IN THE COURT OF PRL. JUDGE, COURT OF SMALL CAUSES AND MACT., MYSURU.
MVC.NO. 1003/2023

Witness Name	**:**	Dr. Vijay Kumar N	**PW.3**
Father Name	**:**	K.P.Nagaraju	
Age	**:**	44 years	
Occupation	**:**	Professor, Dept of plastic surgery, K.R. Hospital, Mysuru.	
Residence	**:**	Mysuru	

Witness called and duly sworn on: 12.11.2025

EXAMINATION IN CHIEF BY: SRI. KSR LEARNED COUNSEL FOR PETITIONER:

Now I see the affidavit filed in lieu of my examination in chief, the same bears my signatures. The same is prepared as per my instructions and I am aware of the contents of the same. The contents of the affidavit is true to the best of my knowledge, information and belief.

Ex.P25	The entire case sheet pertaining to the petitioner
Ex.P26	5 X-ray films *(collectively marked)*

CROSS EXAMINATION BY: SMT. KLS LEARNED COUNSEL FOR RESPONDENT NO.2:

1. At the time of admission of the petitioner to K.R. Hospital he was conscious. It is true to suggest that as per the averments in the Ex.P25 case sheet the history was narrated by the petitioner himself. The history narrated by me in the para No.3 of my affidavit is based on averments in the Ex.P25.

2. The petitioner was directly referred to plastic surgery department as petitioner had sustained vascular injury and the petitioner's condition was critical. Upon being questioned whether in case of vascular injury it is the heart surgeons who treat the patient, witness states that in our Hospital I treat such cases and even otherwise the limb based injuries would be treated by plastic surgeons. It is false to suggest that even vascular injuries in the limb would be attended by heart surgeons and not by plastic surgeons and yet I have deposed false facts before this tribunal.

3. It is false to suggest that the injuries pertaining to artery thrombosis would be treated by heart surgeons. Upon being questioned whether any efforts were made to save the limb by orthopedic department, witness states that since the petitioner had sustained vascular injury the first effort would be to save the limb but in the case of the petitioner after thrombosis it was found that the limb could not be save as such amputation was proceeded with on 24.12.2022. Witness states that if thrombosis was successful then the patient would have been refer to orthopedic department.

4. It is false to suggest that the knee amputation process should be done by orthopedic surgeons and not plastic surgeons. At the time of his discharge on 04.01.2023 the petitioner was clinical stable and his general health condition was good. Generally it takes around 6 to 8 weeks for the wounds of such nature to heal.

5. upon being questioned whether I have produced any document in support of my assertion that the petitioner had consulted me in a

month of September 2025 and October 2025, witness states that I only have the X-ray films with me but the OPD slip would be with the patient. It is true to suggest that at K.R. Hospital even OPD visits would be noted in the register. It is false to suggest that the very fact that I have not produced document regarding OPD visits of the petitioner goes to the show that the petitioner never consulted me for follow up treatment on the said dates.

6. It is true to suggest that I have not specified whether the amputation was done above knee upto lower 1/3rd of thigh or above knee or upto upper 1/3rd of thigh. It is true to suggest that as per the guidelines if the amputation is above knee upto lower 1/3rd of thigh the percentage of disability that can be assessed 80%. It is false to suggest that since I have assessed disability at 85% without specifying the extent of amputation goes to the show that the disability is assessed on the higher side to suit the claim of the petitioner for higher compensation. Witness states that the petitioner underwent 2 more surgeries but the records regarding the same are not available as such I have added 5% as the petitioner's remaining stump is upper 1/3rd and middle 1/3rd junction as such as per the guidelines the disability would come to 85%. It is false to suggest that the disability assessed by me at 4% for scar deformity and sinus fall within the head of extra points. I myself performed the said surgeries as such I deposing about the same.

7. It is false to suggest that the disability assessed by me at 4% for scar deformity and sinus does not fall within the ambit of extra points as such I could not have added the same to the final tally. It is false to

suggest that I could not have assessed the disability at 85% as the disability to the said extent can be assessed only when amputation is upto upper 1/3rd of thigh. It is false to suggest that since I have not produced the document pertaining to the last date of consultation on which assessment was allegedly made, the assessment made by me is not based on records. It is false to suggest that since I am a plastic surgeon and not an orthopedic surgeon I am not competent to assessed the disability.

8. It is false to suggest that since I have assessed the disability to suit the convenience of the petitioner and have mentioned exaggerated percentage of disability. It is false to suggest that I have assessed and fixed higher disability in gross violation of guidelines in order to support the claims of the petitioner for higher compensation. It is false to suggest that in order to support the compensation claims of PW.1, I have issued a false disability certificate despite the fact that PW.1 has not suffered any such disability.

RE-EXAMINATION – NIL

(Typed to my dictation in the open court)

R.O.I. & A.C.
Sd/-
Prl. Judge.
Court of SC., & MACT., Mysuru