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* **IN THE HIGH COURT OF DELHI AT NEW DELHI**
+ **CRL.A. 1111/2024**
ABDUL WAHID

.....Appellant
Through: Mr. Virender Verma and Mr. Jitendra
Kumar Singh, Advocates.

versus

THE STATE GOVT. OF NCT OF DELHI

.....Respondent
Through: Mr. Utkarsh, APP for the State SI
Seema Bagri, P.S. New Delhi and SI
Sonal Raj, P.S. Bharat Nagar.
Mr. Saurabh Kansal, Ms. Pallavi S
Kansal and Mr. Raghav, Advocates
for R-2.

CORAM:
HON'BLE MS. JUSTICE CHANDRASEKHARAN SUDHA

ORDER
% **23.03.2026**

CRL.M.(BAIL) 586/2026

1. This is an application seeking interim bail for a period of 30 days on the medical ground stating that his son is suffering from a serious neurological disorder.

2. The application is opposed by the learned Additional Public Prosecutor, who brings to my notice that the applicant has been



regularly seeking adjournments in the regular suspension application. My attention is also drawn to Annexure A1 Medical Records.

3. Heard both sides.

4. The impression in Annexure A1, the copy of the medical certificate of the appellant's son read thus:

“NEUROLOGY

EEG & BRAIN MAP ANALYSIS

NEUROLOGY

EEG & BRAIN MAP ANALYSIS

Background consists of 10-20 hertz, 8-9microvolts posteriorly dominant activity reactive to eye opening.

EPISODIC ACTIVITIES:

There is no spike, sharp, spike and wave or slow waves anywhere in this tracing.

PROVOCATIVE TECHNIQUES:

Photic stimulation from 3 Hz to 25Hz with eyes open and eyes shut

does not provoke any epileptic activity.

Normal photic drive is present

There is no sharp spike wave discharge during or after cessation of hyperventilation.

IMPRESSION:



The EEG shows normal findings.

There is no evidence of active or underlying epileptic disorder.

There is no evidence of cerebral hemisphere expanding lesion in this record.

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MRI BRAIN

PROCEDURE:- Axial T1WSE, FSE-T2W and FLAIR pulse sequences. Coronal FLAIR & Sagittal FSE- T2W pulse sequence. DWI and GRE images were also performed on 1.5 Tesla HD scanner).

FINDINGS :-

SUPRATENTORIAL:

Both cerebral parenchyma is normal in signal intensity with maintained grey and white matter differentiation.

Bilateral basal ganglia and thalami are normal in volume and signal intensity.

Ventricles are normal in size. Septum is in midline,

Basal cisterns and sylvian fissures are normal.

Visualized parts of the sella, 5th, 7th and 8th nerve complexes are grossly normal on routine brain imaging.

POSTERIOR FOSSA:

Brainstem is central and normal in signal intensity.

Fourth ventricle is central and normal.

Cerebellum is normal in signal intensity,



Major intracranial flow voids preserved.

Both orbits are normal.

Right DNS is noted with bilateral turbinate hypertrophy.

Mild mucosal hypertrophy is seen in the left maxillary sinus.

***IMPRESSION:-** No significant intracranial abnormality seen.*

Please correlate clinically.

5. In the light of the aforesaid medical certificate, I do not find any ground(s) for suspending the sentence or granting interim bail.

6. The application is dismissed.

CRL.A. 1111/2024

7. List on 07.07.2026, the date already fixed.

CHANDRASEKHARAN SUDHA, J

MARCH 23, 2026/mj