

**BEFORE THE HON'BLE STATE CONSUMER DISPUTES
REDRESSAL COMMISSION, MAHARASHTRA, MUMBAI**

CONSUMER COMPLAINT NO.CC/13/368

1. MRS.MEENA VISHWASRAO

BALLAL.

2. MR.AMOL VISHWASRAO BALLAL,

Both residing at:

Plot No.281, Sector 'C',

Bhakti Nagar, N-1 CIDCO,

Aurangabad, Maharashtra.

.....Complainant(s)

Versus

1. REGIONAL REFERRAL HOSPITAL
NASHIK,

A Hospital run by The Government of
Maharashtra,

Address: Late Smt. Indira Gandhi Chowk,
Shalimar, Nasik 422 001.

2. DR. SHEETAL KUMAR HIRAN,

As Medical Officer at:

Regional Referral Hospital, Nasik

3. STATE OF MAHARASHTRA,

Under Secretary,

Health Ministry, Mantralaya, Mumbai.

4. MR. AMIT VISHWASRAO BALLAL,

R/at Plot No.281, Sector 'C',

Bhakti Nagar, N-1 CIDCO,

Aurangabad, State - Maharashtra.

.....Opponent(s)

BEFORE:

**MR.P.B. JOSHI, PRESIDING JUDICIAL MEMBER
DR.S.K. KAKADE, MEMBER**

For the Complainant(s): Advocate Abhijit Hartalkar

**For the Opponent(s): None present for opponent nos.1 and 3.
Advocate Mishra for opponent no.2.
Advocate Jayant Chitnis for opponent no.4.**

ORDER

Per Dr.S.K. Kakade, Hon'ble Member:

1. This is a case of alleged medical negligence. The complainants are the legal heir of the deceased Mr. Vishwasrao Ballal. The opposite parties are the hospital and doctors involved in the treatment of the deceased. Being aggrieved by the death of the husband and father of complainants during the treatment, they have filed this consumer complaint under section 17 r/w section 12 of the Consumer Protection Act 1986, praying to seek lump sum compensation of Rs.50 Lakh by holding the opposite parties negligent and deficient in services.
2. Facts necessary for deciding this complaint are as under:
Mrs. Meena Ballal, Complainant no.1 is widow of the deceased Mr. Vishwas Ballal, while Amol Ballal son of the deceased is complainant no.2, both residing in Aurangabad. The opposite party no.1 is Regional Referral Hospital Nashik, where the deceased was treated, is the hospital run and controlled by Government of

Maharashtra; opposite party no.2, Dr. Sheetal Kumar Hiran, is the cardiologist from Nashik who treated the deceased, Opposite party no.3 is the State of Maharashtra and the opposite No. 4 is Mr. Amit Ballal, who resides in Aurangabad, is the second son of the deceased, who was out of India when complaint was filed, so he was made one of the respondents.

3. A 69 Years old, patient late Mr. Vishwasrao Narayan Ballal, on 6th May 2012 at 7.45 pm, was admitted in opposite party no.1 hospital with complaints of heaviness in chest for which he was admitted and investigated. As per the report of previous angiography dated 7th February 2012, diagnosed as Single vessel disease, the patient was treated with angioplasty (PTCA for LAD) on 7th May 2012 at around 12 noon in which stent was passed in Left Anterior Descending Artery, which was performed by the opposite party no.2, the Cardiologist. After the angioplasty the patient started deteriorating with rapid drop in the blood pressure (hypotension) and other vital parameters for which the treating doctors tried to investigate by abdominal sonography to find out the source of bleeding inside the body to find out the reason for the drop in blood pressure, intensive care treatment was given, Cardiothoracic Surgeon was consulted. But despite all possible efforts to treat the patient, he succumbed and died on 9th May 2012 at 3.00 pm.
4. Aggrieved by the death of the patient, Mr. Vishwasrao Ballal; the wife of deceased Mrs. Meena V. Ballal and one son, Mr. Amol V. Ballal filed complaint at this State Consumer Disputes Redressal Commission which was admitted on 17th October 2013, alleging negligence in the treatment resulted in the death of the patient, seeking compensation Rs.50 Lakh totally. The opposite parties (the Regional Referral Hospital, Nashik and the State of Maharashtra

and treating Doctor, Dr. Sheetal Hiran and the OP no.4 who is another son of the deceased) opposed the complaint by filing written statements and evidence, medical literature along with expert opinions.

5. Considering the rival contentions of both parties, submissions made before us, considering record and scope of the complaint, following points arise for our determination and our findings thereon are noted against them for the reasons given below:

POINTS:

Sr.No.	Point	Findings
1.	Whether complainants have proved that they are consumers as per the Consumer Protection Act 1986?	Yes
2.	<p>Whether complainants have proved that there was deficiency in service and medical negligence by the opposite parties?</p> <p>A. Whether complainants have proved that there was negligence by opposite parties to carry out the routine laboratory test before operation?</p> <p>B. Whether complainants have proved that there was negligence by opposite parties in not carrying out the CT Scan of the patient to diagnose the cause of dropping of blood pressure and thus in diagnosis?</p>	Yes
3.	Whether the complainants are entitled for compensation?	Yes. Partly
4.	What Order?	As per the final order

6. We have reviewed the concept and settled principles in deciding the negligence by highly skilled medical professionals. The concept of medical negligence is being dealt with settled principles of the law that govern it. Reasonable degree of care and skill means that the degree of care and competence that an "ordinary competent member of the profession who professes to have those skills would exercise in the circumstance in question." The burden of proof is correspondingly greater on the person who alleges negligence against a doctor than a charge of negligence against the driver of motor car.
7. The liability of a doctor arises not when the patient has suffered any injury, when he is treated in good faith but when the injury has resulted due to the conduct of the doctor, which has fallen below that of reasonable care. Thus, the doctor is not liable for every injury suffered by a patient. He is liable for only those that are a consequence of a breach of his duty. Hence, once the existence of a duty has been established, the complainant must still prove the breach of duty and the causation. In case there is no breach, or the breach did not cause the damage, the doctor will not be liable. To show the breach of duty, the burden on the complainant would be to first show what is considered as reasonable under those circumstances and then that the conduct of the doctor was below this degree.
8. The Hon'ble Supreme Court in the landmark case of Dr. Laxman Balkrishna Joshi vs. Dr. Trimbak Bapu Godbole, AIR 1969 SC 128, has held that with the best skill in the world, things

sometimes go wrong in medical treatment or surgical operation. A doctor cannot be blamed to be negligent simply because something goes wrong or someone else of better skill or knowledge would have prescribed a different treatment or operated in a different way. In the landmark judgment of Indian Medical Association vs. V.P.Shantha, 1996 AIR 550, **1995 SCC (6) 651, JT 1995 (8) 119, 1995 SCALE (6)273 ACT**; the Apex Court has decided that the skill of a medical practitioner differs from doctor to doctor and it is incumbent upon the Complainant to prove that a doctor was negligent in the line of treatment that resulted in the life of the patient. It is for the Complainant to prove the negligence or deficiency in service by adducing expert evidence or opinion and this fact is to be proved beyond all reasonable doubts.

9. Hon'ble Supreme Court in *Jacob Mathew vs. State of Punjab & Anr*, 2005 DGLS (Soft) 990 : 2005 AIR (SC) 3180: 2005 (6) JT 584: 2005(6)SCC 1 in para 49 summarised the conclusions about medical negligence as follows,

“(1) Negligence is the breach of a duty caused by omission to do something which a reasonable man guided by those considerations which ordinarily regulate the conduct of human affairs would do, or doing something which a prudent and reasonable man would not do. The definition of negligence as given in Law of Torts, Ratanlal & Dhirajlal (edited by Justice G.P. Singh), referred to hereinabove, holds good. Negligence becomes actionable on account of injury resulting from the act or omission amounting to negligence attributable to the person sued. The essential components of negligence are three: 'duty', 'breach' and 'resulting damage'.

(2) Negligence in the context of medical profession necessarily calls for a treatment with a difference. To infer rashness or negligence on the part of a professional, in particular a doctor, additional considerations apply. A case of occupational negligence is different from one of professional negligence. A simple lack of care, an error of judgment or an accident is not proof of negligence on the part of a medical professional. So long as a doctor follows a practice acceptable to the medical profession of that day, he cannot be held liable for negligence merely because a better alternative course or method of treatment was also available or simply because a more skilled doctor would not have chosen to follow or resort to that practice or procedure which the accused followed. When it comes to the failure of taking precautions what has to be seen is whether those precautions were taken which the ordinary experience of men has found to be sufficient; a failure to use special or extraordinary precautions which might have prevented the particular happening cannot be the standard for judging the alleged negligence. So also, the standard of care, while assessing the practice as adopted, is judged in the light of knowledge available at the time of the incident, and not at the date of trial. Similarly, when the charge of negligence arises out of failure to use some particular equipment, the charge would fail if the equipment was not generally available at that particular time (that is, the time of the incident) at which it is suggested it should have been used.

(3) A professional may be held liable for negligence on one of the two findings: either he was not possessed of the requisite skill which he professed to have possessed, or, he did not exercise, with reasonable competence in the given case, the skill which he did possess. The standard to be applied for judging, whether the person

charged has been negligent or not, would be that of an ordinary competent person exercising ordinary skill in that profession. It is not possible for every professional to possess the highest level of expertise or skills in that branch which he practices. A highly skilled professional may be possessed of better qualities, but that cannot be made the basis or the yardstick for judging the performance of the professional proceeded against on indictment of negligence.

(4) The test for determining medical negligence as laid down in Bolam's case [1957] 1 W.L.R. 582, 586 holds well in its applicability in India.”

10. Therefore, keeping the law laid down by Hon'ble Supreme Court and the principles of medical negligence in mind hereby the present facts and the evidence before us in the present case are assessed within the scope of complaint.

REASONS

11. As to POINT No.1 Consumer

Learned advocate for the complainants submitted that, the complainants paid the amount of Rs.90,000/- to the Government towards PTCA (Angioplasty)-treatment of deceased Shri. Vishwas Ballal and the receipt copy is on page 43 of the complaint compilation. So, the complainants are consumers as the consideration was paid for the service of treatment. The advocates for opposite parties have accepted the same. Hence the answer to the **POINT no.1 is AFFIRMATIVE.**

12. As to POINT No.2 Deficiency in Service and Medical Negligence

Learned advocate for the complainants, Adv. Abhijeet Hartalkar, submitted that, this is a case of death of patient after angioplasty was

performed on deceased, so his son filed the complaint. The deceased was a retired person of age 69 years. He invited our attention to the medical record that gives details about the deceased Mr. Vishwas' admission to the hospital on 6th May 2012, his angioplasty next day by OP no.2 and then sinking of the patient to death on 9th May 2012 afternoon. Learned advocate further submitted that, during the angioplasty, when the catheter was inserted in the femoral artery, which was ruptured and there was dissection of the artery leading to continuous bleeding lead to formation of retroperitoneal haematoma. This was the cause of constant hypotension, drop in blood pressure, further lead to critical condition and since this was not diagnosed in time and the investigations like CT Scan was not done immediately, the patient died as no timely surgical exploration could be done and thus saving of life of the deceased was not possible. Learned advocate invited our attention to the telephonic call with Dr. Suhas Hardas, renowned cardiologist from Aurangabad, who suggested that the CT Scan of abdomen should have been done at the earliest. Thus, valuable time was lost and the most essential test of CT Scan of abdomen to diagnose the cause of bleeding was not performed in time and thus there was delay in diagnosis and treatment.

13. Learned advocate for the complainants further invited our attention to the abdominal sonography reports on pages 279, 280 and 282 of the compilation. He submitted that, these are fabricated reports and the abdominal CT Scan was never advised, instead it was wrongly informed that Sonography was performed. He also invited our attention to the written statement of the opposite parties, pages 9 and 17, in which the reason for not shifting patient for CT Scan was written by the opposite parties as, "there was no battery backup" for the life saving machine- known as IABP (Intra Atrial Balloon Pump)

that needed to be taken along with patient for CT Scan from 4th Floor to ground floor. And this was the “act of omission” on the part of OP no.1 and 3. This specially contrary to the claim of the opposite parties, on page 21, para 14 that mentions that this opposite party no.1 is well equipped hospital. Also as per page no.25 of the complaint, in spite of expected complication of injury to the blood vessel, the operation theatre was not kept ready for emergency operation on 8th May, but that was opened only on 9th May 2012 in morning. So, after the diagnosis of injury to the femoral artery on CT Scan, that was done on 8th May 2012 late in the night, its emergency operation could happen only on 9th May. This was serious deficiency in service on the part of opposite parties.

14. Learned advocate for the complainants invited our attention to the two expert opinions from two Surgeons. Dr. Narendra Dattatray Kulkarni, practicing Surgeon and Urologist from Aurangabad with 26 years of experience, after going through the medical record, has opined about the failure of the treating doctor to diagnose the cause of bleeding as follows,

“12) Failure to diagnose patient by resorting to tests on unrelated sites: The Cath lab and ICCU notes describe the condition of the patient after PTCA to LAD. The treating doctor did not come to diagnosis of reason for hypotension. It started immediately after the procedure, which should have prompted him to look in for access site bleeding at least after check shoot, Aortogram, Arteriogram. Failing to find the source and sight of bleeding, CT Scan should have been resorted to as prescribed by Cardiological reference books” page 321 of complaint compilation.

15. Another expert opinion brought on record, by the advocate for the complainants, is that of Dr. Bhavan Mahajan, 73 years Surgeon from Aurangabad. He opined as follows,

“While carrying out the procedure of PTCA to LAD, dissection of femoral artery was caused due to selection of wrong site and mis-judgment of respondent. He carried out tests like USG, Aortogram, Arteriogram, Check shoot, which failed to give source of bleeding, instead of carrying out surer tests like CT Scan. Though Respondent carried out emergency treatment like blood transfusion, rest etc, the bleeding of the size of >0.5 cm, did not get repaired merely by expectant method and rest as believed by the respondent. He did not attend to the deteriorating condition, resisted taking to CT Scan and subsequent operation. The delay resulted in irreversible damage, and death of the patient” Page 329 of complaint compilation.

16. Both the expert opinions submitted by the complainants, are that of senior General Surgeons and not of Cardiologists. So as per the definition of the expert, he should from the same field of medicine. In the instant case cardiologist’s expert opinion was valuable. We found that, opinions of both the surgeons are logically acceptable, even though they cannot be accepted as experts legally.

17. The expert’s opinion and affidavits submitted by the opposite party no.2 are as follows.

Dr. Nitin Prakash Kochhar, with Qualifications MBBS, MS. MCh (CVTS), Cardiothoracic Surgeon from Nashik, with 6 years of experience, stated that the treating doctor has adopted best possible treatment and is in line with the academic books and any reputed doctor would have acted on the same line considering the situation. At the end he has also mentioned that, “as patient’s coagulation profile and renal parameters were deranged ,patient was taken up for

surgery after stabilization.” The expert is cardiothoracic Surgeon and he has deposed in favour of the treating doctor OP no.2.pages 187 to 190 of complaint compilation.

Another expert opinion is by Dr. Girish Kale, Qualification M.D. Medicine, DNB Cardiology, with 6 years of experience as Cardiologist, mentioned as the treating doctor Dr. Hiran has treated the patient according to the academic books. This opinion is replica of the opinion given by the cardiothoracic surgeon. Pages 191 to 194 of the complaint compilation. Both the opinions do not explain the delay in advising CT Scan and then delay in performing the exploration operation of the patient.

18. Our attention was also invited to the letter by Government of Maharashtra to the Deputy Director of Health Services dated 9th April 2014 (page162 of the complaint compilation) and subsequent report from the expert committee from the District Civil Hospital, Nashik dated 9th May 2014. The report of the expert committee (page 165- 166 of complaint compilation) is signed by the Civil Surgeon, Addl. Civil Surgeon both from Nashik, Associate Professor in Cardiology and Associate Professor in CVTS, both from JJ Hospital Mumbai, and the Radiologist from Civil Hospital, Thane. After mentioning the Case summary, the conclusion of the report is as follows, “Our observations on the basis of records submitted are as follows, General Condition of the patient was very poor and needed intensive care, hence the patient could not be shifted to C.T. Scan earlier”.
19. Our opinion about the Government Expert Committee report is that this report does not have any evidentiary value as it is inconclusive. This is based on following observations,

- a. The report, though signed by highly qualified Civil Surgeons and specialist doctors, it does not explain whether there was negligence in the treatment of the patient.
- b. Barring the facts of the case in the summary, there is no explanation of why there was hypotension post angioplasty that was not responding to the treatment.
- c. It does not explain why there was no battery backup available for the IABP (Intra-Aortic Balloon Pump) machine and was that responsible for not shifting the patient to CT Scan earlier?
- d. Overall, the report does not discuss scientific reasoning of the bleeding found in the retroperitoneal space and the hypotension caused.
- e. We are of the opinion that, this Government Expert Committee report has not only wasted the time of the Consumer Commission by submitting inconclusive report but also mislead the Commission.
- f. It appears that, there is need of training all the Experts working at the State Government level and need to train them in proper manner about what is importance of Expert Committee report, the process that the committee should adopt and how the report with legal evidentiary value should be written. We feel that the DMER (Directorate of Medical Education) as well the Health Department of State Government need to investigate it and arrange the training for all Civil Surgeons as well as experts in all medical subjects. This commission will help in the same, so that legally conclusive expert committee reports will be available for the Consumer Commissions helping them to decide the matter on scientific evidence.

20. Learned advocate of the opposite party no.2, invited our attention to the affidavit in reply on behalf of the respondents no.1 to 3, pages 177 to 185, by Dr. Bhaskar Dnyandeo Pawar, Authorized representative of the respondents no.1 to 3. Para 4 of his affidavit mentions details about the hospital, "The Regional Referral Hospital is a tertiary care hospital run outside Mumbai, which carries tertiary care in large number and the success rate is very high." The affidavit further mentions that, the patient was in critical condition and so in spite of best efforts died of natural death. There is no mention of why the CT Scan was advised and done late as well as why the operation of exploration of leaking femoral artery was not done immediately on the same night once CT Scan was done. So, this cannot be accepted as explaining the reasons for the negligence and why the opposite parties were not negligent.

21. Learned advocate for the OP no.2 invited our attention to the medical literature submitted on record on behalf of the opposite parties, pages 117 to 154, 269-278 and 284-294 of complaint compilation. The references referred are from the book on Cardiology, Braunwald's Heart Disease - A Textbook on Cardiovascular Medicine, Eighth Edition, the literature describes the cardiac catheterization and complications associated with. In nutshell, the literature says that, the vascular access injury is rare one but may be the reason for non-responsive hypotension due to retroperitoneal haematoma and CT Scanning establishes the diagnosis. Page 289 of the compilation submitted by opposite parties, para 13 mentions as urgent consultation from vascular surgeon is needed in case of continuous bleeding due to femoral artery laceration. The reference to the medical literature by the learned advocate for opposite parties, does not explain the reason for

not anticipating the complication of femoral artery injury as the cause for hypotension, not getting done the CT Scan of abdomen in time and then taking steps for surgical intervention.

22. While defending the OP no.2, learned advocate invited our attention to the rulings of Hon'ble Supreme Court of India and the National Consumer Disputes Redressal Commission, New Delhi, and the paras applicable to the present case as per the learned advocate.

A. *Kusum Sharma & Ors vs. Batra Hospital & Medical Research Centre & Ors.* Civil Appeal no.1385 of 2001, Decided on 10th February 2010, Supreme Court of India

Para 73 of the judgment, refers to judgment by Lord Denning, states that, “ a medical practitioner was not to be held liable simply because things went wrong from mischance or misadventure or through an error in choosing one reasonable course of treatment in preference of another.” This is clearly not applicable to the instant case, as there was act of omission involved in the treatment of the patient.

B. *Jacob Mathew vs State of Punjab & Anr*, Appeal (Crl.) 144-145 of 2004, Supreme Court of India

This judgment is not applicable to the instant case as this ruling deal with criminal case against doctor.

C. *Martin D'Souza vs Mohd. Ishfaq*, Civil Appeal no.3541 of 2002, decided on 17th February 2009, Supreme Court of India

The judgment and the order in this judgment, has mainly dealt with the criminal negligence, squarely not applicable to the instant case.

D. *C.P.Sreekumar MS Ortho vs S. Ramanujam*, Civil Appeal no. 6168 of 2008, decided on 1st May 2009, Supreme Court of India

- E. *Vinod Jain vs Santokba Durlabhji Memorial Hospital and Anr*, Civil Appeal no. 2024 of 2019 Supreme Court of India
- F. *Bhushan Chamanlal Jain vs Chandru K M & Anr*, Consumer Case no.2614 of 2017, decided on 27th September 2019, National Consumer Disputes Redressal Commission, New Delhi
- The facts and ratios of the above rulings are not matching with the facts of the instant case, so cannot be considered.
23. Learned advocate for OP no.4, who is second son of deceased, strongly supported the complainants and submitted that the Cardiologist, Dr. Suhas Hardas was telephonically consulted by the treating doctor and OP no.2, on 8th May 2014, who advised to do CT Scan of abdomen (mentioned on page 60 of the medical record notes). He further submitted that since this advice was neglected by the OP no.2, there was delay in diagnosing as well as treating the deceased. Also, he invited our attention to the non-availability of battery back up due to which there was delay in taking patient to CT Scan. Additionally, when the CT Scan of abdomen was over at 10 pm on that day, the patient was operated on next day indicating the negligence of the OP no.2. Thus learned advocate submitted that the OP no 2 was solely responsible in delay in diagnosis and non-availability of the battery back up and the operation theatre in the negligence on the part of OP no.1 and 3. Hence the advocate for OP no.4 prayed for compensation to be awarded and thus supported the complainants.
24. Considering all the submissions, discussions and the record, we are of the opinion that, the opposite party no.2, the treating cardiologist, after performing the angioplasty, did not come to the conclusion about the source of bleeding inside the human body and thus went on doing investigations that weren't necessary. Also, he neglected

the advice given by the senior Cardiologist Dr. Suhas Hardas. He advised the CT Scan of Abdomen very late on the post-angioplasty day, on 8th May 2014, by late evening. The CT scan was not possible as there was no battery backup to shift the patient down in the hospital where the CT Scan Department was situated. After the diagnosis of the bleeding source on CT Scan, the patient was not operated immediately in the night but next day, the reason given was the operation theatre was not ready for the operation for various reasons. We are of the opinion that, the OP no.2 was liable due to act of omission, while the OP no.1 the Regional Referral Centre, Nashik and the OP no.3 State Government were liable again for act of omission, not providing the facility necessary for emergency lifesaving treatment, even when the service to provide emergency treatment was charged; thus more responsible than the treating doctor himself. Thus, there was negligence in providing the emergency treatment and identifying as well as treating the complication of angioplasty, injury to the femoral artery by the sheath and catheter while introducing the same into the artery. Hence, we answer the **POINT no.2 both A and B** as **AFFIRMATIVE**.

25. As to POINT No.3 Entitlement for Compensation

Considering the discussions above under the points no.1 and 2 A and B, we are of the opinion that there were acts of omission by the opposite parties no.1,2 and 3 and thus liable for the loss of life, that could have been avoided by vigilant and timely action by the opposite parties, Hence, we think that the complainants are entitled for compensation, we grant the compensation by partly allowing complaint. The OP no.2 was liable for not taking proper steps to

diagnose early the reason for unresponsive hypotension that the patient suffered from and the OP no.1 and 3 were vicariously responsible for the act of omission of the OP no.2 as well as inadequate infrastructure of the hospital, in spite of the hospital being tertiary care hospital. For the liability of the OP no.2, he should pay compensation of Rs.2 Lakh along with the interest @ 9 % per annum as specified in the final order, which we think just and proper. Thus, all the opposite parties, no.1, 2 and 3 need to pay compensation to the heir of the deceased- present complainants. Considering the prior health of deceased, the loss of life, loss of the pension income to the family and the mental agony-harassment associated, the OP no.1 and 3, should pay Rs.10 Lakh along with the interest @ 9 % per annum as specified in the final order, which we think just and proper. Thus, the complainants are entitled for compensation and the opposite parties no.1,2 and 3 should pay compensation as per the final order, given below. We answer the **POINT no.3** as **AFFIRMATIVE**.

26. As to POINT No.4 Final Order

Based on the above discussion, we pass the following order.

ORDER

1. The Complaint is partly allowed with costs quantified to Rs. 25, 000/- (Rupees Twenty-Five Thousand only) to be paid by the opposite parties no.1 to 3 jointly and severally to the complainants.
2. The opposite parties no.1 to 3 are hereby directed to pay Rs.12 Lakh totally as compensation towards negligence in the treatment causing

loss of husband, father , out of which OP no.2 shall pay Rs.2,00,000/- (Rs. Two Lakh only) and Rs.10,00,000/- (Rs. Ten Lakh only) by OP no.1 and 3 jointly and severally along with the interest @ 9 % per annum from the date of filing of this complaint, within the period of one month from the date of this order; failing which the amount will carry the interest @ 12 % per annum till realization.

3. The opposite parties 1 and 3 are hereby directed to pay Rs.2 Lakh as compensation towards mental agony and pain, to be paid jointly and severally within the period of one month from the date of order of this order, failing which the amount will carry an interest @ 12 % per annum till realization.
4. Free certified copies of the order be furnished to the parties forthwith.

Pronounced

Dated 15th September 2020

**[P.B. JOSHI]
PRESIDING JUDICIAL MEMBER**

**[DR.S.K. KAKADE]
MEMBER**