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BEFORE THE CONSUMER DISPUTES REDRESSAL COMMISSION

GUJARAT STATE, AHMEDABAD.

COURT NO: 04

Appeal No. 1772 of 2013

1. Minor Nijal Kiritbhai Tailor,
2. Minor Krishna Kiritbhai Tailor,
3. Master Neel Kiritbhai Tailor,
4. Kiritbhai Ganpatbhai Tailor.
   All residing at:
   142, Ved Falia,
   Moti Vad, Surat. … Appellants.

V/s.

1. Dr. Mukund R. Patel,
2. Namarta Hospital.
   All having addressed at:
   41, Bhaktinagar Society,
   Opp. Ashoknagar, Singapur,
   Katargam, Surat – 395004. … Respondents

BEFORE: Dr. J.G. Mecwan, Presiding Member

APPEARANCE: Mr. R.N. Mehta, Learned Representative
for the appellantss.
Mr. A.O. Chudgar, L.A. for the respondents.

ORDER BY DR. J.G. MECWAN, PRESIDING MEMBER.

JUDGMENT

1. Being aggrieved by and dissatisfied with the judgment and order rendered by the District Consumer Disputes Redressal Commission, Surat (Add) on 21.08.2013 in Complaint No. 289 of 2011, the original complainants have filed the present appeal under Section 15 of the Consumer Protection Act, 1986 before this Commission. For the sake of the convenience, parties are hereinafter referred to by their original nomenclature.

2. To dispose of this appeal, few relevant facts are required to be mentioned: It is the case of the complainants that the present appellants no. 04 – Mr. Kiritbhai G. Tailor is the father of appellants no. 1 to 3. Mrs. Binitaben – wife of complainant no. 04 was regular patient of opponents and she was under the maternal care during her last pregnancy with the opponents. It is further the case of the complainants that due to sudden labour pain she was taken to the opponent no. 01 hospital on intervening night at about 1:00AM between 24th and 25th January, 2006 with a complaint of pain in abdomen and compliant of discharged also. It is submitted by complainants that when they reached the opponent's hospital, the opponent Doctor was not available and therefore the nurse like woman who was present at the hospital examined the wife of complainant no. 04 and informed to opponent Doctor by telephone regarding the condition of the patient. It is further submitted by the complainants that relying upon the examination made by the nurse like woman, the opponent no. 01 advised for admission of the wife of complainant no. 04. It is further the case of the complainants that as per the telephonic instruction of the opponent doctor, the nurse like woman had administered some injection to the patient. It is further the case of the complainants that at about 7:45AM on 25.01.2006 the patient was asked to come to labour room and Smt. Binitaben walked to

labour room. It is further submitted by the complainants that within very few minutes, the relative were informed by the lady that the patient had became serious and she requires immediate hospitalization in general hospital and thereafter call was given for ambulance and in the mean time, a male child was born and he was kept in glass box (NICU). It is further the case of the complainants that looking to the critical condition of the patient, as per the advice of Physician she was taken to Intensive care unit of Ashaktashram Hospital but till then as her condition was so deteriorated and inspite of all the efforts by the doctors at Ashaktashram Hospital, the patient was expired at about 11:45AM and therefore the complainants have filed Consumer Complaint against the opponent Doctor for gross medical negligence and deficiency in service before the learned District Commission Surat (Add.)

3. Being dissatisfied with the medical negligence and deficiency in service committed by the opponents, complainants have filed Consumer Complaint before the ld. District Commission Surat (Add.) and prayed for Rs. 15,00,000/- under the loss of estate with compound interest and necessary compensation for the mental torture along with cost of the complaint.

4. After hearing learned advocates for both the parties and after considering the documents and evidences, the learned District Commission dismissed the complaint of the complainants.

5. Being aggrieved by the impugned order of the learned District Commission, Surat (Add) the original complainants have filed the present appeal against the original opponents before this Commission on the ground stated in the appeal memo.

6. Heard Mr. R.N. Mehta, Ld. Representative for the appellants and learned Advocate Mr. A.O. Chudgar for the respondents at length. Perused the record, judgment submitted by both the sides and order of the learned District Commission.

7. First of all Mr. R.N. Mehta, Ld. Representative for the appellants has argued out that the learned District Commission erred in holding that the complainants have failed to discharge the burden of proof of negligence and in such case learned District Commission shall not allow the compliant. It is further submitted by Mr. Mehta that while holding this the learned District Commission miserably failed to appreciate contradiction in the statements of opponents and also failed to appreciate that proper opportunity of cross examination has not been given to the complainants. It is further contended by Mr. Mehta that the learned District Commission has also erred in not appreciating the fact that the treating doctor has not placed on record indoor case

papers of hospital record which is most important documents and the reason behind suppression of this vital document is unexplained. It is further urged by Mr. Mehta that the learned District Commission has also erred in not appreciating the fact that the opponent doctor did not examined patient on admission and falsely stated that he has administered injection and also the complainants are still ready and willing to establish the said facts if cross examination is permitted even at this stage.

8. Mr. Mehta, Learned Representative for the appellants further contended that the learned District Commission miserably failed to appreciate that the facts recorded by Ashaktashram Hospital are the primary evidence to establish that the patient was shifted in serious condition and having no respiration, no pulse and BP not recordable. It is further submitted by Mr. Mehta that the learned District Commission also ought to have appreciated that this condition of the patient is required to be explained by the doctors especially when death has occurred before patient reached to another hospital. It is further argued out by Mr. Mehta that the learned District Commission has failed to appreciate that the patient died because of lack of Oxygen and it has lead to cardio respiratory arrest and therefore the opponent is duty bound to establish on record that there was no problem like lack of oxygen. It is further contended by Mr. Mehta that the opponent Doctor has

stated contrary to his own record that was supplied to the complainants on the very day and this contradiction is apparent from the record and canvassed before the learned District Commission however the learned District Commission has failed to give any cogent reason for not believing the record.

9. Mr. Mehta, Learned Representative for the appellants concluded that the order passed by the learned District Commission is not just and proper and therefore it should be quashed and set aside by allowing this appeal. In support of his argument Mr. Mehta has submitted following judgments:

(I) III (2005) CPJ 2 (SC),
(II) IV (2004) CPJ 40 (SC),
(III) II (2008) CPJ 93 (NC),
(IV) Civil Appeal No. 8424 of 2003 (SC).

10. Upon service of the notice learned Advocate Mr. A.O. Chudgar appeared on behalf of the respondents and vehemently argued out that the post mortem report is a very important document in this case and though it is vital document in this matter, it is not placed on record. It is further argued out by ld. Adv. Mr. Chudgar that there is not nexus between the cause of death and treatment given to the deceased and therefore the alleged medical negligence of the opponent Doctor is not proved in this case. It is further contended by ld. Adv. Mr. Chudgar that the opponent Doctor has tried to take utmost good care of the deceased Smt. Binitaben and also there is

no any medical negligence and deficiency in service on the part of the opponents Doctor. It is further submitted by ld. Adv. Mr. Chudgar that after she came into Labour Room, she started suddenly complaining of giddiness and chest pain and therefore the Physician, Anesthetist and Child Specialist were called to the hospital and thereafter with the consultation of 03 doctors; a life of child was saved and child was immediately taken to a Glass Box – NICU and as per consultation of Physician it has been decided to shift her to Ashaktashram Hospital which is higher centre for better treatment and thus there is no any medical negligence or any deficiency in service has been committed on the part of the Doctor. It is further argued out by ld. Adv. Mr. Chudgar that the condition of the deceased was deteriorating and ultimately died due to Amniotic Fluting Linking which mean as PROM (Pre Mature of Memorial) in medical term but the life of child was saved. It is further submitted by ld. Adv. Mr. Chudgar that there was no any expert medical opinion has been submitted by the appellants in this case which can prove the medical negligence of the Doctor.

11. Learned Advocate Mr. Chudgar concluded that as learned District Commission has categorized all these entire things, the order passed by the learned District Commission is just and proper and therefore it should be confirmed by dismissing this appeal. In

support of his arguments ld. Adv. Mr. Chudgar has submitted following judgments:

(I) SLP (Civil) No. 25590/2014 (SC),
(II) CC no. 11 of 2009 (State Commission Gujarat.),
(III) (2009) 4 CPJ 274 (NC),
(IV) R.P. No. 409 of 2002 (NC),

12. In the present case it is an averment of the opponent Doctor that he has taken utmost good care of the deceased Smt. Binitaben and given her the best treatment and thus there was no any kind of medical negligence or carelessness has been committed on his part. Furthermore complainants have not produced any expert opinion to establish that the opponent Doctor was negligent in performing his duty. On the other hand it is the submission of the complainants that his wife's condition was alternately good as she walked to the labour room on her feet but her condition became very serious and critical inside the Labor Room. It is an admitted fact that when no one was present in the Labour Room except the doctor then it is totally unknown that what was happened inside the Labour Room and the same is required to be proved by the opponent Doctor.

13. I have carefully gone through the case papers of this case. It is the allegation of the complainants that when patient was admitted in the opponent no. 01 hospital on dated 25.01.2006 at midnight 1:00AM, at that time opponent Doctor was not present in the hospital and as per telephonic instruction received from doctor

Nurse like woman of the Hospital has administered injection to the deceased and thereafter her condition became too serious.

14. I have also carefully gone through the statements of the Doctor given in the reply of the interrogatories and in the reply of notice wherein opponent Doctor has submitted following statements:-

(I) **In Reply of the interrogatories**: -

(A) Doctor states that it is true that he was not present when patient reached to the hospital during night hours. He also admitted that attendant of his hospital had intimated him on phone. (Answer of question no. 9 and 10).

(B) First of all she came about 11-30 a.m. in the morning. On 24-01-2006 when my client examined your wife the process of delivery had already started. [page 57, para (3)]

(C) No, it is not true, that she consulted at 11:30 am on 24-01-2006. But she consulted at or about 12:30 pm on 24-01-2006. [page 84, Answer of question no. 07.]

(II) **In the reply of notice**:- It is not true that the patient was examined by woman Nurse, it is also not proved that she informed him by telephonic talk. [Page 57, para (3)]

Above contradictory statements prove that opponent Doctor who was having personnel knowledge of this case has not disclosed correct facts.

15. As per record of this case patient was in good condition before she was entered in Labour Room and her condition became too critical after entering in Labour Room and therefore in the opinion of this

Commission what was happened in the Labour Room is must required to be proved by the opponent Doctor. Furthermore, in the reply of interrogatories opponent Doctor stated that he show the patient at about 3:00AM and after that he checked her time to time but case papers did not corroborate his case and there are no entries in case papers that patient was examined by opponent doctor time to time.

16. It is the allegation of the complainants that opponent doctor was not present while deceased was admitted at midnight and he came later on from backside but the above interrogatories create controversy that whether the doctor was in fact present at the time when deceased was brought to the hospital or not? In the opinion of this Commission Doctor could have produced affidavit of nurse like woman of his hospital to prove that he was present in hospital when patient was admitted but the affidavit of nurse like woman who has attended the deceased is not produced in this case which clearly establish that opponent doctor has not taken any steps to prove that he was present in the hospital while the deceased was brought to the hospital.

17. In the interrogatory opponents Doctor has answered that patient was not in need for Oxygen whereas the case papers of the Ashaktashram Hospital shows that symptoms of cyanosis were present and she was put on Oxygen immediately.

18. Hon'ble Supreme Court in IV (2004) CPJ 40 (SC) in the case of ***Smt. Savita Garg vs. The Director, National Heart Institute*** has observed as under:

> *Medical negligence: - Non-impleadment of treating doctor as necessary party could not result in dismissal of original petition : Duties and functions of National Commission – Law regarding non-joinder of necessary party under CPC order 1 rule 10 there also even no suit shall fail because of mis-joinder or non-joinder of parties – consumer forum primarily meant to provide better protection in interest of consumers and not to short circuit matter or defeat claim on technical grounds – heavy burden cannot be placed on patient or family member/relatives to implead all those doctors who treated patient or nursing staff to be impleaded as party –* ***Burden lies on hospital and concerned doctor who treated patient that there was no negligence involved in treatment*** *– in both contingencies i.e. "contract of service" and "Contract for service" Courts have taken view that hospital is responsible for acts of their permanent staff as well as staff whose services temporarily requisitioned for treatment of patients – but at same time hospital can discharge burden by producing treating doctor in defence that all due care and caution taken and despite that patient died.*

Considering the above observation of the Hon'ble Supreme Court in the present case also burden of proof lies on the opponent Doctor that there was no any medical negligence or deficiency in service has been involved in the treatment of the deceased.

19. In the present case patient was healthy before entering in Labour Room but her condition became critical inside the Labour Room and patient was shifted to the Ashaktashram Hospital in serious critical condition and having no respiration, no pulse and BP

recorded; opponent Doctor only in knowledge that what was happened in Labour Room but opponent Doctor has not produced any evidence to prove that he was not negligent in this case and also this vital facts which was in his personnel knowledge not disclosed by the opponent Doctor and hence this Commission justify in applying the principle of Res Ipsa loquitur to draw inference as to probable existence of facts.

20. In Res Ipsa Loquitur, it is the duty of the defendant to lead evidence. There are two steps to process the establishing Res Ipsa Loquitur,

A. Whether the accident is the kind that would usually be caused by negligent.

B. Whether or not defendant had exclusively control over the instrumentality that causes an accident.

21. In ***M/s. Soni Hospital Vs. Arun Balkrishnan Aiyyar***, Madras High Court has observed that,

> *"In a case were an act was done by doctor which he has otherwise not supposed to do and such an act was done in any negligent manner resulting in a substantial injury to the patient, then he cannot escape from the liability. When doctor who performs a surgery is in the possession of certain facts and the factum of the surgery has not been disputed, coupled with that fact that, the complications have arisen in pursuant to the onus surgery not correctly done then it is on him to prove that negligence is not on his part. When the accident is such that in the ordinary course of action it is not likely to happen if the person in charge has not taken proper care then, consequent liability will be on him."*

22. The principle of Res Ipsa Loquitur has been considered at length by the Hon'ble Apex Court in ***V. Krishna Rao Vs. Nikhil Super Speciality Hospital*** wherein it has been observed has under:

"45 In the treaties on Medical Negligence by Michael Jones, the learned author has explained the principle of res ipsa loquitur as essentially an evidential principle and the learned author opined that the said principle is intended to assist a claimant who, for no fault of his own, is unable to adduce evidence as to how the accident occurred. The principle has been explained in the case of Scott v. London & St. Katherine Docks Co. [reported in (1865) 3 H & C.596], by Chief Justice Erle in the following manner: -

"...where the thing is shown to be under the management of the defendant or his servants, and the accident is such as in the ordinary course of things does not happen if those who have the management use proper care, it affords reasonable evidence, in the absence of explanation by the defendants, that the accident arose from want of care".

46 The learned author at page 314, para 3-146 of the book gave illustrations where the principles of res ipsa loquitur have been made applicable in the case of medical negligence. All the illustrations which were given by the learned author were based on decided cases. The illustrations are set out below: -

"Where a patient sustained a burn from a high frequency electrical current used for "electric coagulation" of the blood [See Clarke v. Warboys, The Times, March 18, 1952, CA];

Where gangrene developed in the claimant's arm following an intramuscular injection [See Cavan v. Wilcox (1973) 44 D.L.R. (3d) 42];

When a patient underwent a radical mastoidectomy and suffered partial facial paralysis [See Eady v. Tenderenda (1974) 51 D.L.R. (3d) 79, SCC];

Where the defendant failed to diagnose a known complication of surgery on the patient's hand for Paget's disease[See Rietz v. Bruser (No.2) (1979) 1 W.W.R. 31, Man QB.];

Where there was a delay of 50 minutes in obtaining expert obstetric assistance at the birth of twins when the medical evidence was that at the most no more than 20 minutes should elapse between the birth of the first and the second twin [See Bull v. Devon Area Health Authority (1989), (1993) 4 Med. L.R. 117 at 131.];

Where, following an operation under general anaesthetic, a patient in the recovery ward sustained brain damage caused by bypoxia for a period of four to five minutes [See Coyne v. Wigan Health Authority {1991) 2 Med. L.R. 301, QBD];

Where, following a routine appendisectomy under general anaesthetic, an otherwise fit and healthy girl suffered a fit and went into a permanent coma [See Lindsey v. Mid-Western Health Board (1993) 2 I.R. 147 at 181];

When a needle broke in the patient's buttock while he was being given an injection [See Brazier v. Ministry of Defence (1965) 1 Ll. Law Rep. 26 at 30];

Where a spinal anaesthetic became contaminated with disinfectant as a result of the manner in which it was stored causing paralysis to the patient [See Roe v. Minister of Health (1954) 2 Q.B. 66. See also Brown v. Merton, Sutton and Wandsworth Area Health Authority (1982) 1 All E.R. 650];

Where an infection following surgery in a "well-staffed and modern hospital" remained undiagnosed until the patient sustained crippling injury [See Hajgato v. London Health Association (1982) 36 O.R. (2d) 669 at 682]; and

Where an explosion occurred during the course of administering anaesthetic to the patient when the technique had frequently been used without any mishap [Crits v. Sylvester (1956) 1 D.L.R. (2d) 502]."

***47** In a case where negligence is evident, the principle of res ipsa loquitur operates and the complainant does not have to prove anything as the thing (res) proves itself. In such a case it is for the respondent to prove that he has taken care and done his duty to repel the charge of negligence.*

***48** If the general directions in paragraph 106 in D'souza (supra) are to be followed then the doctrine of res ipsa loquitur which is applied in cases of medical negligence by this Court and also by Courts in England would be redundant.*

***49**In view of the discussions aforesaid, this Court is constrained to take the view that the general direction given in paragraph 106 in D'souza (supra) cannot be treated as a binding precedent and those directions must be confined to the particular facts of that case."*

Considering the above observation of the Hon'ble Apex Courts, in the instant case also when patient was healthy before entering in Labour Room and her condition became critical inside the Labour Room then opponent Doctor only knows that what happened in Labour Room but though he has not produced any evidence to prove that he was not negligent and therefore in the opinion of this Commission opponent Doctor is liable for the critical condition of the patient and it is the gross medical negligence on the part of the opponent Doctor.

23. As per the record wife of the complainant no. 04 was just 28 years old at the time of death. She had a whole future to look forward in life with all normal human aspirations. The loss of human life in younger age can never be measured in terms of loss in earning or monetary loss alone. The emotional attachments involved to the loss of wife/mother can have a devastating effect on the family which needs to be visualized.

24. It is the submission of the ld. Adv. Mr. Chudgar that if the question of compensation is arise then Rs. 3,500/- should be considered as a notional income of Smt. Binitaben. On the other hand it is the submission of ld. Representative Mr. Mehta that Rs. 5,000/- should be considered as a notional income of the deceased.

25. Hon'ble Supreme Court in the case of ***Arun Kumar Agrawal v. National Insurance Co. Ltd.***, (2010) 9 SCC 218, while dealing with the grant of compensation for the death of a housewife due to a motor vehicle accident, held as follows:

> "**26. In India the courts have recognized that the contribution made by the wife to the house is invaluable and cannot be computed in terms of money. The gratuitous services rendered by the wife with true love and affection to the children and her husband and managing the household affairs cannot be equated with the services rendered by others**. A wife/mother does not work by the clock. She is in the constant attendance of the family throughout the day and night unless she is employed and is required to attend the employer's work for particular hours. She takes care of all the requirements of the husband and children including cooking of food, washing of clothes, etc. She teaches small children and provides invaluable guidance to

them for their future life. A housekeeper or maidservant can do the household work, such as cooking food, washing clothes and utensils, keeping the house clean, etc., but she can never be a substitute for a wife/mother who renders selfless service to her husband and children.

27. It is not possible to quantify any amount in lieu of the services rendered by the wife/mother to the family i.e. the husband and children. However, for the purpose of award of compensation to the dependants, some pecuniary estimate has to be made of the services of the housewife/mother. In that context, the term "services" is required to be given a broad meaning and must be construed by taking into account the loss of personal care and attention given by the deceased to her children as a mother and to her husband as a wife. They are entitled to adequate compensation in lieu of the loss of gratuitous services rendered by the deceased. The amount payable to the dependants cannot be diminished on the ground that some close relation like a grandmother may volunteer to render some of the services to the family which the deceased was giving earlier."
(emphasis supplied)

26. Hon'ble Supreme Court in Civil Appeal no. 19-20/2021 in the case of ***Kirti & Anr. Etc vs. Oriental Insurance Co. Ltd*** has observed as under:

*"**25.** When it comes to the second category of cases, relating to notional income for nonearning victims, it is my opinion that the above principle applies with equal vigor, particularly with respect to homemakers. Once notional income is determined, the effects of inflation would equally apply. Further, no one would ever say that the improvements in skills that come with experience do not take place in the domain of work within the household. It is worth noting that, although not extensively discussed, this Court has been granting future prospects even in cases pertaining to notional income, as has been highlighted by my learned brother, Surya Kant, J., in his opinion [**Hem Raj v. Oriental Insurance Company Limited, (2018) 15 SCC 654; Sunita Tokas v. New India Insurance Co. Ltd., (2019) 20 SCC 688**].*

***26.** Therefore, on the basis of the above, certain general observations can be made regarding the issue of calculation of notional income for homemakers and the grant of future prospects with respect to them, for the purposes of grant of compensation which can be summarized as follows:*

a. *Grant of compensation, on a pecuniary basis, with respect to a homemaker, is a settled proposition of law.*

b. *Taking into account the gendered nature of housework, with an overwhelming percentage of women being engaged in the same as compared to men, the fixing of notional income of a homemaker attains special significance. It becomes a recognition of the work, labour and sacrifices of homemakers and a reflection of changing attitudes. It is also in furtherance of our nation's international law obligations and our constitutional vision of social equality and ensuring dignity to all.*

c. *Various methods can be employed by the Court to fix the notional income of a homemaker, depending on the facts and circumstances of the case.*

d. *The Court should ensure while choosing the method, and fixing the notional income, that the same is just in the facts and circumstances of the particular case, neither assessing the compensation too conservatively, nor too liberally.*

e. *The granting of future prospects, on the notional income calculated in such cases, is a component of just compensation.*"

27. In the instant case deceased Smt. Binitaben has left behind 03 minor children with newly born baby as well as her husband also. As per record complainant no. 04 – Mr. Kiritbhai is the only bread earner in the entire family and due to the death of his wife his daily life got disturbed and apparently he suffered a loss of income too as there was no one to take care of his minor children. Furthermore, no one can assess the value of life of a person and by no means it can be ascertained in terms of money. As far as maintenance of lives of minor children i.e. complainants no. 01 to 03 are concerned, they cannot be other alternative to provide themselves better living condition so that they may not feel

absence of their mother and therefore in the opinion of this Commission no amount of compensation would satisfy for the love and affection provided by the mother during the life to the minor children i.e. complainants no. 01 to 03. Furthermore, in the absence of his wife complainant no. 4 is finding himself incapable and handling the special obligation and unable to make consortium to his relatives and family members and therefore looking to all these facts and circumstances of the case in the considered opinion of this Commission minor children i.e Complainant no. 1 to 3 are entitled to get loss of love and affection and complainant no. 04 is also entitled to get loss of consortium and especially new born child is entitled to get loss of motherly care.

28. Hence to meet all these things it would be just and proper to be considered Rs. 3,500/- as a notional income of deceased Smt. Binitaben and on that basis as per multiplier formula compensation can be calculated as under:

NOTIONAL INCOME	3500/-
+adjustment of future prospectus (40%) =	[3500+1400 (40%) = 4,900/-]
deduction towards personnel expanses =	[4900-1225 ($^{1}/_{4th}$ of 4900) = 3675/-]
Compensation after multiplier of 17 is applied =	3675 × 12 × 17 = 7,49,700/-
Loss of consortium (Rs. 1,00,000/-) =	7,49,700 + 1,00,000 = 8,49,700/-
Loss of care/love and guidance for minor children [Rs. 1,50,000/- (50,000 to each child)] =	8,49,700 + 1,50,000 = 9,99,700/-
Total compensation (rounded off) =	**Rs. 10,00,000/-**

29. Therefore on the basis of the above calculation and with regards to considering all the factors in the opinion of this Commission if compensation of Rs. 10,00,000/- with 6% interest awarded to the complainants for the loss occurred to the family then it would meet end of justice.

30. In view of the above conspectus in the opinion of this Commission the order passed by the learned District Commission is not just and proper and therefore it requires interference of this Commission and hence following final order is passed.

O R D E R

1. The present appeal is hereby partly allowed.

2. The order passed by the learned District Commission, Surat (Add) dated 21.08.2013 rendered in C.C No. 289 of 2011 is hereby quashed and set aside.

3. Opponents no. 01 & 02 are jointly and severally hereby ordered to pay compensation of Rs. 10,00,000/- (Rupees ten Lakh only) to the present appellants/original complainants with interest at the rate of 6% from the date of filing of the compliant till its realization.

4. The opponents no. 01 & 02 are jointly and severally also ordered to pay Rs. 10,000/- (Rupees ten thousand only) to

the present appellants/original complainants as cost of the Complaint/Appeal and shall bear its own cost if any.

5. Opponents no. 01 & 02 are jointly and severally shall comply with this order within 60 days from the date of this order.

6. Registry is hereby instructed to send a copy of this order in PDF format by E-mail to learned District Commission Surat (Add.) for necessary action.

7. Office is directed to forward a free of cost certified copy of this judgment and order to the respective parties.

Pronounced in the open Court today on 12th October, 2021.

[Dr. J.G.Mecwan**]**
Presiding Member