

IA 12-26 SC 79-2024
Case No. VIII/40/DZU/2023
NCB v. Showkat Hussain

08.06.2026

Present: Sh. Mukeysh Malik, Ld. SPP for NCB.
Sh. Ravi Kant Gautam, Ld. counsel for
applicant/accused Showkat Hussain.

Vide my separate order of even date, the present application, seeking grant of interim bail stands partly allowed.

The application stands disposed of accordingly. Copy of this order be given *dasti*. Copy of this order be sent to Jail Superintendent, Tihar Jail for necessary intimation to the applicant/accused.

(Jitendra Pratap Singh)
ASJ/Spl. Judge, NDPS/N Delhi
08.06.2026/p

**IN THE COURT OF JITENDRA PRATAP SINGH
ADDL. SESSIONS JUDGE /SPECIAL JUDGE (NDPS),
NEW DELHI DISTRICT, PATIALA HOUSE COURTS,
NEW DELHI**

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ORDER

1. Vide this order, I shall dispose of the application moved on behalf of applicant/accused Showkat Hussain seeking interim bail on medical grounds.
2. It is submitted by Ld counsel for applicant/accused that there is no other application seeking similar relief is pending before the Hon'ble Supreme Court of India, Hon'ble High Court of Delhi or any other court.
3. The prayer in the present application is not for regular bail on merits, but for grant of interim bail on medical grounds so as to enable the applicant to obtain proper medical evaluation, treatment and, if required, surgical intervention.
4. It has been submitted by Ld. Counsel for the applicant that the applicant is a senior citizen aged about 65 years and is suffering from multiple ailments. It is submitted that the applicant is a chronic patient of high diabetes and hypertension and requires regular monitoring. It is further submitted that the applicant is suffering from prostatomegaly/prostate enlargement,

lower backache with radiculopathy, bleeding per rectum, anal fissure/haemorrhoids, pain abdomen, right flank pain and other associated complications. It is argued that despite repeated treatment inside jail and despite referrals to government hospitals, there has been no satisfactory improvement in the medical condition of the applicant.

5. Ld. Counsel for the applicant has further submitted that the applicant requires proper and uninterrupted treatment under specialised doctors, including urology, surgery, neurology/orthopaedics and medicine. It is submitted that the applicant has been repeatedly taken to DDU Hospital and Safdarjung Hospital, but due to the limitations of custody and other circumstances, his condition has not improved. It is further submitted that the applicant may require surgical intervention for anal fissure/haemorrhoids and also further specialised evaluation for his urological complaints. It is argued that the medical report submitted from jail itself supports the plea of the applicant and shows that he is not optimally stable.

6. It has also been argued on behalf of the applicant that he had earlier been granted interim bail and that he surrendered after the expiry of the period granted to him. It is submitted that there is no allegation that the applicant misused the liberty granted to him on the earlier occasion. It is, therefore, submitted that the applicant may be released on interim bail for a limited period, subject to any condition which the Court may deem fit.

7. Per contra, Ld. SPP for NCB has opposed the application. It is submitted that the present case pertains to serious offences under the NDPS Act involving commercial quantity and, therefore, the Court should be slow in granting bail to the applicant. It is further submitted that the applicant has already moved applications earlier and the present application is another attempt to secure release from custody on medical grounds. It is also submitted that the applicant is under constant medical supervision in jail and is being taken to government hospitals as and when required. On this basis, it is argued that no exceptional ground exists for grant of interim bail.

8. Ld. SPP for NCB has further argued that the mere existence of ailments cannot be a ground for release in a serious NDPS case. It is submitted that adequate medical care is available in jail and through government hospitals and, therefore, the applicant does not require release on interim bail. It is prayed that the application be dismissed.

9. I have heard the rival submissions and have perused record.

10. At the outset, it is necessary to observe that the present application is confined to interim bail on medical grounds. The Court is not examining the entitlement of the applicant to regular bail on merits. The merits of the prosecution case, the alleged role of the applicant and the rigour of Section 37 of the NDPS Act are not being finally adjudicated in the present order. The limited question before this Court is whether, in view of the

medical condition of the applicant and the medical report placed on record, a limited release for medical treatment is justified.

11. There can be no dispute that offences under the NDPS Act, particularly those involving commercial quantity, are grave in nature. The legislative mandate under Section 37 of the NDPS Act has to be respected. At the same time, it is equally settled that the right to life and health of an undertrial prisoner does not stand suspended merely because he is in custody. A person in judicial custody is entitled to proper, effective and timely medical treatment. Where the medical condition of an accused requires special care, close monitoring or treatment which cannot be effectively ensured in custody, the Court is empowered to grant limited interim relief on humanitarian and medical considerations, subject to strict safeguards.

12. The medical report submitted by the jail authorities assumes significance in the present case. The report records that the applicant is a known case of hypertension and Type-II Diabetes Mellitus. It further records that he is also suffering from lower backache with right-sided radiculopathy with history of trauma, bleeding per rectum with LUTS/MRD, prostatomegaly and other medical complaints. The report also shows that the applicant has been under continuous treatment at the jail dispensary and has also been referred to government hospitals, including DDU Hospital and Safdarjung Hospital.

13. The report reflects that the applicant was sent to DDU Hospital for review in relation to hypertension and Type-II

Diabetes Mellitus, where his vitals were checked and blood investigations were advised. It is also recorded that on 14.03.2026 he was again sent to DDU Hospital, where his random blood sugar was found to be on the higher side and he was advised oral medication and diabetic diet. This shows that the applicant's diabetic condition continues to require monitoring.

14. As regards his orthopaedic/neurological complaints, the medical report records that the applicant was sent to the Orthopaedics Department of DDU Hospital with complaints of lower backache and right-sided radiculopathy. X-ray LS spine AP/Lateral was advised. The report further records that on 14.03.2026 he was reviewed for pain in the mid and lower back with lower limb radiculopathy and was advised to avoid forward bending and heavy weight lifting. The nature of these complaints indicates continuing discomfort and restricted mobility.

15. The report further records that the applicant has been suffering from bleeding per rectum and related complaints. He was examined by the Surgery Department of DDU Hospital, where fissure was noted and conservative management such as high-fibre diet, plenty of fluids and Sitz bath was advised. The report also records complaints of bleeding post-defecation, constipation and frequent urination. These complaints, when seen cumulatively with his age and diabetic status, cannot be treated lightly.

16. The applicant is also shown to be suffering from prostatomegaly/urological complaints. The medical report records complaints of poor stream, nocturia and frequent micturition. He was referred to Safdarjung Hospital Urology Department and was advised UFR, USG-KUB with PVRV and other investigations. It is also recorded that further review was advised after USG and blood investigations. Thus, the medical issues are not confined to one isolated ailment but involve multiple systems requiring follow-up from different departments.

17. Most importantly, the jail medical report specifically records that despite all possible treatment being provided through the jail dispensary and repeated referrals to specialised hospitals, the inmate has not shown satisfactory clinical improvement. The report further records that he continues to require specialised neurological evaluation, surgical intervention for anal fissure/haemorrhoids and continuous multidisciplinary medical care.

18. The report also records that the applicant is presently admitted in the MI Room of CJ-01 Dispensary with complaints of tiredness, breathing difficulty, severe right flank pain, pain abdomen and severe bleeding per rectum and that he is being managed conservatively on medications. It further records that despite ongoing treatment, the patient is still reporting no desired response and is not optimally stable. These observations are not vague allegations made by the applicant. These are observations coming from the jail medical authority itself.

19. The objection of the prosecution that medical treatment is being provided in jail has been considered. Ordinarily, if the medical condition of an accused can be adequately managed in jail or through jail referrals to government hospitals, interim bail may not be warranted. However, the present case stands on a slightly different footing. The jail report itself shows repeated referrals, multiple ailments, continuing complaints, lack of satisfactory improvement and need for specialised/multidisciplinary care. Once the medical authority itself records that the patient is not showing desired response and is not optimally stable, the Court cannot ignore the medical condition merely on the ground that some treatment is being provided in custody.

20. The Court is also conscious of the fact that the applicant is not being granted an indefinite liberty. The relief being considered is only for a limited period of 30 days. Such interim bail is not an adjudication on the merits of the case. It is only to enable the applicant to obtain effective medical evaluation and treatment outside jail, subject to strict conditions. The interest of prosecution can be sufficiently protected by imposing appropriate safeguards.

21. The further objection that the applicant has moved applications earlier also does not by itself disentitle him from seeking interim bail on genuine medical grounds. Medical condition is not static. If the health of an undertrial deteriorates or if the medical report indicates the need for specialised care, the Court can consider the matter afresh. In the present case, the

medical report is sufficiently indicative of continuing and unresolved medical issues.

22. It is also relevant that the applicant had earlier been granted interim bail and it is not disputed that he surrendered after expiry of the period granted to him. No material has been placed before this Court to show that he had misused the liberty granted to him earlier, had absconded, had threatened witnesses or had attempted to tamper with evidence. This circumstance lends assurance to the Court that the applicant can be granted limited interim relief with strict conditions.

23. In view of the above discussion, this Court is of the view that a case is made out for grant of interim bail for a period of 30 days.

24. Accordingly, the application is allowed. Applicant/accused Showkat Hussain is admitted to interim bail for a period of 30 days from the date of his release, subject to furnishing a personal bond in the sum of Rs. 1,00,000/- with one surety in the like amount to the satisfaction of the Court/Ld. Link Court/Ld. Duty Judge, and subject to the following conditions:

- i. The applicant shall be released on interim bail for a period of 30 days only from the date of his actual release.
- ii. The applicant shall surrender before the concerned Jail Superintendent immediately on expiry of 30 days from the date of his release.
- iii. The applicant shall not leave NCT of Delhi without prior permission of the Court.

- iv. The applicant shall furnish his complete residential address and mobile number to the IO/NCB as well as to the Court at the time of furnishing bail bond.
- v. The applicant shall keep his mobile phone operational at all times during the period of interim bail and shall remain available on the said mobile number.
- vi. The applicant shall not directly or indirectly contact, influence, threaten or induce any witness or any person acquainted with the facts of the case.
- vii. The applicant shall not tamper with evidence or indulge in any criminal activity during the period of interim bail.
- viii. The applicant shall utilise the period of interim bail only for the purpose of medical evaluation and treatment.
- ix. The applicant shall place on record, at the time of surrender or on the next date fixed before this Court, copies of the medical documents/prescriptions/investigation reports/treatment papers obtained during the period of interim bail.
- x. The applicant shall appear before the Court as and when directed during the period of interim bail.
- xi. In case of change of address or mobile number, the applicant shall immediately intimate the same in writing to the IO and to this Court.
- xii. In case of violation of any of the above conditions, the interim bail granted to the applicant shall be liable to be cancelled.

25. It is clarified that nothing stated in this order shall be construed as an expression of opinion on the merits of the case.

The observations made herein are only for the purpose of deciding the present application for interim bail on medical grounds.

26. The application under Section 483 BNSS, 2023 moved on behalf of applicant/accused for grant of interim bail is accordingly disposed of as allowed.

27. Copy of this order be given dasti to both sides and also be sent to Jail Superintendent concerned for information and compliance.

(Jitendra Pratap Singh)
ASJ/Spl. Judge, NDPS/N Delhi
08.06.2026/p