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* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

+ **W.P.(CRL) 287/2023**

VARUN ARYA

.....Petitioner

Through: *Appearance not given.*

versus

UNION OF INDIA AND ORS

.....Respondents

Through: Mr. Rakesh Kumar, SPC, along with
Mr. Sunil, Advocate and SI Ashish,
PS Janakpuri.

Ms. Rupali Bandhaopadhyaya, ASC for
the State along with Mr. Abhijeet
Kumar and Ms. Amisha Gupta,
Advocates.

CORAM:

HON'BLE MR. JUSTICE SANJEEV NARULA

ORDER

26.09.2025

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1. On 6th March, 2022, Mukul Arya (IFS, 2008 batch), serving as India's Representative to Ramallah, was found deceased at his residence. Upon receiving the information, a team from the Embassy of India, Tel Aviv, reached the location the same evening. The body was examined by Dr. Ashraf Alqadi, Forensic Pathology Consultant and Director of Forensic Medicine, Ministry of Justice, State of Palestine, in the presence of Mr. Ala Al-Tamimi, Head of the Ramallah General Prosecution. Dr. Alqadi informed the officials that there were no signs of violence or struggle, the death appeared natural, and no foul play was indicated. He nonetheless



recommended that an autopsy be conducted promptly to ascertain the cause of death, and the body was thereafter transported to the designated facility.

2. The first post-mortem was conducted on 7th March, 2022 in the presence of senior officials of the State of Palestine and representatives of the Government of India. Though the initial declaration recorded “myocardial infarction” as the cause of death, the detailed medico-legal report, read with toxicological analysis carried out by the Directorate of Public Security, Hashemite Kingdom of Jordan, on 18th March, 2022, gave a more comprehensive account. It recorded that the deceased, aged 37, was last seen alive on 3rd March, 2022 and found dead on 6th March, 2022, by which time decomposition had set in. No signs of violence were found on external examination, and there were no injuries on the nose, mouth, neck, wrists, ankles, or genital area. Internally, the organs were decomposed, with discolouration noted in the interventricular septum, but no fractures or traumatic lesions were detected. Toxicology revealed the presence of Sertraline (an antidepressant) in the stomach and ethyl alcohol at 103 mg/dL in thoracic cavity fluid. The absence of these substances in urine was attributed to the bladder being empty. The report found an unusually high level of alcohol in the thoracic fluid, suggesting significant alcohol consumption. Medical literature indicates that mixing Sertraline with alcohol can hide intoxication, increase drinking, and raise the risk of serious health issues such as nervous system depression, heart problems, and sudden death. The post-mortem suggested death occurred two to five days before refrigeration on 6th March, 2022, and the cause was confirmed as alcohol poisoning.

3. Thereafter, the Petitioner approached this Court seeking a second



autopsy. The Ministry of External Affairs agreed and informed that arrangements were being made at AIIMS, New Delhi. By order dated 10th March, 2022 in *W.P. (CRL) 538/2022*, this Court directed that the autopsy be video-graphed and placed on the record, and the petition was disposed of on the same date. In compliance, a General Diary entry (No. 0018A/2022) was registered at P.S. Hauz Khas and ASI Surender, Investigating Officer, was deputed to execute the Court's directions. Pursuant thereto, a second post-mortem was conducted at AIIMS on 11th March, 2022. The procedure, in compliance with court directions, was video-graphed and also supplemented by a post-mortem CT (PMCT) scan. The report recorded that there were no fractures or external injuries. It noted decomposition changes but no signs of fresh trauma. Since viscera and tissues had not been preserved during the first autopsy, these were retrieved and preserved at AIIMS and sent for chemical and histopathological examination. The report recorded that the final opinion on the cause of death would depend on the outcome of these analyses and on the evaluation of the material from the first autopsy.

4. Dissatisfied with the outcome of earlier proceedings, the Petitioner instituted the present petition. In the course of these proceedings, this Court, by order dated 2nd February, 2023, directed the State to place on record a fresh Status Report indicating the final opinion of the AIIMS Medical Board regarding the cause of death. In compliance, a Status Report was filed indicating that the FSL analysis of the viscera and tissue samples did not detect any poisonous substances. Results of the DNA profiling were also placed on record, which confirmed the identity of the deceased and ruled out the presence of any foreign DNA. However, with regard to the final medical



opinion, the AIIMS Board observed that the second autopsy had been carried out eight days after death, on a body already embalmed and in an advanced stage of decomposition. In these circumstances, the Board indicated that it would require the complete first autopsy report, the corresponding toxicological findings, and the relevant medical history before a conclusive opinion could be rendered.

5. Consequently, the Investigating Officer addressed a letter dated 12th September, 2022 to the Ministry of External Affairs, followed by reminders on 31st March, 2023 and 11th July, 2023, seeking the requisite material from the Palestinian authorities. Upon receipt, the documents were forwarded to AIIMS for a comprehensive review. The Medical Board considered the Palestinian autopsy and medico-legal findings, the Jordanian toxicology report, and the second autopsy with ancillary tests. In its final opinion, the Board stated that the cause of death could not be conclusively determined. It reasoned that: (i) alcohol detected in thoracic cavity fluid may have been artefactual, attributable to decomposition; (ii) the absence of quantitative blood analysis precluded reliable estimation of alcohol levels; (iii) Sertraline was detected only in stomach contents, without quantitative corroboration elsewhere; and (iv) the reported alcohol concentration, standing alone, was not sufficient to explain death.

6. It is against this backdrop of inconclusive medical opinion that the Petitioner, brother of the deceased, presses his doubts. He contends that the deceased, a 37-year-old diplomat in apparent good health and serving in a sensitive posting, could not have met with such a sudden and unexplained death without some underlying cause. He further contends that the Union of India ought to have pursued the matter with greater vigour and transparency,



instead of resting content with inconclusive reports. In his submission, the circumstances remain suspicious and merit deeper scrutiny through constitution of a Commission of Inquiry. He further prays for directions to the Union to compensate the family by paying notional salary for the balance of service, with compounded interest, and for grant of extraordinary pension to the mother by invoking *Dharamvir Singh v. Union of India*.¹

7. The Court has considered the record with the care a case of this nature demands. The Petitioner's anguish is palpable: a young diplomat, 37, posted to a sensitive station, is found lifeless in his residence; and the family naturally seeks clarity, answers and accountability. However, the legal framework requires an approach based on established principles. A writ court is not a forum for embarking upon a broad or exploratory inquiries. Its remit is confined to assessing whether the investigation was biased, superficial, or so deficient as to erode confidence; whether indications of foul play were disregarded; and whether any further direction is required to advance the cause of justice.

8. Taken together, the affidavits and status reports filed by the Union of India and the State of NCT of Delhi, a consistent picture emerges: the deceased bore no external or internal injuries, no fractures, no signs of poisoning, and no foreign DNA suggestive of third-party involvement. The final medical view, shaped by the limits of decomposition and incomplete preservation of samples, remains inconclusive as to the precise cause of death.

9. Nevertheless, the record reveals that the inquiry has been multi-layered and thorough. It has included an autopsy in Ramallah, toxicology in

¹ (2013) 7 SCC 316.



Jordan, a second autopsy at AIIMS New Delhi (with videography and imaging), DNA profiling, viscera analysis, and inter-governmental correspondence to gather complete records. Across all these processes, there are some apparent consistencies: no injuries, no poisonous substance detected in India, and no evidence of outside involvement. Where there are discrepancies in medical opinions, these have been documented and addressed. While the Palestinian and Jordanian reports suggested ethyl alcohol poisoning, possibly exacerbated by Sertraline, the AIIMS panel found that the available ethyl alcohol level in thoracic fluid alone could not account for the cause of death given decomposition and the absence of blood samples.

10. In this context, inconclusive findings do not themselves raise a presumption of foul play. Limits of forensic science due to decomposition and loss of key evidence are not uncommon. Courts cannot create evidence or order further inquiry where circumstances leave an evidentiary void. Unless there is credible material hinting at deliberate wrongdoing, directions for a further or special investigation, or a Commission of Inquiry, are not justified.

11. However, nothing said here forecloses action if fresh, verifiable material surfaces. Should any cogent information pointing to external involvement come to light, the authorities are at liberty, and indeed obliged, to act in accordance with law. Equally, at the Petitioner's request, the Respondents shall, if not already done, within four weeks, furnish copies of the medical opinions and status reports placed before this Court, so the family has the complete record.

12. The two remaining prayers are founded on service law. First, the



request that the family be paid “salary and emoluments for the remaining length of service” cannot be entertained. Salary is a *quid pro quo* for service actually rendered and flows from the subsisting relationship of employment as regulated by statute. Upon death, that relationship terminates; what then accrues are only terminal/family-based entitlements under the governing service law rules and jurisprudence. To direct notional salary till superannuation would be to continue service by judicial fiat, a course not envisioned under the service law. In any event, the Union has, stated that admissible benefits, gratuity, leave encashment, NPS, CGEGIS and ex-gratia, stand released to the mother and brother of the deceased.

13. Second, the plea for “extraordinary pension” based on ***Dharamvir Singh***, is also misplaced. That decision turned on special presumptions under the Army Pension Regulations concerning disability attributable to or aggravated by military service. Civilian entitlements, including family pension, ex-gratia or extraordinary family pension, are governed by the Central Civil Services (Pension) Rules and the CCS (Extraordinary Pension) Rules. Pension benefit is a creature of statute; courts cannot create entitlements outside the four corners of those rules, nor issue a mandamus contrary to them.² If any further claim is maintainable within that framework, the family is at liberty to pursue it before the competent authority, who shall consider it on its own merits and render a reasoned decision expeditiously.

14. This Court is not unmindful of the Petitioner’s sense of loss and unanswered questions. But the role of a constitutional court is to ensure the

² ***UP Roadways Retired Officials & Officers Association v. State of U.P. & Anr.*** in Civil Appeal No. 894/2020 decided 26th July 2024.



integrity of process, not to substitute speculation for evidence. In the result, while the Court extends its sincere sympathy to the family for their irreparable loss, no further judicial directions are called for on the investigative front. The petition is disposed of in the above terms.

SANJEEV NARULA, J

SEPTEMBER 26, 2025/MK