

D.O.F 17.04.2024

D.O.D 02.07.2025

DISTRICT CONSUMER DISPUTES REDRESSAL COMMISSION, PUDUKKOTTAI**BEFORE:**

| | |
|--------------------------------------|-----------|
| Thiru. T. Sekar, B.A., B.L., | PRESIDENT |
| Tmt. S. Sugunadevi, M.A., M.L., | MEMBER 1 |
| Thiru. A. Alagesan B.E., E.P.G.D.M., | MEMBER 2 |

CC. 29 / 2024DATED THIS THE SECOND DAY OF JULY' 2025**Mr. Murugesan,****S/o. Krishnamoorthy,****No. 1655, Mettupatti Rice mill,****Thirukattali,****Alangudi Taluk,****Pudukkottai District****... Complainant****Versus****Managing Director,****Devadoss Hospital,****No. 75/1, Alagar Kovil Road,****Surveyor Colony,****Madurai – 625 007****... Opposite Party****Counsel for the Complainant: Thiru. Kulam Nabi Azath, Advocate****Counsel for the Opposite Party: Thiru. A. Anbalakan, Advocate**

This case was heard on various dates and finally posted on 18.06.2025. The written version of the opposite party / **Managing Director, Devadoss Hospital, No. 75/1, Alagar Kovil Road,**

Surveyor Colony, Madurai was filed on 21.06.2024. The proof affidavit of the complainant was filed and marked on 14.11.2024. The proof affidavit of the opposite party was filed and marked on 30.04.2025. The opposite party side reopened the proof affidavit stage and marked two documents on 18.06.2025 and oral arguments were heard from the opposite party side on the same day 18.06.2025. The written argument was also given on the same day along with the two witness documents from the opposite party side and the case was reserved for orders on 18.06.2025. This commission has, then decided to pronounce the order based on the material evidence presented before this commission as well as on merit today 02.07.2025.

ORDER

PRONOUNCED BY Thiru A. Alagesan, Member 2

Brief Summary of Complainant side:

1. The complainant is residing at Thirukattali village in Alangudi Taluk, Pudukkottai District. On 21.05.2023, while attending a relative's wedding in Trichy, he was travelling in a vehicle near Palpannai, where he accidentally fell due to sudden movement, causing serious injury to his leg. He was immediately taken to the Government Hospital for first aid and X-ray. Upon examination, it was found that he had suffered a bone fracture in his leg. Based on advice received, he was admitted to Devadoss Hospital, Madurai, for further treatment on 22.05.2023.
2. Upon examination, the doctors at the opposite party hospital confirmed the bone fracture at two places in the leg and recommended urgent surgery with the insertion of a metal plate to stabilize the leg. The doctors informed the complainant that the inserted metal plate would ensure complete recovery of the fracture and full healing within three months. Relying on this assurance, the complainant underwent surgery at the opposite party hospital, during which the metal plate was inserted into his leg. He remained as an inpatient from 22.05.2023 to 02.06.2023.
3. The complainant paid a total amount of Rs. 3,50,000/- for the treatment. But the opposite party did not give any receipt for the same. Since the treatment to the complainant was given based on the Chief Minister health Insurance scheme, he was not given the receipts. But later, when the complainant insisted for the bills, he was given the bills with less amount than what was spent for the treatment.
4. Later, on 22.11.2023, when the complainant experienced unbearable pain, he consulted the NRK Hospital in Pudukkottai. After conducting an X-ray, the doctors there immediately recommended surgical removal of the earlier plate and re-surgery. Accordingly, the complainant was admitted again to the opposite party hospital and

underwent the second surgery on the same day. The previous plate was removed, and a new one was fixed. The complainant remained as an inpatient until 27.11.2023.

5. The complainant underwent a second surgery at the opposite party hospital at an expense of Rs. 2,00,000/-. The complainant has asked about the reason for the second surgery to the opposite party, but they give some evasive reply and ignore the complainant query completely. The complainant had fully trusted the opposite party hospital and undergone treatment based on their assurances. However, due to the improper and negligent manner in which the initial surgery was conducted, the complainant suffered serious complications. As a result, he had to undergo another surgery, face financial hardship, endure severe physical pain, mental agony, and lose valuable time.
6. Owing to the negligence of the opposite party hospital, the complainant had to endure the pain and consequences of two surgeries. The plate inserted by the opposite party was found to be defective, necessitating a second operation. This situation caused permanent damage to the complainant's physical health, affected his ability to work, and led to great pain, mental suffering, and loss of income. It is submitted that the opposite party hospital committed serious lapses in their professional duty and are liable for the damage caused to the complainant's health and well-being.
7. The complainant issued a legal notice to the opposite party hospital on 20.12.2023 seeking compensation. The opposite party replied for the notice with false information on 01.02.2024.
8. The complainant states that the opposite party hospital, being a private medical institution and commercial establishment, had a duty to provide proper medical treatment to the complainant as a consumer. However, due to the opposite party's negligent conduct and failure to provide proper medical care, the complainant suffered severe physical pain and mental distress, amounting to gross deficiency in service. Because of the negligent act of the opposite party hospital, the complainant suffered deep psychological distress and emotional trauma.
9. Annoyed by the act of the opposite party, the complainant has filed this case with this honourable commission. Hence, the complainant respectfully prays that this Hon'ble Commission may be pleased to direct the opposite party: i) to pay Rs. 5,00,000/- (Rupees Five Lakhs) as compensation for pain, suffering, and emotional distress ii) to award Rs.10,00,000/- (Rupees Ten Lakhs) as compensation for medical negligence and deficiency of service iii) to grant Rs. 5,00,000/- (Rupees Five Lakhs) for loss of income and hardship caused to his family (In total, direct payment of Rs. 20,00,000/- (Rupees Twenty Lakhs) as compensation) iv) to Pay for the litigation expenses of the complainant v) to provide any other remedy the commission is willing to give to the complainant. The above amount needs to be paid with an interest of 12% from the date of filing to the date of realization.

10. Ex. A1 to Ex. A9 were marked by the complainant as part of the proof affidavit stage to substantiate his case.

Brief Summary of the Opposite Party side:

11. The opposite party states that the allegations and claims made by the complainant in the complaint are denied as baseless. The opposite party hospital and its doctors provided proper treatment to the complainant and acted with due care in all respects.
12. This opposite party did not know about the details mentioned by the complainant on 21.05.2023. But on 22.05.2023 he was admitted for treatment with this opposite party hospital. Upon medical examination and radiological evaluation, the complainant was diagnosed with: **"Closed Traumatic Left Stable IT Fracture + Ipsilateral Shaft of Femur Fracture (Distal)."** This diagnosis was clearly explained to the complainant and his family members. Based on the nature and severity of the injury, necessary treatment, including surgical intervention, was advised and undertaken with the consent of the complainant and his family.
13. The surgery was conducted on 23.05.2023 and another one on 29.05.2023 in the opposite party hospital. The complainant was discharged from the hospital on 03.06.2023. The complainant was advised to attend regular follow-ups to ensure successful healing of the fractures. However, it appears that the complainant did not follow the post-operative instructions carefully.
14. It is not true that the opposite party hospital collected Rs. 3,50,000/- and did not provide any bills. Moreover, the complainant has taken treatment based on the Chief Minister health insurance scheme and hence he is not a consumer.
15. The complainant came back for checkup on 12.07.2023 and on 31.07.2023 and this opposite party has instructed him to reduce the weight and recommended to continue physiotherapy and exercises. His mobility had significantly improved at that time. No fresh complaints were raised by the complainant during that visit.
16. The opposite party submits that no deficiency in service or negligence occurred and that the claim is false, exaggerated, and intended to extract compensation unjustly. It is due to the failure of the complainant to follow the post-surgery instructions from the opposite party, the second surgery was conducted on 22.11.2023. The claim by the complainant that he has spent Rs. 2,00,000/- is false and the complainant needs to prove this from his end.
17. The complainant's allegations that he became permanently disabled or faced difficulties due to negligence by the opposite party hospital are baseless and denied. If the complainant had strictly followed the advice regarding physiotherapy and

regular reviews, there would have been no complications. It is submitted that the complainant himself is responsible for his current condition, and not the opposite party hospital.

18. The plate used for the surgery is of global standard and it is authorized by the Directorate of Central of Health Services, Central Drugs Standard Control Organization, Ministry of Health and Family welfare.
19. The hospital further submits that it has provided treatment as per established medical protocols, and the doctors have exercised due diligence at every stage. The complaint has been filed falsely with an ulterior motive, despite proper treatment having been provided. Therefore, the allegations raised in the complaint are denied as false, baseless, and made only with the intention to tarnish the image of the hospital and gain undue benefit.
20. The claim that the complainant became disabled due to the surgery is completely false and unfounded. No document has been submitted to prove such disability or its link to the treatment provided by the opposite party. The complainant is not entitled to any compensation, and the complaint deserves to be dismissed with costs. Therefore, the opposite party humbly prays that this Hon'ble Commission may be pleased to dismiss the above consumer complaint in the interest of justice and equity.
21. Ex. B1 to Ex. B5 were marked by the opposite party to substantiate their case. The opposite party side also provided various citations to support their case like I (2010) CPJ 29 (SC), Law Finder Doc Id 2388604 NCDRC (New Delhi), I (2013) CPJ 271 (NC), Law Finder Doc Id 1887095 NCDRC (New Delhi) and I (1999) CPJ 64. These cases are submitted by the opposite party to support his case.

With respect to this complaint, this commission must give attention to the following points.

Point 1: Whether the complainant is a consumer and the opposite party is the service provider here?

Point 2: What is the inference we can get from the Independent Orthopaedic Specialist (Dr. N. Rajkumar) - Expert Opinion?

Point 3: Whether it is proved that the implant plate broke due to the poor surgical technique used by the opposite party?

Point 4: Whether it is proved that the implant plate broke due to the lack of post-operative management by the opposite party?

Point 5: Whether it is proved that the implant plate broke due to the defective implant plate used by the opposite party?

Point 6: Whether any deficiency of services by the opposite party with respect to the complainant and if so, what relief he is entitled to?

22. To answer the above queries, this commission has gone through the Ex. A1 to Ex. A9, Ex. B1 to Ex. B5, complaint, proof affidavit of the complainant and the opposite party and written and oral arguments of the opposite party side, witness documents from the opposite party side.
23. On detailed analysis of Ex. A3, it is evident from the opinion of the NRK Speciality Hospital Dr. N. Rajkumar MS (Ortho)., DNB., MNAMS, FIAO (Germany), Global Dip (AO Spine) D'SICOT, that the complainant suffered **implant failure** and required **revision surgery**, which by medical standards is **not routine** and often arises due to **defective procedure, substandard implants, or poor execution**. In this document, "**Implant failure** and **non-union** were clearly recorded—this is a significant post-operative complication and may point to: Either **poor surgical technique, inferior implant, or inadequate post-op care** from the previous hospital (Devadoss Hospital). **Implant exit/redone surgery with bone grafting** implies that the existing surgical repair is inadequate."
24. On detailed analysis of the Ex. B1 – the discharge summary (03.06.2023) given at the opposite party has mentioned about the procedure done on 23.05.2023 (**Open Reduction & Internal Fixation (ORIF) with Femur Plating (LCP)**) and on 29.05.2023 (Left DHS Fixation (Dynamic Hip Screw) - 95mm, 3-hole plate). The patient underwent **two orthopaedic fixation procedures** on the same leg during this admission. But it did not contain the information about the implant plate. No implant manufacturer, serial number, or batch code is mentioned, which is crucial for traceability and determining **defective implant liability**.
25. Also, there is no mention about the details of the implant plate which was used for the surgery of the complainant by the opposite party. Even though the opposite party claims that the plate used for the surgery is of global standard and it is authorized by the Directorate of Central of Health Services Central Drugs Standard Control Organization, Ministry of Health and Family welfare, this commission did not see that the opposite party has proved that the plate used for the surgery of the complainant is the authorised one. Also, Ex. B3 is a mail communication between the Directorate General of Health Services Central Drugs Standard Control Organisation, Ministry of Health and Family Welfare (Medical Device and Diagnostic Division) and the M/s Sharma Pharmaceutical Private Ltd. How come M/s Sharma Pharmaceutical Private Ltd is associated with the opposite party is not clear proved here.

26. This Commission notes that Dr. Pradeep. B, an orthopaedic specialist, submitted a written opinion based on the case records provided by the opposite party. However, the **opinion is generic in nature** and lacks specific reference to **implant brand, batch number, or surgical technique** actually applied in the complainant's treatment. Crucially, **the discharge summary (Ex. B1)** does not contain traceable implant details, thereby depriving the expert of a factual basis to verify whether the implant used was of "high quality" or certified as claimed.
27. Further, Dr. Pradeep did not examine the complainant personally, nor did he review any X-ray evidence or surgical images. His assessment was purely theoretical and not grounded in the specific facts of this case. Under established principles of medical negligence jurisprudence, **expert opinions lacking case-specific correlation carry limited probative value.**
28. The nurse's testimony relies on **hearsay**, specifically a claim that the complainant's wife mentioned the complainant was not following post-operative instructions. There is **no affidavit or statement from the wife** on record to corroborate this claim. Moreover, allegations about drinking habits are unsubstantiated by medical reports or clinical observations. Such claims, unsupported by independent medical documentation or warnings in the discharge summary, are **speculative** and **cannot be accepted as credible evidence** in determining medical negligence or contributory fault.
29. The complainant underwent two surgeries at the opposite party hospital—first in May 2023 and again in November 2023. The opposite party contends that the initial treatment was availed under the Chief Minister's Health Insurance Scheme and, therefore, the complainant is not a "consumer" under the Consumer Protection Act, 2019.
30. However, it is evident from the record that the complainant made substantial payments towards both surgeries. Although the first treatment was partly supported by the government scheme, the complainant asserts that he paid ₹3,50,000/-, for which only partial receipts were issued. For the second surgery, he independently paid ₹2,00,000/-. The opposite party has not produced conclusive proof that the services rendered were entirely free of cost.
31. **In *Indian Medical Association v. V.P. Shantha* (1995) 6 SCC 651**, the Hon'ble Supreme Court clarified that a person who avails medical services for consideration—either directly or through a third-party payment such as an insurance or government scheme—is a consumer. **It is well-settled that the beneficiary of a government-funded health scheme is also a consumer under the Act.**

32. Moreover, the opposite party, being a private hospital providing medical services for remuneration, clearly qualifies as a “service provider” under Section 2(42) of the Consumer Protection Act, 2019. The issuance of bills and collection of amounts establishes the existence of a commercial transaction. The complainant is a “consumer” within the meaning of Section 2(7), and the opposite party is a “service provider” under Section 2(42) of the Consumer Protection Act, 2019. This Commission holds jurisdiction to adjudicate the present dispute. **Accordingly point 1 is decided by this commission.**
33. The complainant produced Ex. A3, a consultation note dated 22.11.2023 from NRK Speciality Hospital, authored by Dr. N. Rajkumar, an independent orthopaedic specialist with advanced qualifications. The document records that the complainant suffered implant failure and non-union, which necessitated revision surgery. The expert attributes such complications to one or more of the following: poor surgical technique, inferior implant, or inadequate post-operative care at the initial hospital (i.e., the opposite party).
34. This opinion assumes evidentiary importance as it emanates from a qualified, neutral expert who had the opportunity to examine the complainant and his clinical records firsthand, particularly on the day of the second surgery. His remarks are not generic; rather, they identify plausible causes of failure based on medical indicators and clinical observation.
35. It is significant to note that the expert clearly mentions: *“Implant exit/redone surgery with bone grafting implies that the existing surgical repair is inadequate.”* Such statements reflect that the initial surgical outcome was suboptimal, and this directly supports the complainant’s case. The opinion of Dr. Rajkumar, being case-specific, independent, and medically reasoned, carries substantial evidentiary weight. **Accordingly point 2 is decided by this commission.**
36. To determine whether poor surgical technique caused the implant plate to break, this Commission has reviewed Ex. A3 (opinion of Dr. N. Rajkumar), the discharge summary (Ex. B1), the complainant’s post-operative records (Ex. A1, A2), and other materials on record. Ex. A3 suggests that the revision surgery was necessitated due to **implant failure and non-union**, which could result from poor surgical technique, inferior implant, or inadequate post-operative care. However, **the document itself lists these as possible causes** and does not categorically conclude that poor surgical technique alone was responsible.

37. The discharge summary from the opposite party (Ex. B1) shows that two orthopaedic procedures were performed: ORIF with femur plating and DHS fixation. While the record confirms that a complex surgery was undertaken, **it does not include essential traceability data**—such as the brand, batch number, or serial number of the implant—raising concerns about transparency and standard surgical documentation practices. Nonetheless, **mere omission of such details does not by itself prove surgical negligence.**
38. Importantly, **the complainant returned for follow-up in July 2023**, nearly two months after the surgery. Ex. A1 (dated 31.07.2023) does not record any complaint of pain, swelling, or dysfunction that would ordinarily signal a botched surgical procedure. The absence of early post-operative complications weakens the inference that the plate broke due to faulty technique. Moreover, **the complainant chose to undergo the second surgery again at the same hospital.** This decision, while not conclusive, suggests residual trust in the competence of the surgical team. While poor surgical technique is a *possible* cause mentioned in the independent expert opinion, it is **not conclusively proved** in this case. The available records do not establish with certainty that the implant plate broke solely due to surgical error by the opposite party. **Accordingly point 3 is decided by this commission.**
39. To assess whether the implant plate failure resulted from inadequate post-operative care, this Commission examined the post-discharge treatment records, expert opinions, and the hospital's discharge summary and follow-up documentation.
40. The discharge summary (Ex. B1) shows that the complainant was discharged on 03.06.2023 after undergoing two orthopaedic procedures. The opposite party advised regular follow-ups and post-operative physiotherapy. In line with this, the complainant revisited the hospital on **12.07.2023 and 31.07.2023**, and the prescription (Ex. A1) from 31.07.2023 confirms this follow-up. Notably, **no complaints of pain, implant instability, or healing difficulties were recorded during those visits.** Instead, continued medication and physiotherapy were advised, and weight reduction was recommended. These facts show that **post-operative monitoring was carried out** at least until July 2023, and the complainant did comply to a reasonable extent with review visits.
41. The independent expert opinion (Ex. A3) does mention **inadequate post-op care as one of the possible causes** for implant failure, but it does not isolate or confirm this as the actual cause in the present case. No evidence has been produced to show that the opposite party failed to provide adequate post-operative instructions, or that the complainant reported any complications that were neglected by the hospital during the critical healing period.

42. Further, the **allegation of non-compliance by the complainant himself**—though raised by a nurse through hearsay—is not independently substantiated through the complainant’s spouse or clinical warning records. Thus, **neither contributory negligence by the complainant nor neglect by the opposite party in follow-up care is conclusively established**. There is no concrete evidence to prove that the implant plate broke due to lack of post-operative management by the opposite party. The follow-up visits, absence of early complaints, and general compliance weaken the claim of deficient post-op care. **Accordingly point 4 is decided by this commission.**
43. The complainant contends that the implant plate used in the first surgery was of inferior quality and failed prematurely, necessitating a second surgery. To support this claim, he relies heavily on Ex. A3, the medical opinion dated 22.11.2023 by Dr. N. Rajkumar, an independent orthopaedic specialist.
44. Dr. Rajkumar’s diagnosis records “**implant failure and non-union,**” and states that this condition is a **significant post-operative complication** which “*may point to either poor surgical technique, inferior implant, or inadequate post-op care from the previous hospital (Devadoss Hospital).*” The use of the term “may point to” is cautious and does **not conclusively identify implant quality as the root cause**. It instead outlines **multiple potential causes**.
45. Importantly, **Dr. Rajkumar did not examine the failed implant** or conduct any testing of its material properties. No metallurgical report or manufacturer trace was produced by the complainant. Therefore, **no direct evidence exists** to prove that the implant was physically defective or non-compliant with medical standards.
46. On the other hand, the opposite party relies on **Dr. Pradeep B**, an orthopaedic expert, who opines that **the implant was of high quality** and certified by CDSCO. Although his opinion is general and not specific to this patient, **his claim is not rebutted by scientific proof** from the complainant’s side.
47. Furthermore, the **discharge summary (Ex. B1)** lacks critical traceability information—such as implant brand, batch number, or serial ID. This is undoubtedly a **procedural lapse** that goes against standard medical documentation practices. However, **this alone does not establish that the implant was defective** or the cause of pain and re-surgery.
48. It is also critical to note that the complainant **did not preserve or send the failed implant for testing**, despite having undergone a second surgery. This omission weakens his claim, because in cases of suspected product defect, **the burden lies with**

the complainant to prove such defect with cogent evidence, which in this case, is absent.

49. Moreover, **Ex. A1 (dated 31.07.2023)** shows the complainant attended follow-up without complaint, and no early signs of failure were documented at that time. The implant failure occurred approximately **six months after surgery**, and alternative causes such as patient’s weight, non-compliance, or accidental trauma—as pointed out by the opposite party—cannot be ruled out.
50. This Commission finds that while **implant failure** is a medical fact, **it is not proved that the failure was due to a defective implant**. Ex. A3 merely suggests inferiority as one possible cause among others. The complainant has **not submitted any direct evidence**—such as implant testing report or traceability documents—to support the allegation. The absence of implant details in Ex. B1 is a **procedural omission**, not conclusive proof of product defect. Accordingly, **the burden of proof under the Consumer Protection Act for establishing product defect is not discharged by the complainant. Accordingly point 5 is decided by this commission.**
51. While the complainant experienced genuine hardship due to early implant failure and second surgery, none of the three specific causes—poor surgical technique, lack of post-op care, or implant defect—has been conclusively proved.
52. If the complainant had preserved the implant and tested it through a government-certified lab (e.g., CIPET or BIS-recognized lab), it would provide **scientific evidence** of material defect, manufacturing error, or design failure. In its absence, **allegations of defective product cannot be sustained with certainty.**
53. **Under CPA, compensation flows from a finding of “deficiency in service” or “unfair trade practice”**, not just from the fact that the complainant experienced hardship. If the hardship is a **known risk** of a procedure, or not attributable to any **act or omission** of the opposite party, **no liability arises.**
54. The **absence of implant traceability** in the discharge summary is a **procedural lapse**, but not enough on its own to constitute “deficiency of service” under the Act. Had the complainant preserved and tested the broken implant, it could have decisively supported his claim. In the absence of such direct evidence, and considering other plausible non-negligent causes (e.g., weight-bearing, reinjury, non-compliance), **this Commission cannot impute liability solely on suspicion.** The act of returning to the same hospital for the second surgery further weakens the inference of gross negligence or deficient care. **It is not proved that the opposite party committed deficiency in service warranting compensation under the Consumer Protection Act,**

2019. The complaint, while sympathetic, lacks legally sufficient evidence to justify relief. **Accordingly point 6 is decided by this commission.**

As a result, the complaint is dismissed with no costs.

ORDERS RENDERED BY

Thiru A. Alagesan, Member 2: (Sd***)**

FOR CONSIDERATION:

(Sd*****)

PRESIDENT:

(Sd*****)

MEMBER 1:

LIST OF DOCUMENTS MARKED ON THE SIDE OF THE COMPLAINANT

| Exhibits | Marked Date | Description of Documents |
|-----------------|--------------------|---|
| Ex. A1 | 14.11.2024 | Prescription given at the time of the review post-surgery on 31.07.2023 |
| Ex. A2 | 14.11.2024 | Discharge Summary for the second surgery from the opposite party along with Medical Bills |
| Ex. A3 | 14.11.2024 | Consulting prescription from NRK Speciality Hospital with Dr. N. Rajkumar MS (Ortho)., DNB., MNAMS, FIAO (Germany), Global Dip (AO Spine) D'SICOT on 22.11.2023 |
| Ex. A4 | 14.11.2024 | Original Digital Xray taken from NRK Speciality Hospital dated 22.11.2023 |
| Ex. A5 | 14.11.2024 | Advocate notice dated 20.12.2023 to the opposite party |
| Ex. A6 | 14.11.2024 | Acknowledgment card for the advocate notice |
| Ex. A7 | 14.11.2024 | Reply notice from the opposite party dated 01.02.2024 for the advocate notice |
| Ex. A8 | 14.11.2024 | Xerox copy of the Aadhaar card of the complainant |
| Ex. A9 | 14.11.2024 | Medical Bills |

LIST OF DOCUMENTS MARKED ON THE SIDE OF THE OPPOSITE PARTY

| Exhibits | Marked Date | Description of Documents |
|-----------------|--------------------|--|
| Ex. B1 | 30.04.2025 | Discharge Summary for the first surgery, consent form and the related case sheets |
| Ex. B2 | 30.04.2025 | Reply notice from the opposite party dated 01.02.2024 for the advocate notice (Same as Ex. A7) |
| Ex. B3 | 30.04.2025 | Mail from Directorate General of Health Services Central Drugs Standard Control Organisation, Ministry of Health and Family Welfare (Medical Device and Diagnostic Division) to M/s Sharma Pharmaceutical Private Ltd. About the post approval change in Manufacturing License No. MFG/ MD/ 2019/000196 dated 05/11/2019 |

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| Ex. B4 | 18.06.2025 | Certificate from The Tamil Nadu MGR Medical University for Pradeep. B |
| Ex. B5 | 18.06.2025 | Certificate from Rajiv Gandhi University of Health Services Karnataka related to MS (Orthopaedics) on Dr. Pradeep. B |

The above order, manually typewritten in the laptop by Member II and corrections carried out by Member II and pronounced in the open court by the Commission on 02.07.2025.

(Sd*****)

MEMBER 2:

(Sd*****)

MEMBER 1:

(Sd*****)

PRESIDENT: