



**HIGH COURT OF JUDICATURE FOR RAJASTHAN AT
JODHPUR**

S.B. Criminal Miscellaneous Bail Application No. 173/2025

Mukesh Kumar @ Mangej S/o Shri Ranjeet Ram, Aged About 24
Years, R/o Village Dolatpura, Tehsil And Dist Sri Ganganagar, Raj
(At Present Lodged In Central Jail, Sri Ganganagar)

-----Petitioner

Versus

State of Rajasthan, Through PP

-----Respondent

For Petitioner(s) : Mr. S.R. Godara
For Respondent(s) : Mr. Deepak Choudhary, Addl.
Advocate General cum GA
Mr. Urja Ram Kalbi, Public Prosecutor
Mr. Vineet Jain, Sr. Advocate, assisted
by Mr. Pravin Vyas
Mr. Dharendra Singh Champawat, Sr.
Advocate assisted by Mr. Jagdish
Singh
Ms. Gayatri Rathore, Principal
Secretary to Government, Medical &
Health & Family Welfare, through VC
Mr. Ambrish Kumar, Principal
Secretary, Medical Education
Department, through VC

HON'BLE MR.JUSTICE RAVI CHIRANIA

Order

Order Reserved on : 17.10.2025

Order Pronounced on : 17.11.2025

1. The instant bail application under Section 483 BNSS. has
been filed by accused-applicant **Mukesh Kumar @ Mangej** in
connection with FIR No.121/2024 registered at P.S. Mathili Rathan,
District Sri Ganganagar for offence under Sections 103(1), 61(2)
of BNS, 2023 and Section 27 & 5/25 of Arms Act, against the
rejection order dated 06.12.2024 passed by learned Sessions
Judge, Sri Ganganagar in Criminal Misc. Case No.716/2024.



2. Counsel for the petitioner submitted that he has been falsely implicated in the murder of his real brother Pradeep Kumar, whereas he has not committed any such offence. Counsel submits that it is the petitioner himself, who lodged the report in the Police Station on 05.8.2024, on which, impugned FIR was registered, bearing FIR No.121/2024 against unknown persons.

3. Counsel further submitted that without any motive and justified reason, the petitioner was arrested by the police and implicated in the case.

4. Counsel for the petitioner further submitted that the police conducted investigation and collected various articles, which were sent to the FSL by letter dated 06.09.2024 and Acknowledgment Receipt of the FSL was issued on 09.09.2024.

5. Counsel submits that though the articles were collected on 05.08.2024, 11.08.2024 and 13.08.2024, however, the articles remained in the Police Station for unjustified reason for long and, therefore, possibility of planting of evidence cannot be ruled out.

6. Counsel further submits that on filing of charge-sheet statements of material witnesses were recorded by the learned trial court. Learned trial court recorded statement of one Sunil Kumar (cousin brother of the petitioner and deceased, both) and PW-4 Sharda W/o. Ranjeet Ram (mother of the petitioner and deceased). By referring to the statement of material witnesses i.e. PW-1 and PW-4 counsel submitted that both these important witnesses, who are family members, did not support the story of the prosecution and were declared hostile.



7. Counsel further submitted that both the witnesses clearly stated that there was no enmity or dispute between the two brothers, which leads to a definite conclusion that in the present case, which is based on circumstantial evidence so there is no eye-witness, no motive, no enmity etc. therefore, the petitioner has been falsely implicated. In view of this, learned counsel prayed that the petitioner may be enlarged on bail.

8. Learned Public Prosecutor strongly opposed the bail application and stated that the recovery of the alleged weapon was made at the instance of the petitioner and he only killed his real brother, therefore, present case is not fit so as to enlarge the present petitioner on bail.

9. Heard learned counsel for the parties.

10. This Court while hearing the bail application tried to read the Post-Mortem Report as prepared in this case of deceased Pradeep Kumar S/o. Ranjeet Ram by Government Civil Hospital, Sri Gangangar dated 05.8.2024

11. This Court with great efforts tried to read and understand the Post-Mortem Report prepared by Dr. Vishnu Kumar Gahlot, Assistant Professor, General Surgery and Dr. Navdeep Singh, Assistant Professor & H.O.D., Forensic Medicine, Government Medical College, Sri Ganganagar, whose respective seals and signatures are visible on the document.

12. As this Court faced serious difficulty in understanding the Post-Mortem Report, therefore, by orders dated 06.10.2025, 09.10.2025 and 17.10.2025 the Principal Secretary, Medical Education; Principal Secretary, Medical & Health and the learned





Additional Advocate General cum GA Mr. Deepak Choudhary, were called regarding the issue of preparation of Post-Mortem Report and other Injury Reports by-hand, which are illegible and unreadable. The Court shall deal with this issue in the later part of this order.

13. This Court, as far as this bail application is concerned, noted that the petitioner himself lodged FIR against unknown persons, however, he himself was implicated in the case and charge-sheet was filed against him by the police. The Court noted that the police made recovery of fire-arm weapon and other articles on 05.8.2024, 11.8.2024 & 13.8.2024, however, for almost a month these articles remained at the Police Station and were not immediately deposited in FSL. After keeping the articles for a long period, the articles were deposited in the Lab by letter dated 06.09.2024 on which the acknowledgment was issued on 09.09.2024.

14. This Court also considered statement of material witnesses, namely, PW-1 Sunil Kumar (cousin brother of the petitioner and deceased) and PW-4 Sharda W/o. Ranjeet Kumar (mother of the petitioner and deceased) and noted that both witnesses have not levelled any allegations against the petitioner, rather the mother (PW-4) fairly stated that the relationship between both the brothers i.e. petitioner and the deceased were cordial and there was no dispute or enmity between them. She fairly denied that the petitioner killed his own brother by causing fire-arm injury.

15. As the present case is based on circumstantial evidence and there are no eye-witnesses and further the material witnesses



PW-1 & PW-4 have been declared hostile by the prosecution, as they did not support the story of the prosecution rather, they have stated in favour of the petitioner therefore in view of the above, this Court is inclined to enlarge the petitioner on bail, considering the over all facts and circumstances of the case.

16. Consequently, this bail application filed by the petitioner under Section 483 B.N.S.S. is allowed and it is directed that petitioner **Mukesh Kumar @ Mangej S/o. Ranjeet Ram** shall be released on bail in connection with FIR No.121/2024 registered at P.S. Mathili Rathan, District Sri Ganganagar provided he executes a personal bond in a sum of Rs.1,00,000/- with two sound and solvent sureties of Rs.50,000/- each to the satisfaction of learned trial court for his appearance before that court on each and every date of hearing and whenever called upon to do so till the completion of the trial.

ISSUE OF PREPARATION OF MEDICO LEGAL REPORTS, POST-MORTEM REPORT etc. BY HAND

17. This Court while considering post-mortem report (PMR) noted that the report as prepared in this case by Doctors of Government Civil Hospital, Sri Ganganagar, is in a pathetic form and manner as if the document had been prepared for their own understanding and use. In criminal matters, post-mortem report (PMR), all Medico Legal Reports etc., are very crucial documents not only for the prosecution and the defence but also for courts, various agencies and authorities. The manner and method in which the Doctors/ Medical Jurist are preparing these reports is really shocking and surprising.



18. Today, the country has a robust digital system in place. Despite this, the Doctors are preparing medical reports in a casual and negligent manner by hand which are illegible and incomprehensible. The three pages of the post-mortem report, as prepared in the present case, are reproduced as under **after scanning from the charge sheet, as filed:-**



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MEDICAL AND HEALTH DEPARTMENT, RAJASTHAN
GOVT. CIVIL HOSPITAL, SRI HANAGAR
POST-MORTEM REPORT
पॉस्ट मोर्टम रिपोर्ट

PMR No. 326
District Srihanagar पुलिस थाना मदीलीराठान Date 5.1.2024

Body Brought by Subash Bishnoi SI PS मदीलीराठान
नाम जिसम लाने वाले का

Body Identified by as above police person
शनाख्त करने वाले का

Name, Age, Sex and Caste (deceased) मंगल (मं.)
नाम, उम्र, लिंग और जाति (मृतक)

Whence brought Village, Thane मृतक से जदीपुमारा 5/0 रजनीत राम उमरा
कहाँ से लाया गाँव, थाना शिव जीरा लख 12/0 दौलतपुर

DATE AND HOUR OF तारीख और वक्त

Death मौत	Examination of body मुआयना किसम	Despatch of matter to Chemical Examiner भेजने केमिकल एग्जामिनेर जाहिर होना	Appearance of symptoms of poison or disease असामात जहर या बीमारी
within 24 hr after death	5.1.2024 6:00 PM	metallic fragments with plastic web. part of Cartridge two in number	

Symptoms observed before death अलामात जो मौत से पहले देखा गया Brought dead.
Information furnished by police जानकारी जो पुलिस ने दी as per police parchina.

N.B.- The Medical Officer will observe the state of all the organs and when he finds no disease or injury, he should write in the appropriate place the word "Healthy"
नोट: मेडिकल ऑफिसर को तमाम अंगों की हालत देखनी चाहिए अगर उसे कोई बीमारी या चोट मालूम नहीं हो तो सही जगह वाक्य "तन्दुरुस्त" लिखना चाहिये।

EXTERNAL APPEARANCE

- Condition of subject-stout, emaciated, decomposed etc. Subject was averagely built & comical
- Wounds position, size nature wounds P.M. stay part on back & right
- Bruises position, size, nature marks part on all over body mouth & eyes closed all other natural orifices
- Mark of ligature or neck, dissection, etc. are normal.
- Condition of pupils. Dilated

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थानाधिकारी
पुलिस थाना मदीलीराठान



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PMR No. 328

CIVIL HOSPITAL, SRI GANGANAGAR

(2)

H CRANIUM AND SPINAL CORD

Note: The Spinaicanal need not be examined unless any indication of disease or injury exists.

1. Scalp skull and vertebrae

2. Membranes

3. Brain and Spinal Cord

(Empty wound)

Punctured lacerated wound of size 8x6 cm in front of occipital region with inverted margins and bleeding & oozing of hairs are present around the wound on further dissection subcutaneous hairless part all over occipital region & wound track is present towards frontal region and there is multiple pellets with part of cartridge is embedded in brain matter.

III. THORAX

1. Walls Ribs and Castilaqos

2. Pleurae

3. Larynx and Trachea

4. Right Lung

5. Left Lung

6. Paricardium

7. Heart

8. Large vessel

(Empty wound)

There is punctured lacerated wound of size 8x6 cm in front of left side chest near nipple area with inverted margins and bleeding & oozing of hairs are present around the wound and further dissection healthy & pale subcutaneous multiple pellets with part of cartridge is embedded in left lung & heart.

IV. ABODOMEN

1. Walls

2. Peritoneum

3. Mouth, Pharynx and Oesophagus

4. Stomatch and its contents

5. Small intestines and their contents

6. Large instestines and their contents

7. Liver

8. Spleen

9. Kidneys

10. Bladder

11. Organs of generation external and Internal

Healthy

Healthy

Healthy

more healthy & empty

Healthy

Healthy

Healthy & pale

Healthy

Healthy

Healthy

धानाधिकारी

माना मटीलीराठान

श्रीगंगानगर

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(71)

CIVIL HOSPITAL, SRI GANGANAGAR

PMR No. 326 (3)

V. MUSCLES, BONES AND JOINTS

1. Injury 2. Disease of Deformity 3. Fracture

note: above mentioned injuries caused by firearm & came with serious lacerations to death and order in nature.

REMARKS BY MEDICAL OFFICER

opinion: The Cause of death is Cornea with Cardiac effect of haemorrhagic shock due to above mentioned injuries mentioned in this post mortem report which are sufficient to cause death in ordinary course of nature.

Vishnu
Dr. Vishnu Kumar Gahlot
Assistant Professor
General Surgery
Govt. Medical College, SGNR

Dr. Navdeep Singh
Dr. Navdeep Singh
Assistant Professor & H.O.D.
Forensic Medicine
Govt. Medical College, SGNR

संलग्न :-

MEDICAL JURIST
Govt. Civil Hospital, Sri Ganganagar

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जिला थाना मटीलीराठा



19. The above scanned document, for reference, shows the casual and negligent attitude of Doctors/ Medical Jurists in preparing important documents like the post-mortem report, medico Legal Report etc. The above report is just an example and this Court has seen reports even worse than this in many bail applications and D.B. Criminal Appeals.

20. After noticing above, this Court by order dated 06.10.2025 called Mr. Deepak Choudhary, learned AAG cum GA and raised a specific query as to why these medical reports are prepared by-hand and not by using computers and digital technology. Learned AAG was directed to ensure presence of the Principal Secretary Medical and Health and the Principal Secretary Medical Education.

The order dated 06.10.2025 is reproduced as under:-

"1. This Court while hearing the present bail application noticed that the post-mortem report as filed with charge-sheet is not readable and further such handwritten documents are not readable not only for the Court but also for the counsels assisting the Court who are required to understand and explain its content. With a digital system in place for long, these kinds of documents being prepared in such a manner create hurdles in the administration of justice not only for the prosecution but also for the Court.

2. This Court called the learned AAG cum GA, Mr. Deepak Choudhary, in this regard and sought his assistance. The learned AAG informed that almost all documents which are prepared in criminal cases are duly prepared in a proper typed format, however, medical reports which include injury report, x-ray report, age determination report, sexual assault report, pregnancy report, different medical opinions, post-mortem report (PMR) are still prepared by the concerned doctors and medical jurists by hands, due to which these documents are not readable. He also, while assisting the Court submitted that in case these documents are prepared in duly typed manner similar to the manner in which FIR and other documents are prepared, then the same would be of great assistance only to the prosecution but also for the counsel for the accused as well as the Court hearing the cases. It is in the knowledge of this Court that this problem is not uncommon and almost all Courts in the country are facing the problem of not able



to understand the medical reports, post mortem reports etc. for the common reason that they are pen down by the doctors in writing which is illegible in almost all cases.

3. Having faced the similar problem, the Punjab and Haryana High Court issued directions to the NIC-Haryana to facilitate computerization of MLR's and PMR's. In pursuance to the same, NIC-Haryana prepared a software which is in place for long and this software was brought to the notice of all State and Union Territories, Judicial Academy, State Judicial Academy through respective NIC-State/Union Territory Centres. Despite the system in place for long and having information about the abovementioned software the doctors in the State of Rajasthan are still preparing MLR and PMR by hand as mentioned above as the State Government has not made such software in State.

4. Before issuing directions in this regard to State of Rajasthan, this Court deems it appropriate to hear Principal Secretary, Medical Education, State of Rajasthan and the learned Advocate General to have assistance in the matter before issuing any directions. Copy of this order be served on Principal Secretary, Medical Education, State of Rajasthan for appearing before this Court through video conferencing as well as to learned Advocate General. List this case on 09.10.2025 at 10:30 a.m. at a first case.

5. For necessary order on the bail application, list this matter on 13.10.2025.

(RAVI CHIRANIA), J"

21. In pursuance of order dated 06.10.2025, the matter was listed before this Court again on 09.10.2025.

22. On 09.10.2025, the Principal Secretary, Medical Education could not appear and on his behalf Ms. Chanchal Verma (RAS) appeared and tried to assist this Court and answered certain queries regarding the preparation of post-mortem report and other medico legal reports by-hand. The order dated 09.10.2025 is reproduced as under:-

"1. This matter was last listed before this Court on 06.10.2025 and the presence of the Principal Secretary, Medical Education, Government of Rajasthan was ordered.

2. Today, this matter was taken up at 10.30 AM, however, due to the non-availability of the learned Advocate General as he is occupied with some other urgent cases and the Principal Secretary, Medical Education, Government of Rajasthan, who, as informed this Court, is also stuck in another pre-scheduled meeting, a request was made by





the learned Additional Advocate General cum GA Mr. Deepak Choudhary to take up this matter at 3:00 PM.

3. At 3 PM, the matter was taken up again, however, this Court was again informed that the concerned Secretary is busy continuously in a pre-scheduled meeting and, therefore, she could not appear through Video Conferencing (VC). However, on behalf of the concerned Principal Secretary, Ms. Chanchal Verma, RAS, appeared and assisted this Court by stating that a process has been initiated to implement a system across the State of Rajasthan which commenced in January, 2025. This Court noted that though in the State of Punjab and Haryana the Medico Legal Examination and Post Mortem Reporting (MedLEaPR) software was started in year 2011-12, however, the State of Rajasthan has, even after more than 14 years, failed to implement the same completely. The medical reports in respect of criminal cases of injuries, post-mortem, sexual assault cases, age determination report etc. are required to be prepared in a clean, legible and systematic manner. There cannot be any justified reason for not fully implementing the software in Rajasthan even after 14 years. Although some effort appears to have been made by the State but it does not appear to be sufficient. It appears that the State has been very slow in implementing it when many States & UTs are already using from last many years.

4. Ms. Chanchal Verma, RAS is directed to further inform the concerned Principal Secretary to be ready with all the relevant information and the complete schedule for the implementation of the MedLEaPR across the State so that after total implementation, no reports are prepared in a handwritten manner rather they are prepared strictly as per the MedLEaPR, as implemented in the other State.

5. This Court wish to hear the concerned Principal Secretary and learned Advocate General on the next date of hearing, in this regard list this case on 15.10.2025 at 3:00 PM. 6. This Court requests Mr. Vineet Jain, Sr. Adv. and Mr. Dharendra Singh to assist this Court on this issue.

(RAVI CHIRANIA), J''

23. After hearing Ms. Chanchal Verma for some time, this Court for further queries, directed her to appear again before this Court through VC on 15.10.2025 and thereafter on 17.10.2025. On 17.10.2025, the Principal Secretary Medical & Health, Ms. Gayatri Rathore appeared through VC and informed this Court that the State of Rajasthan has started the process of preparing medical reports through the **Medico Legal Examination and Post**



Mortem Reporting (MedLEaPR) software from January, 2025.

She further informed that only those hospitals which are requested by the Investigating Officers of the respective case, through online mode (CCTNS) for preparation of the report, prepares the report through MedLEaPR software, while the rest prepare by hand.

24. She further stated that the State Government has started the process of training the doctors for MedLEaPR software and is in the process of providing all required infrastructure so as to have a complete system in place for preparation of all medico legal reports, PMR etc., through MedLEaPR software only in the state.

25. She also informed and further assured that in next 15-20 days, the complete system would be in place and thereafter all the reports would be mandatorily prepared through MedLEaPR software only.

26. The issue involved in the present case is important not only for the courts but also for the lawyers appearing for the respective sides, investigating and prosecution agencies, various other Authorities etc., in understanding and taking necessary judicial, administrative and other action on that basis. If such reports are not readable and legible, then the very purpose of their preparation loses its significance and cause serious hindrance in the administration of Justice and doing other legal and administrative functions.

27. This Court by order dated 09.10.2025 requested Mr. Vineet Jain, Sr. Advocate and Mr. Dharendra Singh Champawat, Sr. Advocate to assist this Court on the issue.



28. On 17.10.2025 learned Senior Counsel Mr. Vineet Jain provided valuable assistance to this Court in the form of written submissions in regard to the issue as involved. Learned Senior Counsel informed this Court that the Medical Council of India (now **National Medical Commission**) (hereinafter referred to as **"NMC"**, for short) issued a Notification dated 21.09.2016 in exercise of powers conferred by Section 33 of the Indian Medical Council Act, 1956 titled as Regulations to amend the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002. The Notification provides that **every physician should prescribe drugs with generic names legibly and preferably in capital letters**. The notification dated 26.09.2016 is reproduced as under:-

**"MEDICAL COUNCIL OF INDIA NOTIFICATION
New Delhi, the 21st September, 2016**

No.MCI-211(2)/2016(Ethics)/131118 .- In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India with the previous sanction of the Central Government, hereby makes the following Regulations to amend the "Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002: - Short Title and Commencement:-

1. (i) These Regulations may be called the "Indian Medical Council (Professional Conduct, Etiquette and Ethics) (Amendment) Regulations, 2016 – Part – I".
(ii) They shall come into force from the date of their publication in the Office Gazette.
2. In the "Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002", the following additions/modifications/deletions/substitutions, shall be, as indicated therein:-





3. In Chapter 1-B-Duties and responsibilities of the Physician in general, Clause – 1.5 under the heading – **Use of Generic names of drugs**, the following shall be substituted : -

“Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs”.

DR. REENA NAYYAR, Secy. I/c
[ADVT.-III/4/Exty./253(100)]”

29. Learned Senior Counsel Mr. Vineet Jain further submitted that the NMC (earlier MCI) issued National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations, 2023 by Notification No.R-12013/01/2022/Ethics dated 03.08.2023. In the said Notification, specific and clear guidelines were issued to all Registered Medical Practitioners to **write prescriptions in legible and preferably in full CAPITALS letters to avoid misinterpretation.** It is further provided that the prescriptions should be typed and printed to avoid errors.

30. Learned Senior Counsel, in the written submissions, referred to the judgment passed by the High Court of Orissa in **Krishna Pad Mandal @ Krushna Pada Mandal Vs. State of Odisha, I.A. No. 447 of 2020 (Arising out of BLAPL No. 3541 of 2020).** The relevant part of the order dated 10.8.2020 passed in the case of **Krishna Pad Mandal @ Krushna Pada Mandal** (supra) reads as under :-

“Before parting with the present application, one issue which this court is constrained to articulate is that considerable time and frustration associated with detective work in so far as medical reports/doctors’ prescriptions are concerned. Such illegible scrawls composed by doctors creates unnecessary nuisance at the end of the patients, pharmacists, Police, prosecutors, judges who are bound to





deal with such medical reports. Prescriptions of physicians, OPD slips, post-mortem report, injury report etc. written, perforce, are required to be legible and fully comprehensible. A medical prescription oughtn't to leave any room for ambiguity or interpretation.

This Court has highest regard for the professionalism of doctors and records its appreciation for them for their exemplary and untiring service during COVID19 pandemic at different levels. The entire nation salutes their professionalism and supreme sacrifice during the current pandemic of unrelenting ferocity. This Court is also not suggesting that there is a responsibility gap at the end of the medical professionals like the Doctors, who are unquestionably valuable assets to our society. It is also equally trite that legible hand writing is a valuable asset to an educated man.

The illegible or significantly lower legibility than average handwriting impedes understanding the prescriptions and stand as a barrier to proper comprehension leading to, among others, innumerable medical complication. If we consider the issue from patient's perspective, illegible handwriting can delay treatment and lead to unnecessary tests and inappropriate doses which, in turn, can result in, at times, fatal consequences. On many occasions, the pharmacists find it difficult to decipher what is written in the prescription. Sometimes, even some physicians fail to read their own handwriting. The physician working in Government or private or other medical set-ups are suggested to write the name of drugs in CAPITAL LETTERS or in a legible manner. The CAPITAL LETTERS could perhaps ensure a proper visibility to the prescriptions and will remove the guess work and related inconveniences completely. Better handwriting will help in easily deciphering the names of the drugs, doses, strength, frequency etc. with much ease. There could be some good justifications for such sloppy handwriting and the prominent one could be the relative heavy work pressure, long working hours, symptoms like writer's cramp etc. due to adverse patient-doctor ratio in the country, more especially, in the State like Odisha. In this new age of consumerism and the looming threat of allegations of medical negligence, it is imminent that the professionals protect themselves by exercising this basic care and caution.

This court feels, it is imperative that the entire physician community need to go an extra mile and make conscious efforts to write prescriptions in good handwriting preferably in CAPITAL LETTERS. The digital era could also throw open several options to make prescriptions and the diagnosis more patient friendly.

Looking at the magnitude of the issue, the Medical Council of India (MCI) also issued its notification dated 21st September, 2016, under Section 33 of the Medical Council Act, 1956, with a previous sanction of the Union Government, called "Indian Medical Council (Professional Conduct, Etiquette, and Ethics) (Amendment)





Regulations, 2016". Regulation 1.5 of the said Regulation, in particular, mandates that:

"Every physician should prescribe drugs with generic names and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs"

The said notification prescribes that the doctors to write legible prescriptions preferably in CAPITAL LETTERS. The underlined objective of such notification is that writing names of medicine in capital letters ensures that doctors who have poor running handwriting can compensate for their deficiency by writing in capital letters. Some efforts in this direction has also come from the States like Maharashtra and Jharkhand, in the form of special circulars, consistent with the aforesaid notification issued by MCI.

In view of the growing concerns in this regard, especially in view of the fact that illegible handwriting could have life threatening consequences, this Court deems it fit to request the Chief Secretary, Government of Odisha to examine the feasibility of issuing appropriate circulars, in consultation with the Medical Council of India and the Central Government, to implement the abovementioned directions, as per the Notifications dated 21.09.2016 issued by the Medical Council of India, with respect to prescription of drugs by doctors. Further, appropriate steps may also be taken to create awareness among the medical professionals, involved in medico-legal cases, to record their observations and comments in a legible manner."

31. Learned Senior Counsel further cited the order passed by the High Court of Punjab & Haryana in anticipatory bail application of XXXXX Vs. State of Haryana and Another (CRM-M-30302-2024), where the High Court took Suo Moto cognizance in respect of wide spread issue of illegible hand-writing in medical documents declaring the right to a legible medical prescription as an integral part of fundamental right to life as provided under Article 21 of the Constitution of India. The directions as issued by the High Court of Punjab & Haryana are as under :-

"72. Consequently, this Court deems it fit to issue the following directions:

(i) Considering the Affidavits and instructions issued by States of Haryana, Punjab and Union Territory of Chandigarh as reproduced above, that advisory/directions have been issued to all the doctors of their respective State/UT that in case of handwritten prescription





slips and diagnosis, all medical prescriptions/diagnosis shall be written in CAPITAL letters by all doctors till the time computerized/typed prescriptions are adopted, the three States (Haryana, Punjab and UT Chandigarh) are directed to meticulously comply with their own instructions and affidavits submitted in this Court and ensure that the same are complied with in letter and spirit. In furtherance of the same, the States of Punjab, Haryana and the Union Territory, Chandigarh shall in coordination with the State Medical Commission, if any, make endeavours to inform and sensitize all the doctors within their respective jurisdictions by holding periodic meetings at district level under the supervision of Civil Surgeon.

(ii) The Union of India shall comply with the inputs enclosed with the letter dated 28.05.2025 (Mark-'X') issued by the Under Secretary to the Government of India as reproduced above for issuing appropriate Notification for Minimum Standards in the Gazette of India as expeditiously as possible.

(iii) PGIMER is already under the process of implementation of a medical software HIS-II wherein Medical e-prescription is a part of the Doctor Desk Module. In view of the same, PGI shall ensure its implementation as expeditiously as possible and preferably within two years.

(iv) Considering the stand taken by the States of Punjab and Haryana that the doctors will be required to write the medical prescription and diagnosis in Capital Letters till the time computerization of the same is done, it is directed that in order to achieve the objective of computerization/typed prescriptions, sincere efforts be made for framing a comprehensive policy in this regard with due emphasis on providing financial assistance, if so required by Clinical Establishments/doctors. The aforesaid exercise be completed within two years.

(v) U.T Chandigarh shall also make sincere efforts to frame policy on similar lines as aforesaid.

(vi) National Medical Commission is requested to take effective steps to introduce and inculcate the importance of legible and clear handwriting in medical prescription as a part of curriculum in all the Medical Colleges/Institutions in India in view of the fact that Right to legible Medical Prescription /Diagnosis/Medical documents and Treatment is an integral part of Right to Health which is a Fundamental Right vested under Article 21 of the Constitution of India."

32. Counsel further referred to the similar directions issued by the Division Bench of the Uttarakhand High Court in Review Application No.1240/2018 in WPIL No. 120 of 2016. The directions as issued by the Uttarakhand High Court are as under :-





“Accordingly, the Review Application is dismissed; but, in the larger public interest, we direct all the doctors throughout the State of Uttarakhand in Government Sector, Public Sector and Private Clinic establishments that all the prescriptions / medical reports should be computer-generated in order to enable the ordinary patients and their attendants to read the same. As far as the Government Doctors are concerned, the State Government is requested to provide necessary infrastructure to the doctors and, in the meantime, Government Doctors shall prescribe the medicines in legible bold letters”.

33. In the written submissions, as submitted, learned Senior Counsel for assistance of this Court, gave following suggestions, which are reproduced as under :-

- “1. **The draft of Postmortem Report (PMR) and Injury Report (IR) should be filed as far as possible in capital letters** to ease the process of reading and deciphering the contents of the same both for the investigative agencies and so also for the concerned courts.*
- 2. The PMR and IR should be written precisely and definitively i.e. the nature of injuries and details thereof should always be mentioned like margins being clear cut or irregular, inverted or everted, stab wound with shape and size. The attending Doctors may also use local language and words to ease the process for people in the rural areas.*
- 3. **Figures should be used to denote exact place of injuries** for this purpose the Doctors maybe directed to use set performa as as provided in MedLEaPR software. Exact place of injury should also be mentioned in in the injury report and so also in the postmortem report, apart from using medical terms, words in common parlance, be also mentioned so as to **show the exact site of injury.***
- 4. Presence and extent of rigor mortis be specified, further time of death should be mentioned in the closest possible estimate as far as possible by using scientific method. **A note with respect to the scientific method used may also be mentioned at the end of every post report.***



5. *After preparation of postmortem report and injury report, typed copy may be attached with the original report, the said type copy, can be duly verified by the Author/Doctor, who prepared the said report.*

6. *Bed Head tickets and other medical treatment records, namely prescriptions, opinions, etcetera, when supplied be also appended with typed copies, duly verified by the author/doctor as far as possible.*

7. *The postmortem reports and injury reports should be given unique number so to track the same in future and further to ensure that no confusion is created. In case there are two patients with the same name. The report should be stored in a dedicated database with the state department, so that crime categorization can be done by the state authorities if needed.*

8. *Access to these records be given only to medical practitioners, investigating officers & with the due permission of the court, to parties concerned so that it does not land with third parties & strangers to prevent misuse and further to ensure privacy of the parties is maintained.”*

34. After hearing the Principal Secretary, Medical & Health; Principal Secretary, Medical Education; learned AAG cum GA Mr. Deepak Choudhary and learned Senior Counsel Mr. Vineet Jain assisted by Pravin Vyas, Advocate, this Court noted that the serious need of preparation of legible medical reports by MedLEaPR, which include Post-Mortem Report, Injury Report, Age Determination Report and Sexual Assault Report etc., which are presently prepared by doctors almost in every part of the country, except few States by-hand including medical prescriptions which are majorly illegible, unreadable and incomprehensible.

35. This issue was first taken up by the High Court of Punjab & Haryana in the year 2011 in the case of **Rajpal @ Labh Singh & Anr. Vs. State of Haryana**. The High Court of Punjab & Haryana





in **Rajpal @ Labh Singh & Anr** (supra) directed the NIC, Haryana, to prepare a comprehensive software so that all the medical reports could be prepared through a software.

36. In pursuance of directions of the High Court of Punjab & Haryana, NIC, Haryana prepared **“Medico Legal Examination and Post-mortem Reports System (MedLEaPR)”**.

37. This exercise was the first of its kind in the country and, therefore, the High Court of Punjab & Haryana directed NIC, Haryana to appraise all the States, Union Territories, National Judicial Academy and State Judicial Academy through the respective NICs of State/UT about the availability of MedLEaPR software for the preparation of post-mortem report/medico legal reports for the use in the respective areas. Important features of the MedLEaPR software as prepared by NIC, Haryana were pointed out to this Court from a document downloaded from internet are as under:-

“OVERVIEW OF MEDLEAPR SYSTEM *The software is a web based system, as per legally approved forms related to MLRs and PMRs. The domain inputs were provided by the designated doctors from the states of Haryana, Punjab, UT Chandigarh, PGIMER Chandigarh & Rohtak and ESI Hospital Chandigarh.*

BASIC WORKFLOW OF THE SYSTEM

A. Registration of a Case – *When a victim/accused is brought to a Health Institute, his/her registration process is completed. Details of persons, including police, accompanying the victim/accused are also captured.*

B. Doctor’s Examination Reporting Process – *Thereafter, the victim/accused is examined and the opinion and observations are fed online by the doctor, in the relevant prescribed format.*



C. On-line Graphical/Pictorial Representation Module – These modules takes care of the cases where some injury is found on the body of the person, including burns etc. This needs to be clearly illustrated on the sketch of the human body. The requirement was given by a core team of doctors handling domain specific requirements. The NIC Haryana team, spent days with doctors at Hospitals in Panchkula, Mohali, Chandigarh and PGIMER to understand the requirements and explored the requirements. The required sketches of human body (Male & Female) were obtained from Directorate of Health Services Haryana and stored in the software. The access was provided to the concerned doctor, with a facility to mark injuries at the exact location on the sketch, along with the facility to enter the injury details.

D. Subsequent Opinion Process - Often samples of body parts, viscera, clothes etc are sent to various specialist forensic/chemical laboratories for examination. Based on the reports received from these laboratories, doctor opinion is sought by law enforcement agencies, which becomes the base for the final opinion on the case. After receiving the laboratory reports, the doctor enters his/her final opinion in the system, using his credentials.

SALIENT FEATURES

- (a) Data entry by doctor in stages (keeping in mind, typing speed of doctor and speed of Internet connectivity).
- (b) Centralized web enabled solution, hosted at the State Data Centre. Only a system with Internet connectivity required by the doctor.
- (c) In case of some problem with the system, blank formats available for offline entry, which can be entered subsequently when the system is working.
- (d) Complete audit trail in Admin module for maintaining User Log and Status details.
- (e) The mandatory consent form has been provided in Hindi, English and Punjabi languages.
- (f) Since the role of doctors is very crucial in the whole working of the system and transfer of doctors is a regular event, a mechanism has been incorporated in the system in which there is no intervention of System Administrator to accomplish this. A user can make required transfer request in the system and HOD of the



transferee institute accepts the request at the time of joining of the doctor in the institute.

SECURE ACCESS CONTROL TO ENSURE PRIVACY OF VICTIM, ACCUSED & DOCTOR

(a) There is restricted access to the system and only authorised users can gain entry into the system based on the login User-ID and Password issued to them.

(b) Passwords are generated using strong password policy. Users are forced to change their passwords, on the first login and passwords are stored in encrypted form.

(c) The doctor conducting the examination and entering/uploading data of a particular MLR / PMR is able to enter, edit and update the complete record, till it is converted into a read only, view-only format.

(d) The access to the system is role-based only.

It is informed to this Court that after the acceptance of software by the designated doctors & hospitals in the states of Haryana, Punjab and UT Chandigarh, High Court made it **mandatory for the above states to implement the MedLEaPR software w.e.f. 03/12/2012. The software implementation progress is regularly monitored by the High Court and the system is now being used by the doctors in Government Health Institutes and Private Nursing Homes/Hospitals in these States.**

38. Though, NIC Haryana circulated this information to all Judicial Academies, State government etc., however, the State of Rajasthan, even after more than 13 years has failed to implement this software and put the system in place completely, therefore, all PMRs, MLRs etc. are still prepared by hand only in few case by software is used as noted above.





39. On 06.10.2025, when this Court took cognizance of the issue and posted the matter on 09.10.2025, then it was informed by learned AAG Mr. Deepak Choudhary that coincidentally the Chief Secretary, State of Rajasthan had called a specific meeting regarding the complete and proper implementation of the MedLEaPR software in the State of Rajasthan.

40. This Court interacted with the Principal Secretary, Medical & Health, Ms. Gayatri Rathore, who informed that from January, 2025 State has started using MedLEaPR software, however, it is not fully operational up till now due to various factors. She stated that the doctors require in depth training for preparation of PMR and MLR etc. of the respective cases. She also informed that I.Os, as on today, only in the cases where police agencies makes online request through CCTNS for preparation of MLC and/or PMR etc., reports are prepared through the software otherwise in all other cases the reports are prepared by hand only. The practice, according to her, which is in place as on date for using the MedLEaPR software in the State is as under :-

1. Police agency generates the request for MLC or PM through CCTNS.
2. The generated requests is transferred online to the concerned doctor/forensic expert or concerned lab through MedLEaPR platform.
3. The concerned doctor/forensic expert login into his account and he may view the pending request by the police and proceed accordingly.



4. After performing his MLC/PM, the doctor feeds the report data online on MedLEaPR platform. The report shall be e-signed for authenticity and after that the report gets forwarded to CCTNS where the police agencies can view the same reports.

41. She further stated that in the cases where police do not make any request, the reports are prepared only by-hand i.e. manually.

42. The above statement is highly shocking and surprising. Leaving option with the police officials/Investigating Officers of the respective cases for preparation of the report through the software is highly unacceptable. The purpose for which software was first time prepared by NIC, Haryana under the order of the High Court of Punjab & Haryana has been frustrated by the State by leaving the option with the police officials including the Investigating Officers in preparation of reports.

43. After considering the detailed written submission including the suggestions given by learned Senior Counsel Mr. Vineet Jain assisted by Pravin Vyas, Advocate, the orders passed by various High Courts in respect of the same issue; the facts noted from interaction with the Principal Secretary, Ms. Gayatri Rathore and after hearing learned AAG-cum-GA Mr. Deepak Choudhary, this Court noticing the fact that the State has already started using the MedLEaPR software from January 2025, therefore, that there is no need for any direction in respect of preparation of any new software, however, deems it appropriate to issue the following



directions to the State Government, for the issue as discussed above:-

(i) The State through Principal Secretary Medical Education and Principal Secretary Medical and Health shall jointly/ independently issue a detailed notification or circular within 15 days from the date of this order for preparation of all MLR, PMR, age determination test, sex determination test, all other medico legal reports etc. through MedLEaPR software by all doctors of Government and private establishment etc. strictly without any fail **w.e.f.**

01.02.2026.

(ii) The Additional Chief Secretary, Home is directed to issue circular to all police officials, Investigating Agencies and Investigating officers of all cases to generate request for preparation of all MLR, PMR etc., in all cases through CCTNS compulsorily. In no case the medical reports shall be prepared by hand after 01.02.2026. In any case, if MLR, PMR etc. are prepared by hand or without use of MedLEaPR software, after 01.02.2026, then the investigating officer, concerned SHO, the Superintendent of Police of the respect of districts and Commissioners of the respective Jaipur and Jodhpur Commissionerate would be personally responsible.

(iii) The State Government is directed that, **till the system is completely put in place**, all MLR, PMR etc. would be prepared in capital letters with clean and legible handwriting and would be accompanied by a typed copy of the document, which includes PMR, MLR, age determination test, sex



determination test etc., but also all medical reports, prescriptions of physicians, OPD slips, written medical opinion etc., and must be in fully comprehensible after 08.12.2025.

(iv) As the present format for preparing PMR, MLR etc. have insufficient space for preparation of reports, therefore, both Principal Secretaries are directed to ensure issuance of new formats having sufficient space and extra columns for preparation of reports of PMR and all MLRs so that there is no overlapping or criss-crossing. These formats must be available to all PHCs, CHCs, SDHs and district hospitals etc. within 10 days from the passing of this order.

(v) The Additional Chief Secretary Home; Principal Secretary Medical Health; Principal Secretary, Medical Education and DGP Rajasthan would ensure proper circulation and wide publicity of their respective notification/circulars, which would be issued independent/common for compliance of above-mentioned directions in the State of Rajasthan to strictly follow the timelines and the directions.

(vi) The directions of this Court and notification/circular shall also be brought to the knowledge of all doctors, police officials, Investigating Officers etc., and also government and private establishments, by putting an information in a form of notice to be published in English and Hindi newspaper of the State.



(vii) All medical reports after 08.12.2025 must be prepared in capital letters up to 31.01.2026 and from 01.02.2026 only through MedLEaPR software.

(viii) The State shall also ensure that all reports are uploaded with a proper QR Code to check its authenticity and details of the case for which it was prepared along with other relevant details.

(ix) All medical reports prepared by various government and private medical labs, in respect of tests as conducted for various medical ailments etc., must contain specific opinion and conclusion of the pathologist etc., with physical signature (not digital) about the conclusion of the test as conducted.

(x) For fair and timely investigation and for administration of justice, the State shall ensure that all samples collected during investigation of the cases by police and other investigation agencies must be deposited for forensic report in FSL, maximum within five days from the date of collection and should not remain in the police station thereafter except for extraordinary reasons and circumstances to be mentioned in the letter submitted along with sample.

(xi) Sending or receiving of sample in FSL must be communicated with self generated E-mails and SMS on the designated e-mails, mobile number of the concerned IO/authorised person.

(xii) The reports, on preparation and uploading must be e-accessible to IO, doctors concerned or the person authorised.





(xiii) In the MedLEaPR software IO/authorised person must be able to track the status of sample submitted for forensic report in FSL.

(xiv) The State shall also ensure that while preparing and storing the reports in MedLEaPR software, no data is shared with any unauthorized person. For any unauthorized disclosure of information, the person responsible would be held liable and necessary administrative action be taken against him. The data must be secured and protected from any unauthorized access, leakage, sharing etc., through digital or other means.

(xv) The State shall allow access to the medical reports, as prepared in respective cases, to the Authorities, Agencies etc., which are related or interested or concerned with the report for necessary administrative and/or legal action at their end. The access shall be provided only on the request of the authority etc., after due permission of Principal Secretary concerned or authorized person.

(xvi) For implementation of the above directions, for use of MedLEaPR software, the Principal Secretary Medical and Health and the Principal Secretary Medical Education are directed to provide the following infrastructure to all PHCs, CHCs, SDHs and district hospitals:-

I. Computer with required specifications, printer, scanner and UPS

II. High speed internet connectivity, 24/7



and any other infrastructure if required, at the respective hospital/health center etc., within a period of 30 days from the date of passing of this order and make them fully operational before 31.01.2026.

(xviii) The above Principal Secretaries shall also ensure that all required doctors/Medical Jurists are registered on MedLEaPR within 20 days from the date of this order.

44. For compliance with the above directions, Additional Chief Secretary, Home, Director General of Police, Principal Secretary Medical and Health and Principal Secretary Medical Education shall submit a compliance report on the above directions within 45 days from the date of passing of this order informing the details of the notification/circular as issued, number of doctors/Medical Jurist registered and trained, information circulated in newspaper and required infrastructure as provided and new form of PMR, MLR and injury report etc., as issued. The compliance report must also contain the affidavit of all CMHOs, Head/Superintendent of all Government Hospitals, authorised person/Head of all private hospitals, clinics, other establishment etc. regarding knowledge of the directions as issued above and steps, if required, taken for compliance.

45. The notification or circular must also contain the specific order that in case of preparation of the above-mentioned reports by hand and not by MedLEaPR software is noted in any case **(where Reports are prepared after 01.02.2026)**, then the same would lead to initiation of disciplinary action under Rajasthan Civil Services (Classification, Control and Appeal) Rules,





1958 and other applicable rules and regulations against the responsible Government doctor and other responsible Government officials and authorized persons of private establishment.

46. Any violation of the directions as issued in this case would also amount to contempt of order of this Court and the proceedings under the Contempt of Court Act, 1971 would be initiated suo moto against responsible officials/persons.

47. This Court appreciate the efforts and valuable assistance provided to by the Senior Advocate Mr. Vineet Jain in the matter.

48. Copy of this order to be forwarded to Additional Chief Secretary Home; Director General of Police; Principal Secretary, Medical and Health and Principal Secretary, Medical Education for compliance.

(RAVI CHIRANIA),J

Sanjay Singh/-