

**IN THE NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION,
NEW DELHI**

**JUDGEMENT RESERVED ON: 27.08.2025
JUDGEMENT PRONOUNCED ON : 30.09.2025**

FIRST APPEAL NO. 831 of 2022

(Against the order dated 03.10.2022 in Complaint No. 281 of 2016 of the Uttar Pradesh State Consumer Disputes Redressal Commission, Lucknow)

1. Ajanta Hospital & IVF Centre Pvt. Ltd.
(A Multi-Disciplinary Superspeciality Hospital)
765, ABC Complex, Kanpur Road
Lucknow
Through its Director

2. Dr. Deepak Dewan
Ajanta Hospital & IVF Centre Pvt. Ltd.
765, ABC Complex, Kanpur Road
Lucknow

Currently at :

Regency Super Specialty Hospital
Tedhi Pulia Ring Road
Khurram Nagar, Lucknow
Uttar Pradesh- 226022

... Appellants

Versus

1. Ajay Chaturvedi
S/o Late Shyam Sundar Chaturvedi
R/o House No.J-156, Ashiyana Colony
Jail Road, Lucknow

2. Tarun Chaturvedi
S/o Late Shyam Sundar Chaturvedi
R/o House No.J-156, Ashiyana Colony
Jail Road, Lucknow

3. Smt. Kamlesh Chaturvedi
D/o Late Shyam Sundar Chaturvedi
R/o House No.J-156, Ashiyana Colony
Jail Road, Lucknow

4. Dr. Ritesh Purvar
Director
SIPS Hospital
29, Shameena Road
Lucknow

... Respondents

BEFORE:

HON'BLE MR. JUSTICE A.P. SAHI, PRESIDENT

HON'BLE MR. BHARATKUMAR PANDYA, MEMBER

For the Appellants : Mr. Apoorva Bhumes, Advocate
Mr. Pratham Mehrotra, Advocate

For the Respondents : Mr. Nikhil Jain, Advocate for R-1
Mr. Sahil Sharma, Advocate for R-5 to R-7
R-2, 3 & 4 : Ex-parte vide order dt.28.04.2025

JUDGEMENT

JUSTICE A.P. SAHI, PRESIDENT

1. The Appellants have been held liable for medical negligence by the State Consumer Disputes Redressal Commission, Uttar Pradesh in CC No.281 of 2016 vide order dated 3.10.2022 that has been challenged herein.

2. The Complainants are the heirs of late one Shyam Sunder Chaturvedi who was aged more than 75 years and was admitted for treatment on account of multiple problems including his advanced old age on 30.09.2014 at the Appellant No.1 hospital. According to the Complainants, the Appellant No.2 was the treating doctor where the deceased patient was receiving treatment till his discharge on 09.10.2014. The Complainants made various allegations of inappropriate treatment and negligence resulting in the mismanagement of the

bedsores treatment as a result whereof infections developed and the condition of the patient worsened to an extent that his subsequent hospitalization in other hospitals could not improve the situation and he ultimately collapsed..

3. After discharge from the Appellants' hospital, the patient went back home and according to the Appellants in spite of clear instructions to come back within 05 days, the patient chose voluntarily to stay back home that resulted in aggravation of the infections and instead went to a different hospital namely Sushrat Institute of Plastic Surgery (SIPS) where he stayed for two days and thereafter left against medical advice and was admitted in Sahara Hospital on 20.10.2014 where he stayed for 21 days and expired on 09.11.2014.

4. It may be pointed out that the complaint was filed impleading all the three hospitals and their doctors as opposite parties. After contest, the complaint was partly allowed holding only the Appellants liable for medical negligence on the ground that the bedsores that had developed during the admission of the patient in the Appellant hospital had contributed towards the cause of death of the patient and accordingly came to the conclusion that the nursing staff and the management of the Appellants hospital staff was liable to pay damages for such improper nursing care of the patient. It was concluded that the bedsores were so intense that they were found to be in the stage-4 having reached the bones and according to the State Commission it had developed during

the period when the patient was admitted in the Appellants hospital between 30.08.2014 and 08.09.2014. The State Commission also concluded that even thereafter a compounder of the same hospital had been deployed for carrying out the dressing of the bedsores and therefore this negligence pertaining to the aggravated bedsores was attributable to the Appellant hospital.

5. As noted above, the complaint was partly allowed against the Appellants and they have been jointly and severally directed to pay compensation of Rs.5 lakhs to the Complainant.

6. The order passed by the State Commission has not been challenged by the Respondents/Complainants seeking any relief against any of the other Opposite Parties referred to above and therefore the Respondent/Complainants have acquiesced to the impugned order. The appeal therefore is confined only to the findings and the averments recorded as against the present Appellants and the tenure of the patient spent after admission on 30.09.2014 for treatment. Learned Counsel for the Appellants has invited the attention of the Bench to the medical records from the date of the admission till the date of discharge to urge that the bedsores were clearly treated effectively and no material has been brought on record to indicate any deficiency or negligence either in the nursing or in the administration of medicines as well as regular management of the bedsores. It is therefore submitted that the bedsores were treated but the patient on his own after discharge on 09.10.2014 did

not return back as advised. Learned Counsel has also invited the attention of the Bench to the Nurses Daily Record to urge that there was no shortfall in any care of the patient who had developed these problems on account of his extremely old age and his prolonged ailments as a diabetic patient for the past 25 years and with three attacks of paralysis and other ailments as a result whereof the patient was a very weak constitution. In these circumstances, the bedsores were a natural outcome that was treated appropriately. As such no negligence can be attributed to the Appellants.

7. Learned Counsel also submits that no negligence was found when the matter was examined by the Uttar Pradesh Medical Council through its Ethical Committee that has clearly opined that there was no negligence on the part of the Appellants regarding the treatment extended to the patient. It is also urged that the weak constitution of the patient was not only his advanced age of more than 75 years but he was also a habitual consumer of pan masala and tobacco with strong medical history of Type-2 Diabetes Mellitus and Hypertension for the past 40 years. The three episodes of right side Hemiparesis in 1993, 1996 and 1998 coupled with an Ischemic Infarction as well as seizure disorder all added towards his physical constitution and it is because of these sufferings that the patient might have acquired bedsores. The patient was also suffering from cervical compression for the last two years and chronic kidney disease for the past six months. Thus these multiple

medical complications led to his immobility which also contributed towards the appearance of bedsores.

8. It is however urged that in spite of this full care was taken of dressing the bedsores and giving turns to the physical body of the patient timely which all stands recorded, hence no negligence can be attributed on that score. Learned Counsel for the Appellants has also invited the attention of the affidavit filed by Appellant No.2 before the State Commission to urge that this evidence has been completely overlooked. The medical literature of the Medicines – Faropenem and Linezolid have also been placed to urge that these medicines had been administered as recorded in the note sheets of the doctor and therefore full care about the best possible treatment was undertaken hence there cannot be any inference of medical negligence against the Appellants. The findings arrived at by the State Commission are speculative and inferential inasmuch as there is no material to indicate that the bedsores had reached its 4th stage in the hospital of the Appellants. The patient had travelled home and then had reached other hospitals as such to attribute any default or negligence only on the part of the Appellants by the State Commission is totally unjustified and not based on the evidence on record.

9. Learned Counsel for the Respondents/Complainants has however urges that the Discharge Summary of Sahara Hospital categorically records that the death was caused due to infections and bedsores as

well. The contention is that the very genesis of the bedsores had commenced at the Appellants hospital where the patient was not treated properly that led to the aggravation of the infections resulting in death. It is therefore urged that the State Commission was fully justified in holding the Appellants to be liable for the same.

10. In rejoinder, the Learned Counsel for the Appellants urged that the report of the Ethics Committee of the Medical Council of Uttar Pradesh has been completely ignored and the fact that the patient had remained at his house for several days after being discharged has not been disputed. It is further urged that in the absence of reporting back to the hospital as advised and staying back at home cannot be a factor to hold the Appellants responsible. The conclusion drawn about a compounder of the hospital attending to the patient after discharge is an absolutely incorrect assumption inasmuch as there is no evidence to indicate that any compounder had been allotted by the Appellant hospital for carrying out or attending to the patient and in the absence of any such evidence to hold that the compounder was of the hospital and therefore the negligence can be connected with the Appellants is a totally unjustified approach with no evidence to support the same.

11. Having considered the submissions raised the first document is the document of admission and the Appellant No.1 Hospital on 30.09.2014 which is extracted hereinunder:-

AJANTA HOSPITAL & IVF CENTR.

765, ABC Complex, Kanpur Road, Alambagh, Lucknow - 221005
Ph: 4032888, 2462335, 4009211, 2465107 Fax: 0522-2465223

Dr. (Mrs.) Gita Khanna (M.S.)
Urologist & Gynecologist
Laparoscopic & Hysteroscopic Surgeon
Infertility - IVF Specialist
Mobile: 9335913048

Dr. Anil Khanna
MS FMS (Surg)
(Surgeon & Laparoscopic Surgery Specialist)
Mobile: 9335242509

Dr. A. K. Awasthi (M.D.)
Consultant Physician
Mobile: 9415003807

Dr. Channanjoy Kumar (M.D.)
Jewellry & Neonatologist
Mobile: 9415023331

Dr. M. S. Chhetri M.S (Surg) M.S (Orth)
Orthopaedic and Spinal Surgeon
Mobile: 9335908219

Dr. S. K. Bhasin (M.S.)
Neurologist, Surgeon
Mobile: 9335902822

Dr. Sherad Kumar (M.D., D.M.)
Endocrinologist
Mobile: 9450270878

Dr. T. Bhattacharyya (M.S., M.Ch.)
Plastic Surgeon
Mobile: 9415081658

Dr. Amit Sharma (M.B.B.S., D.M.D.)
Paediatrics & Sonologist
Mobile: 9415060125

Dr. Viree Garg (M.S., M.Ch.)
Surgical Surgeon
Mobile: 9415195332

Dr. Jai Prakash Chandra (M.S., M.Ch.)
Surgical Surgeon
Mobile: 9415091097

Dr. Pankaj Gupta
Surgical Surgeon (Gastroenterology Specialist)
Mobile: 9415077991

Dr. S. S. Agarwal (M.B.B.S., D.M.S., F.R.C.S.)
The Rectum
Mobile: 94150403900

Dr. Manish Gulati (M.S.)
Surgical Surgeon
Mobile: 9415012448

Dr. Vinay Shukla (M.S.)
ENT (Surgeon)
Mobile: 9415077746

Dr. Nandini Datta (M.S., F.R.C.S.)
Neurological Diagnostics Specialist
Mobile: 9335507382

Dr. Harleen Singh (M.B.B.S., M.D., B.M.)
Neurologist
Mobile: 9415015728

Dr. Pallav Garg (M.S., M.Ch.)
Surgical Surgeon (SOPC)
Mobile: 9415003377

Dr. Sandhya Maheshwari (M.D.)
Paediatrics
Mobile: 27888924

S.S. Chaturvedi 78 Years Male P/o: Lucknow
30.09.2014
Lower respiratory Tract Infection
Chronic Kidney Disease Moderate Renal Failure
Diabetic Nephropathy Hypertension Anemia
Benign Prostatic Hyperplasia Cervical Cord
Narrowing H/o CVA ? Ischemic Infarct 3 Episodes
of GTCS

Cough with expectoration X 25 days, reddish
since 1 day
Fever X 1 day
O/E

Chest: Bilateral crepts
BP: 140/80 mm Hg PR: /min Wt: kg
Rx

Urgent admission - Not willing
Tab Zocel CV 500 mg BD X 7 days
Tab Tavanic 500 gm OD X 7 days
Inj Novomix 30

22 U BBF

16 U before dinner

Tab Unicoxal 80 mg OD

Tab Cinod 20 mg BD

Tab Majitol SR 400 mg OD

Tab Moxilong 40 mg OD

Tab Renopress XL 5 mg 1 BD

Tab Olmat 40 mg OD

Tab Lopidil 75 mg HS

Tab Alfatom D 1 HS

Tab Dytac 100 mg BD

Powder Softovac 50 g 1 BD

12. The treatment and the continuation sheet clearly indicate that the administration of antibiotics and medicines even though the bedsores have been noticed. Thus the bedsores upon being noticed for the first time on 06.10.2014, the treatment immediately seems to have commenced. The cervical problem of the patient is also evident and his movements appear to have been restricted and his general condition was

very poor. Indications of pneumonia and other infections are also recorded in the doctor's sheets. The situation continued till 03.10.2014 when he suffered a septic shock and was also ventilated. The continuous attendance by doctor on account of the acute status of the patient is also evident. The first indication of a bedsore is shown in the treatment sheet dated 06.10.2014 and the dressing for bedsores was also indicated. The treatment has been followed and stand supported with the nurses note sheets which is also on record. It is correct that the bedsores have been noted from 06.10.2014 onwards and the patient was discharged on 09.10.2014 which records that there is a bedsore and advice was given with regard to its management in the Discharge Summary dated 09.10.2014 which is extracted hereinunder:

171

Discharge Summary
AJANTA HOSPITAL & IVF CENTRE
765, ABC Complex, Kanpur Road, Alambagh, Lucknow-226005
Ph.: 2462336, 2969681, 2465107, And 4032000, Fax: 0522-2465223
Mobile: 9335913046, 9335242509

Patient Name: Mr. S.S Chaturvedi	Date: 09-10-14
Address : R/O Lucknow	
Telephone No:- 9415402518	
Case No 14-15/4580	Room/Bed No Pvt-305

Physician./Surgeon/I/C: Dr. Deepak Dewan DM (Neph.)

Name of Patient: Mr. S.S Chaturvedi Age: Sex: 78Y/M

Diagnosis: Acute on Chronic Kidney Disease Acute Factor Sepsis, cause
Pneumonitis with Respiratory Failure/Urinary Tract Infection/Infected bed
sore Underlying Disease: ?Diabetic Nephropathy Hypertension Anemia
Benign Prostatic Hyperplasia Cervical Cord Narrowing H/o CVA ?Ischemic
Infarct 3 episodes of GTCS

Date Admission: 30-09-14 Date of Discharge: 09-10-14














Past History & Treatment: Type 2 Diabetes Mellitus X 25 years
Hypertension X 25 years
CVA- since 1994 H/o GTCS
CKD X 3 years
Family History: Mother and Sister diabetic
Personal History: Non vegetarian,
H/o addiction +

Dr. Deepak Dewan

172

Clinical Summary: This 78 years old male, admitted to this hospital with c/o fever anorexia nausea vomiting and difficulty in breathing X 2 days and swelling in B/L lower limb. O/E BP 130/90 mm Hg P/R-96/min Temp 100°F pallor± edema+ Chest B/L crepts CVS-S1S2 normal CNS-conscious but disoriented F/A soft. Patient investigated & was started on oxygen IV antibiotics (Meropenem Teicoplanin) diuretic bronchodilator & other symptomatic treatment but patient's general condition deteriorated and shifted to ICU. Meanwhile patient developed respiratory failure and complete renal shut down. Immediately intubated and put on mechanical ventilator one session Hemodialysis given through Femoral antifungal (Caspofungin) and other supportive treatment given. Patient responded with treatment.

Advice on Discharge: diet and bed sore as advised

- Tab Furofida 200 mg BD  tab Novomix 30 BD
 - Tab LNZ 600 mg BD 
 - Tab Uricostat 80 mg OD 
 - Tab Majloli 3R 400 mg OD 
 - Tab Alfacid 1 HS 
 - Tab Dylor 100 mg BD 
 - Tab Lanum C 100 
 - Tab Loprin 75 mg OD 
 - Tab Mappi 1BD 
 - Tab Domstal 10 mg TDS 
 - Syp Betonin 2 TSF TDS 
 - Tab Lanum-C 1 BD 
 - Cap Active D 0.25 mcg OD 
 - Inj Novomix 30 16U BBF 10U before dinner
- Next visit: after 5 days with CBC Na K BUN Creat FBS PPBS report

Resident

Consultant

Chief Medical Suptd.

13. Admittedly after the discharge the patient did not visit the hospital as advised after 05 days. He instead get himself admitted on 18.10.2014 in SIPS where he stayed for two days till 20.10.2014 and got himself relieved against medical advice and then came to be admitted at the Sahara Hospital where he stayed from 20.10.2014 till his death on

09.11.2014. It is shown in the admission sheet of Sahara Hospital that there were bedsores and the cause of death also indicates apart from septic shock and other symptoms bedsores as also one of the reasons.

14. The Complainants filed three separate complaints against all the three sets of Respondents but the same was got dismissed as withdrawn with liberty to file a fresh complaint and accordingly the complaint giving rise to this appeal was filed. It was alleged that after the patient was shifted in the ICU, the Complainants could not have any information as the patient was kept on a ventilator from 03.10.2014 and then dialysis was started when he was shifted to the private ward on 06.10.2014. The Complainants alleged that they came to know of the bedsores only when the patient was shifted to a private ward and therefore the bedsores had developed when the patient was in the ICU. The contention is that while the patient was in the ICU and was on the ventilator care was not taken and it is during this period that the bedsores seem to have been acquired by the patient. It is this negligence which led to its aggravation and as per the Death Summary report, the patient was suffering from 4th grade bedsores.

15. We have pointed out that the State Commission has concluded that the Evidence with regard to medical negligence is against the Ajanta Hospital and the Order passed in only against the Opposite Party No.1 and the Opposite Party No.2 who are the hospitals and the owner respectively who have been directed to pay a sum of ₹5 lacs. The other

hospitals have not been found negligent namely SIPS and Sahara Hospital.

16. What is noticeable is that the patient was in the Opposite Party No.1 Hospital upto 9th October only. It is correct that he had bedsores but we find from the note-sheets as well as the treatment-chart that from 6th October onwards the bedsores were being treated turning the patient from one side to the other, carrying out dressings and also administering Faropenem and Linezolid medicines. The appropriate treatment was, therefore, being carried out but the patient went back home on 09.10.2014 and did not report back to the hospital within five days as advised. He stayed for over almost 9 days. During this period he is stated to have received home treatment where some compounder is also stated to have attended to him. There is no evidence to indicate that the compounder had been deputed by the Opposite Party No.1 hospital or the Opposite Party No.2 doctor nor is there any other evidence to indicate as to what form of dressing and care was being taken of the patient at home from 09.10.2014 to 18.10.2014. Consequently, this period was clearly spent as per the own choice of the patient and applying the principles of *res ipsa loquitur* it can be gathered that the bedsores might have worsened during this period. We may point out that there is no evidence that the bedsores had reached stage-IV by 09.10.2014 at the hospital.

17. Apart from this, the patient did not return back to the Opposite Party No.1 hospital and instead went to SIPS where he was for two days from 18.10.2014 to 20.10.2014. As noted above, no negligence has been fixed against the said hospital even though it was arrayed as an Opposite Party in the Complaint. The Complainant has not filed any Appeal questioning the correctness of the impugned Order absolving the SIPS Hospital. In the circumstances, if the bedsores continued at SIPS Hospital as well, the same cannot be attributed towards the negligence of the Opposite Party Nos.1 & 2 or the worsening of the bedsores to Stage-IV.

18. Then comes the arrival of the patient to Sahara Hospital on 20.10.2014 where he stayed for 21 days. As noted above any claim against the Sahara Hospital has not been found to be tenable. No Appeal as stated above has been filed by the Complainant absolving Sahara Hospital as well which facts have been examined by the State Commission.

19. In this background, the finding recorded by the State Commission that the condition of bedsores had developed due to improper hygiene and lack of nursing care at Ajanta Hospital leading to Stage-IV of the bedsores does not seem to be based on an appropriate estimation of the circumstances of the case as discussed above. The Opposite Party Nos.1 & 2 cannot, therefore, be made a scapegoat for any liability for

holding that the bedsores had worsened at the Opposite Party No.1 Hospital.

20. The complaints which had been made before the Medical Council have been answered in the opinion expressed by the Ethics Committee and the Order passed on 25.08.2017, which is extracted as under:

“RECOMMENDATION OF ETHICAL COMMITTEE

Proceeding

Complaint against Dr. Deepak Dewan (U.P.M.C. Reg. No. 41832), Dr. Reetesh Purwar (U.P.M.C. Reg. No. 39329) and Dr. R.K.Mishra was received in this Council. Complaint was made by Mr. Ajay Chaturvedi. Mr. Ajay Chaturvedi appeared before Ethics Committee on 06/03/2017. Dr. Deepak Dewan, Dr. Reetesh Purwar of SIPS Hospital and Dr. R.K. Mishra from Sahara Hospital also appeared before Ethics Committee on _____. Dr. Dewan told the patient was a case of Diabetes and hypertension with 3 episodes of CVA. He used to come on wheel chair for checkup. From admission on 30.09.2014 to discharge 09.10.2014, there was no bed sore. Patient's attendants took discharge on 17.10.2014 then they told that patient developed bed sore.

Records have been submitted by Dr. Deepak Dewan before council. Consent shown by Dr. Dewan to take patient to ventilator support was not found proper. Dates, witness and full name of brother giving consent is not mentioned. Dr. Reetesh Purwar told that patient was admitted in SIPS Hospital for one day for bed sore only, patient was kept in ICU and debridement with VAC applied. Committee was told that this procedure was done after taking consent. Dr. R.K. Mishra from Sahara Hospital is incharge Emergency, Cardiologist and Physician. Dr. Mishra told that patient was admitted on 20.10.2014 in Sahara Hospital and he was shown to Dr. Surajeet Bhattacharya next day i.e. on 21.10.2014 followed up on 25.10.2014, 27.10.2014, 29.10.2014. Patient was admitted under nephrologist in Sahara Hospital and was properly taken care off.

Order

The Ethical Committee heard both the parties and went through all the documents. The Committee warns Dr. Deepak Dewan and Administration of Ajanata Hospital and instructs him to take proper consent while shifting to ICU/ Ventilator. Management of SIPS Hospital too is strictly warned to give comprehensive treatment whenever any patient is admitted. The Ethical Committee found no negligence on the part of Sahara Hospital and its treating doctors.

21. A perusal thereof indicates that it has noted the defense of Dr. Diwan who had stated that there was no bedsore till the date of discharge from his hospital on 09.10.2014. The said statement does not appear to be correctly recorded in as much as the bedsore had been first noticed on 06.10.2014 and the treatment had commenced. The Ethics Committee seems to have incorrectly noted the date of discharge on 17.10.2014 whereas the patient had been discharged on 09.10.2014 and it was admitted in SIPS Hospital with Dr. Ritesh Purwar on 18.10.2014. The Ethics Committee did not find Dr. Diwan or his hospital namely Ajanta Hospital to be negligent in the nursing of the patient, but referred to the consent documents not being in Order for extending ventilator support of the patient. Apart from this, there is no other complaint referred to by the Medical Council. The warning of comprehensive treatment is to SIPS Hospital and not to the Appellant.

22. The conclusion drawn by the State Commission, therefore, about the bedsores having taken a bad shape on account of deficient nursing at the Opposite Party No.1 Hospital is not exactly borne out from the record. To the contrary, the bedsores upon being noticed on 06.10.2014 have been treated with a further request to the patient to come back after five days of the discharge that was admittedly not done. The Hospital,

therefore, cannot be castigated for any negligence per se if the patient did not turn up once again. To the contrary, the patient went back home and to two other hospitals where he stayed for more than 25 days and received treatment but the State Commission has chosen to absolve those two hospitals of any liability. In this background to attribute negligence in nursing on the Opposite Party No.1 entirely does not seem to be justified.

23. Handling of the bedsores has been explained on behalf of the Appellant through an Article on Pressure Ulcer and also appears to have given written advice for the bedsore treatment with follow-up investigations. In these circumstances what is to be noted is the critical health condition of the patient in which he had been admitted having suffered three strokes, cardiac problems, being a patient of diabetes for the past several years and hypertension for the past 40 years. Thus, the bedsores were not the only antecedent or direct cause of death even though the bedsores might have added to the old age, anaemia, the paralytic attacks and the spinal injuries as well as the diabetes and hypertension of the patient. The main cause of death appears to be a cardiac problem and renal failure. The patient was also immobile on account of his weak health conditions that might have initiated the bedsores or even aggravated it later on. These aspects have not been dealt with by the State Commission and the impugned Order to the extent, it indicts the Opposite Party Nos.1 & 2 cannot be sustained. The

same is, therefore, set aside to the extent it fixes liability on the Appellants. The Appeal is, therefore, partly allowed.

24. We find from the Order-sheet dated 01.12.2022 that the following Order was passed:

"Issue notice to the Respondents, subject to payment of Rs.20,000/- directly in the name of Respondent No.1 by way of demand draft to cover travel and allied expenses within a period of four weeks, returnable on 01.03.2023.

The operation of the impugned Order is stayed subject to deposit of 50% of the awarded amount before the State Commission within four weeks."

25. We make it clear that any amount paid under the said interim Order to the respondent would not be refundable. In case any amount deposited before the State Commission has been withdrawn by the Respondent shall also not be refundable.

26. However, the statutory deposit made by the Appellants before this Commission shall be refunded to the Appellants as the Appeal has been partly allowed in their favour.

27. The Appeal stands disposed of accordingly.

Sd/-

.....
(A.P. SAHI, J.)
PRESIDENT

Sd/-

.....
(BHARATKUMAR PANDYA)
MEMBER

SS/AS/CM-VM/C-1/Reserved matter