authority to compel employees for mandatory Covid-19 Vaccination.
3. That, during the current pandemic situation it has become crystal clear through various RTI Applications that the Union of India has made the Vaccination drive completely voluntary. Therefore, to force someone to take Vaccine is not only contrary to the guidelines of the Union of India but in violation of Article 14 and 21 of the Constitution of India.
4. That, fundamental rights enshrined in the Constitution of India under Article 21 deals with Right to Life which also confers rights to its citizens, 'right to decide medical treatment and to choose amongst the available alternative treatments'. However, vaccination by force or being made mandatory by adopting coercive methods vitiates the very fundamental purpose of the welfare attached to it. In this backdrop no one



can compel the individual for a specific medical treatment against their wish and will. It is the choice of the individual to receive or not to receive treatment.

5. In this context, the Hon'ble High Court of Meghalaya very recently has pointed out in its order on 23/06/2021 the observations of landmark judgment of *Schloendorff v Society of New York Hospitals* that, 'every human being of adult years and sound mind has a right to determine what shall be done with their body'. Thus, by use of force or through deception if an unwilling capable adult is made to have the flu vaccine would be considered both a crime and tort or civil wrong.
6. It is evident in medical parlance that if any medical treatment is going to be administered, the free consent of the person is most important. Therefore, the free consent is paramount consideration while administering the Covid-19 Vaccination which is prevalent in the country and worldwide. Even, the Supreme Court of India and High Courts also held that Vaccination is voluntary and with informed consent.
7. Indian citizens have a right to receive treatment of their choice and vaccination cannot be forced upon them. Making vaccine mandatory and forcing upon an individual will be contrary to the judgment of the Hon'ble Supreme Court of India in Common Cause Case wherein the Hon'ble Supreme Court has held that an individual has right over his own body and the right to decide the medical treatment for themselves.
8. In India, it is reported thousands of cases of deaths and serious adverse effects due to administration of Covaxin and



Covishield Vaccine. Thereby, making it fear and confusion amongst the citizens of India.

9. It is further observed by the Hon'ble High Court of Meghalaya that, welfare policy for vaccination can never affect major fundamental right; i.e. right to life, personal liberty, and livelihood, especially when there exists no reasonable nexus between vaccination and prohibition of continuance of occupation and service. A harmonious and purposive construction of the provision of law and principles of equity, good conscience and justice reveals that **mandatory or forceful vaccination does not find any force in law** leading to such acts being liable to be declared *ultra vires ab initio*.

10. My client was further directed by your concerned authorities that if my client don't wish to administer Covid-19 Vaccine, he will have to do RT-PCR test after each and every 10 days for resuming duty. According to data from one of test kits approved by the ICMR, it clearly indicates that, "For Research Use Only and **Not for use in diagnostic procedures**". Further, according to Public Health England, "RT-PCR detects presence of viral genetic material in a sample, but it is not able to distinguish whether infectious virus is present". Therefore, how such an esteemed government organization i.e. MBPT can compel its employees for RT-PCR Test against their wish.

11. That, on behalf of Employees, Mumbai Port Trust, Dock and General Employees Union addressed a letter dated 30/05/2021 to Chairman for allowing the employees to attend offices who are not vaccinated which is unanswered till date.



12. My client further noticed that, there are irregularities in each and every Department of MBPT in regard to mandatory Covid-19 Vaccination. The Employees from Some of Departments are free from mandatory covid-19 Vaccination whereas some of departments are forced to mandatory Covid-19 Vaccination which is arbitrary in nature.
13. In this backdrop and so far as observations cited by the Supreme Court of India and High Court is concerned, it is evident that your act in regard to prohibiting my client for resuming duty without administration of vaccine, is in violation of fundamnet rights and guidelines issued by the Union of India. Therefore, making Covid-19 vaccination mandatory by your concerned authority is against natural principle of justice, conscience, and arbitrary and needs to be withdraw/set aside.

Under the Circumstances, you are hereby called upon to withdraw/set aside forthwith your mandatory Covid-19 Vaccination and allow my client to resume duty with immediate effect otherwise my client is compelled to approach before the appropriate Court of law to seek remedy against you for your unlawful and arbitrary decision by holding you liable for all the costs and consequences thereof.

A copy kept for further legal action, if needed.

Yours Truly

Pankaj S. Waghmare

Adv. Pankaj S. Waghmare

The contents hereinabove are
as per my instructions

Ramchandra Kurhade

(Ramesh Ramchandra Kurhade)

True Copy

[Signature]
Advocate



IN THE HIGH COURT OF JUDICATURE AT BOMBAY
ORDINARY ORIGINAL CIVIL JURISDICTION

WRIT PETITION NO. OF 2021

DISTRICT : MUMBAI

Deepak Kumar Radheshyam Khurana & Ors. ...Petitioners

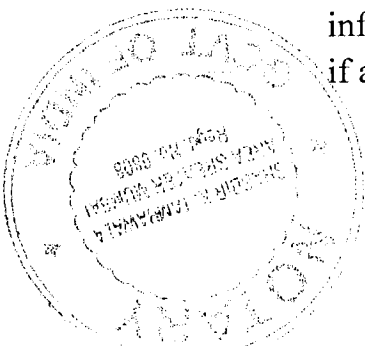
Versus

Mumbai Port Trust & Anr. ...Respondents

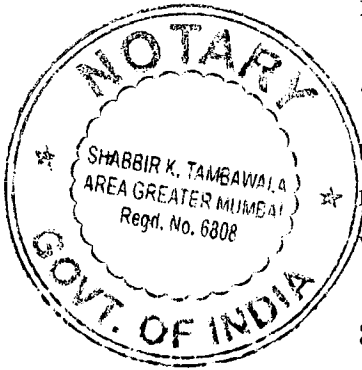
AFFIDAVIT IN SUPPORT OF THE PETITION

I, Deepak Kumar Radheshyam Khurana, Petitioner No.1 for the Petitioners, Age: 47 years old, R/O Old B.P.T Colony, 40/36 Wadala (East) Mumbai 400037 do hereby solemnly affirm and state as under:

1. I say that we have filed the above WRIT PETITION for the reliefs more specifically set out in the WRIT PETITION.
- 2) I say that there is no personal gain, private motive or oblique reason for filing this WRIT PETITION.
- 3) I repeat, reiterate and adopt each and every statement in the Petition as if the same were set out herein and form a part of this affidavit. I crave leave to refer and rely upon the WRIT PETITION.
- 4) I undertake to pay costs as ordered by the Court, if it is ultimately held that the Petition is frivolous or has been filed for extraneous considerations or that it lacks bona-fide.
- 5) I undertake that I will disclose the source of his/its information, leading to the filing of the WRIT PETITION, if and when called upon by the Court, to do so.



6) I hereby submit that the entire litigation costs, including the advocate's fee and other charges are being borne by me.

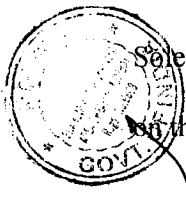


7) I hereby state that a thorough research has been conducted in the matter raised through the Petition (all relevant material in respect of such research is annexed with the petition)

8) I say that I have filed the above Petition for the reliefs more specifically set out in the Petition.

9) I repeat, reiterate and adopt each and every statement in the Petition as if the same were set out herein and form a part of this affidavit. I crave leave to rely and refer upon the Petition.

11) I therefore, pray that the Petition be made absolute with cost and ad interim reliefs may be granted.



Solemnly declared at Mumbai

On this 5th day of August 2021

[Signature]

Petitioner No.1



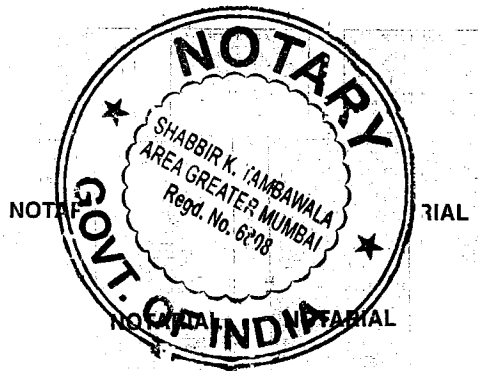
(Deepak Kumar Radheshyam Khurana)

Identified by me,

Aditi
ADITI SAXENA / *Rachita*
RACHITA PADWAL

Advocate for the Petitioners.

Before me,



BEFORE ME
[Signature]
S. K. TAMBAWALLA
ADVOCATE, HIGH COURT
B-23, Taheri Manzil
Nesbit Road, Mazgaon
Mumbai - 400 010

5/8/21

98

IN THE HIGH COURT OF JUDICATURE AT BOMBAY
ORDINARY ORIGINAL CIVIL JURISDICTION

WRIT PETITION NO. OF 2021

DISTRICT : MUMBAI

Deepak Kumar Radheshyam Khurana & Ors. ...Petitioners

Versus

Mumbai Port Trust & Anr. ...Respondents

ADVOCATE'S CERTIFICATE

I, ADITI SAXENA/KRANTI L.C, Advocate for the Petitioners herein, do hereby certify and state that the issues involved in the Present Writ Petition is to be entertained by the Divisional Bench of this Hon'ble Court because this Petition does not challenge any judicial order as contemplated under the amended Rule 636(1)(b) of the Bombay High Court, O.S Rules. Therefore, the said Petition is required to be placed before the Divisional Bench.

Dated this 5TH day of August, 2021

Aditi
ADITI SAXENA / *Rachita*
RACHITA PADWAL
Advocate for the Petitioner



IN THE HIGH COURT OF JUDICATURE
AT BOMBAY
ORDINARY ORIGINAL CIVIL
JURISDICTION

WRIT PETITION NO. OF 2021

DISTRICT : MUMBAI

Deepak Kumar Radheshyam

Khurana & Ors. ...Petitioners

Versus

Mumbai Port Trust & Anr. ...Respondents

WRIT PETITION

On this dated 5th August 2021



ADITI SAXENA/RACHITA PADWAL

Advocate for the Petitioners

First Floor, Jalaram Jyot

63, Janmabhoomi Marg

Fort, Mumbai- 400001.

AdvocateCodeNo. I22791/10585

aditisaxena.0202@gmail.com

MAH/ 7921 / 20 19

IN THE HIGH COURT OF JUDICATURE
AT BOMBAY
ORDINARY ORIGINAL CIVIL
JURISDICTION

WRIT PETITION NO. OF 2021

DISTRICT : MUMBAI

Deepak Kumar Radheshyam
Khurana & Ors. ...Petitioners
Versus
Mumbai Port Trust & Anr. ...Respondents

WRIT PETITION

On this dated 5th August 2021



ADITI SAXENA/RACHITA PARWAL
Advocate for the Petitioners

First Floor, Jalaram Jyot

63, Janmabhoomi Marg

Fort, Mumbai- 400001.

AdvocateCodeNo. I22791/10585

aditisaxena.0202@gmail.com

MAH/7921/2019