DMC/DC/F.14/Comp.2540/2/2021/ 11th October, 2021 **O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from the police station Subzi Mandi North District, Delhi, seeking medical opinion on a complaint of Shri Rajesh r/o H.No.295, Katra Gulkhan Subzi mandi, Delhi, alleging medical negligence on the part of Ujagar Mal Chander Bhan Charitable Medical Centre, 96-A, Kamla Nagar, First Floor, Delhi-110007 and St. Stephen’s Hospital Tis Hazari, New Delhi-110054, in the treatment of the complainant’s wife Smt. Geeta, resulting in her death on 22.03.2017 at St. Stephen’s Hospital Tis Hazari, New Delhi-110054.

The Order of the Disciplinary Committee dated 05th August, 2021 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a representation from the police station Subzi Mandi North District, Delhi, seeking medical opinion on a complaint of Shri Rajesh r/o H.No.295, Katra Gulkhan Subzi mandi, Delhi (referred hereinafter as the complainant), alleging medical negligence on the part of Ujagar Mal Chander Bhan Charitable Medical Centre, 96-A, Kamla Nagar, First Floor, Delhi-110007(referred hereinafter as said Medical Centre) and St. Stephen’s Hospital Tis Hazari, New Delhi-110054, in the treatment of the complainant’s wife Smt. Geeta, resulting in her death on 22.03.2017 at St. Stephen’s Hospital Tis Hazari, New Delhi-110054.

The Disciplinary Committee perused the representation from the police, copy of complaint of Shri Rajesh, written statement of Shri Radhey Shyam, Secretary of Ujagar Mal Chander Bhan Charitable Medical Centre enclosing therewith written statement of Dr. Piyooshi Sharad, written statement of Dr. Ras Bage, Medical Superintendent, St. Stephen’s Hospital, medical records Ujagar Mal Chander Bhan Charitable Medical Centre and St. Stephen’s Hospital, post mortem report no. 240/2017, subsequent opinion report dated 05.04.2018, and other documents on record.

The following were heard in person : -

1. Shri Rajesh Complainant
2. Dr. Piyooshi Sharad Consultant, Ujagar Mal Chander

 Bhan Charitable Medical Centre

1. Dr. Jaya Prakash Narayana Gupta Chief Medical Officer, St. Stephen’s

 Hospital

1. Dr. Manpreet Saini Senior Resident, St. Stephen’s

 Hospital

1. Shri Jaideep Peters Asst. Personal Officer, St. Stephen’s

 Hospital

The Disciplinary Committee noted that the Medical Superintendent, Ujagar Mal Chander Bhan Charitable Medical Centre, failed to appear before the Disciplinary Committee, inspite of notice.

It is noted that as per the police representation it is averred that a PCR call vide DD No.70 B dated 22.03.2017 was received at P.S. Subzi Mandi, Delhi from St. Stephen Hospital regarding one female patient namely Geeta w/o Rajesh r/o- House No. 295, Katra Gulkhan, old subzi mandi, Delhi was admitted in St. Stephan Hospital for treatment and above patient died during treatment. On receiving the DD Entry, SI Ranjit reached to St. Stephen Hospital and collected MLC No. 121/17 dated 22.03.2017, St. Stephen Hospital, of patient Geeta w/o Shri Rajesh r/o- House no.295, Katra Gulkhan, old Subzi Mandi, Delhi, on which doctor declared the patient brought dead and mentioned post CPR admission. SI Ranjit conducted enquiry from family members of deceased Geeta and statement were also recorded, in which initially family members did not raise any suspicion on her death but at the time of post mortem at Subzi Mandi Mortuary, the family members raised allegations regarding medical negligence in treatment of deceased Geeta. During enquiry an application was moved before the Deputy Secretary, Health and Family Welfare Deptt. GNCT of Delhi through DCP/North, for conducting medical board for post mortem of deceased and an order was received in the name of HOD, Forensic Medicine, MAMC, New Delhi for post mortem. Body of deceased Geeta was shifted from Subzi Mandi Mortuary to MAMC Mortuary and P.M. of the deceased was got conducted at MAMC Mortuary, Delhi vide PM No. MAMC/240/17, dated 25.03.2017 and viscera and histopathology products of the deceased were preserved for further proceedings. During further course of enquiry, the viscera was sent to FSL Rohini for chemical analysis and histopathology products were also sent to Hindu Rao Hospital for examination and both reports have been received of deceased Smt Geeta w/o Sh. Rajesh r/o- House No.295, Katra Gulkhan, Subzi Mandi, Delhi. During further course of enquiry, viscera and histopathology reports were sent to MAMC and subsequent opinion of Medical Board of MAMC has been received. Inquest proceedings were conducted vide DD No. 70 B, dated 22.03.2017, U/S 174 Cr.P.C. PS Subzi Mandi, Delhi which is still pending. It is further submitted that an application U/S 156 (3) Cr. P.C. was filed by the complainant Shri Rajesh Kumar, husband of deceased, wherein he alleged that the wife of complainant Ms. Geeta died due to negligence on the part of doctors of Chandra Bhan Charitable Medical Centre and St. Stephens Hospital by giving wrong treatment and medicines to his wife and the same is pending before the Hon’ble Court of Sh. Babru Bhan, Ld. MM. Tis Hazari Court, Delhi. It is requested that the FSL and Histopathology result and subsequent opinion of Medical Board of MAMC may please be perused and opinion regarding medical negligence during treatment of deceased Smt. Geeta may please be provided for further proceedings please.

The complainant Shri Rajesh alleged that the complainant’s wife Smt. Geeta consulted Dr. Piyooshi Sharad at Ujagarmal Charitable Hospital. The doctor examining her administered some medicine to the patient. The patient on her return to her house, complained of acute pain in abdomen. Dr. Piyooshi Sharad on being informed telephonically about the serious condition of the patient, asked her to report to her at Parmarth Hospital. When the patient reached Parmarth Hospital, Dr. Piyooshi Sharad was not available. The doctor on duty informed that patient had lost consciousness and advised to take her to some other hospital. The patient was brought to St. Stephen’s Hospital, where it was initially told that the patient had died but subsequently she was put on oxygen support and also operated. It is further alleged that the patient died due to negligence in her treatment.

Dr. Piyooshi Sharad in her written statement averred that that she run a general OPD at Ujagarmal Charitable Medical Trust from 4.30 pm to 06.00 pm daily except on Sundays and holidays. She treats all types of general ailments and patients includes both males and females. The medicines are not provided by medical centre and patients have to buy it from market. No serious patient is attended in the OPD as there is no facility to treat emergency patients there and are referred to nearby Government hospitals like Hindu Rao Hospital which is about two kilometres away, as majority of patients belong to low socio-economic group. She also run OPD at Parmarth Mission Hospital, Shakti Nagar daily from 11.00am to 1.00 pm except on Sundays and holidays. As per record, Smt. Geeta attended OPD at Ujagarmal Charitable Medical Trust on 21.03.2017 with a complaint of missed period. Her urine test for pregnancy was positive. She came to OPD on her own and was not accompanied by any attendant. On examination there was nothing to suggest any serious ailment. She was thus prescribed a pain killer to be taken as and when required and was advised to attend antenatal clinic of Hindu Rao Hospital or doctor/ Hospital of her choice. She asked for her mobile number and places she visits. She gave her mobile number and told her that she also do OPD at Parmarth Mission Hospital, Shakti Nagar which is a private Hospital. The patient rang her late in the evening and told her that she is having abdominal pan. She told her to report to the emergency of Hindu Rao Hospital. She insisted to be treated by her and thus she told her to come to Parmarth Mission Hospital immediately. She did not come to the hospital in the evening. After that she received a call from her husband in the early next morning that his wife is not well and wanted her to examine her. She told him to bring her immediately to the hospital. She also informed the doctor on duty of the hospital regarding Smt. Geeta and directed him to immediately inform her once she arrives and start any emergency treatment if required. After about 3-4 hours later she received a call from doctor on duty that patient has arrived and her condition was serious enough and might require ICU monitoring and treatment. Since there is no ICU facility in Parmarth Hospital, he informed her that he is referring her to Hindu Rao Hospital/any hospital of their choice immediately. She consented to the same. Her attendant took her to St.Stephen Hospital. This case has been discussed in Maternal Mortality Meeting conducted by Delhi Government at an office located in Daryaganj. From the above chronology of the events it is obvious that: She had examine the patient only once at Ujagarmal OPD when her condition was stable and there was no evidence of serious illness as evidenced by the fact that she came there on her own without accompanied by any attendant and left the OPD on her own. She has not followed her advice to see some obstetrician in a hospital or a clinic or came to Parmarth Hospital for any medical assistance. The patient was not given any medical assistance for more than 12 hours in spite of the fact that her family resides in Subji Mandi (as per police record) from where governments hospitals like Hindu Rao Hospital and many private hospitals are located at small and convenient distance. This period is very crucial for saving life of an individual. This also suggests the possibility of taking medication on her own and treatment by a quack may not be ruled out. There is also evidence of breach of “Doctor-Patient Contract” as she or her family members never followed her advice in spite of repeated phone calls.

Shri Radhey Shyam, Secretary of Ujagar Mal Chander Bhan Charitable Medical Centre in his written statement averred that Ujagar Mal Chander Bhan Charitable Medical Centre runs a general a O.P.D. In the evening, O.P.D. runs from 04.30 p.m. to 06.00 p.m. daily except on Sunday and holidays. In the clinic, there is no bed, no facility to attend emergency patients, only general O.P.D. runs. Therefore, the charitable clinic has no registration certificate from the Directorate of Health Services, Govt. of N.C.T. of Delhi. However, the concerned doctor (Dr. Piyooshi Sharad) has a certificate of registration DMC Ref :1024.

Dr. Jaya Prakash Narayana Gupta, Chief Medical Officer, St. Stephen’s Hospital stated that the patient, Ms. Geeta, 33 years was brought to the General casualty of St. Stephen’s Hospital on 22.03.2017 at 11:12 am, unconscious and in a state of shock with pulse, blood pressure and respiration not recordable. Cardiopulmonary resuscitation and intubation were done by casualty CMO, Dr. JPN Gupta. Subsequently, when the patient was revived, she was shifted to Medical ICU. At that time Dr. R.S. Naga Srinivas explained to the complainant about the poor prognosis of the patient and the same is reflected in the medical records. As per the history provided by the complainant, there was positive urine pregnancy test two days prior to the admission of the patient and she had taken an MTP pill a day back at around 03.00pm on the advice of some local doctor. The last menstrual period of the patient was on 28.01.2017. Dr. Sujatha Charles, Senior Gynae Consultant examined the patient. She was found to have a ruptured ectopic pregnancy. On examination of the patient, intubation was done as the pulse rate of the patient was 120/min. The BP was not recordable and, on the abdomen, there was distension and an old midline scar. An ultrasound guided aspiration of the abdomen was done. A provisional diagnosis of ruptured ectopic pregnancy with shock was made. Therefore, a plan for urgent exploratory laparotomy was advised. The condition of the patient and the possible course of action was explained to the complainant by Dr. Avni, Senior Resident and Dr. Swati. It was explained to the complainant that the patient was in a high risk condition of ruptured ectopic pregnancy with shock and that the prognosis being poor, there is a risk of death and brain damage involved. He was also informed that the patient needs ventilation, ICU admission, multiple blood transfusions and prolonged hospital stay. Thereafter, a consent was obtained from the complainant for an urgent exploratory laparotomy as is reflected in the surgery consent form no.365 which forms part of medical records. The patient was shifted to the operating theatre for pre-anaesthetic check-up. It was found that the pulse rate was 108 per minute and the BP was still not recordable. Informed consent was taken by Dr. Aditya, Anaesthetist from the complainant after explaining to him the high risk involved, the poor prognosis, post-operative ICU admission and ventilatory care.

Dr. Manpreet Saini, Senior Resident, St. Stephen’s Hospital stated that subsequently, a team headed by Dr. Meenakshi Mishra along with him and Dr. Mona prepared for the surgery. The patient suffered a cardiac arrest on the table prior to incision. CPR was done and the patient was resuscitated. As soon as the heart rate came immediately midline, laparotomy was done. Haemoperitoneum of approximately 3.5 litres was drained. Right side salpingetomy was done for right ruptured fallopian tube with active bleeding. Adhesiolysis was done for dense adhesions between uterus and abdominal wall. Haemostasis was ensured. Lavage was done and drain was kept for free peritoneal drainage. After that the abdomen was closed and then the skin was closed. Intra operatively 2 units of packed cells were also given. The patient was shifted to surgical ICU on A/C mode ventilation and was reported to have a pulse rate of 102 per minute and Spo2 of 99%. Subsequently, the patient had another cardiac arrest at around 02.00pm in the surgical ICU. Immediate resuscitation was done and the patient revived with a pulse rate of 106/min spo2 of 100%. She was administered third unit of packed cells and 4 FFP as also Noradrenaline and Vasopressin infusion. Antibiotics namely Meropenem, Teioplanin and Metrogyl were also administered. The complainant was always apprised of the critical condition and the poor prognosis of the patient. In fact, the complainant was explained the situation of the patient at 02.00pm, 05.00pm, 06.40pm and 08.20pm. The patient had a fourth cardiac arrest at around 08.20pm. Multiple CPR’s were given. However, despite all efforts, the patient could not be saved and the patient was declared dead at 08.55pm. Having regard to what has been stated above, it is submitted that there was no negligence in the treatment of the patient. The patient came with a ruptured ectopic pregnancy which is leading cause of mortality in early pregnancy. As per the complaint itself, the patient was under the treatment of some other doctor and was brought to the St. Stephen’s Hospital unconscious and in a state of shock with pulse BP ad respiration not reachable. Thanks to the efforts of the doctors, she was revived. However, in such cases the prognosis is always poor and despite best efforts, the patient could not be saved.

Dr. Ras Bage, Medical Superintendent, St. Stephen Hospital in his written statement averred that the complaint is misconceived and makes incorrect allegations against doctors who provided best possible treatment as per accepted medical practices and with full sincerity and devotion to the patient. A perusal of the complaint would reveal that considered decisions were taken by the doctors in the best interest of the patient having regard to the fact that the patient was brought to the Hospital in a state of shock with pulse, blood pressure and respiration not recordable. The details facts and the treatment provided to complainant’s wife, Ms. Geeta is as under: The patient, Ms. Geeta, 33 years was brought to the General casualty of St. Stephen’s Hospital on 22.03.2017 at 11:12 am, unconscious and in a state of shock with pulse, blood pressure and respiration not recordable. Cardiopulmonary resuscitation and intubation were done by casualty CMO, Dr. JPN Gupta. Subsequently, when the patient was revived, she was shifted to Medical ICU. At that time Dr. R.S. Naga Srinivas explained to the complainant about the poor prognosis of the patient and the same is reflected in the medical records. As per the history provided by the complainant, there was positive urine pregnancy test two days prior to the admission of the patient and she had taken an MTP pill a day back at around 03.00pm on the advice of some local doctor. The last menstrual period of the patient was on 28.01.2017. Dr. Sujatha Charles, Senior Gynae Consultant examined the patient. She was found to have a ruptured ectopic pregnancy. On examination of the patient, intubation was done as the pulse rate of the patient was 120/min. The BP was not recordable and, on the abdomen, there was distension and an old midline scar. A ultrasound guided aspiration of the abdomen was done . A provisional diagnosis of ruptured ectopic pregnancy with shock was made. Therefore, a plan for urgent exploratory laparotomy was advised. The condition of the patient and the possible course of action was explained to the complainant by Dr. Avni, Senior Resident and Dr. Swati. It was explained to the complainant that the patient was in a high risk condition of ruptured ectopic pregnancy with shock and that the prognosis being poor, there is a risk of death and brain damage involved. He was also informed that the patient needs ventilation, ICU admission, multiple blood transfusions and prolonged hospital stay. Thereafter, a consent was obtained from the complainant for an urgent exploratory laparotomy as is reflected in the surgery consent form no.365 which forms part of medical records. The patient was shifted to the operating theatre for pre-anaesthetic check-up. It was found that the pulse rate was 108 per minute and the BP was still not recordable. Informed consent was taken by Dr. Aditya, Anaesthetist from the complainant after explaining to him the high risk involved, the poor prognosis, post-operative ICU admission and ventilatory care. Subsequently, a team headed by Dr. Meenakshi Mishra along with Dr. Manpreet and Dr. Mona prepared for the surgery. The patient suffered a cardiac arrest on the table prior to incision. CPR was done and the patient was resuscitated. As soon as the heart rate came immediately midline, laparotomy was done. Haemoperitoneum of approximately 3.5 litres was drained. Right side salpingetomy was done for right ruptured fallopian tube with active bleeding. Adhesiolysis was done for dense adhesions between uterus and abdominal wall. Haemostasis was ensured. Lavage was done and drain was kept for free peritoneal drainage. After that the abdomen was closed and then the skin was closed. Intra operatively 2 units of packed cells were also given. The patient was shifted to surgical ICU on A/C mode ventilation and was reported to have a pulse rate of 102 per minute and Spo2 of 99%. Subsequently, the patient had another cardiac arrest at around 02.00pm in the surgical ICU. Immediate resuscitation was done and the patient revived with a pulse rate of 106/min spo2 of 100%. She was administered third unit of packed cells and 4 FFP as also Noradrenaline and Vasopressin infusion. Antibiotics namely Meropenem, Teioplanin and Metrogyl were also administered. The complainant was always apprised of the critical condition and the poor prognosis of the patient. In fact, the complainant was explained the situation of the patient at 02.00pm, 05.00pm, 06.40pm and 08.20pm. The patient had a fourth cardiac arrest at around 08.20pm. Multiple CPR’s were given. However, despite all efforts, the patient could not be saved and the patient was declared dead at 08.55pm. Having regard to what has been stated above, it is submitted that there was no negligence in the treatment of the patient. The patient came with a ruptured ectopic pregnancy which is leading cause of mortality in early pregnancy. As per the complaint itself, the patient was under the treatment of some other doctor and was brought to the St. Stephen’s Hospital unconscious and in a state of shock with pulse BP ad respiration not reachable. Thanks to the efforts of the doctors, she was revived. However, in such cases the prognosis is always poor and despite best efforts, the patient could not be saved. It is well settled that a doctor is guilty of negligence only if he fails to provide the treatment in accordance with the accepted medical practices. If out of the two modes of treatment, a doctor adopts one, it cannot be said that he is guilty of negligence. Even an error of judgement does not qualify to term as act of negligence. While treating a seriously ill patient, doctor are frequently confronted with a situation where they have to quantify the risks and benefits associated with adopting of not adopting a particular line of treatment. The patient was in a critical state at the time of admission and due to various complications, unfortunately the patient succumbed to death. However, the doctors at St. Stephen’s Hospital provided the best possible medical are as per the standard medical practices. It is, therefore, submitted that the complaint is misconceived and merits rejection.

In view of the above, the Disciplinary Committee makes the following observations.

1. It is noted that the patient Smt Geeta 37 years old female consulted Dr. Piyooshi Sharad at Ujagar Mal Chander Bhan Charitable Medical Centre on 20th March, 2017 with complaints of missed period, LMP-28.01.17, M/H -4-5/35-37 days, urine pregnancy test being positive. She was prescribed Meftal Spas SOS for pain and tablet Revici SOS for bleeding and advice to come on 21st March, 20217. Subsequently, the patient presented to the general casualty of St. Stephen Hospital 11.12a.m. on 22nd March, 2017, unconscious in a state of shock with pulse rate and blood pressure not recordable. CPR and intubation was initiated and the patient was revived. She was shifted to MICU. As per the history, the patient was apparently alright one day back when she started having pain in abdomen/more in lower abdomen/non progressive/mild intensity. She also complained of bleeding per vagina since morning associated with 1-2 episode of nausea and vomiting. The patient also had history of 1-2 fainting attacks in morning, after which, she was first taken to local doctor and then brought to the St. Stephen Hospital. The patient had done UPT on 20th March, 2017 which was positive, after which, she took some MTP pill prescribed by some local doctor. Her obstetric history was G4 P2L 2A1, LMP-28.01.2017, RNF/4-5 days/30-35 days. In MICU, she was subjected to ultrasound guided aspiration suggesting haemoperitonium and ruptured right tubal ectopic. The patient was taken to OT for urgent exploratory laprotomy/right salpingectomy with abdominal drainage and lavage done under general anaesthesia done/patient had second episode of cardiac arrest on table before giving incision CPR was done after resuscitation immediate midline laprotomy alongwith right saplingectomy was done, dense adhesions present, adhesiolysis done, hemostatic suture taken on anterior uterine wall and haemoperitoeum of about 3.5 LT was drained, hemostasis achieved. Two unit packed cells were transfused intra-operatively. The patient was shifted to SICU. The patient had third cardiac arrest attack while shifting. The patient was started on noradrenaline at 2.4ml/hr and vasopressin at 5ml/hr, as the blood-pressure was non recordable/injection Meropenem, Teicoplanin and Metrogyl were started. Postoperatively, two units packed cells and 8 unit FFP were given. She had fourth episode of cardiac arrest at 8.20p.m/injection Adrenalin 1 ampule was given every 3-4 min/multiple times CPR was given; despite of all efforts, the patient could not be saved and declared dead at 8.55p.m. on 22nd March, 2017. The cause of death as per subsequent opinion dated 05.04.2018 in respect of post mortem report no.240/17 dated 25.03.2017 of Maulana Azad Medical College, was ‘hemorrhagic shock consequent upon rupture of right tubal ectopic pregnancy’.
2. It observed that pregnant patient with pain abdomen should not be prescribed medication without trying to find the cause of pain, which was not done in the present case. Dr. Piyooshi Sharad neither conducted a proper clinical examination of the patient nor prescribed any radiological investigation Haemostatic agents prescribed by Dr. Piyooshi Sharad without any bleeding is alsonot the part of routine protocol. Pain in early pregnancy is considered as danger sign and timely referred to a specialist can avoid morbidity and mortality.
3. The patient was admitted in a very serious medical condition in St. Stephen’s Hospital. She was treated as per accepted professional practices at St. Stephen’s Hospital.
4. It is noted that Dr. Piyooshi Sharad has been suffixing D.G.O. to her name; even though, she does not hold any recognized medical post-graduate qualification in gynaecology, as per the Schedule to the Indian Medical Council Act, 1956, she, is, therefore, directed to refrain from such unethical practices, in future. Suffixing D.G.O. to her name without holding any recognized post-graduate qualification in the field of gynaecology, is clear violation of the Regulation 7.20 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics), Regulations, 2002 which mandates that ‘*a physician shall not claim to be specialist unless he has a special qualification in that branch’*

In light of the observations made herein-above, the Disciplinary Committee recommends that a warning be issued to Dr. Piyooshi Sharad (Delhi Medical Council Registration No.1024) with a direction to exercise due diligence, in future and also refrain from suffixing D.G.O. to her name or claiming herself to be a gynaecologist.

Matter sands disposed.

 Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Anil Kumar Yadav) (Dr. Vijay Zutshi)

Chairman, Eminent Publicman, Expert Member

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee

The Order of the Disciplinary Committee dated 05th August, 2021 was taken up for confirmation before the Delhi Medical Council in its meeting held on 23rd September, 2021 wherein “*whilst confirming the Order of the Disciplinary Committee, the Council observed that since Dr. Piyooshi Sharad has been misrepresenting her qualifications; the punishment of warning awarded by the Disciplinary Committee to Dr. Piyooshi Sharad will not serve the interest of justice, hence, the Council directs that punishment awarded to Dr. Piyooshi Sharad be enhanced and the name of Dr. Piyooshi Sharad (Delhi Medical Council Registration No.1024) be removed from the State Medical Register of the Delhi Medical Council for a period of 30 days.*

*The Council further observed that the Order directing the removal of name from the State Medical Register of Delhi Medical Council shall come into effect after 30 days from the date of the Order.*

*This observation is to be incorporated in the final Order to be issued. The Order of the Disciplinary Committee stands modified to this extent and the modified Order is confirmed”*.

 By the Order & in the name of

 Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to :-

1. Shri Rajesh, r/o H.No.295, Katra Gulkhan Subzi Mandi, Delhi.
2. Dr. Piyooshi Sharad, Through Medical Superintendent, Ujagar Mal Chander Bhan Charitable Medical Centre, 96-A, Kamla Nagar, First Floor, Delhi-110007.
3. Medical Superintendent, Ujagar Mal Chander Bhan Charitable Medical Centre, 96-A, Kamla Nagar, First Floor, Delhi-110007.
4. Medical Superintendent, St. Stephen’s Hospital, Tis Hazari, New Delhi-110054.
5. S.H.O. Police Station Subzi Mandi, North District, Delhi-***w.r.t. C C No.11963/2017 P.S.-S. Mandi, Rajesh Kumar Vs. Stephens Hospital***-**for information**.
6. Registrar, Bihar Council of Medical Registration, Road No. 11/D, Rajendra Nagar, Patna-800016, Bihar (**Dr. Piyooshi Sharad is also registered with the Bihar Council of Medical Registration under registration No.29191 dated 29.04.1996)–for information & necessary action.**
7. National Medical Commission, Pocket-14, Phase-1, Sector-8, Dwarka, New Delhi-110077-**for information** **& necessary action.**

 (Dr. Girish Tyagi)

 Secretary