IN THE HIGH COURT OF JUDICATURE AT BOMBAY

CIVIL APPELLATE JURISDICTION

WRIT PETITION (C) NO. _____ / 2022

DISTRICT:- AURANGABAD

In the matter of admission by the Government's AEFI Committee that the death of Petitioner's daughter Dr. Snehal Lunawat due to side effects of vaccines;

And

In the matter of giving directions from proper prosecutions to prevent further loss of lives;

And

In the matter of directions for granting compensation to the petitioner and his family.

Shri. Dilip Lunawat)
R/o Saubhagya, D-3, Tapadiya Nagar,)
Tirupati Garden, Darga Road,)
Aurangabad, Maharashtra – 431 005.)

….. Petitioner

Versus

1. Serum Institute of India Pvt. Ltd.)
Mr. Adar C. Poonawalla (CEO))
212/2, Soli Poonawalla Rd, JJC Colony,)
Suryalok Nagari, Hadapsar,)
Pune, Maharashtra 411 028.)

2. Bill Gates)
Partner of Serum Institute,)
For manufacturing Covishield,)
Having address at:)
212/2, Soli Poonawalla Rd, JJC Colony,)
Suryalok Nagari, Hadapsar,)
Pune, Maharashtra 411 028.)

3. Union of India)
Through Chief Secretary)
To the Government of India)
New Delhi 1100 01.)

4. State of Maharashtra)
Through Chief Secretary,)
Maharashtra State,)
Mantralaya, Mumbai – 400 023.)

5. Ministry of Health & Family Welfare)
Government of India)
Room No. 348; 'A' Wing,)
Nirman Bhavan,)
New Delhi-110 011.)

6. Drug Controller General of India)
FDA Bhawan, Kotla Road,)
New Delhi 110 002.)

7. Dr. V.G. Somani)
Drug Controller General of India)
DA Bhawan, Kotla Road,)
New Delhi 110 002.)

8. Dr. Randeep Guleria)
Director, AIIMS, New Delhi.)
Director, AIIMS, New Delhi.)
All India Institute of Medical Sciences)
Ansari Nagar, New Delhi – 110 029.)

….. Respondents

THE HON'BLE THE CHIEF JUSTICE AND
OTHER HON'BLE PUISNE JUDGES OF

HIGH COURT OF JUDICATURE AT BOMBAY

THE HUMBLE PETITION OF THE PETITIONER ABOVENAMED

MOST RESPECTFULLY SHEWETH:

1. That, the petitioner's daughter was a doctor and Senior lecturer at SMBT Dental College & Hospital at Dhamangaon near Igatpuri in Nashik.

2. That, in the initial days of Corona Pandemic caused due to SARS-CoV-2 the health workers were asked to get corona vaccines.

3. That, the petitioner's daughter who was a doctor was also compelled to take vaccine at the college (she relied on the **DCGI, AIIMS AND WHO** experts).

4. Through various authorities the petitioner's daughter was assured that, the corona vaccines are completely safe and having no risk and threat to her body.

5. In the interview given to **NDTV on 4th January, 2021** by Respondent No. 7, Dr. V.G. Somani, Drug Controller General of India, it is categorically mentioned that, the vaccine are **110%** safe.

The relevant portion published in the news reads thus;

> *"Drug Controller General of India VG Somani said**, "We'll never approve anything if there is slightest of safety concern. The vaccines are 110 per cent safe".***

Link:-

https://www.ndtv.com/india-news/oxford-covid-19-vaccine-bharat-biotechs-covaxin-get-final-approval-by-drug-regulator-will-be-indias-first-vaccines-2347053

A copy of detailed news article is marked and annexed herewith at **"Exhibit – A"**.

6. Similar interviews are given by Respondent No. 8, Dr. Randeep Guleria Director of AIIMS, Delhi and others. They were asking everyone to take vaccines by stating that, the vaccines are completely safe.

Interview given by the Dr. Randeep Guleria is available on YouTube.

Link:-

https://fb.watch/7u26q6CL59/

7. That, on the basis of such false narratives and misrepresentation by the senior authority like Dr. V.G. Somani and others, and its implementation by the state authorities without any proper verification, the health workers like petitioner's daughter was compelled to get vaccine.

8. That, the stand of State of Maharashtra is also made clear in a recent affidavit dated **15.12.2021** filed before Hon'ble Bombay High Court. In the said affidavit by Dr. Sadhana Tayade, Director of Health Services, Public Health Department, they are relying on Frequently Asked Questions which are prepared by U.P. Government. There it is mentioned that for any serious or severe side effects there is definite treatment for each such serious effects.

Said Question No. 16 reads thus;

> ***"What are the common side effects that I can expect after Vaccination?***

Fever, headaches, body aches, fatigue, injection site pain are the common side effects, and they are manageable by a short course of Paracetamol. Most resolve by 2-3 days. You are observed for 30 minutes after receiving the dose, ***for any serious or severe effects, and even though they are rare to occur, there is definite treatment for each such serious effect."***

A copy of the said affidavit dated **15.12.2021** is marked and annexed herewith at **"Exhibit – B".**

9. Due to such false narrative about complete safety of vaccines, my daughter took **Covishield** vaccine on **28th January, 2021.**

A copy of the vaccination certificate of Dr. Snehal Lunawt is marked and annexed herewith at **"Exhibit C".**

10. That, due to the side effects of vaccines the complainant's daughter died on **1st March, 2021.**

11. The Central Government's AEFI committee on **2nd October, 2021** admitted that the death of complainant's daughter was due to side effects of Covishield vaccine.

A copy of communication received from AEFI committee is marked and annexed herewith at **"Exhibit D".**

12. Hence, this petition is being filed to give justice to my daughter and in order to save the life of many more people which are likely to be murdered due to such unlawful activities of the Respondent authorities.

13. So far as the prosecution of accused are concerned, it is made clear that the Awaken India Movement has taken the cause for punishing the guilty and therefore the petitioner is not making the said prayers in the petition.

14. That, the chronology and details of the death of the petitioner's daughter from vaccination and the hardship suffered by the petitioner's family are mentioned in the letter written by my son Shri. Shubham Dilip Lunawat on **13th April, 2021** to Ms. Malini Aisola, the Co-convenor, **All India Drug Action Network (AIDAN)**. Said letter reads thus;

> *"To*
> *Ms. Malini Aisola*
> *Co-Convenor*
> *All India Drug Action Network (AIDAN)*
>
> *13 April 2021*
>
> *I am Shubham Lunawat, brother of deceased Dr. Snehal Lunawat who was working in SMBT College, Nasik as a lecturer.*
>
> *My sister took her first dose of Covishield on 28th January 2021 in Nasik. On 5th of February she had a headache. She showed it to the doctors who diagnosed a mild migraine for which she took medicines and felt better. On 5th Feb evening, she came to Aurangabad from where she traveled to Delhi for attending a workshop in Gurgaon. She reached Gurgaon on 6th February afternoon and on the midnight of 7th Feb at 2am, she had multiple episodes of vomiting till morning 8am with fatigue.*

She was rushed to nearby Aryan hospital, Gurgaon where they said there might be bleeding in the brain and suspected venous sinus thrombosis. As there was no neurosurgeon available there, we rushed her to the Paras hospital, Gurgaon. She was hospitalised there for 14 days.

She had bleeding, clot formation with low platelets which are all signs of the same condition linked to Astra Zeneca and Covishield vaccine in foreign countries and few in India now. Doctors detected venous sinus thrombosis which was followed by intracranial brain hemorrhage. They performed craniotomy and clot removal surgery. Thereafter she was on a ventilator for 14 days in Gurgaon but her condition did not improve.

She had been tested several times for COVID-19 from the date of admission till the 14th day of her admission to hospital. The results were negative.

We brought her through an air ambulance to United Ciigma hospital in Aurangabad. She continued to be on the ventilator for 8 days but condition did not improve. She passed away on 1st March.

We would like your help in bringing our case to the notice of the authorities as my sister has been the victim of fatal side effects of the Covishield vaccine. We want to save future lives.

I have earlier written to several offices including DHO Aurangabad, FDA Haryana and District Immunization

Officer, Gurgaon and Drug Controller General of India (DCGI). I even tried to inform the highest authorities by writing to the Health Minister of Maharashtra and the Union Health Minister and also making a request through the PMO grievance portal.

Today, I received a reply from the Haryana FDA that conveyed that because notification of an adverse event after vaccination is the responsibility of the district where vaccination took place, the Civil Surgeon in Gurugram will be writing to the District officials in Nasik to report the case. This means that in spite of so many days passing since my sister's condition first deteriorated, weeks of her being hospitalised and more than a month since her demise, her case has not been reported to the government?

My other sister, Samruddhi, had spoken to the incharge of the vaccination drive, Dr. Nobel Gomez, SMBT institute, Nasik over the phone in March. At that time, he immediately said that the issue was not due to vaccination. When she said that this was in fact a matter of discussion, and that we wanted to report it to the Government Medical Authorities and requested for his help, he did not reply to our concern.

My father (the petitioner) had even corresponded with the Serum Institute of India, the manufacturer of Covishield Vaccine asking for help and research in my sister's case, as the doctors had expressed a doubt about the side effect of such vaccination in my sister's body on 9th February, 2021 i.e., immediately the next day after the second operation was

carried out. But the company completely denied helping us and dismissed our message saying that my sister's condition was a coincidence and was not due to the vaccine. The full conversation with the ***Serum Institute of India*** *is produced in Para No. 15.4.*

Therefore, I have till date not received any confirmation that my sister's case has been duly reported to the authorities that are looking into adverse events of vaccines. I learned from newspaper reports that a governmental committee is looking into vaccine adverse effects. I feel it is important that it can take a look at my sister's case which can also provide guidance and safety measures on vaccination to save similar further deaths of others.

Please see below I am attaching her case summary and some of the letters that I have sent.

Request you to help us urgently

Regards,

Shubham Dilip Lunawat

"Saubhagya", Tirupati garden
Tapadiya Nagar Darga Road
Aurangabad, Maharashtra
Phone: 8668606224/ 9325620758
Email: shubhamlunawat98@gmail.com"

15. That, the complicity of **<u>Serum Institute and its officers</u>** is ex-facie clear from the very fact that, they gave a false response to the email that there is no such side effect found in clinical trials of the Covishield.

15.1. First E-mail was sent by Dilip Lunawat to Serum Institute on **9th February, 2021** reads thus;

> ***Subject: Covishield vaccination and impact.***
>
> *Dear sir, my daughter Dr. Snehal Dilip Lunawat - have taken the vaccination on 27/01/2021 at SMBT College,Nasik and thereafter there was minor headache and fever on next day but on 4th of February she had again severe headache, vomitting hence after checking in college medical departments on 5th, she has been given medicine. She came to Aurangabad on 5th night and further for her certificate conference she came to Delhi by flight reached @3.30 pm, but in the same late night she had severe headache and unstoppable vomitting and due to weakness, she has to pickup by two/three people and send for hospitalisation in Gurgaon. I am enclosing the case summary in pdf for your research department.I would like to study by your research department and diagnosis the case.Similar cases has been observed in USA. I hope you will do the needful for betterment of the society at large. If any further information required you can contact me. Please note this is not a complaint but whatever corrective actions required should be taken. With regards. Dilip k Lunawat 9225752831 Sent from RediffmailNG on Android*

15.2. The reply dated **10th February, 2021** given by **Dr. Chetanraj Bhamare of Serum Institute, Pune** reads thus;

> *"Dear Mr. Lunawat,*
> *We acknowledge the receipt of your report of adverse event.*
> *For the assessment of the case kindly provide the batch details of vaccine administered.*
> *Kindly note that, Covishield does not cause transverse sinus thrombosis or infarcts.*
> *Please refer the details of COVISHIELD available online at https://www.seruminstitute.com/product_covishield.php.*
>
> *Regards,*
> ***Dr. Chetanraj Bhamare, MBBS MD***
> *Safety Physician,*
> *Clinical Research and Pharmacovigilance Dept,*
> *Serum Institute of India Pvt. Ltd., Pune (India)."*

15.3. The email dated **13th February, 2021** sent by Dilip K. Lunawat reads thus;

> ***"**Dear sirs, this has reference to our earlier emails, **we are enclosing the medical case summary of my daughter Dr Snehal Dilip Lunawat** and given below the cases links around india, which are similar to our case.*
>
> *https://www.cnbctv18.com/healthcare/16-deaths-reported-among-vaccine-recipients-govt-says-not-linked-to-vaccine-patient-groups-demand-more-data-8199491.htm*

https://timesofindia.indiatimes.com/city/bengaluru/karnataka-asha-worker-dies-12-days-after-vaccination-in-belagavi/articleshow/80712499.cms

we again request you to find out by your research team to stop further deaths due to vaccination. If you have any research done on thrombosis due to covishield please share. Our patient is critical and suffering. It might help us. Thanks"

15.4. The reply dated **15th February, 2021** given by **Dr. Chetanraj Bhamare of Serum Institute, Pune** reads thus;

"Dear Mr. Lunawat,

Thank you for sharing medical case summary of Dr. Snehal.

As we could find in the news reports, you have shared, the deaths were not caused by vaccine and were the coincidental events with vaccination. The govt. has also investigated and concluded the cases as not related to the vaccination. In any large immunization campaign such coincidental events and deaths do occur, they are not caused by the vaccine but are actually a part of background rate of events.

As informed to you earlier, Covishield do not cause thrombosis or any other cardiovascular events.

The known adverse reactions are injection site reactions, fever, headache, malaise, fatigue, etc. The majority of adverse reactions are mild to moderate in severity and usually resolved within a few days of vaccination.

Please refer the details of COVISHIELD available online at https://www.seruminstitute.com/product_covishield.php.

Kindly consult your physician for the management of the case

Dr. Chetanraj Bhamare, MBBS MD
Safety Physician,
Clinical Research and Pharmacovigilance Dept,
Serum Institute of India Pvt. Ltd., Pune (India). ***"***

15.5. Shri. Elangbam Robert Singh, Director (RCH), Ministry of Health & Family Welfare vide his order dated **05.10.2021** provided the information. The Question No. 1 proves the dishonesty and malafides of Serum Institute of India.

The Question No. 1 in reply given by Health Ministry reads thus;

"Point 1: *Details of all the Cases of specific embolic and thrombotic events in combination with low levels of blood platelets (thrombocytopenia) found in the patients all over India reported with you post Covishield vaccination. Details should contain Name, Age, Gender, Place, Hospital name.*

Information: *Two suspected cases of embolic and thrombotic events in combination with low levels of blood platelets (thrombocytopenia) following Covishield vaccination were identified in 498 cases rapidly reviewed and assessed by medical experts. Both these cases were in females above 50 years of age. Personal details the reported cases are not shared under Section 8(1)(j) of the RTI Act, 2005.***"**

A copy of order dated **05.10.2021** given by Ministry of Health & Family Welfare is marked and annexed herewith at **"Exhibit-E"**

16. In the **Economics Times** dated **29.04.2021** and **Times of India** dated **23.04.2021** Dr. Snehal Lunawat's case was published quoting headlines, "WHO to look into death of Indian Doctor post Jab". WHO had ordered investigation which was carried out by the AEFI Committee. For obtaining the investigation reports, Petitioner's family contacted the government officials through various forums such as **INGRAMs, DHO** Aurangabad and the other mentioned authorities as specified in the detailed mail is marked and annexed herewith at **"Exhibit – F".**

But no information was shared with us by any of the Government Officials even after repeated calls, mails and messages. Hence, we filed an RTI on **12.05.2021** asking the government officials to share the investigation reports of Dr. Snehal with us. The RTI was initially rejected by the CPIO and then finally information was shared with us after filing the case with the First Appellate Authority on **05.10.2021.**

A copy of such RTI reply received is marked and annexed herewith at **"Exhibit – E".**

17. That on **9th November, 2021** Canada's Health Department also warned about side effects on Covishield:

Link:-
https://globalnews.ca/news/8362363/astrazeneca-covid-vaccine-autoimmune-disorder-health-canada-update/

"Health Canada adds autoimmune disorder warning to AstraZeneca, J&J COVID-19 vaccines

Health Canada is updating the labels for the AstraZeneca and Johnson & Johnson COVID-19 vaccines to add immune thrombocytopenia (ITP), an autoimmune condition, as a potential side effect."

18. That, in March 2021, around 18 European countries banned Astrazeneca (Covishield) vaccine due to death caused because of side effects of blood clotting due to vaccination.

Link:-

https://www.aljazeera.com/news/2021/3/15/which-countries-have-halted-use-of-astrazenecas-covid-vaccine

19. That WHO on **26th July, 2021** also warned people about GBS caused due to Covishield.

Link:-

https://www.who.int/news/item/26-07-2021-statement-of-the-who-gacvs-covid-19-subcommittee-on-gbs

20. State authority was duty-bound to publish the side effects of vaccines and also to publish that there cannot be any force or mandate for taking vaccine as done by the Japan Government. But Respondent No. 4 adopted unlawful, unconstitutional approach.

20.1. That, Hon'ble High Court in **Master Haridaan Kumar Vs. Union of India 2019 SCC OnLine Del 11929,** it is ruled as under;

*"14. **The contention that indication of the side effects and contraindications in the advertisement would discourage parents or guardians from consenting to the MR campaign and, therefore, the same should be avoided, is unmerited. The entire object of issuing advertisements is to ensure that necessary information is available to all parents/guardians in order that they can take an informed decision.** The respondents are not only required to indicate the benefits of the MR vaccine but also indicate the side effects or contraindications so that the parents/guardians can take an informed decision whether the vaccine is to be administered to their wards/children.*

15. In view of the above, it is directed as under:

***(4)** MR vaccines will not be administered to those students whose parents/guardians have declined to give their consent. The said vaccination will be administered only to those students whose parents have given their consent either by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary.*

***(1) Directorate of Family Welfare shall issue quarter page advisements in various newspapers as indicated by the respondents, namely, The Hindustan Times, The Times of India,** The Hindu, The Pioneer, The Indian Express, Delhi Tribune, Mail Today, The Asian Age, Navbharat Times,*

Dainik Jagran, Punjab Kesari, Hindustan, Amar Ujala, Navodaya Times, Hamara Samaj, Pratap, Daur-e-Jadeed, Jathedar, Jan Ekta. The advertisements shall also indicate that the vaccination shall be administered with Auto Disable Syringes to the eligible children by Auxiliary Nurse Midwifery. ***The advertisement shall also clearly indicate the side effects and contraindications as may be finalised by the Department of Preventive Medicine, All India Institute of Medical Sciences."***

20.1.1. That the WHO has warned the people getting CoviShield (AstraZeneca) vaccines to be careful as it is causing a serious paralytic disease **GBS (Guillain Barre Syndrome).**

Link:-

https://www.who.int/news/item/26-07-2021-statement-of-the-who-gacvs-covid-19-subcommittee-on-gbs

20.1.2. That, in India, there are Lacs of such cases and around **12,000** vaccine deaths are reported in media. But AEFI committee is not working fairly and properly.

Link:-

https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfwaI1NJRt0D_YP/view?usp=sharing

https://docs.google.com/document/d/1LZJDp-ub6BfVt-nnc8daISgemhkRieQG/edit?usp=sharing&ouid=103856627695944525595&rtpof=true&sd=true

20.2. That the provisions of **Universal Declaration on Bioethics and Human Rights, 2005** also mandate for giving detailed information to public for getting informed consent.

Relevant Articles reads thus;

> ***"Article 3 – Human dignity and human rights***
>
> *1. Human dignity, human rights and fundamental freedoms are to be fully respected.*
>
> ***2. The interests and welfare of the individual should have priority over the sole interest of science or society.***
>
> ***Article 6 – Consent***
>
> *1**. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.***
>
> *2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles*

and provisions set out in this Declaration, in particular in Article 27, and international human rights law.

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

Article 7 – Persons without the capacity to consent

In accordance with domestic law, special protection is to be given to persons who do not have the capacity to consent:

(a) authorization for research and medical practice should be obtained in accordance with the best interest of the person concerned and in accordance with domestic law. However, the person concerned should be involved to the greatest extent possible in the decision-making process of consent, as well as that of withdrawing consent;

(b) research should only be carried out for his or her direct health benefit, subject to the authorization and the protective conditions prescribed by law, and if there is no research alternative of comparable effectiveness with research participants able to consent. Research which does not have potential direct health benefit should only be undertaken by way of exception, with the utmost restraint, exposing the person only to a minimal risk and minimal burden and, if the research is expected to contribute to the health benefit of other persons in the same category, subject to the conditions

prescribed by law and compatible with the protection of the individual's human rights. Refusal of such persons to take part in research should be respected.

Article 8 – Respect for human vulnerability and personal integrity

In applying and advancing scientific knowledge, medical practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.

Article 16 – Protecting future generations

The impact of life sciences on future generations, including on their genetic constitution, should be given due regard.

Application of the principles

***Article 18** – Decision-making and addressing bioethical issues*

1. Professionalism, honesty, integrity and transparency in decision-making should be promoted, in particular declarations of all conflicts of interest and appropriate sharing of knowledge. Every endeavour should be made to use the best available scientific knowledge and methodology in addressing and periodically reviewing bioethical issues.

2. Persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis.

3. Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted."

20.3. In **Montgomery Vs. Lanarkshire Health Board [2015] UKSC 11,** it is ruled as under;

"89. *Three further points should be made. First, it follows from this approach that the assessment of* ***whether a risk is material cannot be reduced to percentages****. The significance of a given risk is likely to reflect a variety of factors besides its magnitude: for example, the nature of the risk, the effect which its occurrence would have upon the life of the patient, the importance to the patient of the benefits sought to be achieved by the treatment, the alternatives available, and the risks involved in those alternatives. The assessment is therefore fact-sensitive, and sensitive also to the characteristics of the patient.*

77. *These developments in society are reflected in professional practice. The court has been referred in particular to the guidance given to doctors by the General Medical Council, who participated as interveners in the present appeal.* ***One of the documents currently in force (Good Medical Practice (2013)) states, under the heading "The duties of a doctor registered with the General Medical Council****":*

*"****Work in partnership with patients. Listen to, and respond to, their concerns and preferences. Give patients the information they want or need in a way they can***

understand. Respect patients' right to reach decisions with you about their treatment and care."

78. *Another current document (Consent: patients and doctors making decisions together (2008)) describes a basic model of partnership between doctor and patient:*

"***The doctor explains the options to the patient, setting out the potential benefits, risks, burdens and side effects of each option, including the option to have no treatment. The doctor may recommend a particular option which they believe to be best for the patient, but they must not put pressure on the patient to accept their advice. The patient weighs up the potential benefits, risks and burdens of the various options as well as any non-clinical issues that are relevant to them. The patient decides whether to accept any of the options and, if so, which one***." *(para 5)*

In relation to risks, in particular, the document advises that the doctor must tell patients if treatment might result in a serious adverse outcome, even if the risk is very small, and should also tell patients about less serious complications if they occur frequently (para 32). The submissions on behalf of the General Medical Council acknowledged, in relation to these documents, that an approach based upon the informed involvement of patients in their treatment, rather than their being passive and potentially reluctant recipients, can have therapeutic benefits, and is regarded as an integral aspect of professionalism in treatment.

80. *In addition to these developments in society and in medical practice, there have also been developments in the law. Under the stimulus of the Human Rights Act 1998, the courts have become increasingly conscious of the extent to which the common law reflects fundamental values. As Lord Scarman pointed out in Sidaway's case, these include the value of self-determination (see, for example, S (An Infant) v S [1972] AC 24, 43 per Lord Reid; McColl v Strathclyde Regional Council 1983 SC 225, 241; Airedale NHS Trust v Bland [1993] AC 789, 864 per Lord Goff of Chieveley). As well as underlying aspects of the common law, that value also underlies the right to respect for private life protected by article 8 of the European Convention on Human Rights. The resulting duty to involve the patient in decisions relating to her treatment has been recognised in judgments of the European Court of Human Rights, such as Glass v United Kingdom (2004) EHRR 341 and Tysiac v Poland (2007) 45 EHRR 947, as well as in a number of decisions of courts in the United Kingdom. The same value is also reflected more specifically in other international instruments: see, in particular, article 5 of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, concluded by the member states of the Council of Europe, other states and the European Community at Oviedo on 4 April 1997.*

82. ***<u>In the law of negligence, this approach entails a duty on the part of doctors to take reasonable care to ensure</u>***

that a patient is aware of material risks of injury that are inherent in treatment. *This can be understood, within the traditional framework of negligence, as a duty of care to avoid exposing a person to a risk of injury which she would otherwise have avoided, but it is also the counterpart of the patient's entitlement to decide whether or not to incur that risk. The existence of that entitlement, and the fact that its exercise does not depend exclusively on medical considerations, are important. They point to a fundamental distinction between, on the one hand, the doctor's role when considering possible investigatory or treatment options and, on the other, her role in discussing with the patient any recommended treatment and possible alternatives, and the risks of injury which may be involved.*

83. *The former role is an exercise of professional skill and judgment: what risks of injury are involved in an operation, for example, is a matter falling within the expertise of members of the medical profession. But it is a non sequitur to conclude that the question whether a risk of injury, or the availability of an alternative form of treatment, ought to be discussed with the patient is also a matter of purely professional judgment. The doctor's advisory role cannot be regarded as solely an exercise of medical skill without leaving out of account the patient's entitlement to decide on the risks to her health which she is willing to run (a decision which may be influenced by non-medical considerations). Responsibility for determining the nature and extent of a*

person's rights rests with the courts, not with the medical professions.

87. *The correct position, in relation to the risks of injury involved in treatment, can now be seen to be substantially that adopted in Sidaway by Lord Scarman, and by Lord Woolf MR in Pearce, subject to the refinement made by the High Court of Australia in Rogers v Whitaker, which we have discussed at paras 77-73.* ***An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments.*** *The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.*

90. *Secondly, the doctor's advisory role involves dialogue, the aim of which is to ensure that the patient understands the seriousness of her condition, and the anticipated benefits and risks of the proposed treatment and any reasonable alternatives, so that she is then in a position to make an informed decision. This role will only be performed effectively if the information provided is*

comprehensible. ***The doctor's duty is not therefore fulfilled by bombarding the patient with technical information which she cannot reasonably be expected to grasp, let alone by routinely demanding her signature on a consent form****.*

116. *As NICE (2011) puts it, "Pregnant women should be offered evidence-based information and support to enable them to make informed decisions about their care and treatment" (para 1.1.1.1). Gone are the days when it was thought that, on becoming pregnant, a woman lost, not only her capacity, but also her right to act as a genuinely autonomous human being."*

20.4. But Respondent No.4 and other state authorities failed to perform its duty as per law and vaccinated the public by suppressing the data and it is a case of cheating.

20.4.1. That, recently the Health Ministry of Japan has made Following declaration/orders on their website:

"Consent to vaccination

Although we encourage all citizens to receive the COVID-19 vaccination, it is not compulsory or mandatory. Vaccination will be given only with the consent of the person to be vaccinated after the information provided. Please get vaccinated of your own decision, understanding both the effectiveness in preventing infectious diseases and the risk of side effects. No vaccination will be given without consent. Please do not force anyone in your workplace or those who

around you to be vaccinated, and do not discriminate against those who have not been vaccinated."

20.4.2. Furthermore, the Government of Japan also asked the citizens to make complain to Human Rights Division if there is any discrimination on the basis of vaccination status.

20.4.3. The government made companies of Covid "vaccines" to warn of dangerous and potentially deadly side effects such as myocarditis. In addition, the country is reaffirming its commitment to adverse event reporting requirements to ensure all possible side effects are documented.

For more details read the article:

https://rairfoundation.com/alert-japan-places-myocarditis-warning-on-vaccines- requires-informed-consent/

Alert: Japan Places Myocarditis Warning on **'Vaccines' - Requires Informed Consent Amy Mek.**

20.4.4. That the above declaration is mandatory to all countries across the world because of **Universal Declaration on Bioethics & Human Rights, 2005** and also as per law laid down in **Montgomery's case [2015] UKSC 11, Airdale NHS Trust Vs. Bland (1993) 1 All ER 821, Common Cause Vs. Union of India (2018) 5SCC 1, Registrar General Vs. State of Meghalaya 2021 SCC OnLine Megh 130.**

20.4.5. That as per legal requirements, there should be a mandatory procedure to take written consent of the person before giving him the vaccine. In **Ajay Gautam Vs. Amritsar Eye Clinic & Ors. 2010 SCC OnLine NCDRC 96,** it is observed as under;

"10. *Now, it is to be seen if the opposite party-doctor was entitled to publish such an advertisement or whether it was unethical on his part to do so. In this context, we may notice the injunction of the Medical Council of India under Regulation no. 6.1 of the Code of Ethics Regulations, 2002, which reads as under:*

"Chapter 6

6. UNETHICAL ACTS:

A physician shall not aid or abet or commit any of the following acts, which shall be construed as unethical -

6.1 Advertising:

6.1.1 Soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organisations is unethical. A physician shall not make use of him/her (or his/her name) as subject of any form or manner of advertising or publicity through any mode either alone or in conjunction with others which is of such a character as to invite attention to him or to his professional position, skill, qualification, achievements, attainments, specialities, appointments, associations, affiliations or honours and/or of such character as would ordinarily result in his self aggrandizement. A physician shall not give to any person, whether for compensation or otherwise, any approval, recommendation, endorsement, certificate, report or statement with respect of any drug, medicine, nostrum remedy, surgical, or therapeutic article, apparatus or appliance or any commercial product or article with respect of any property, quality or use thereof or any test,

demonstration or trial thereof, for use in connection with his name, signature, or photograph in any form or manner of advertising through any mode nor shall he boast of cases, operations, cures or remedies or permit the publication of report thereof through any mode. A medical practitioner is however permitted to make a formal announcement in press regarding the following:

1. On starting practice.

2. On change of type of practice.

3. On changing address.

4. On temporary absence from duty.

5. On resumption of another practice.

6. On succeeding to another practice.

7. Public declaration of charges.

6.1.2 Printing of self photograph, or any such material of publicity in the letter head or on sign board of the consulting room or any such clinical establishment shall be regarded as acts of self advertisement and unethical conduct on the part of the physician. However, printing of sketches, diagrams, picture of human system shall not be treated as unethical".

Clearly the doctor violated the above mentioned Regulation which by itself was unethical conduct and hence constitute deficiency in service.

Moreover, ***the contents of the advertisement appear to be prima facie misleading to the reader inasmuch as it gives an impression that any defective vision could be corrected to the normal vision of 6/6 at respondent no. 1-hospital by the use of the excimer laser machine acquired by the***

respondent no. 1 & 2. *The complainant states that having come across such a misleading advertisement, he contacted respondent no. 2-doctor who also gave assurance and promised that defect in his eye would be fully corrected and cured and only thereafter he agreed to undergo the PRK surgery at the hands of the respondent-doctor. The respondent-doctor denies that he had given any such assurance/promise. The expert medical opinion received from the Rajendra Prasad Centre for Opthalmic Sciences would clearly show that such a claim as was published in the above mentioned advertisement was untenable altogether and, therefore, amounted to representation by the respondent-doctor which could not have been fulfilled.*

The respondent-doctor also claimed that he had explained the implications of such a surgery and had obtained the consent of the complainant. As noticed above, the doctor and the hospital have failed to produce the consent form which the complainant had purportedly signed before undergoing the PRK surgery*. However, reliance is placed on the format of other consent forms obtained from other patients which contain some admissions on the part of the patients that they had been explained the implications of the procedure.*

11. *Having considered the matter in its entirety, we are of the opinion that the finding of the State Commission that the complainant has failed to establish any negligence/deficiency in service on the part of the respondent-doctor and hospital in giving him the treatment by way of PRK surgery is justified on record and needs no*

interference. ***However, it has also been established on record that the doctor and the hospital are guilty of adopting unfair trade practice within the meaning of section 2(1)(r) of the Consumer Protection Act, 1986 as well as violating the Code of Ethics Regulations (Regulation no. 6.1) by publishing misleading advertisement. They are also held guilty of not having been able to produce/maintain the record, i.e., consent form said to have been signed by the complainant before undertaking PRK surgery. The complainant is entitled to some reasonable compensation on these two counts.***

12. *In our view, it would meet the ends of justice if respondents no. 1 & 2 are called upon to pay lumpsum compensation of Rs. 1,00,000/- to the complainant on these counts and* ***a direction is given to respondent no. 1 and the doctor to forthwith withdraw any such advertisement in electronic, print or any other media and desist from doing so in future.***

13. *In the result appeal is partly allowed and* ***respondent no. 1 & 2 i.e. hospital and doctor are hereby directed to*** *pay lumpsum compensation of Rs. 1,00,000/- to the complainant and* ***also to give an undertaking before this Commission that he will not publish any such advertisement in future*** *within a period of four weeks from the date of receipt of order. However, in case the amount is not paid within the prescribed period, it will carry interest @ 12% p.a.***"**

21. No immunity to Vaccine Manufacturing Companies of India:-

21.1. That, the Respondent No. 3 Union of India, in its affidavit dated **28.11.2021** submitted before the Hon'ble Supreme Court in the case of **Jacob Puliyel Vs. Union of India in Writ Petition (Civil) No. 607 of 2021** had made it clear that as per Indian Law there is no immunity available to the vaccine manufacturing companies.

The relevant para of the affidavit reads thus;

"***INDEMNIFICATION OF VACCINE MANUFACTURERS***

> ***65.*** *No indemnity has been granted and the current legal regime under the New Drugs and Clinical Trials Rules, 2019 and Drugs and Cosmetics Act, 1940 does not contain any such provisions.*"

22. Law of granting compensation in Writ Jurisdiction:

22.1. That, the law is very well settled by this Hon'ble Court and Hon'ble Supreme Court in catena of judgment that whenever fundamental rights of any persons are violated or if any person lost his/her life due to act of commission and omission on the part of a public servant then the High Court can direct the State Government to pay interim compensation to the victim or their family members under writ jurisdiction and the state can recover the said amount from erring public servant later.

Relied on:-
- **i)** **Nambi Narayan Vs. Siby Mathews (2018) 10 SCC 804**.
- **ii)** **Veena Sippy Vs. Narayan Dumbre 2012 SCC OnLine Bom 339**.
- **iii)** **Chairman Railway Board Vs. Mrs. Chandrima Das (2000) 2 SCC 465.**

iv) <u>Nina Rajan Pillai Vs. Union of India 2011 (5) AD (Del) 36.</u>

22.2. In **<u>Sanjeevani Vs. State MANU/MH/0469/2021</u>,** it is ruled as under;

> ***"13….*** *Apex Court in the case of D.K. Basu Vs. State of West Bengal reported in MANU/SC/0157/1997: AIR 1997 Supreme Court 610(1) wherein it has been held thus:-*
>
> ***55.*** *Thus, to sum up, it is now a well accepted proposition in most of the jurisdiction, that monetary or pecuniary compensation is an appropriate and indeed an effective and sometimes perhaps the only suitable remedy for redressal of the established infringement of the fundamental right to life of a citizen by the public servants and the Sate is vicariously liable for their acts. The claim of the citizen is based on the principle of strict liability to which the defence of sovereign immunity is not available and the citizen must receive the amount of compensation from the State, which shall have the right to be indemnified by the wrong doer. In the assessment of compensation, the emphasis has to be on the compensatory and not on punitive element.* ***<u>The objective is to apply balm to the wounds and not to punish the transgressor or the offender, as awarding appropriate punishment for the offence (irrespective of compensation) must be left to the Criminal Courts in which the offender is prosecuted, which the State in law, is duly bound to do. The award of compensation in the public law jurisdiction is also without prejudice to any other action like civil suit for damages which is lawfully available to the victim or the</u>***

heirs of the deceased victim with respect to the same matter for the tortious act committed by the functionaries of the State. The quantum of compensation will, of course, depend upon the peculiar facts of each case and no strait-jacket formula can be evolved in that behalf. The relief to redress the wrong for the established invasion of the fundamental rights of the citizens, under the public law jurisdiction is, thus, in addition to the traditional remedies and not in derogation of them*. The amount of compensation as awarded by the Court and paid by the State to redress the wrong done, may in a given case, be adjusted against any amount which may be awarded to the claimant by way of damages in a civil suit."*

22.3. That in a case of side effects of vaccines, the United States Government has set up the **'National Vaccine Injury Compensation Program'**. In a case of side effects of MMR vaccines the court granted a settlement of 101 Million U.S Dollars (7,50,34,31,400 Crores).

A copy of the news article published in **"mctlaw"** is marked and annexed herewith at **"Exhibit - G"**.

22.4. Needless to mention here that, in a recent case of vaccine injury the Government of Singapore granted a compensation of **Rs. 1 Crore 78 Las** to the victim as vaccine cause increase in heart beats.

Link:-

https://greatgameindia.com/pfizer-heart-attack-compensation/

22.5. That, there is another case related with misrepresentation by pharma companies by suppressing the side effects of medicines.

A copy of AEFI Report & RTI reply by Ministry of Health & Family Welfare marked and annexed herewith at **"Exhibit –H Colly"**

The companies failure to report certain safety data was also taken into consideration. The investigating agency of US at their own investigated and recovered an amount **10.2 Billion** U.S. around **7,57,71,92,40,000** Crore Rupees. The excerpts from the news published on **July 2, 2012** in The United State' Department of Justice.

GLAXOSMITHKLINE TO PLEAD GUILTY AND PAY $3 BILLION TO RESOLVE FRAUD ALLEGATIONS AND FAILURE TO REPORT SAFETY DATA

Largest Health Care Fraud Settlement in U.S. History

> "***1. The United States alleges that GSK stated that Avandia had a positive cholesterol profile despite having no well-controlled studies to support that message.*** *The United States also alleges that the company sponsored programs suggesting cardiovascular benefits from Avandia therapy despite warnings on the FDA-approved label regarding cardiovascular risks. GSK has agreed to pay $657 million relating to false claims arising from misrepresentations about Avandia. The federal share of this settlement is $508 million and the state share is $149 million.*
>
> ***2.*** *In addition to the criminal and civil resolutions, GSK has executed a five-year Corporate Integrity Agreement (CIA) with the Department of Health and Human Services, Office of Inspector General (HHS-OIG). The plea agreement and CIA include novel provisions that require that GSK implement and/or maintain major changes to the way it does*

business, including changing the way its sales force is compensated to remove compensation based on sales goals for territories, one of the driving forces behind much of the conduct at issue in this matter. Under the CIA, GSK is required to change its executive compensation program to permit the company to recoup annual bonuses and long-term incentives from covered executives if they, or their subordinates, engage in significant misconduct. GSK may recoup monies from executives who are current employees and those who have left the company. Among other things, the ***CIA also requires GSK to implement and maintain transparency in its research practices and publication policies and to follow specified policies in its contracts with various health care payors.***

Federal employees deserve health care providers and suppliers, including drug manufacturers, that meet the highest standards of ethical and professional behavior," said Patrick E. McFarland, Inspector General of the U.S. Office of Personnel Management.

Assistant Director of the FBI's Criminal, Cyber, Response and Services Branch. "Together, we will continue to bring to justice those engaged in illegal schemes that threaten the safety of prescription drugs and other critical elements of our nation's healthcare system.

This matter was investigated by agents from the HHS-OIG; the FDA's Office of Criminal Investigations; the Defense Criminal Investigative Service of the Department of

Defense; *the Office of the Inspector General for the Office of Personnel Management; the Department of Veterans Affairs; the Department of Labor; TRICARE Program Integrity; the Office of Inspector General for the U.S. Postal Service and the FBI.*

This resolution is part of the government's emphasis on combating health care fraud and another step for the Health Care Fraud Prevention and Enforcement Action Team (HEAT) initiative, which was announced in May 2009 by Attorney General Eric Holder and Kathleen Sebelius, Secretary of HHS. The partnership between the two departments has focused efforts to reduce and prevent Medicare and Medicaid financial fraud through enhanced cooperation. Over the last three years, the department has recovered a total of more than $10.2 billion in settlements, judgments, fines, restitution, and forfeiture in health care fraud matters pursued under the False Claims Act and the Food, Drug and Cosmetic Act.

The company's unlawful promotion of certain prescription drugs, its failure to report certain safety data, and its civil liability for alleged false price reporting practices.

GSK did not make available data from two other studies in which Paxil also failed to demonstrate efficacy in treating depression in patients under 18. The United States further alleges that GSK sponsored dinner programs, lunch programs, spa programs and similar activities to promote the use of Paxil in children and adolescents. GSK paid a

speaker to talk to an audience of doctors and paid for the meal or spa treatment for the doctors who attended.

Between 2001 and 2007, GSK failed to include certain safety data about Avandia, a diabetes drug.

The missing information included data regarding certain post-marketing studies, as well as data regarding two studies undertaken in response to European regulators' concerns about the cardiovascular safety of Avandia. Since 2007, the FDA has added two black box warnings to the Avandia label to alert physicians about the potential increased risk of (1) congestive heart failure, and (2) myocardial infarction (heart attack).

GSK has agreed to plead guilty to failing to report data to the FDA and has agreed to pay a criminal fine in the amount of $242,612,800 for its unlawful conduct concerning Avandia.

It also includes allegations that GSK paid kickbacks to health care professionals to induce them to promote and prescribe these drugs as well as the drugs Imitrex, Lotronex, Flovent and Valtrex. The United States alleges that this conduct caused false claims to be submitted to federal health care programs.

GSK has agreed to pay $1.043 billion relating to false claims arising from this alleged conduct. The federal share of this settlement is $832 million and the state share is $210 million."

The details of abovesaid report is marked and annexed herewith at **"<u>Exhibit – I</u>".**

22.6. That, the case of Petitioner is on highest footing of getting compensation because here the case is of loss of life. Constitution Bench of Hon'ble Supreme Court in the case of **<u>Anita Kushwaha Vs. Pushap Sadan (2016) 8 SCC 509</u>,** has ruled that the life of Indian Citizen is not less pricy than the life of people in England or anywhere. But in India the rights are more precious.

It is ruled that;

> ***"18…*** *Bose, J. emphasised the importance of the right of any person to apply to the court and demand that he be dealt with according to law. He said: (Prabhakar Kesheo case [Prabhakar Kesheo Tare v. Emperor, AIR 1943 Nag 26 : 1942 SCC OnLine MP 78] , SCC OnLine MP para 1)*
>
> *"1. ...* ***<u>The right is prized in India no less highly than in England, or indeed any other part of the Empire</u>****, perhaps even more highly here than elsewhere; and it is zealously guarded by the courts."*

22.7. That, Hon'ble Civil Court in Pune has granted a compensation of Rs. 100 Crores for defamation of half an hours news mistaken identity. Said fact was also taken in to consideration by Hon'ble Bombay High Court in the case of **<u>Veena Sippy Vs. Mr. Narayan Dumbre & Ors. 2012 SCC OnLine Bom 339</u>**. It is observed as under;

> ***"20….****We must state here that the Petitioner in person has relied upon an interim order passed by this Court in First Appeal arising out of a decree passed in a suit. The decree was passed in a suit filed by a retired Judge of the Apex*

Court wherein he claimed compensation on account of act of defamation. Considering the evidence on record, the Trial Court passed a decree for payment of damages of ***Rs. 100/- crores****. While admitting the Appeal and while considering the prayer for grant of stay, this Court directed the Appellant-Defendant to deposit a sum of Rs. 20/- crores in the Court and to furnish Bank Guarantee for rest of the decretal amount as a condition of grant of stay. However, this Court directed investment of the amount of Rs. 20/- crores till the disposal of the Appeal. The interim order of this Court has been confirmed by the Apex Court.*

23….

i. *We hold that the detention of the Petitioner by the officers of Gamdevi Police Station from 5th April, 2008 to 6th April, 2008 is illegal and there has been a gross violation of the fundamental right of the Petitioner guaranteed by Article 21 of the Constitution of India.*

ii. *We direct the 5th Respondent-State of Maharashtra to pay compensation of Rs. 2,50,000/- to the Petitioner together with interest thereon at the rate of 8% per annum from 5th April, 2008 till the realization or payment. We direct the State Government to pay costs quantified at Rs. 25,000/- to the Petitioner. We grant time of six weeks to the State Government to pay the said amounts to the Petitioner by an account payee cheque. It will be also open for the fifth Respondent - State Government to deposit the amounts in this Court within the stipulated time. In such event it will be open for the Petitioner to withdraw the said amount.*

iii. *We clarify that it is open for the State Government to take proceedings for recovery of the amount of compensation and costs from the officers responsible for the default, if so advised.*

iv. *Petition stands dismissed as against the Respondent No. 4.*

vi. *We make it clear that it will be open for the Petitioner to adopt a regular remedy for recovery of compensation/damages in addition to the amount directed to be paid under this Judgment.*

22.8. That, based on the abovesaid principles and comparing with the seriousness of the loss of life caused and consequential harm caused to the Petitioner, the Petitioner is at least entitled for an interim compensation of Rs. 1000 Crores. For a total compensation of Rs. 10,000 Crores, the Petitioner is going to initiate a separate appropriate legal proceeding which will take some time. But this Hon'ble court, on the basis of settled legal and factual position, can grant interim compensation to the petitioner for the loss of life of Petitioner's daughter.

22.9. That the Petitioner lost her elder daughter. Who was just 33½ years old. His loss can neither be explained in words nor can be compensated in terms of money. Only some sort of succor can be done by awarding compensation. The petitioner's claim for compensation is more intended to put deterrence among other officials and thereby to save similar deaths. Hence, it is just and necessary that an interim compensation of Rs. 1000 Crores be granted to the Petitioner in the writ jurisdiction.

Moreover, this loss is not only to the Petitioner's family, but a loss to the whole dentistry community. Being an Oral Pathologist (MDS), she was

providing free services at various places in Nashik such as Santkrupa Hospital & Charitable Trust, NAMCO Hospital and many such places. She conducted free treatment for Thalessemia children at various camps held at Nashik. Being the most dynamic and enthusiastic teacher of SMBT college, she was most interested in research in dentistry. Proving this, she had encouraged and guided many of her students to present research papers at State level and National Level from SMBT college and made sure that they reach the Semi Final Round at 'Avishkaar'. Her contribution to the profession was numerous. She had been recently admitted to Ph. D at People's University Bhopal and was about to research on the topic was oral pathology and micro biology. Her dream which she had written in her bio-data clearly says that she wanted to promote research in dentistry in India and carry out research on cheaper treatment in Oral Cancer for the poor people coming from rural areas who cannot afford the heavy cost of treatment of Oral Cancer. Just because of the uninformed trial of vaccination made on her, she sacrificed her life for the country by participating in the trials of vaccination in the national movement of India. The petitioner seeks declaring the deceased a 'martyr' for she had sacrificed her precious life which could have made wonders in the field of dentistry in the future and would have guided many more such students saving lives of many poor people. Petitioner also seeks a dedicated research Institute to be started by the Government of India under the name of Dr. Snehal Lunawat where research in dentistry would be carried out in various areas.

Similarly, petitioner seeks compensation for the damages caused to the family due to fraudulent reply by SII even after they were very much knowing about the fact that such adverse events are cause of the vaccine. Their denial to the fact after learning the case study with the facts calls

for fraud and offence punishable under I.P.C. for hiding the facts from us, denying help and non-co-operation at their part.

23. The Petitioner states that he has not filed any other petitions, pertaining to the subject matter of this Petition in this Hon'ble Court or in any other Court.

24. The Petitioner is approaching this Hon'ble Court expeditiously and there is no lapse and delay on his part.

25. The Petitioner has paid the prescribed court fees of Rs._____/-.

26. The Petitioner will rely upon the documents a list whereof is annexed hereto.

27. PRAYERS:-

The Petitioner therefore prays that, this Hon'ble Court may pleased to:

i) To hold that, the petitioner's daughter was given vaccine under deception, and false narratives by the state authorities that the vaccines are completely safe and if any serious or severe side effects occurs then the state authorities have define treatment, however when she suffered serious side effects then there was no treatment available and lastly she died due to side effects of vaccines as has been confirmed by the Government of India's AEFI Committee, therefore state authorities are responsible for causing her death by spreading false narratives and therefore, they are bound to compensate the petitioner in view of law laid by Hon'ble Supreme Court and Hon'ble High Courts and more particularly in the case of **Registrar General, High Court of Meghalaya Vs. State of Meghalaya 2021 SCC OnLine Megh 130;**

ii) To hold that the respondent state authorities are having callous criminal attitude as till date they have not changed their frequently asked questions and even on **15.12.2021** they are continuing their false narratives that they are having definite treatment for any side effects of vaccines;

iii) To hold that as per law laid down by the Constitution Bench of Hon'ble Supreme Court in **Anita Khushwha's case (2016) 8 SCC 509,** the value of life of Indian citizen is not less than that of any person across the world either of America or of any country and therefore the Petitioner is entitled to the compensation in proportion to the compensation granted in other similar cases in United State, Singapore etc.

iv) To hold that, in view of factual and legal position mentioned in the petition, the petitioner is entitled for an interim compensation of Rs. 1000 Crores as a deterrence to guilty and as succor to petitioner's family for loss of life of petitioner's daughter due to deliberate act of commission and omission on the part of respondents, with a liberty to the state authorities to recover it from the responsible officials and S**erum Institute, Pune** who is the manufacturer of Covishield Vaccine, as per law & ratio laid down in **Veena Sippy Vs. Mr. Narayan Dumbre & Ors. 2012 SCC OnLine Bom 339;**

v) Direct appropriate action by the Respondent No. 3 Union of India against all including main stream and social media like Google, YouTube, facebook etc. who are involved in the conspiracy of

suppressing the correct data about death causing and other serious vaccine injuries and spreading false, misleading and one sided data to deprive the citizen to take informed decision and compel them to take vaccines;

vi) Direct the state authorities to take proper steps to stop further deaths of citizen and to publish the side effects of vaccines by following the rules of **Universal Declaration on Bioethics & Human Rights, 200** and as per law laid down in **Master Haridan Kumar Vs. UOI 2019 SCC online Del 11929** and also as recently done by the Government of Japan;

vii) Declare that, the Petitioner's daughter Dr. Snehal Lunawat and other doctors as a Martyr who were given Covid vaccines through deception and coercion and who died due to side effects of vaccines.

viii) Open a dedicated research institute in India under the name of Dr. Snehal Lunawat.

ix) Pass any other order which this Hon'ble Court may deems fit and proper in the fact and circumstances of the case.

Dated this day of January, 2022

Petitioner **Advocate for the Petitioner**