
(2013) 10 AHC CK 0116

In the Allahabad High Court

Case No : Civil Misc. Writ Petition No. 48060 of 2013

Vijai Bahadur

APPELLANT

Vs

State of U.P. and Others

RESPONDENT

Date of Decision : 11-10-2013

Acts Referred:

Citation : (2013) 10 ADJ 573 : (2014) 1 UPLBEC 491

Hon'ble Judges : Sudhir Agarwal, J

Bench : Single Bench

Final Decision : Allowed

Judgement

Sudhir Agarwal, J.—Heard Sri Gaurav Singh, learned Counsel for the petitioner and learned Standing Counsel for the respondents. The official procedural web can entrap a helpless employee and that too a retired employee to the extent of virtual optionless surrender and dejection, is well demonstrated by the facts of the case in hand. It is really strange that those, who are in office/power, forget that one of the certainty of service is the date of retirement, which everybody will face unless God desire otherwise. Still, one in chair, do not feel ashamed in harassing his old colleague, senior or subordinate in office and rank, who had served the department for his entire energetic life and now, when the department is obliged to look after and take care of him in advanced age, he is made to face onslaught in the hands of his own younger colleagues or superior officers, in one or the other way, in so much so that it even exhaust his patience, but, with no respite.

2. The petitioner, in the present case, whose date of birth is 5.2.1938, presently has completed 75 years of age. He has approached this Court invoking its extra ordinary equitable jurisdiction under Article 226 of the Constitution with a complaint about harassment in the matter of reimbursement of expenses, he has borne on medical treatment of himself.

3. The petitioner, a ministerial member of service, retired on 29.2.1996 from the

post of a Senior Clerk in the office of District Development Officer, Mirzapur. He suffered severe heart attack sometimes in the year 2004 and immediately was attended by a Cardiologist, Dr. U.S. Singh, at Mirzapur. After initial treatment and bringing his condition static, he was advised for further/better treatment to consult at Bombay Hospital and Medical Research Center, Mumbai (hereinafter referred to as "BHMRC, Mumbai") whereupon petitioner went under treatment of Dr. Kalyan H. Ayyer, Honrary Cardiologist, BHMRC, Mumbai. The petitioner underwent surgical treatment with installation of a "Permanent Pacemaker" in his body on 12.3.2004, by a team of medical experts headed by Dr. Trivedi and Dr. Kalyan H. Ayyer. Since the petitioner underwent treatment in emergent conditions, he borne entire expenses on his own. After discharge therefrom in April, 2004, he submitted a bill of Rs. 1,31,000/- for medical reimbursement, whereagainst respondents sanctioned and reimbursed Rs. 1,26,289/- vide order dated 3.12.2007, i.e. after a period of three years and odd.

4. On 30.10.2010, petitioner suffered another cardiac stroke, while residing at Mirzapur, and immediately was attended by the same Cardiologist, who attended him earlier i.e. Dr. U.S. Singh, at Heart Care Center, Maternity & Infertility Home, Mirzapur. After initial treatment, petitioner also consulted Dr. P.R. Sinha, Consultant Cardiologist (Former Senior Medical Officer at B.H.U., Varanasi) and on his advice, again went to BHMRC, Mumbai where he remained under medical supervision of Dr. D.S. Saksena, (Honorary Professor & Head of Department of Cardiovascular Surgery, Bombay Hospital). The petitioner was admitted at BHMRC, Mumbai on 6.11.2010 and discharged on 14.11.2010.

5. Thereafter, he claimed reimbursement of medical expenses to the tune of Rs. 68,674/- through his letter dated 14.11.2011. Another claim was submitted for Rs. 9,960/- vide letter dated 17.5.2011. Alongwith both the above applications, petitioner claimed to have submitted original expenses vouchers and test reports. A third claim was made for Rs. 4,063/- vide letter dated 26.7.2011. Four more claims were made by petitioner for Rs. 3,740/-, 4,277/-, 3,799/- and 5,154/- vide applications dated 7.2.2012, 17.5.2012, 6.5.2012 and 8.10.2012.

6. Having waited for quite sometime, when the petitioner received no response towards clearance of above medical reimbursement claims, he came to this Court in Writ Petition No. 2979 of 2013, which was disposed of finally at the outset i.e. at admission stage, on 18.1.2013 directing Chief Development Officer, Mirzapur to consider petitioner's claims and take an appropriate decision within a period of two months, strictly in accordance with law.

7. The petitioner communicated aforesaid order vide representation dated 30.1.2013. Thereafter he had to visit BHMRC, Mumbai for consulting Dr. Kalyan H. Ayyer for his periodical check-up on 11.2.2013. He was adviced for replacement of pacemaker since maximum longevity time period of 100 months of pacemaker, installed earlier, was already over, but, petitioner could not proceed for immediate replacement due to financial hardship. He had no option but to defer it for sometime.

8. The petitioner received a letter dated 6.3.2013 wherein it was pointed out that some of the bills, he had submitted, had not be verified by concerned attending doctor. The Chief Development Officer, Mirzapur himself responded after more than five weeks from the date, this Court's order was communicated to him i.e. 30.1.2013. He, however, required petitioner to get unverified vouchers, verified, latest within seven days. It is interesting to note that all the vouchers (including verified ones also) were returned by Chief Development Officer alongwith letter dated 6.3.2013. Thereafter, petitioner received another letter dated 16.3.2013 of Chief Development Officer, Mirzapur whereby Medical reimbursement claims for Rs. 3,740/-, 4,277/-, 3,799/- and 5,154/- were rejected on the ground that treatment having undergone in private hospital, hence not reimbursable in view of enforcement of U.P. Government Servants (Medical Attendance) Rules, 2011 (hereinafter referred to as "Rules, 2011") and the remaining bills and vouchers since have not been verified from concerned medical attendant, and list of expenses has also not been verified by such attendant, hence not payable.

9. The petitioner submitted a letter dated 2.4.2013 in the office of Chief Development Officer, Mirzapur claiming that vouchers for Rs. 68,674.62, Rs. 9,960.58, Rs. 4,063.00 and Rs. 4,277.50 have been got verified from concerned medical attendant and are being resubmitted for clearance. He also appended another verified voucher for Rs. 8,953/- for the period of 6.5.2012 to 8.10.2012. Thus, making total claim of Rs. 95,928.70. This letter dated 2.4.2013 alongwith vouchers against stood returned vide District Development Officer's letter dated 15.6.2013, stating that aforesaid vouchers and claim was forwarded to Chief Superintendent, Divisional District Hospital, Mirzapur, who returned the same on 14.6.2013 with some objection. The aforesaid objection was replied by petitioner vide letter dated 20.6.2013 but again the aforesaid vouchers and claim stood returned vide Chief Medical Superintendent's letter dated 19.7.2013 communicated to petitioner by District Development Officer, Mirzapur vide letter dated 26.7.2013. The letter said that some of the vouchers are not verified by concerned Medical Attendant and therefore, all are being returned.

10. The petitioner, in serious distress, wrote a letter dated 27.7.2013 stating that vouchers, which are not verified, be omitted and those which are verified, be cleared, and reimbursed, since it is not possible to go for verification of such vouchers to Bombay.

11. On 31.8.2013, petitioner suffered low blood pressure and cardiac pain for which he went to "District Hospital" for immediate medical help but was informed orally that no regular cardiologist is present and in distress, having no other option, he consulted a private physician and cardiologist Dr. Mamta Singh. The registration slip of District Hospital bearing registration No. 593664 dated 31.8.2013 has also been placed on record as Annexure 28 to the writ petition.

12. It is in these circumstances, having lost all hopes of getting justice in the hands of respondents, petitioner has come to this Court by means of present petition, seeking a writ of certiorari for quashing the order dated 16.3.2013 and

also for a mandamus directing the respondents to pay entire unpaid medical reimbursement claims alongwith interest.

13. The respondents have filed counter-affidavit sworn by Sri Vanshidhar Saroj, District Development Officer, Mirzapur. It is said that petitioner's claims were initially returned vide Chief Medical Superintendent, Mirzapur's letter dated 13/14.6.2013 pointing out following deficiencies:

A. The list of vouchers was not verified by Medical Attendant;

B. The treatment having undergone outside the State, reference slip of Government Medical Attendant was not appended;

C. All the vouchers were not verified by Medical Attendant who administered treatment to the petitioner;

D. Form-A has to be filled in by the Medical Attendant separately and their advice slip should also be verified separately.

14. The aforesaid objections were reiterated by Chief Medical Superintendent vide letter dated 19.7.2013 and 30.8.2013. Ultimately, when it was insisted that he may examine verified vouchers, Chief Medical Superintendent found vouchers of Rs. 25,273/- capable of clearance vide report dated 18/21.9.2013, out of which he counter-signed vouchers of Rs. 16,442/- since there was a difference in sanctionable amount and actual clearance. The matter was again referred to him for clarification vide District Development Officer's letter dated 27.9.2013, who gave details of vouchers relating to medical reimbursement of Rs. 68,674/- vide letter dated 1/3.10.2013 as under:

15. In respect to two other claims of Rs. 9,962/- and Rs. 4063/-, Chief Superintendent, Medical said that Form-A certificate was not appended in original hence not found fit for counter signature.

16. Another letter was sent by Chief Medical Superintendent on 3.10.2013 giving details of vouchers, counter signed by him, as under:

17. In these facts and circumstances, District Development Officer, Mirzapur by letter/order dated 3.10.2013 sanctioned payment of Rs. 16,442/- only.

18. It is said that since petitioner has not submitted medical expenses, vouchers etc. in accordance with requirement of rules and therefore, not only reimbursement has delayed but substantial amount's vouchers, claimed, have to be, either rejected or returned unpaid for which respondents are not at fault.

19. Counsel for the petitioner contended that there was no doubt about treatment undergone by petitioner and expenses incurred by him thereon. It is not the case of respondents that claim set up by petitioner was manipulated, forged, fictitious or exaggerated. It is not the case of respondents that medical expenses, he incurred, for which reimbursement was claimed, could not have been incurred considering the nature of ailment/disease suffered by him or that

his claim was bogus. For sheer hyper technical reasons and extra ordinary laxity, referable and attributable to respondents, not only reimbursement of medical claim was delayed but also ultimately substantial amount of it was either rejected or declined for no fault on the part of petitioner and that is how beneficial scheme constituting benevolent conditions of service in lieu of long service rendered with respondents, has been made a mockery. It has denied the petitioner benefit to which he is entitled on wholly arbitrary, illegal and hyper technical reasons, which amounts to violation of fundamental rights under Articles 14, 16 and 21 of the Constitution of India.

20. Per contra, learned Standing Counsel submitted that medical reimbursement is permissible to be cleared only when claim is submitted after complying procedural requirement of Rules else respondents have no option but to reject or decline the same and that is what has been done in the case in hand.

21. It cannot be doubted that before promulgation of Rules, 2011, medical reimbursement of employees was governed by Uttar Pradesh Government Servants (Medical Attendance) Rules, 1946 (hereinafter referred to as "Rules, 1946"), which hold the field till 20.9.2011 whereafter Rules, 2011 are holding the field. The right of the medical reimbursement claim has also been examined time and again.

22. The issue of reimbursement of medical expenses has been found connected with fundamental right to life and liberty under Article 21 of the Constitution and directive principles enshrined under Article 47. A three-Judge Bench in State of Punjab and Others Vs. Ram Lubhaya Bagga Etc. Etc., , observed:

the State can neither urge nor say that it has no obligation to provide medical facility. If that were so it would be ex facie violative of Article 21.

23. The Court also observed that right of a citizen to live under Article 21 casts obligation on the State, which is further reinforced under Article 47 since it is for the State to secure health to its citizens its primary duty.

24. This is one aspect of the matter. But then it is also true that State has no unlimited resources to spent on any of its particular objects or projects. Therefore, if the provisions are made to provide such medical facilities keeping in view the limits of finances, such provisions, per se, cannot be said to be bad. Recognizing this fact, a Constitution Bench in Confederation of Ex-Servicemen Associations and Others Vs. Union of India (UOI) and Others, , said:

In our considered opinion, though the right to medical aid is a fundamental right of all citizens including ex-servicemen guaranteed by Article 21 of the Constitution, framing of scheme of ex-servicemen and asking them to pay "one time contribution" neither violates Part III nor it is inconsistent with Part IV of the Constitution.

25. Following the above two authorities in State of Karnataka and Another Vs. Sri R. Vivekananda Swamy, , the Court said:

24. In view of the aforementioned settled principles of law there cannot be any doubt that the Rules regarding reimbursement of medical claim of an employee when he obtains treatment from a hospital of his choice can be made limited. Such a rule furthermore having been framed under the proviso to Article 309 of the Constitution of India constitutes conditions of service in terms whereof on the one hand the employee would be granted the facility of medical aid free of cost from the recognized Government hospitals and on the other he, at his option, may get himself treated from other recognized hospitals/institutions subject of course to the conditions that the reimbursement by the State therefore would be limited.

29.....we are of the opinion, that having laid down the law for the future that claim for reimbursement must be made only in terms of the Rules and not dehors the same..

26. To sum up, it can be said that reimbursement of medical expenses incurred by a Government servant partakes the nature of a Constitutional as well as legal right, which has lifted up to the level of fundamental right under Article 21, but with respect to the amount/quantum thereof, employer or the State can make provisions to regulate the same. In other words, an employee cannot have an absolute right to claim reimbursement of any amount, may be extravagant or which normally one may not incur if undergo the same medical treatment in a medical establishment run by State with due expertise and desired facilities. In the matter of rates of quantum of medical reimbursement, a regulatory provision can be made by State Government and unless such provisions are shown to be prima facie irrational, they have to be honoured and implemented. Therefore, a Government servant cannot be denied reimbursement of expenses incurred on medical treatment outright in its entirety but what amount shall be reimbursed, that can be controlled by making provisions governing his conditions of service, which will obviously have to be rational, reasonable i.e. not arbitrary. If any provision is made, which deny reimbursement in its entirety, though actual medical treatment undergone by Government servant or his family member is not found to be ingenuine or bogus, such an action of employer would be illegal. However, the employer can say that the employee may avail medical facilities in a medical establishment of any status whatsoever but expenses, which shall be reimbursed to him, would not exceed particular level or rate, normally, which are at par with similar kind of medical established or maintained by State itself and such provisions if made, have to be applied unless something is shown therein to be ex facie irrational or arbitrary.

27. The entitlement of medical reimbursement, therefore, of the petitioner has to be examined in the light of the above legal exposition. In the present case, right of the petitioner as such for medical reimbursement is not in dispute but what has been urged is that his claim is not strictly in accordance with Rules, 2011.

28. Before going to the aforesaid Rules, I would also find it necessary to observe that these Rules have been framed in order to give effect a fundamental right to

life of a person. The interpretation, which has to be given, must be purposive, welfare oriented and benevolent. If without doing any violence with the expressed language of statute, a provision can be read in favour of the employee, the Court shall prefer such interpretation than that which would deprive him benefit of medical reimbursement.

29. It is not disputed at all that employees of State Government are entitled for reimbursement of expenses incurred on medical treatment and this formed their conditions of service. Earlier, provisions with respect to medical attendance of State Government employees were governed by Rules, 1946. The rules were made applicable to all Government Servants whether they are on duty or on leave. It included within its ambit whole time temporary Government servants paid from the Establishment Section of the budget employed and serve in connection with the affairs of State of Uttar Pradesh. There was an exclusion of employees governed by Secretary of State's Services (Medical Attendance) Rules, 1938; All India Service (Medical Attendance) Rules, 1954; those governed by special rules in departmental manuals; and, a part-time Government servant or a piece-worker or a worker engaged on daily wages, unless specific provision has been made, in the term of his employment that rules shall apply to him and also to a Government Servant who is paid from contingencies. Note (2) to Rule 1 of Rules, 1946 also clarify that concession granted under Rule 1946 shall also be applicable to the families of Government servant, subject to such conditions or exceptions, as specified in these rules. "Authorized Medical Attendant" were described in Rule 2 of Rules, 1946.

30. With the passage of time, accepting the practical difficulty etc., procedure for medical reimbursement was eased and diluted through various Government Orders, some of which are dated 1.1.1998, 28.6.2000, 7.4.2001, 27.6.2001, 9.8.2004 etc. The State Government came up with a new set of rules namely Rules, 2011, which were published vide notification dated 20.9.2011, whereby Rules, 1946 have been repealed subject to condition that medical reimbursement entitlement shall not stand reduced vide Rules, 2011 if it was admissible before enforcement of the aforesaid rules. The respondents have referred to Rules, 11, 12 and 13 thereof to deny medical reimbursement to the petitioner. The aforesaid rules read as under:

11. Treatment in Urgency/Emergency.--A beneficiary is permitted to get treatment in a private hospital in urgent I emergent condition within State or outside. The cost of treatment shall be reimbursable at the rate of Sanjay Gandhi Post Graduate Institute of Medical Sciences and Research (SGPGIMS), Lucknow in case of treatment within the State or All India Institute of Medical Science, New Delhi for treatment outside the State provided:

(a) The treating doctor certifies the urgency/emergency.

(b) The patient informs the Head of Office as soon as possible but not later than thirty days from the date of the commencement of treatment.

(c) In case of emergency, the expenditure on air ambulance shall also be admissible for reimbursement.

12. Treatment on tour.--The Government Servants on official duty to other States shall be entitled for medical attendance and treatment in the Government hospital of the concerned State and the actual expenses incurred thereon shall be wholly reimbursable:

Provided that the expenditure incurred on treatment in medical college, institutes or private hospitals shall be reimbursable at the rate of All India Institute of Medical Sciences (AIIMS).

13. Specialized treatment in private hospital.--(a) For the treatment of complicated and serious ailments for which medical facilities are not available at the Government hospitals or referring institutions, the treating doctor not below the rank of Professor or Head of the Department of referring institution may refer the patient to a private hospital or institution recognized by the State or Central Government for treatment and medical attendance.

(b) The reimbursement of the expenditure on treatment in such private hospital or institution shall be limited to the actual expenditure or the rates of SGPGIMS, Lucknow for treatment within State or the rates of the All India Institute of Medical Sciences (AIIMS), New Delhi for treatment outside the State, whichever is less.

(c) The reimbursement of the expenses on such treatment or investigations, the facilities for which do not exist in SGPGIMS, Lucknow or the All India Institute of Medical Sciences (AIIMS), New Delhi shall be made on actual basis provided the treatment is undertaken within the country.

31. Rule 11 does not prohibit treatment in private hospital or institution when in an emergency or in exigency of situation, medical attendance is immediately required whether inside the province or outside. The only restriction is that reimbursement shall be admissible at the rates as are prescribed in Sanjay Gandhi Post Graduate Institute of Medical Sciences and Research (hereinafter referred to as "SGPGIMS"), Lucknow if treatment has been undertaken in State of Uttar Pradesh and if it is outside then the rates prescribed at All India Institute of Medical Sciences (hereinafter referred to as "AHMS"), New Delhi shall be applicable. Further restriction is that treating doctor should verify urgency/emergency and patient has informed his Head of the Department within thirty days from the date of commencement of treatment. Rule 12 is applicable when medical treatment is needed while Government servant is on travelling. Rule 13 talks of special treatment in private hospitals and institutions and only requirement is that such treatment is not available at Government Hospitals or referring institutions of medical attendant. In such case, if the attending medical attendant makes reference, such treatment can be admitted. Its proviso, therefore, says that in case of emergency, treatment may be undergone in a hospital other than that to which patient is referred and in that case rule 11(c)

shall be applicable. Rule 13(b) provides that rates at which expenses shall be reimbursed would be either as admissible at SGPGIMS, Lucknow or AIIMS, New Delhi or the actual expenses, whichever ever is less. Rule 14 also recognizes medical treatment admitted to a Government Servant other than Allopathic and in respect thereto also reimbursement is permissible in the manner as prescribed by State Government.

32. Though not necessary for the purpose of the present case, but I may notice that enough space is available to the State to protect an otherwise valid claim of an employee for reimbursement under Rules, 2011, inasmuch as, to meet such situation, there are two provisions, which have been made in Rules, 2011 i.e. Rules 27 and 28, which read as under:

27. Removal of difficulty.--If any difficulty arises in giving effect to the provisions of Uttar Pradesh Government Servants (Medical Attendance) Rules, 2011, the State Government may, by order published in the Official Gazette, make such provisions not inconsistent with the provisions of these rules, as appears necessary or expedient for removing the difficulty.

28. Interpretation and relaxation.--(a) If any doubt arises relating to the interpretation of these rules, it shall be referred to the Government, whose decision thereon shall be final.

(b) Where the Government is satisfied that the operation of any rule or order issued thereunder regulating the condition of medical attendance causes undue hardship in any particular case, it may, notwithstanding anything contained in the rule or order applicable to the case, by order, dispense with or relax the requirement of that rule or order to such extent and subject to such conditions as it may consider necessary for dealing with the case in a just and equitable manner.

33. A harmonious reading of aforesaid rules makes it clear that State Government has made aforesaid rules for the benefit of its employees serving or retired, and their family members. The procedure for medical reimbursement has been endeavoured to be simplified with simultaneous precise procedure so as to avoid any mischievous or false claim by mischievous employees or their family member. The rules in question are beneficial in nature. They have to be given wider, benevolent and purposive interpretation so as to recognize all genuine claims of reimbursement of Government servants and simultaneously precludes any in-genuine, flimsy or mischievous claim, if any. The rules have no anathema for extending benefit of medical reimbursement, if treatment has been undertaken outside the Government Hospital and by medical experts, other than Authorized Medical Attendant, provided that it is necessary and in any case whatever expenses, which shall be recognized for reimbursement, shall be the actual expenses, and not more than that prescribed by SGPGIMS, Lucknow or AIIMS, New Delhi and in case exceed the aforesaid two institutions, as the case may be, the reimbursement shall be at the rates admissible in above two

institution.

34. In the present case, petitioner has actually undergone medical treatment at BHMRC, Mumbai, which commenced in the year 2004. Pacemaker was installed and recognizing and accepting the same treatment, medical reimbursement, claimed by petitioner was accepted and allowed and made good by respondents. It has also come on record that in District Hospital, Mirzapur, cardiac treatment is not available, inasmuch as, even on 31.8.2013, when petitioner suffered cardiac problem and went to District Hospital for immediate help, got registration slip issued but thereafter was informed that there was no cardiac expert available thereat and in distress, petitioner had to resort for private medical attendant Dr. Mamta Singh.

35. Nobody can dispute that cardiac ailment normally require emergent, immediate and specialized treatment. Moreso, in advanced age, this treatment is of long duration and patient is susceptible of cardiac problem from time to time. Normally, it persist for entire life of patient. The petitioner attained the age of superannuation of 58 years in 1996 and in 2010, when he again went for treatment to BHMRC, Mumbai, he was about 70 years of age.

36. Once there is a valid reference and private medical treatment has been availed by concerned Government service (may be retired one), I do not find that in continuation thereof, whenever medical check up and medical treatment is needed, every time such formal reference would be necessary. At least, rules nowhere require that once there is a valid reference and treatment has commenced, Government servant every time whenever submits medical bills will have to seek reference order. Reading the rules in such a manner shall amount to reading something, which is not there. It also put an unnecessary obstruction and prolong agony of Government servant, particularly retired one, in advanced age, by delaying his medical reimbursement for unnecessary procedural jargon, particularly in absence of any specific requirement therefor.

37. Once various medical bills and treatment undergone in 2004 have been verified and petitioner's ailment and treatment has been found genuine and valid, continuance of treatment for a long period or its periodical check up will not require repeated reference every time. The purpose of procedural checks and verification is to avoid and prevent bogus and fraudulent claims but once ailment and treatment is not doubted, even if there is no reference order, that will not provide a valid objection for not clearing treatment vouchers. Moreover, if some of treatment vouchers are not signed or verified by medical practitioner for one or the other reason, even that will not justify a blind approach to straight way discard such vouchers, inasmuch as, all these vouchers are to be counter signed by Chief Medical Officer/Medical Superintendent in concerned District whereat reimbursement is claimed, who himself is a medical expert and can find out genuity of claim. Unless there is something to show or Chief Medical Officer or Medical Superintendent concerned is of the opinion that claim is not justified or apparently bogus or fraudulent, his signature or counter signature itself is

sufficient to verify such vouchers and for that purpose, I do not find any justification to harass concerned Government servant in distress to further run from pillar to post.

38. In Rules, 2011, I do not find anything, which may justify such arbitrary attitude on the part of respondents in considering and clearing medical reimbursement claim of petitioner, as has been done in the case in hand. This is really unfortunate on the part of respondents that an ailing ex employee has been made to suffer and harassed to the hilt for clearance of his medical bills for the reasons, which do not suggest any false or bogus claim on the part of petitioner but just hyper technical objection, which respondents themselves is competent enough to attend and clear.

39. Here is a case where an aged retired employee has been made to suffer financially in respect to a claim for which he had already incurred expenses. His right of reimbursement is not in dispute but since, in view of respondents, procedural jargon is not satisfied, therefore, reimbursement was denied. This, in my view, is nothing but a sheer harassment, harsh and apathetic treatment met to an old ex-employee in the hands of State Officials. The State and its officials being public functionary are supposed to discharge their duties for larger benefit of its citizens. It is a welfare State. Under Constitution, sovereignty vest in the people. Every limb of constitutional machinery, therefore, is obliged to be people oriented. The respondents were expected to perform their duties in a more responsible, reasonable and passionate manner so as to visualize the problem and hardship faced by their old ex colleague and there should have been an attempt to provide help to the petitioner with a more humane approach, that too when at such advanced age he was suffering heart disease for last one and half decade yet compelled for this avoidable litigation. This is nothing but harassment of a senior ailing citizen in the hands of public authorities. It is socially abhorring and legally impressible. Normally, a common man would have given up even his just and valid claims apprehending a severe harassment in a Court of law where early disposal of a case in general has become a rare phenomena. We discuss for dispensation of justice day and night, spent time to find out the ways for speedy dispensation of justice but the end result is something startling. An early dispensation of justice is like a day dreaming for a common litigant. Very exceptionally, it comes true. Very few are fortunate enough to have fruits of justice in their hands and life. Here the petitioner was not one of those fortunates since died during pendency of this case. The situation is really disheartening and grave but still this Court has a ray of hope and confidence that with all out efforts and cooperation at all level, pious objective of speedy justice can be achieved. However, the fact remains that we have to travel a long day to achieve this objective.

40. In the result, the writ petition is allowed. The impugned order in so far as it has rejected the claim of reimbursement of medical bills of the petitioner, is hereby quashed. The respondents are directed to forthwith pay entire amount, as

claim by petitioner towards medical reimbursement, subject to rates prescribed by AIIMS or SGPGI, as the case may be, unless and until any of vouchers is found bogus and for that purpose specific reasons shall be given by the authorities concerned by passing a reasoned order.

41. The payment shall be made, as directed above, within one month from the date of production of a certified copy of this order. The entire amount, as directed above, shall attract interest @ 10% p.a. The petitioner shall also be entitled to cost, which I quantify to Rs. 25,000/-. The entire amount, as directed above, at the first instance, shall be paid to the petitioner by respondent No. 1 within time, as directed above, but it shall be at liberty to recover the amount of interest and cost from such respondents officials and others, who are found responsible for such delay after making such enquiry, as provided in law.