

S U P R E M E C O U R T O F I N D I A  
RECORD OF PROCEEDINGS

Miscellaneous Application No. 1364/2026 in C.A. No. 8402/2016

[Arising out of impugned final judgment and order dated 05-07-2024 in C.A. No. No. 8402/2016 passed by the Supreme Court of India]

ASIT BARAN MONDAL & ANR.

Petitioner(s)

VERSUS

DR. RITA SINHA MBBS MS (OBST. GYNAE) & ORS.

Respondent(s)

[TO BE TAKEN UP AT 2.00 P.M.]

IA No. 180620/2024 - EXEMPTION FROM FILING O.T.

IA No. 296433/2025 - EXEMPTION FROM FILING O.T.

IA No. 277011/2024 - EXEMPTION FROM FILING O.T.

IA No. 245842/2024 - EXEMPTION FROM FILING O.T.

IA No. 186421/2024 - EXEMPTION FROM PERSONAL APPEARANCE

IA No. 193928/2024 - EXEMPTION FROM PERSONAL APPEARANCE

WITH

SLP(C) No. 38704/2025 (IX-A)

FOR PERMISSION TO APPEAR AND ARGUE IN PERSON ON IA 339141/2025  
IA No. 339141/2025 - PERMISSION TO APPEAR AND ARGUE IN PERSON

Date : 20-05-2026 These matters were called for hearing today.

CORAM :

HON'BLE MR. JUSTICE AHSANUDDIN AMANULLAH

HON'BLE MR. JUSTICE R. MAHADEVAN

For Petitioner(s) :Petitioner-in-person  
By Courts Motion, AoR

For Respondent(s) :Mr. Shantanu Kumar, AoR  
Mr. Sudarshan Lamba, AoR

Mr. Aravindh S., AoR  
Ms. Anika Bansal, Adv.  
Mr. Aadithya Aravindh, Adv.

Mr. Ankit Roy, AoR  
Ms. Mrinalini Ramesh, Adv.

Mr. D. L. Chidananda, AoR

Mr. Sudarshan Singh Rawat, AoR  
Mr. Piyush Hans, Dy. AG  
Mr. Sunny Sachin Singh, Adv.  
Ms. Rachna Sandhi, Adv.

Mr. Prateek Bhatia, AoR  
Mr. Dhawal Mohan, Adv.

Mr. Nishe Rajen Shonker, AoR  
Mrs. Anu K Joy, Adv.  
Mr. Alim Anvar, Adv.  
Mr. Santhosh K, Adv.  
Mrs. Devika A.L., Adv.

Mr. Shiv Mangal Sharma, A.A.G.  
Mr. Saurabh Rajpal, Adv.  
Mr. Jayant Singh Chauhan, Adv.  
Ms. Nidhi Jaswal, AoR

Mr. Sabarish Subramanian, AoR

Mr. Mangaljeet Mukherjee, Adv.  
Mr. Anando Mukherjee, AoR  
Mr. Shwetank Singh, Adv.

Ms. Mrinal Gopal Elker, AoR  
Mr. Abhimanyu Singh, G.A., Adv.  
Mr. Srajan Yadav, Adv.

Mr. Naveen Sharma, AoR  
Mrs. Swati Bhushan Sharma, Adv.  
Mr. S.k. Sharma, Adv.  
Ms. Payal Gola, Adv.

Mr. Kamendra Mishra, AoR  
Mr. Vinod Kumar, Adv.  
Mr. Krishna Pandey, Adv.  
Mr. Ashiwan Mishra, Adv.  
Ms. Aditi Mishra, Adv.  
Ms. Vaidruti Mishra, Adv.  
Mr. Suraj, Adv.

Mr. Prasenjeet Mohapatra, AoR

Mr. Amit Kumar, Advocate General  
Mr. Avijit Mani Tripathi, AoR  
Mr. T.K. Nayak, Adv.  
Ms. Marbiang Khongwir, Adv.

Mr. Ram Narayan Mohanty, Adv.

Mr. Aditya Kumar, Adv.  
Mr. Z.H. Isaac Haiding, Adv.

Mr. Sameer Abhyankar, AoR  
Ms. Yachna Sharma, Adv.  
Ms. Arushi Chopra, Adv.

Mr. Shuvodeep Roy, AoR  
Mr. Saurabh Tripathi, Adv.  
Mr. Deepayan Dutta, Adv.

Ms. Disha Singh, AoR  
Mr. Anil Shrivatsav, A.A.G.  
Ms. Eliza Bar, Adv.  
Ms. Akansha, Adv.  
Ms. Anjali Saxena, Adv.

Mr. Kartikeya Rastogi, D.A.G.  
Ms. Inderdeep Kaur Raina, Adv.  
Ms. Tamanna Kavdia, Adv.  
Mr. Rohit Bansal, AoR

Ms. Misha Rohatgi, AoR  
Mr. Amulya Upadhyay, Adv.

Mr. Kunal Mimani, AoR  
Mr. Parag Chaturvedi, Adv.

Miss Madhulika Upadhyay, AoR  
Mrs. Aishwarya Bhati, A.S.G.  
Mrs. Madhulika Upadhyay, AoR, Adv.  
Ms. Shivika Mehra, Adv.  
Mr. Annirudh Sharma-(ii), Adv.  
Mr. Abhijeet Pandove, Adv.  
Ms. Seema Bengani, Adv.  
Mr. Raman Yadav, Adv.  
Mr. M.P. Gupta, Adv.  
Mr. Rohit Ojha, Adv

Mr. Santosh Krishnan, AoR

Mr. Mrinal Elkar Mazumdar, Adv.  
Ms. Indira Bhakar, Adv.

Mr. Tadimalla Bhaskar Gowtham, Adv.  
Mr. Krishna Kant Dubey, Adv.  
Mr. Harish Pandey, Adv.  
Mr. Shashwat Parihar, Adv.  
Ms. Priyadarshni Priya, Adv.  
Ms. Sansriti Pathak, Adv.  
Mr. Varun Chugh, Adv.  
Mr. Santosh Ramdurg, Adv.  
Mr. Yogesh Vats, Adv.  
Mr. Ankit Raj, Adv.  
Mr. Shreekant Neelappa Terdal, AoR

Mr. Samir Ali Khan, AoR  
Mr. Pranjal Sharma, Adv.  
Mr. Kashif Irshad Khan, Adv.  
Mr. Shree Pal Singh, AoR  
Mr. Mukesh Kumar Maroria, AoR  
Mr. Sumeer Sodhi, AOR  
Mr. Prashant Singh, AoR  
Ms. Mridula Singh Chauhan, Adv.  
Mr. Bijender Singh Chaudhary, Adv.  
Mr. Hitesh Kumar Sharma, Adv.  
Mr. Akhileshwar Jha, Adv.  
Mr. Anupam Kumar, Adv.  
Mr. Narendra Pal Sharma, Adv.

Ms. Ankita Sharma, AoR  
Mr. Arjun D. Singh, Adv.  
Ms. Ishika Neogi, Adv.

Ms. Supriya Juneja, AoR

Ms. Swati Ghildiyal, AoR  
Ms. Deepanwita Priyanka, Adv.  
Ms. Neha Singh, Adv.

Mr. Lokesh Sinhal, Sr. A.A.G.  
Mr. Samar Vijay Singh, AoR  
Mr. Nikunj Gupta, Adv.  
Ms. Sabarni Som, Adv.  
Mr. Gaurav Yadava, Adv.  
Mr. Aman Dev Sharma, Adv.  
Mr. Gaj Singh, Adv.  
Ms. Veena Bansal, Adv.  
Mr. Tanuj Dixit, Adv.  
Ms. Rekha, Adv.

Mr. Pashupathi Nath Razdan, AoR  
Ms. Patil Rekha Chandra Gouda, AoR

Ms. Yugandhara Pawar Jha, Adv.  
Mr. Siddharth Dharmadhikari, Adv.  
Mr. Aaditya Aniruddha Pande, AoR  
Mr. Shrirang B. Varma, Adv.

Mr. Pukhrambam Ramesh Kumar, AoR  
Mr. Mayank Sapra, Adv.  
Mr. Karun Shamra, Adv.  
Ms. Anupama Ngangom, Adv.  
Ms. Rajkumari Divyasana, Adv.

Mr. Maninderjit Singh Bedi, Advocate General  
Mr. Gaurav Dhama, Adv.  
Mr. Siddhant Sharma, AoR

Mr. Milind Kumar, AoR  
Mr. Raghvendra Kumar, AoR  
Mr. Rajiv Kumar Choudhry, AoR

Mr. Sravan Kumar Karanam, AoR  
Ms. Srilekha Pujari, Adv.  
Mr. Kumar Abhishek, Adv.  
Mr. P. Venkatraju, Adv.  
Ms. G. Sushmita, Adv.  
Ms. M. Harshini, Adv.

Mr. Gopal Singh, AoR

Mr. Vishwa Pal Singh, AoR  
Mr. Mukesh Kumar, Adv.  
Mr. Srikant Singh, Adv.  
Mr. Anurag Pandey, Adv.  
Mr. Devendra Saini, Adv.  
Ms. Suhani Sumanchna, Adv.  
Mr. Shivom Garg, Adv.  
Mr. Lakhsya Singh, Adv.

Mr. Saurabh Trivedi, AoR  
Ms. Astha Sharma, AoR

Mr. Vsr Krishna, Adv.  
Mr. Arpit Shukla, AoR  
Mr. V Shashank Kumar, Adv.  
Ms. Vva Lakshmi, Adv.  
Mr. Alok Jain, Adv.  
Ms. Nitika Agarwal, Adv.

Ms. Shivika Mehra, AoR

Ms. K. Enatoli Sema, AoR  
Mr. Amit Kumar Singh, Adv.

Ms. Chubalemla Chang, Adv.  
Mr. Prang Newmai, Adv.  
Ms. Yanmi Phazang, Adv.

Ms. Patil Rekha Chandra Gouda, AoR  
Mr. Sabarish Subramanian, AoR

Mr. Mangaljeet Mukherjee, Adv.  
Mr. Anando Mukherjee, AoR  
Mr. Shwetank Singh, Adv.

Mr. Abhimanyu Tewari, AoR  
Mr. Vishnu Shankar Jain, AoR

Mr. Guntur Pramod Kumar, AoR  
Ms. Prerna Singh, Adv.  
Mr. Dhruv Yadav, Adv.

#### O R D E R

Heard Ms. Aishwarya Bhati, learned ASG, Mr. Karan Bharihoke learned *Amicus Curiae*, Dr. Nitish Nayak, Dr. Mahajan, Dr. Sarin, Dr. Devi Shetty, Dr. M.M. Chaudhary, Dr. Poonam Bajaj, Dr. Rajeev Joshi and Dr. Bhosle.

2. Ms. Aishwarya Bhati has submitted to the Court a compilation of the action plans received from the States and Union Territories pursuant to the order dated 20.04.2026. However, she submits that the States have indicated that these action plans are tentative since the exercise of gap analysis has yet to be undertaken. The said compilation is taken on record.

3. The Court has had detailed interaction with the parties. Today, the Court is considering what the immediate next step in the exercise undertaken in the present proceedings should be so as to ensure that real and effective measures are implemented on the

ground. A basic structure detailing the minimum requirements which ICUs should possess has been placed before us. As per the agreed procedure, three levels of ICUs have been suggested, namely, Level I, Level II and Level III. There is consensus among the States and the Committee constituted by this Court, and final shape has been given to the said suggestions. We approve the same.

4. Coming to the next step, from what has been placed before this Court relating to the minimum facilities required for a Level 1 ICU, we find that the same are well-considered and require strict enforcement, both from the point of view of the patient and from the perspective of strengthening the healthcare system so that it is capable of responding to emerging challenges in the future. The Court cannot overemphasize the fact that India today is at a critical position inasmuch as the population is increasing by leaps and bounds while the healthcare system is not able to suitably match the demand, much less provide quality healthcare. It is in this backdrop that the Court has taken up the issue with utmost seriousness. While general health issues may be addressed in a comparatively routine manner and a patient may have multiple options to approach the concerned forum, institution or doctor, the position is markedly different when a person is in a critical health condition. There exists a real dearth and shortage of facilities to ensure that a patient is at least stabilized so as to provide both the patient and the healthcare system sufficient time to undertake follow-up treatment and intervention. In such situations, the most critical and vital facility in any healthcare institution is the ICU, which ensures that patients who appear to

be at the very brink of life are afforded the treatment and medical support available so that their chances of survival are significantly enhanced.

5. At this juncture, we may refer to the submission of Dr. Sarin that the Right to Life is a basic Fundamental Right guaranteed to every citizen and that the State must shoulder responsibility in that regard. There can be no two opinions on this proposition. At the same time, the financial aspect cannot be ignored, as the cost of treatment, particularly treatment requiring specialized care, is extremely high and often unaffordable for a substantial section of society.

6. Having said that, we now proceed to the actual implementation of the suggestions which we have accepted. Accordingly, the following directions are issued:

I. The States and Union Territories shall ensure that the exercise of gap assessment is undertaken and completed within a period of two months from today.

II. Simultaneously, the States shall work out the modalities for putting in place a mechanism for implementation of the minimum standards required for establishing and maintaining an ICU in any institution beginning with Level I.

III. The States shall also come up with suggestions as to how they would ensure that institutions possess at least a Level I ICU meeting the prescribed minimum standards so as to cater to the needs of the local population, particularly during emergencies where the time factor may make the difference between life and death.

7. This exercise shall include exploring possibilities of funding from non-governmental sources such as Corporate Social Responsibility (CSR) initiatives, non-governmental organizations (NGOs) and public donations. We add a word of caution that all such funds shall be deposited in a separate account and shall be utilized exclusively for the purposes of the present exercise and shall not be diverted for any other activity.

8. The States and Union Territories shall also examine whether a standardized model of an ideal ambulance equipped with basic life support systems, including a ventilator, which appears to be the most expensive equipment that even a Level I ICU is required to possess, can be developed. A consequential requirement would be the availability of trained personnel capable of operating such equipment. Accordingly, for the present, the States shall explore modalities for providing at least five such fully equipped ambulances in each district through the State Health Societies, to be partly funded through contributions from the sources indicated in the preceding paragraph. These ambulances shall be kept ready both for transporting persons requiring specialized care to centres where such facilities are available and for facilitating the use of ventilators in medical and healthcare institutions within the district for patients who require ventilatory support merely to sustain life. Such an arrangement would also enable the stabilization of patients within the institution and thereafter permit their transfer, without removal of ventilatory support, to facilities where the required treatment can be provided.

9. The Central Government shall place before this Court specific details regarding the manner in which an all-India GPS-based tracking system may be established for every medical institution across the country, indicating the facilities available in such institutions as well as the level of ICU available therein. The system should also provide for networking all such institutions through a common website or domain so as to facilitate communication between institutions, particularly where a patient is required to be transferred from one institution to another. Such coordination should not be left to the patient's attendants but ought to be undertaken internally between the institutions concerned. This would also assist in the management of patients who are not in a condition to be physically moved and whose treatment can be facilitated through tele-consultation.

10. Learned counsel appearing for the Indian Nursing Council in response to a query from the Court, submitted that the basic nursing course requires every student to undergo hands-on training in an ICU at a hospital where such a facility exists. At this juncture, the Court expresses its surprise as to how institutions are approved or granted permission to commence operations where the institution itself is located at a considerable distance from a hospital possessing a proper and functional ICU. The Court was informed that, under the existing guidelines, such a hospital may be situated up to 30 kilometres away. We are not merely surprised but rather shocked that such a stipulation exists. It is difficult to believe that nursing students would be visiting a facility having an ICU on a daily basis, which is imperative considering

that at the culmination of the course, they are expected to work directly with real patients. Without adequate practical exposure, such responsibility cannot be entrusted to them. At this stage, Ms. Aishwarya Bhati, learned ASG submitted that she would obtain instructions from the Union Ministry of Health and Family Welfare and that the issue would be examined to ascertain whether such a provision indeed exists and, if so, whether it requires reconsideration. We make it clear that ideally, a nursing school or college should be situated within, or be attached to, an institution possessing an ICU, and in any event should not be located beyond a radius of one kilometre from such institution or hospital. The Central Government shall examine the matter and place concrete suggestions before this Court, failing which the Court may be compelled to intervene and issue appropriate interim directions. The Indian Nursing Council is also directed to submit a report with regard to all the approximately 800 nursing colleges across the country falling within its jurisdiction, indicating the facilities possessed by them, their addresses and the distance between such institutions and the hospitals having ICUs to which they are attached.

11. A suggestion was advanced during the course of today's proceedings, which we endorse, that the Central Government should develop and notify a standardized and approved display system indicating whether an institution possesses ICU facilities and, if so, the level thereof.

12. Before concluding, we fully endorse the recommendations of the Committee with regard to tele-consultation and tele-ICU facilities,

as these provide a practical and immediate means of ensuring access to specialized treatment for persons requiring such care. Such systems may obviate the need for physical transfer of a patient to another facility and permit treatment to continue in accordance with medical advice obtained through tele-conferencing. We not only endorse but actively encourage the establishment of such facilities and call upon the Union Government, the States and the Union Territories to ensure that an integrated tele-conferencing grid is created connecting healthcare institutions across India.

13. The States and Union Territories shall submit affidavits, personally affirmed by the heads of their respective Departments of Health, indicating completion of the exercise directed above and setting out the results thereof. The said affidavits shall be filed on or before 31.07.2026, with advance service upon Ms. Aishwarya Bhati, learned ASG, and the learned *Amicus Curiae*, who shall, in turn, circulate the same among the members of the Committee.

14. Thereafter, we request the Committee to deliberate upon the material placed before it and submit its final recommendations on the issue before the next date of hearing.

15. Earlier, the Para Medical Council of India had been impleaded as Respondent No.42. Today, we are informed that the functions earlier performed by the erstwhile Indian Paramedical Council are now being discharged by the National Commission for Allied and Healthcare Professions. Accordingly, the National Commission for Allied and Healthcare Professions shall stand substituted in place of the Indian Paramedical Council as Respondent No.42. The vakalatnama filed on behalf of Respondent No. 42 is taken on

record. The Indian Nursing Council and the National Commission for Allied and Healthcare Professions shall submit their respective proposals within a period of three weeks from today, which shall also be placed before the Committee before any final decision is taken.

16. The Court places on record its deep appreciation for the time and effort rendered by the Committee constituted by this Court. We find that a substantial part of the burden of this Court has been shared by the Committee, and their assistance has enabled us to proceed in the matter with greater confidence. We also record our gratitude to the learned ASG and the learned Amicus Curiae for the dedication and commitment displayed by them throughout these proceedings.

17. List on 13.08.2026, at 02:00 PM.

(IRAMNAZ)  
COURT MASTER (SH)

(ANJALI PANWAR)  
ASSISTANT REGISTRAR