08.04.2026
Item No.183
Ct.No.15
rc.

C.R.M. (R) 54 of 2025

In Re : **Subodh Kumar Goel @ S K Goel**
... Petitioner

Mr. Sabyasachi Banerjee
Mr. Gautam Khazanchi
Mr. Samarth Luthra
Mr. Sohaib Rauf
Mr. Abdul Zahid ... for the Petitioner

Mr. Arijit Chakraborty
Ms. Swati Kumari Singh ...for the Enforcement Directorate

In the order passed on January 30, 2026 it is recorded that the order passed on December 05, 2025 was assailed before the Hon'ble Supreme Court of India. By an order dated January 12, 2026, the Hon'ble Court has allowed the prayer for modification of the interim bail condition of the petitioner and permitted him to reside in his permanent residence in New Delhi. The status report with regard to the present medical condition of the petitioner was called from the Director, AIIMS, New Delhi upon constitution of a medical board for evaluation of such condition. The report has been furnished. The observation made by the medical board in the report is reproduced below:-

> "Based on the review of the medical records, it was noted that the patient is a known case of long-standing diabetes mellitus, hypertension, hypothyroidism and Spinocerebellar Ataxia (SCA-12)

with severe cervical spondylosis and progressive neurological and cognitive decline. The patient was noted to have poorly controlled hypertension (BP: 180/90 mmHg) despite being on two beta-blockers. He has a documented history of recurrent syncopal episodes, which occurred 6-7 episodes in the past year.

During neurological evaluation (history and examination), it was revealed that the patient has been wheelchair-bound for the past two years, with progressive tremors (= 15 years), cognitive impairment (=3 years), imbalance (=5-6 years) and loss of bladder and bowel control. These findings indicate advanced neurodegenerative disease with significant functional dependence. Currently the patient is having advanced stage of the genetically confirmed disease (SCA-12).

Cardiological evaluation showed sinus node dysfunction with trifascicular block. The episodes of transient loss of consciousness seem consistent with syncope except for incontinence and tongue bite in some episodes. Therefore, it is strongly recommended to discontinue beta-blockers including propranolol and carvedilol. If the patient continues to experience syncope even after discontinuation of beta clockers, permanent pacemaker implantation may be indicated.

In the light of the above, the Medical Board is of the considered opinion that the patient’s condition is chronic, progressive and predominantly supportive-care

oriented. At present, no active in-hospital therapeutic intervention is being administered currently. However, the patient requires continuous personal assistance, nursing care, fall precautions, supervision for activities of daily living, and management of incontinence, which can be more appropriately and humanely delivered in a home or rehabilitation care environment with periodic medical follow-up."

In view of the medical condition of the petitioner and also, since nothing adverse has been reported against him while he was on interim bail, this Court is inclined to hold that the interim bail granted to the petitioner needs to be confirmed.

Accordingly, the interim bail granted to the petitioner vide order passed on December 05, 2025 is confirmed.

However, the other conditions of bail imposed upon him shall continue.

CRM (R) 54 of 2025 is disposed of accordingly.

There shall, however, be no order as to costs.

Urgent certified website copy of this order, if applied for, be supplied to the parties upon compliance with all requisite formalities.

(Suvra Ghosh,J)