





outer aspect of right arm and 2 cm below right elbow,

9. Purplish contusion with small abrasion in between present on the whole of the back of left forearm, elbow and lower half of left arm.

10. Multiple seabed abrasion present on the back of the left hand with seabed separated at places and with abnormal mobilization at left wrists joint on.... and exploration, fracture of lower and left visa present in multiple pieces.

11. Purplish contusion present on outer aspect of right side of trunk from right axilla to the right hip.

12. Purplish contusion present on the  
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outer aspect, outer front aspect and back of right thigh and right left upto right ankle with multiple from track contusion abrasion seabed at places each 1.5 cm wide present intermittently over the contusion. On dissection and exploration fracture of upper part of right fibula present.

13. Stitched injury with one stitch measuring 1.1 x 0.8 cm in size present in upper outer left thigh, 23 cm to the left of midline of abrasion, 15 cm below the level of left anterior superior iliac spine and 93 cm above the left heel. Externally injury partially healed with seab in. Abrasion collar present on outer aspect of the wound. On dissection tract for upto a depth of 3 cm partially healed liner hari line fracture present in the left..... 2 cms below the level of lesser trocheater. Partially Deferred Bullet recovered from the adjoining the area of fracture of femur showed a metallic compaction. Portion of femur cut and preserved to be sent to FSL. Recovered bullet sealed in our presence to be handed over to the police.'

Injury No.13 was apparently a gun shot injury and a bullet was also recovered therefrom. We are prima facie of the opinion that the report of the Rajendra Hospital, Patiala and the Government Medical College, Chandigarh cannot be reconciled. We also cannot stand as mute spectators to this huge discrepancy and feel that an enquiry needs to be made with respect to the two reports so that the correct position is brought on record.

Let notice be issued to the State of Punjab, the Principal, Government Medical

College, Rajendra Hospital, Patiala and  
to the Principal, Government Medical  
College, Sector-32, Chandigarh and the  
Union Territory of Chandigarh returnable  
within six weeks on the above limited  
question only. The bail application is  
also adjourned to the same date.

Again the SLP was placed for further hearing

on February 17, 2011 and after hearing the learned

counsel for the parties, the following order

was

passed :

As the petitioner does not want to  
press the bail application it is  
dismissed as withdrawn.

We, however, direct issuance of  
notice to Dr. Sukh Raj Singh Gill.  
who was at the relevant time  
Emergency Medical Officer at the  
Government Medical College & Rajindra  
Hospital, Patiala.

Notice be served on him through the  
Principal of the Government Medical  
College & Rajindra Hospital, Patiala  
as also through the Standing Counsel  
for the State of Punjab who is before  
us returnable within two weeks.

Put up the matter on 7th March, 2011.

Pursuant to directions given by this Court,

a counter affidavit on behalf of Dr. Surinder

Singh, Principal, Govt. Medical College, Patiala is

filed. Another counter affidavit is filed on

behalf of respondent No. 2 Dr. Sukhraj Singh Gill.

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Having regard to the facts of the case, the

Health Secretary of State of Punjab is hereby

directed to conduct common inquiry against the

medical officers concerned and take appropriate

action in accordance with law against the erring

medical officer depending upon the outcome of the

inquiry.

Subject to the above mentioned direction the

petition stands disposed of.

(Sonia)  
Sr. P. A.

(Sneh Bala Mehra)  
Court Master