

**IN THE HIGH COURT OF JAMMU & KASHMIR AND LADAKH
AT SRINAGAR**

WP(C) 2373/2026 CM (6450/2026)

**Minor Victim (X) Through her
natural guardian/Mother**

...Petitioner.

Through: Ms. Aasifa Rashid, Advocate

Vs.

**Union Territory of Ladakh
(Health and Medical Education)
and Others**

...Respondent(s).

Through: Ms. Shagufta Maqbool, Advocate vice
Mr. T.M. Shamsi, DSGI

CORAM:

HON'BLE MR. JUSTICE MOHD YOUSUF WANI, JUDGE

ORDER

19.09.2026

1. Ms. Shagufta Maqbool, Advocate appearing vice Mr. T. M. Shamsi, Id. DSGI, accepts notice in the matter for the respondents(s).
2. Heard the learned counsel for the next friend of the minor petitioner in respect of the case.
3. Through the medium of the instant petition, having been filed in terms of the provisions of Article 226 of the Constitution of India, read with Section 3 of the Medical Termination of Pregnancy Act, 1971, appropriate orders have been sought regarding termination of the pregnancy of the minor petitioner, aged about 17 years, whose identity has been withheld so as to protect her dignity, privacy, and future prospects, as her pregnancy sought to be terminated is the direct consequence of a sexual assault upon her.

4. The minor petitioner is reported to be carrying a pregnancy of more than four months. The pregnancy carried by the minor petitioner is reported to be a source of serious mental trauma to her. A case FIR No. 5/2026, dated 05-09-2026, is reported to have been registered in respect of the matter with Police Station Women's, Kargil, under Sections 3/4 and 5/6, of POCSO Act. The investigation of the case is reported to be going on, and the accused is reported to have been already taken into custody by the investigating agency. The Women's Police Station, Kargil, is reported to have made a communication dated 05-09-2026 to the Chairperson, Child Welfare Committee, Kargil, informing her about the incident and requiring her to take necessary action in the matter at her end. The Child Welfare Committee, Kargil, after interaction with the minor victim and her family and while taking note of the attending circumstances, felt convinced that immediate legal, medical, and psychological protection and support is needed to be extended to the minor petitioner. With the aid and support of the CWC, Kargil, the petitioner is reported to have been already subjected to medical examination and investigation, which at that time revealed the gestational age of pregnancy as about four months. The parents/guardians of the petitioner, after being informed about the medical condition, age, and psychological well-being of the minor victim, are reported to have unequivocally expressed their willingness and consent for medical termination of

pregnancy of the victim, considering the same to be in her best interests.

5. The next friend of the minor petitioner, who happens to be her mother, has accordingly sought the issuance of directions in the nature of mandamus for: -

- 1) Permitting and authorizing immediate medical termination of pregnancy of the minor victim in FIR No. 5 of 2026, registered with Women's Police Station, Kargil.
- 2) Directing the respondents to constitute/arrange an appropriate Medical Board forthwith for immediate medical examination of the minor victim and for furnishing urgent medical opinion regarding safe termination of her pregnancy.
- 3) Directing the concerned Government Hospital/Medical Board to undertake the termination procedure with utmost urgency, confidentially, and in accordance with law, ensuring complete medical care, counseling, and post-procedure assistance to the minor victim.
- 4) Directing preservation and protection of the dignity, identity, privacy, and confidentiality of the minor victim throughout the judicial proceedings, investigation, and medical process.
- 5) Directing all necessary medical expenses, treatment, and post-operative care of the minor victim to be borne by the State in the interest of justice and welfare of the child.

6. The learned counsel for the minor petitioner, during her submissions, inter alia, submitted that the present petition raises a direct and substantial question concerning the Fundamental Rights as guaranteed to the petitioner under Article 21 of the Constitution of India, viz., that the right to life under Article 21 is not confined to mere animal existence but encompasses the right to live with dignity, bodily integrity, decisional autonomy, privacy, mental well-being and

meaningful control over matters intimately connected with one's body and reproductive life. That in case of minor victim of sexual assault, these constitutional protections acquire an added dimension because the pregnancy itself is illegal as being the consequence of an offence committed against her bodily integrity and sexual autonomy.

She further contended that pregnancy cannot be examined as an ordinary medical or obstetric circumstance divorced from the manner in which the pregnancy came into existence. That the pregnancy in the present case is alleged to have resulted from sexual assault upon a minor child, and an FIR has already been registered in respect of the matter. She further submitted that the present case is not a case of an adult seeking termination of an advanced pregnancy as a matter of convenience. That the petitioner is a minor child approximately 17 years of age and the pregnancy is alleged to have resulted from sexual assault. That the Court is therefore required to consider the matter through the lens of constitutional protection of children, reproductive autonomy, bodily integrity, mental health and the paramount welfare of the child.

She further submitted that the expression "mental health" cannot be reduced to the absence of a diagnosed psychiatric disorder. That mental health necessarily includes psychological well-being, emotional stability, freedom from severe anguish, trauma and distress, and the ability to continue ordinary developmental, educational and social life. That the Court is therefore required to consider the

[foreseeable psychological consequences of compelling the minor to continue an unwanted pregnancy arising from an alleged sexual assault. That compelling the minor to carry the pregnancy to term may result in a continuing physical and psychological consequence of the alleged sexual assault thereby prolonging the impact of the alleged offence beyond the occurrence itself. That while the Court cannot prejudge the criminal culpability of the accused, it can and must consider the established factual circumstance that the pregnancy is alleged to have arisen from the sexual assault and the consequent effect will continue upon the child.

It was further submitted that the peculiar social circumstances in which the minor petitioner resides constitute a further and significant factor bearing upon her mental health, dignity, privacy and overall best interests. That the petitioner is a young minor belonging to a small village in the Kargil region where the social environment is closely knit and where, by reason of the size and nature of the community, persons have comparatively greater knowledge of and access to the personal lives and circumstances of their neighbours. That in such an environment, the continuation of pregnancy and the subsequent birth of a child may inevitably expose the petitioner to intrusive questions, speculation, social scrutiny, gossip and stigma concerning circumstances which are themselves alleged to have arisen from sexual assault.

She further contended that a child who is already required to cope with the trauma of an alleged sexual offence may reasonably experience heightened anxiety, fear, embarrassment, humiliation and apprehension regarding disclosure of her pregnancy and the circumstances surrounding it, particularly in a closely connected rural community where maintaining personal privacy may be considerably more difficult.

She further contended that the explanation 2 to Section 3 of the Medical Termination of Pregnancy Act, 1971 specifically recognizes that where pregnancy is alleged to have been caused by rape, the anguish caused by such pregnancy shall be presumed to constitute grave injury to the mental health of the pregnant woman. That in the present case, the victim is a minor rape survivor, the presumption operates with greater force and requires immediate judicial protection. That the parents/guardians have unequivocally expressed consent for termination of pregnancy, considering the same necessary in the best interests of the child. That the continuation of pregnancy would seriously prejudice her education, rehabilitation, dignity, emotional recovery and future prospects, whereas termination would facilitate her physical and psychological restoration. That the Child Welfare Committee, Kargil, after due assessment of the facts and surrounding circumstances had declared the victim as a Child in Need of Care and Protection under Section 37 of the Juvenile Justice (Care and Protection of Children) Act, 2015. That once such declaration has

been made, the State and all its instrumentalities are under a statutory obligation to act in furtherance of the best interests, protection and rehabilitation of the child. That the denial of termination in the present case would result in compelling the minor victim to undergo the trauma of child birth and motherhood at an age where she is incapable of understanding or bearing such responsibility, thereby adversely affecting her education, mental health, social life and overall development, and irreversibly altering the course of her life.

It is further contended that delay in granting relief would further increase gestational period and the medical risks, thereby making the termination procedure more complicated and hazardous. That time is of essence in the present matter and urgent intervention by this Court is the need of an hour. That the petitioner has no other efficacious alternative remedy available except to invoke the jurisdiction of this Court. That the petitioner has not filed any other petition, suit or other proceedings before any court including the Hon'ble Supreme Court of India for the relief projected in this petition.

7. The learned counsel for the respondents has, however, submitted that she has got no objection in passing of the appropriate orders in the matter strictly in accordance with the law.
8. The Court has gone through the memo of the petition and the copies of documents enclosed with the same as annexures thereto.
9. In the facts and circumstances of the case, and especially having regard to the sensitivity and urgency of the matter, the Court is of the

opinion that the matter can be disposed of even at this threshold stage by passing of appropriate directions in accordance with law governing the field, which the respondents are otherwise obliged under law to carry out.

10. It is felt appropriate to reproduce the relevant Provisions of the Section 3 of the MTP Act and the Rule 3-B of the Rules of 2003, which deal with the law on the subject as under: -

“3. When pregnancies may be terminated by registered medical practitioners.—(1) Notwithstanding anything contained in the Indian Penal Code (45 of 1860), a registered medical practitioner shall not be guilty of any offence under that Code or under any other law for the time being in force, if any pregnancy is terminated by him in accordance with the provisions of this Act.

(2) Subject to the provisions of sub-section (4), a pregnancy may be terminated by a registered medical practitioner, —

(a) where the length of the pregnancy does not exceed twenty weeks, if such medical practitioner is, or

(b) where the length of the pregnancy exceeds twenty weeks but does not exceed twenty-four weeks in case of such category of woman as may be prescribed by rules made under this Act, if not less than two registered medical practitioners are, of the opinion, formed in good faith, that—

(i) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or

(ii) there is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality.

Explanation 1. —For the purposes of clause (a), where any pregnancy occurs as a result of failure of any device or method used by any woman or her partner for the purpose of limiting the number of children or preventing pregnancy, the anguish caused by such pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman.

Explanation 2. —For the purposes of clauses (a) and (b), where any pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

(2-A) The norms for the registered medical practitioner whose opinion is required for termination of pregnancy at different gestational age shall be such as may be prescribed by rules made under this Act.

(2-B) The provisions of sub-section (2) relating to the length of the pregnancy shall not apply to the termination of pregnancy by the medical practitioner where such termination is necessitated by the diagnosis of any of the substantial foetal abnormalities diagnosed by a Medical Board.

(2-C) Every State Government or Union territory, as the case may be, shall, by notification in the Official Gazette, constitute a Board to be called a Medical Board for the purposes of this Act to exercise such powers and functions as may be prescribed by rules made under this Act.

(2-D) The Medical Board shall consist of the following, namely—

- (a) a Gynecologist;
- (b) a Paediatrician;
- (c) a Radiologist or Sonologist; and
- (d) such other number of members as may be notified in the Official Gazette by the State Government or Union territory, as the case may be.

(3) In determining whether the continuance of pregnancy would involve such risk of injury to the health as is mentioned in sub-section (2), account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

(4) (a) No pregnancy of a woman, who has not attained the age of eighteen years, or, who, having attained the age of eighteen years, is a mentally ill person], shall be terminated except with the consent in writing of her guardian.

(b) Save as otherwise provided in clause (a), no pregnancy shall be terminated except with the consent of the pregnant woman;

3-B. Women eligible for termination of pregnancy up to twenty-four weeks. —The following categories of women shall be considered eligible for termination of pregnancy under clause (b) of sub-section (2) Section 3 of the Act, for a period of up to twenty-four weeks, namely—

- (a) survivors of sexual assault or rape or incest;
- (b) minors;
- (c) change of marital status during the ongoing pregnancy (widowhood and divorce);
- (d) women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)];
- (e) mentally ill women including mental retardation;
- (f) the foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped; and
- (g) women with pregnancy in humanitarian settings or disaster or emergency situations as may be declared by the Government.”

11. A perusal of the documents placed on the file reveals that the case of the minor victim for her medical termination has been brought to the notice of the concerned health authorities through the active assistance

of CWC Kargil. There are communications on the subject, dated 18-9-2026, between the Medical Superintendent of the Government District Hospital, Kargil, and the Chief Medical Officer, Kargil, UT of Ladakh. It also reveals that a Medical Board for examination of the minor petitioner and the termination of her pregnancy was also constituted.

12. The Standing Medical Board for the purposes of the Act, which is supposed to have been constituted also for the District Kargil, in terms of the provisions of Sub Section 2 (c) of Section 6 was expected to address the application filed by the mother of the victim, by the examination of the latter and the termination of her pregnancy as per the Medical Termination of Pregnancy Rules, 2003 framed under the Act. Section 3-A of the Rules of 2003 lays down the powers and functions of the Medical Board and it is felt appropriate to reproduce the provisions of the said rule for the sake of convenience: -

“3A. Powers and functions of Medical Board. - For the purposes of section 3: -

(a) The powers of the Medical Board shall be the following, namely: -

(i) to allow or deny termination of pregnancy beyond twenty-four weeks of gestation period under sub-section (2B) of the said section only after due consideration and ensuring that the procedure would be safe for the woman at that gestation age and whether the foetal malformation has substantial risk of it being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped;

(ii) co-opt other specialists in the Board and ask for any additional investigations if required, for deciding on the termination of pregnancy;

(b) The functions of the Medical Board shall be the following, namely: -

(i) to examine the woman and her reports, who may approach for medical termination of pregnancy under subsection (2B) of section 3;

(ii) provide the opinion of Medical Board in Form D with regard to the termination of pregnancy or rejection of request for termination within three days of receiving the request for medical termination of pregnancy under sub-section (2B) of section 3;

(iii) to ensure that the termination procedure, when advised by the Medical Board, is carried out with all safety precautions along with appropriate counselling within five days of the receipt of the request for medical termination of pregnancy under sub-section (2B) of section 3”.

13. As per the perusal of the copies of documents enclosed with the file, the present age of the fetus of the minor petitioner is reported to have not exceeded 24 weeks. However, it is needful to mention that it is borne out from the communications made between the Medical Superintendent and the Chief Medical Officer concerned that the minor petitioner has suffered two failed attempts of the termination of her pregnancy, without a mention as to whether such attempts were permitted/legal or without the permission. The Medical Superintendent concerned, in her communication dated 18-9-2025, has communicated to the Chief Medical Officer that the proposed medical termination may need surgical intervention. It has also been mentioned in the communication that the procedure demands the willful consent of the father/guardian, as there may be risk to the

patient. The readiness of fresh blood donors has also been mentioned in the communication.

14. The continuance of the pregnancy by the minor petitioner is likely to cause grave injury to her physical and mental health. As per the explanation 2 appended to the Section 3(2), wherein any pregnancy is alleged by the pregnant woman to have been caused by the rape, as in the instant case, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

15. It is astonishing that when the Medical Termination of Pregnancy Act, 1971, and the rules framed thereunder provide for a complete mechanism and the manner under which the medical termination of pregnancy is permitted and to be undertaken, how the mother of the minor victim has been constrained to approach this Court to seek the appropriate directions. The Chief Medical Officer, Kargil/Medical Superintendent, Government District Hospital, Kargil, one among whom is supposed to be the Chairperson of the District Level Board constituted under the Act, should have earlier addressed the problem strictly in accordance with the Medical Termination of Pregnancy Act, 1971, and the rules framed thereunder. It was not a case where the District Level Board, having regard to the gestational age, could have expressed its inability to act.

16. In the attending facts and circumstances of the case, this Court feels compelled to invoke its extraordinary jurisdiction vested in it under

Article 226 of the Constitution of India and to permit and direct the termination of the pregnancy of the petitioner-victim through applicable and approved medical procedure. The Hon'ble Apex Court and various other High Courts of the country including this Court have been allowing the termination of the pregnancy caused by rape even beyond the period of 24 weeks stipulated under the provisions of Section 3 of the Act.

17. In its opinion this Court feels fortified with the order passed by the Hon'ble Apex Court in case titled "*A (Mother of x) vs. State of Maharashtra & Anr, SLPL (C) No. 9163/2024 decided on 24.04.2024*", in which the Hon'ble Court was pleased to express its inclination to exercise its powers under Article 142 of the Constitution for permitting termination of pregnancy of a minor rape victim who had a pregnancy of 28 weeks. It is felt apt to reproduce the paras 9 to 11 of the authoritative order for the sake of convenience: -

“9. In view of the urgency of the situation, we are inclined, while reserving judgment, to issue the following directions. We have duly borne in mind the provisions of the Medical Termination of Pregnancy Act 1972. This Court is inclined to exercise its powers under Article 142 of the constitution. In a similar case which is reported as *X v Union of India and Another*³, this Court had adverted to its constitutional jurisdiction under Article 142.

10. The following circumstances have been borne in mind, at this stage:

- (i) The medical termination of pregnancy is sought in respect of a minor who is 14 years old;
- (ii) The pregnancy is alleged to be an emanation from a sexual assault which has resulted in the registration of a First Information Report. The FIR was recorded on 20 March 2024 beyond the period of 24 weeks envisaged in the MTP Act;

(iii) The minor was unaware of the fact that she was pregnant until a very late stage;

(iv) The Medical Board at Sion Hospital has clearly opined that the continuation of the pregnancy against the will of the minor “may impact negatively on physical and mental well being of the minor who is barely 14 years old”; and

(v) While a certain degree of risk is involved in every procedure for medical termination, the Medical Board has opined that the threat to life of the patient if termination of pregnancy is carried out at this stage is not higher than the risk of delivery at full term of pregnancy.

11. We will further elaborate on the guiding parameters in a reasoned order which will be delivered separately. However, bearing in mind the exigencies of the situation, the welfare of the minor, which is of paramount importance and her safety, we pass the following order:

(i) The judgment and order of the High Court of Judicature at Bombay dated 4 April 2024 shall stand set aside for reasons to follow;

(ii) The Dean at Sion Hospital is requested to immediately constitute a team for undertaking the medical termination of pregnancy of the minor in respect of whom the Medical Board has submitted its report dated 20 April 2024;

(iii) Arrangements shall be made by the State for transportation of the minor to the Hospital and for her return home after the completion of the procedure;

(iv) The State has agreed to bear all the expenses in connection with the procedure and all medical expenses required in the interest of the safety and welfare of the minor; and

(v) Post-termination if any further medical care is required, this may be ensured in the interest of the minor.”

18. This Court also feels supplemented in its opinion with the authoritative law laid down by the Hon’ble Supreme Court of India in

“xyz vs. State of Gujrat and ors. (Cr. Appeal No..... 2023 arising

out of SLP (Crl) Dy No. 33790/2023)” decided on August 21st 2023, in which the Hon’ble Court permitted the termination of pregnancy of a victim of rape at the stage of 27-28 weeks of her pregnancy. It is felt apt to reproduce the relevant paras (i.e. 13 to 22) of the authoritative judgment of the Hon’ble Apex Court for the sake of convenience: -

“13. In Indian society, within the institution of marriage, generally pregnancy is a reason for joy and celebration and of great expectation, not only for the couple but also for their families and friends. By contrast, pregnancy outside marriage, in most cases, is injurious, particularly, after a sexual assault/abuse and is a cause for stress and trauma affecting both the physical and mental health of the pregnant woman the victim. Sexual assault or abuse of a woman is itself distressing and sexual abuse resulting in pregnancy compounds the injury. This is because such a pregnancy is not a voluntary or mindful pregnancy.

15. In “*Suchita Srivastava v. State (UT of Chandigarh), (2009) 9 SCC 1*”, this Court expressed that the right of a woman to have reproductive choice is an insegregable part of her personal liberty, as envisaged under Article 21 of the Constitution. She has a sacrosanct right to her bodily integrity.

16. In “*Sarmishtha Chakraborty and Another v. Union of India Secretary and Others, (2018) 13 SCC 339*”; this Court, considered the medical report and held that unless the pregnancy was terminated, the life of the mother and that of the baby to be borne would be in great danger and, therefore, permitted termination of the pregnancy.

17. A Three-Judge Bench of this Court in “*Murugan Nayakkar v. Union of India & Ors., Writ Petition (Civil) No.749 of 2017*”, disposed of on 06.09.2017, while considering

the case of a minor petitioner survivor of alleged rape and sexual abuse, held that it would be appropriate that termination of pregnancy be allowed in accordance with the opinion of the Medical Board constituted by an order of this Court, to the effect that termination of pregnancy should be carried out. A direction was issued that on a very next date i.e. 07.09.2017, the petitioner was to be present so that on 08.09.2017 the termination of pregnancy could be carried out.

18. More recently, in the case of ***“X vs. The Principal Secretary, Health and Family Welfare Department, Government of NCT of Delhi and Ors., AIR 2022 SC 4917”***; this Court, in another three-judge Bench led by Dr. D.Y. Chandrachud, J. (as the learned Chief Justice then was) observed that a woman can become pregnant by choice irrespective of her marital status. In case the pregnancy is warranted, it is equally shared by both the partners. However, in case of an unwanted or incidental pregnancy, the burden invariably falls on the pregnant woman affecting her mental and physical health. Article 21 of the Constitution recognizes and protects the right of a woman to undergo termination of pregnancy if her mental or physical health is at stake. Importantly, it is the woman alone who has the right over her body and is the ultimate decision-maker on the question of whether she wants to undergo an abortion.

19. In the context of abortion, the right of dignity entails recognizing the competence and authority of every woman to take reproductive decisions, including the decision to terminate the pregnancy. Although human dignity inheres in every individual, it is susceptible to violation by external conditions and treatment imposed by the State. The right of every woman to make reproductive choices without undue interference from

the state is central to the idea of human dignity. Deprivation of access to reproductive healthcare or emotional and physical well-being also injures the dignity of women.

20. The whole object of preferring a Writ Petition under Article 226 of the Constitution of India is to engage with the extraordinary discretionary jurisdiction of the High Court in exercise of its constitutional power. Such a power is vested with the constitutional courts and discretion has to be exercised judiciously and having regard to the facts of the case and by taking into consideration the relevant facts while leaving out irrelevant considerations and not vice versa.

21. In view of the above discussion and on perusal of the latest medical report we permit the appellant to terminate her pregnancy. We direct the appellant to remain present before the KMCRI Hospital, Bharuch, Gujarat during the course of the day, today (21.08.2023) or 09:00 A.M. tomorrow (22.08.2023) as she deems fit so that the termination of pregnancy could be carried out preferably during the course of the day today (21.08.2023) or tomorrow i.e. 22.08.2023.

22. Subsequently to the medical procedure to be carried out either today or tomorrow, in the event, the fetus is found to be alive, the hospital shall give all necessary medical assistance including incubation either in that hospital or any other hospital where incubation facility is available in order to ensure that the fetus survives. Further, in case the fetus survives, then State shall take steps for ensuring that the child could be adopted in accordance with law.”

19. In the backdrop, the petition is allowed, and the minor petitioner, being represented through her mother as her next friend, is permitted to undergo medical termination of her pregnancy through a recognized

and approved medical procedure, in connection whereof the following directions are passed:

- (i) Chief Medical Officer, Kargil, UT of Ladakh, in coordination with the Medical Superintendent, Government District Hospital, Kargil, in their capacity as ex officio Chairperson/Member of the Standing Medical Board under the MTP Act, shall take immediate necessary steps to ensure that the termination procedure is undertaken at Government District Hospital, Kargil, or at any other specialized centre permitted under the Act and the rules framed thereunder, after completion of all prior medical requisites, with all safety precautions.
- (ii) The petitioner-victim shall be provided all prescribed medicines available in the hospital free of cost at Government expense.
- (iii) The other required medicines/utensils shall be arranged by the Social Welfare Department of the District, Kargil.
- (iv) Before performing the procedure of termination of pregnancy, a written consent shall be obtained for the same from the parent/guardian of the victim.
- (v) SHO, Police Station Women's, Kargil/Investigating Officer of case FIR No. 5/2026 of the said Police Station shall be informed, who shall remain secretly present at the time of the procedure in connection with the DNA sampling, if applicable.
- (vi) Social Welfare Department, in coordination with the Child Welfare Committee (CWC), Kargil, shall take care of the victim post-termination of her pregnancy, if so advised by the attending medical practitioners or as requested by the family of the victim.
- (vii) Chairman, Tehsil Legal Services Committee, Kargil, shall take steps for payment of compensation to the victim under the relevant victim compensation scheme.

(viii) The Chief Medical Officer, Kargil/Medical Superintendent, Government District Hospital, Kargil, shall also arrange the blood, if any required, in connection with the procedure.

(ix) Copies of this order shall be forwarded for compliance to the Chief Medical Officer, Kargil [ex officio Chairperson of the District Level Board, MTPA], and the Medical Superintendent, Government District Hospital, Kargil, under sealed covers.

(x) A copy of this order shall also be forwarded for information and necessary action to the Chairman, Tehsil Legal Services Committee, Kargil, under sealed cover.

20. Disposed of.

**(MOHD YOUSUF WANI)
JUDGE**

SRINAGAR
19.09.2026
“Shahid Manzoor”

Whether the order is speaking	Yes
Whether approved for reporting in Statute Books/Law Journals (Print and Electronic)	Yes

Strictly prohibited for publication through print/electronic/social media.