

**Government of Rajasthan**  
**Higher Education Department Secretariat, Jaipur**

**CIRCULAR**

Dated - 02-02-2026

**Subject :** Compliance of the directions of the Hon'ble Supreme Court of India vide order dated 25-07-2025 in Criminal Appeal No. 3177/2025 (SLP No. 6378/2024 Sukdeb Saha vs. State of Andhra Pradesh & others)

In compliance with the orders of the Hon'ble Supreme Court of India, vide judgment dated 25-07-2025 and in view of the implementation of the said judgement, District Level Committees have been constituted.

The following instructions are issued to ensure effective, uniform, and structured implementation of the directions contained therein, which may be complied with as per para 35 of the order of the Hon'ble Supreme Court of India (A copy of the order is enclosed).

**1. Uniform Mental Health Policy:**

All institutions shall implement a uniform State-level Mental Health Policy in alignment with the UMMEED Draft Guidelines, MANODARPAN Initiative, and the National Suicide Prevention Strategy.

**2. Appointment and Training of Counsellors:**

All institutions shall appoint at least one qualified counsellor, psychologist, or social worker trained in Child and Adolescent Mental Health. Institutions with fewer than 100 students shall establish formal referral arrangements with external mental health professionals.

**3. Student-Counsellor Ratio:**

Institutions shall maintain a minimum ratio of one counsellor per 100 students. Mentorship systems shall ensure continuous, informal, and confidential support, especially during examinations and academic transitions.

**4. Non-Segregation of Students:**

Coaching Institutes and educational institutions shall not segregate students based on academic performance, publicly humiliate them, or set unrealistic academic expectations.

**5. Immediate Referral Protocols:**

Institutions shall establish written procedures for urgent referral to mental health services and nearby hospitals. Suicide prevention helplines (including Tele-MANAS **14416** or **18008914416**) shall be prominently displayed in hostels, classrooms, common areas, and an institution website.

**6. Mandatory Training - Twice Annually:**

Institutions shall ensure that teaching and non-teaching staff receive mandatory training at least twice a year in psychological first-aid, recognition of warning signs, response to self-harm, and referral procedures by certified mental health specialists.

**7. Inclusive Behavioural Training for All Staff:** Staff members shall be sensitized to support students in a sensitive, inclusive, and non-discriminatory manner, especially those belonging to SC, ST, OBC, EWS, LGBTQ+ communities, students with disabilities, trauma survivors, bereaved students, those with prior suicide attempts, and students facing Intersecting forms of marginalization.

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**8. Confidential Reporting and Redressal Mechanisms:**

Institutions shall establish strong, confidential, and easily accessible systems for reporting and addressing cases of sexual harassment, ragging, bullying, and discrimination based on caste, class, gender, sexual orientation, disability, religion, or ethnicity. Immediate psychosocial support shall be provided, prioritizing the student's physical and psychological safety. Every such institution shall constitute an internal committee or designated authority empowered to take immediate action on complaints and provide psycho-social support to victims. No retaliation against complainants shall be tolerated.

**9. Parental Sensitization Programmes:**

Institutions shall conduct regular awareness programmes through physical and online modes for parents and guardians to help them Identify mental health concerns, understand academic pressure, and support their wards empathetically. Mental health literacy and life skills education shall be integrated into student orientation and extracurricular activities.

**10. Documentation and Annual Reporting:**

Institutions shall maintain anonymised records and submit an annual report on mental health interventions, referrals, training programmes, and related activities to regulatory authorities as and when required.

**11. Promotion of Extracurricular Activities:**

Promote sports, arts, personality development and extracurricular activities for holistic student growth. Review examination patterns to reduce academic burden.

**12. Structured Career Counselling Services:**

Institutions, including coaching centres and training institutes, shall provide regular career counselling services for students and parents through qualified counsellors to promote well-Informed, interest-based career choices and reduce academic anxiety.

**13. Preventive Measures in Residential Institutions:**

Institutions running with hostels and residential facilities shall ensure campuses remain free from harassment, bullying, harmful substances, and risky environments. Safety measures such as tamper-resistant ceiling fans and restricted access to rooftops and balconies shall be implemented to reduce Impulsive self-harm behaviour.

**14. Monitoring Student Well-Being in Coaching Hubs:**

Coaching Institutes in high-migration regions shall adopt enhanced student well-being protections Including structured academic planning, regular counselling, availability of psychological support, and strong Institutional accountability mechanisms.

Accordingly, it is expected that all District Level Committees, and all concerned Departments and Authorities shall ensure strict compliance of the directions of the Hon'ble Supreme Court of India.

All District Level Committees are expected to ensure internal dissemination of these guidelines to subordinate officers and functionaries for effective ground-level compliance.

**Additional Chief Secretary  
Higher & Technical Education  
Government of Rajasthan**

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Secretary To Government  
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प्रतिलिपि निम्नांकित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है :-

1. विशिष्ट सहायक, माननीय उप मुख्यमंत्री, उच्च एवं तकनीकी शिक्षा, राजस्थान सरकार।
2. निजी सचिव, अतिरिक्त मुख्य सचिव, उच्च एवं तकनीकी शिक्षा विभाग, राजस्थान, जयपुर।
3. वरिष्ठ निजी सचिव, आयुक्त, कॉलेज शिक्षा विभाग, राजस्थान, जयपुर।
4. वित्तीय सलाहकार/समस्त संयुक्त निदेशक/उप विधि परामर्शी, आयुक्तालय, कॉलेज शिक्षा विभाग, जयपुर।
5. प्राचार्य, समस्त राजकीय महाविद्यालय, राजस्थान।
6. समस्त सहायक निदेशक, क्षेत्रीय कार्यालय, कॉलेज शिक्षा, राजस्थान जयपुर।
7. वेबसाइट प्रभारी, आयुक्तालय कॉलेज शिक्षा, जयपुर को अपलोड हेतु।
8. रक्षित पत्रावली।

(प्रो. विजय सिंह जाट)  
संयुक्त निदेशक (अकादमिक)

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**REPORTABLE**  
**IN THE SUPREME COURT OF INDIA**  
**CRIMINAL APPELLATE JURISDICTION**

**CRIMINAL APPEAL NO(S). \_\_\_\_\_ OF 2025**  
(Arising out of SLP (Crl.) No (s). 6378 of 2024)

**SUKDEB SAHA** **....APPELLANT(S)**

**VERSUS**

**THE STATE OF ANDHRA**  
**PRADESH & ORS.** **....RESPONDENT(S)**

**J U D G M E N T**

**Mehta, J.**

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## **I. INTRODUCTION**

1. Heard.
2. Leave granted.
3. The present appeal arises from the judgment and order dated 14<sup>th</sup> February, 2024, passed by the High Court of Andhra Pradesh at Amravati<sup>1</sup> in Writ Petition No. 25381 of 2023, whereby the High Court rejected the appellant’s prayer, seeking transfer of the investigation of FIR No. 148 of 2023 to the Central Bureau of Investigation.<sup>2</sup> The aforesaid FIR was registered following the tragic, unnatural death of the appellant’s 17-year-old daughter, Ms. X, who was undergoing coaching for the National Eligibility-cum-Entrance Test (NEET) examination at Aakash Byju’s Institute, Vishakhapatnam. She was staying in a Hostel when the unfortunate incident occurred on 14<sup>th</sup> July, 2023, leading to her untimely death.

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<sup>1</sup> Hereinafter being referred to as ‘Andhra Pradesh High Court’.

<sup>2</sup> Hereinafter being referred to as “CBI.”

4. Before delving into the factual background and issues of the present case, this Court deems it appropriate to reflect upon the broader underlying generational societal issue, namely, the growing crisis of student suicides in the context of contemporary education. As articulated by numerous philosophers across history, the purpose of education was never confined to mere academic success or professional advancement. Rather, education was envisioned as a means for holistic development, intellectual, emotional, ethical, and spiritual. Jean-Jacques Rousseau, in his prominent treatise “*Émile, or On Education*”<sup>3</sup>, emphasised that education must be adapted to the developmental needs of the child and should cultivate reason, autonomy, and emotional well-being. He warned against an educational system that neglects the individuality of the learner in pursuit of rigid societal expectations.

5. Jiddu Krishnamurti, in his book “*Education and the Significance of Life*,”<sup>4</sup> noted that the function of

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<sup>3</sup> Jean-Jacques Rousseau, “*Emile, or Education*”, (Ed. and Trans.) Allan Bloom (New York: Basic Books, 1979).

<sup>4</sup> Jiddu Krishnamurti, “*Education and the Significance of Life*”, San Francisco, CA: Harper & Row, 1953.

education is to create human beings who are integrated and therefore intelligent. Krishnamurti cautioned against turning education into a system of conformity and performance, warning that the mind of a child must not be conditioned by fear, competition, or compulsion. These philosophical foundations remind us that education is meant to liberate, not burden the learner, and that its true success lies not in grades or rankings but in the holistic growth of a human being capable of living with dignity, confidence, and purpose.

**6.** Contrary to these ideals, the contemporary academic framework, particularly in the context of competitive examination systems, often subjects students to relentless psychological pressure. The very soul of education appears to have been distorted. Increasingly, education is perceived as a high-stakes race, a pressure-laden path toward narrowly defined goals of achievement, status, and economic security. The joy of learning has been replaced by anxiety over rankings, results, and relentless performance metrics. Students, especially those preparing for competitive examinations, are often caught in a web

that rewards conformity over curiosity, output over understanding, and endurance over well-being.

**7.** In this paradigm, life becomes a series of tests, and failure is seen not as a part of growth but as a devastating end. In a system driven by performance metrics, competition, and institutional rigidity, students are often subjected to immense psychological strain, particularly in environments geared towards high-stakes competitive examinations.

**8.** In the recent past, multiple reports have emerged of student suicides in premier educational institutions and, more particularly, coaching centres, pointing to a pattern of despair that demands collective introspection. These young individuals, often far away from home, isolated in demanding academic environments, find themselves without adequate emotional or institutional support. The culture of silence around mental health, coupled with insufficient safeguards in educational institutions, exacerbates their vulnerability. The gravity of this crisis cannot be overstated, and any incident involving the death of a student under such

circumstances warrants the utmost seriousness, not just as an isolated tragedy, but as part of a larger systemic malaise that threatens the future of the young generation.

9. The statistics published by the National Crime Records Bureau (‘NCRB’) in its 2022 report titled “**Accidental Deaths and Suicides in India**”<sup>5</sup> paint a deeply distressing picture. India recorded 1,70,924 reported suicide cases in the year 2022 (an increase from 2021 data, i.e., 1,64,033 reported suicide cases), of which 7.6%, approximately 13,044, were student suicides. Notably, 2,248 of these deaths were attributed directly to failure in examinations. As per NCRB data, the number of suicides among students in the last two decades has increased from 5,425 in 2001 to 13,044 in 2022. In the decade beginning from 2012, male student suicides surged to 99% and female student suicides jumped to 92%. Because of the non-recognition of transgender/non-binary students in the previous NCRB Reports, the data of the third gender is totally lacking from the statistics.

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<sup>5</sup> National Crime Records Bureau (NCRB) Chapter-2 Suicides in India Accidental Deaths and Suicides in India, 2022. Available here. <<https://ncrb.gov.in/uploads/files/AccidentalDeathsSuicidesinIndia2022v2.pdf>>.

However, their underrepresentation should not be disregarded, as it reflects a systemic failure to acknowledge and address the challenges faced by transgender and non-binary students within educational institutions. Needless to say, the abovementioned figures are not just statistical data, but precious lives lost, young minds prematurely silenced by pressures they were unable to bear. These figures, taken in conjunction with emerging patterns of distress in educational institutions, coaching centres, and residential educational institutions, point to a systemic failure in addressing students' emotional and mental health needs. It must be acknowledged that student suicides, particularly those related to exam failure, are rarely the result of a single cause. Multiple factors, both individual and systemic, direct and indirect, contribute to such outcomes. These include low self-esteem, unrealistic academic expectations (both self-imposed and externally driven), impulsivity, social isolation, learning and cognitive disabilities, and, in some tragic cases, past trauma such as physical or sexual abuse. Equally concerning are suicides of students precipitated by experiences of sexual assault,

harassment, ragging, bullying, or discrimination on the basis of caste, gender, sexual orientation, or disability, which continue to remain underreported and inadequately addressed. Each of these vulnerabilities may be exacerbated in high-pressure environments that lack adequate emotional support and psychological safeguards.

**10.** The Law Commission of India, in its 210<sup>th</sup> Report, has recognised suicide as one of the most tragic and preventable forms of death in our society.<sup>6</sup> This Court has taken judicial notice of the disturbing trend of suicides among students enrolled in educational institutions, where intense academic competition often combines with emotional isolation, caste-based discrimination, financial stress, sexual harassment, and systemic indifference. In ***Amit Kumar v. Union of India***<sup>7</sup>, this Court addressed the issue of student suicides across the country and employed the phrase “suicide epidemic” to describe the alarming rise of students’ suicide incidents in educational institutions. The Court observed that a

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<sup>6</sup> Law Commission of India, Report No. 210 on the Humanisation and Decriminalisation of Attempt to Suicide, Para 1.5 (October 2008).

<sup>7</sup> 2025 SCC OnLine SC 631.

majority of these deaths were attributed to failure in examinations and the unbearable pressure imposed upon students by institutional and societal expectations.

**11.** This Court is therefore of the view that the present case must not be viewed in isolation, but rather in the context of this deepening crisis. While the legal and factual question before us concerns the unnatural/suicide death of a student, the broader social context in which such cases of suicide occur cannot be ignored.

**12.** It is in this light that the matter assumes not just legal but also moral, societal and institutional significance. Accordingly, this judgment is structured in two parts to address the issues in their entirety. **Part A** sets out the factual circumstances of the present case and adjudicates on the merits of the case. **Part B** sets out immediate interim guidelines, aimed at laying down a preventive, remedial, and supportive framework for mental health protection and prevention of suicides by students across all educational institutions.

## **II. PART A: -**

### **(i). Facts of the Case: -**

**13.** The background facts essential for disposal of the instant appeal are:

**13.1.** The appellant resides in West Bengal with his family. In May 2022, the appellant's 17-year-old daughter, Ms. X, took admission at a coaching institute, namely, Aakash Byju's Class/Respondent no. 6<sup>8</sup> in Vishakhapatnam, Andhra Pradesh, to prepare for the National Eligibility-cum-Entrance Test ('NEET') examination. She got a rented residential accommodation in Sadhana Ladies Hostel/Respondent No. 4<sup>9</sup> on the recommendation of Aakash Institute and took admission into Achiever's Junior College for Class XII studies, concurrently pursuing her NEET preparation.

**13.2.** On 14<sup>th</sup> July 2023, at around 11:54 pm, the appellant received a phone call from Ravikanth, Assistant Branch Manager (Operations) of Aakash

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<sup>8</sup> Hereinafter being referred to as "Aakash Institute."

<sup>9</sup> Hereinafter being referred to as "Sadhana Hostel."

Institute, informing the appellant that his daughter had fallen from the 3<sup>rd</sup> floor of the building of Sadhana Hostel at about 10:20 pm and had sustained severe injuries and that she had been taken to Venkataramana Hospital/Respondent No. 5<sup>10</sup> for medical treatment. The appellant immediately called his daughter's friend, who informed him that all the students had been locked inside a room and that she couldn't tell what exactly happened. The appellant's friend, Bapandas, who hails from Vishakhapatnam, visited the Venkataramana Hospital on 15<sup>th</sup> July, 2024, around 1:15 am and found the child, Ms. X, conscious and talking. The appellant immediately took the first available flight to Vishakhapatnam (Andhra Pradesh) and reached the Venkataramana Hospital on 15<sup>th</sup> July, 2023, at 1:50 pm, where he found his daughter unconscious and on ventilator support. The management of Venkataramana Hospital told the appellant that his daughter had suffered a heart attack around 4:00 am on 15<sup>th</sup> July, 2023, but couldn't receive proper treatment

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<sup>10</sup> Hereinafter referred to as "Venkatramana Hospital."

due to the unavailability of a specialist medical faculty, and thus, she was placed on a ventilator. Being dissatisfied with the care and medical treatment being provided to his daughter at Venkataramana Hospital, the appellant shifted her to Care Hospital/Respondent No. 7<sup>11</sup> for better treatment. On 16<sup>th</sup> July, 2023, approximately 12:00 (noon), the appellant's daughter, while undergoing medical treatment, passed away. On the same day, the statement of the appellant was recorded, and thereafter, an FIR<sup>12</sup> was registered by IV Town Police Station under Section 174<sup>13</sup> of the Code of Criminal Procedure.<sup>14</sup> Subsequently, an Inquest Report was prepared on 17<sup>th</sup> July 2023, and the body of the deceased was sent for postmortem examination.

**13.3.** Aggrieved by the suspicious circumstances surrounding the medical treatment provided to his daughter and dissatisfied with the authorities' apparent reluctance to properly

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<sup>11</sup> Hereinafter being referred to as "Care Hospital."

<sup>12</sup> FIR No. 177 of 2023.

<sup>13</sup> Corresponding Section 194 of the Bharatiya Nagarik Suraksha Sanhita, 2023.

<sup>14</sup> Hereinafter being referred to as "CrPC."

investigate the matter, the appellant approached the Andhra Pradesh High Court, by way of Writ Petition No. 20387 of 2023 under Article 226 of the Constitution of India, seeking a Writ of *Mandamus*, questioning the inaction of the Commissioner of Police and the SHO in collecting CCTV footage and other material evidence from Sadhana Hostel, Venkataramana Hospital, and Care Hospital in relation to the suspicious death of his daughter. Further, the appellant sought consequential directions for the appointment of a Court Commissioner to collect the CCTV footage. The Andhra Pradesh High Court *vide* Order dated 10<sup>th</sup> August 2023, appointed Ms. K. Priyanka Lakshmi as Advocate Commissioner to collect and verify the CCTV footage for the period from 1<sup>st</sup> July, 2023 to 31<sup>st</sup> July, 2023 in the presence of the appellant. The above-mentioned Writ Petition was disposed of by the High Court *vide* Order dated 12<sup>th</sup> February, 2024.

**13.4.** On 20<sup>th</sup> August 2023, the appellant lodged a formal FIR<sup>15</sup> under Sections 302 and 120 of the

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<sup>15</sup> FIR No. 148 of 2023.

Indian Penal Code, 1860<sup>16</sup>, at Police Station Netaji Nagar, Kolkata, West Bengal, against Aakash Institute, Sadhana Hostel, and Venkataramana Hospital and others.

**13.5.** The Assistant Commissioner of Police<sup>17</sup> (East Sub-Division) Andhra Pradesh, on 27<sup>th</sup> August 2023, took up the investigation and, after concluding the same, he filed an Alteration Memo on 29<sup>th</sup> August 2023, before the Magistrate for applying Section 304 Part-II of the IPC to the case. In this memo, the following individuals were arrayed as accused persons:-

| <b>S. No.</b> | <b>Name of the Accused</b>              | <b>Position</b>  |
|---------------|---|--|
| Accused No. 1 | M.s Gannu Kumari                        | Hostel Warden  |
| Accused No. 2 | Yecheral Surya Kumar                    | Owner of the Hostel  |
| Accused No. 3 | Gangumalla Naga Venkata Durga Ravikanth | Assistant Branch Manager (Operations) of Aakash Byju's Vishakapatnam |
| Accused No. 4 | Gundu Rajeshwari Rao                    | Branch Manager of Aakash Byju's Vishakapatnam                        |

<sup>16</sup> Hereinafter, being referred to as 'IPC.'

<sup>17</sup> For Short, 'ACP.'

**13.6.** On 25<sup>th</sup> September, 2023, the appellant filed a second Writ Petition No. 25381 of 2023 under Article 226 of the Constitution of India, before the Andhra Pradesh High Court, seeking directions to transfer the investigation of the case to the CBI.

**13.7.** On 10<sup>th</sup> November 2023, the appellant filed third Writ Petition No. 29622 of 2023 under Article 226 of the Constitution of India, before the Andhra Pradesh High Court, seeking a Writ of *Mandamus*, with a declaration that the authorities' failure to properly evaluate forensic samples from the deceased's body and their classification of the suspicious death as suicide was illegal, arbitrary, and totally unjustified.

**13.8.** The Andhra Pradesh High Court, *vide* Order dated 14<sup>th</sup> February 2024, disposed of the third writ petition by directing the concerned SHO to send preserved forensic samples of the deceased, along with samples collected from the appellant to AIIMS, New Delhi, for DNA testing and

determination of the cause of death, with the entire exercise to be completed within two months.

**13.9.** The Andhra Pradesh High Court *vide* Impugned Order dated 14<sup>th</sup> February, 2024, disposed of the second Writ Petition No. 25381 of 2023 and held that since there are two FIRs registered in two different States i.e., State of Andhra Pradesh and State of West Bengal, the prayer seeking transfer of the case to CBI, was beyond the jurisdiction of the Court.

**13.10.** The aforesaid order dated 14<sup>th</sup> February, 2024, of the Andhra Pradesh High Court is assailed by the appellant in this appeal with special leave.

**(ii). Submissions on behalf of the Appellant: -**

**14.** Learned counsel representing the appellant, vehemently and fervently urged that the High Court gravely erred in rejecting the prayer of the appellant, seeking transfer of the case to the CBI. In this regard, he has advanced the following pertinent submissions:

**14.1.** The investigation into the unnatural and suspicious death of the appellant's daughter, Ms. X, was conducted in a manifestly arbitrary and

perfunctory manner by the local police authorities. Despite repeated oral and written representations made by the appellant to the Station House Officer, IV Town Police Station, Visakhapatnam, seeking registration of an FIR and fair investigation, the police authorities willfully neglected their statutory duties. Further, it was submitted that after the statement of the appellant was recorded on 16<sup>th</sup> July, 2023, and inquest proceedings were registered under Section 174 of the CrPC, without conducting proper investigation and inquiry, the SHO/respondent No. 3 hastily concluded that the appellant's daughter had committed suicide. This conclusion was drawn despite the fact that the appellant was repeatedly and categorically asserting that his daughter's death was a case of unnatural death, warranting investigation under Section 302 of the IPC. The appellant even disclosed the names of potential accused persons in his statement, yet these leads were deliberately ignored by the investigating authorities, who were determined to classify the case as suicide from the outset, foreclosing any possibility of a proper and fair investigation.

**14.2.** The doctors and management of Venkataramana Hospital acted in gross dereliction of their duty by initiating treatment without informing either the police or the family members, and by placing the deceased on ventilation without obtaining the consent of the parents. When the appellant's daughter, Ms. X, was admitted to Venkataramana Hospital on 15<sup>th</sup> July, 2023 at 10:30 pm, she was conscious and even asked for water, as witnessed at approximately 1:15 am on 16<sup>th</sup> July, 2023, by the appellant's friend namely, Bapandas. Despite her precarious condition, the doctors and other staff at Venkataramana Hospital failed to provide proper medical treatment that could have saved her life. The deceased was in a condition fit for communication. However, no effort was made by police authorities to get the statement of Ms. X, which manifests total apathy on the part of the local authorities.

**14.3.** The directions issued by the Andhra Pradesh High Court in Writ Petition No. 20387 of 2023, whereby an Advocate Commissioner was appointed to secure CCTV footage and relevant records, were not complied with in the true letter and spirit. The

Advocate Commissioner, appointed by the Andhra Pradesh High Court, attempted to collect CCTV footage and documents as directed by the Court *vide* order dated 10<sup>th</sup> August, 2023, but the police officials failed to cooperate fully. They neither seized the hard disk of the CCTV footage from the adjacent shop, i.e., Sanghvi Lamination Shop, near which the incident occurred, nor marked the spot of the incident, nor collected forensic samples from the said place. The appellant submits that these material omissions indicate a deliberate attempt to protect the interests of the respondents, particularly Aakash Institute, Sadhana Hostel, and Venkataramana Hospital thereby casting a grave doubt on the *bona fides* and fairness of the local police officers.

**14.4.** The CCTV footage, from Sadhana Hostel shows a girl in salwar/trousers going upstairs toward the terrace at approximately 10:25 pm on 14<sup>th</sup> July, 2023, whereas the footage from Sanghvi Lamination Shop from 14<sup>th</sup> July, 2023, at 10:46 pm, shows a girl in blue half pants and a T-shirt lying down on the floor. This glaring discrepancy in apparel indicates that the girl going upstairs in the hostel footage may

not have been the appellant's daughter, Ms. X. The police failed to properly scrutinise and verify the CCTV footage to confirm the identity of the said girl, yet they have hastily concluded the case to be one of suicide. These serious lapses establish beyond doubt that the investigation is neither fair nor effective.

**14.5.** The conduct of senior police officials, including the statement made by the Police Commissioner during the press conference on 24<sup>th</sup> August, 2023, is contrary to the truth and demonstrates the authorities' intent to shield the actual culprits. In the press release, the Commissioner stated that the inquest report was authored by the appellant's blood relatives, whereas in reality, the Circle Inspector of IV Town Police Station dictated the report and pressured the appellant not to interfere. Furthermore, the Commissioner's statement that there was no evidence related to Aakash Institute is in gross disregard to the fact that the appellant had enrolled his daughter in Aakash Institute for competitive exam preparation, and it was on the instruction and recommendation of the management people from

Aakash Institute that she was accommodated in Sadhana Hostel. As such, Aakash Institute was the guardian and custodian of Ms. X and cannot abdicate its responsibility in this matter.

**14.6.** In the autopsy report dated 17<sup>th</sup> July, 2023, under column D (Abdomen), there is explicit mention of a “suspicious smell” in the stomach contents of the deceased. Despite this finding, neither the chemical analysis report dated 4<sup>th</sup> September, 2023, conducted by Andhra Pradesh Regional Forensic Science Laboratory<sup>18</sup>, Visakhapatnam, nor the final opinion on the cause of death by Autopsy Doctor P. Venkataramana Rao dated 21<sup>st</sup> September, 2023, has been procured and placed on record. The deliberate withholding of these vital forensic reports strongly suggest an attempt to conceal evidence that may contradict the theory of suicide hastily advanced by the investigating authorities.

**14.7.** The formation and functioning of the Medical Committee constituted to investigate potential medical negligence suffer from grave

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<sup>18</sup> Hereinafter being referred to as ‘RFSL’.

irregularities. While the Superintendent of King George Hospital, Visakhapatnam, formed a five-member committee of doctors, strangely enough, Dr. P. Venkataramana Rao, the autopsy doctor who had already been involved in the postmortem examination, was also included as a sixth member without proper notification. This triple role of the said doctor as an autopsy surgeon, chemical analyst, and committee member represents an egregious conflict of interest and compromises the independence and integrity of the medical investigation. Moreover, the Medical Committee itself acknowledged its limitations, stating in its report that it *“has only perused the documents submitted in the said matter without any interaction with the doctors who have treated the patient or the relatives of the deceased,”* and that it lacked *“knowledge about the medical facilities, qualifications of treating doctors and infrastructure of the hospitals where the deceased was treated.”*

**14.8.** The appellant contends that the pathetic failure of the local police authorities in conducting proper investigation and the lackadaisical

arraignment of certain individuals for criminal negligence is manifested in the conflicting narratives emerging from the CCTV footage, medical records, and eyewitness accounts. It is thus urged that a fair, impartial, and independent investigation can only be ensured by transferring the matter to the CBI. The appellant has made several representations to the State Government for the same, which have remained unacknowledged. Furthermore, the High Court at Calcutta in Criminal Revision No. 3541 of 2023 *vide* Order dated 9<sup>th</sup> October 2023, had also stayed the second FIR filed at Police Station Netaji Nagar, Kolkata, West Bengal.

On these grounds, learned counsel appearing for the appellant implored the Court to accept this appeal, set aside the impugned judgment and direct the transfer of the investigation to the CBI, in the interest of justice and to uphold the rule of law.

**(iii). Submissions on behalf of the Respondents: -**

**15.** *Per contra*, learned counsel for the respondents, vehemently and fervently opposed the submissions advanced on behalf of the appellant and advanced the following pertinent submissions imploring this

Court to dismiss the present appeal and reject the prayer to transfer the investigation to CBI:-

**15.1.** Investigation into the unfortunate death of the appellant's daughter, Ms. X, has been conducted diligently and in accordance with the law by the local police authorities. Respondent No. 3, the Investigating Officer, acted promptly upon receiving the medico-legal case report (MLC) from Venkataramana Hospital and recorded the same in the General Diary. Statements of the attending doctor were recorded, the scene of the occurrence was inspected, CCTV footage was reviewed, and over 40 witnesses were examined. Material evidence, including digital footage, was seized and sent to the Forensic Science Laboratory (FSL). An offence alteration memo was filed before the jurisdictional Magistrate based on emerging evidence to alter the charge to Section 304 Part-II of the IPC, reflecting the seriousness with which the investigation has been pursued.

**15.2.** All necessary medical treatment was rendered to the deceased in line with standard medical protocols at the Venkataramana Hospital.

The treatment details have been recorded in the case sheet, and the patient was referred to another Hospital i.e., Care Hospital, only after due consultation and with the appellant's consent. The allegations that the hospital failed in its duty of care and proper treatment are baseless. The CCTV footage in question was seized by the authorities and forwarded for forensic recovery; however, due to automatic overwriting, certain footage could not be retrieved directly by the Venkataramana Hospital. Nevertheless, full cooperation was extended to the Advocate Commissioner during the inquiry proceedings.

**15.3.** The appellant is attempting to attribute vicarious liability to Aakash Institute without any legal or factual basis. The said Institute was only responsible for academic instructions and had no control or supervisory role over hostel accommodation. The deceased was residing in Sadhana Hostel, chosen voluntarily by her family members. Two employees of Sadhana Hostel, who were arrested, have since been enlarged on bail, as

the High Court found no evidence connecting them to the incident.

**15.4.** There was no medical negligence or misconduct on the part of Care Hospital. When the deceased was admitted in the said facility, no discharge summary or medical records were provided to the Hospital. Despite the patient arriving in a critical, vegetative state, all necessary steps were taken to revive her. Care Hospital has placed all medical records before the competent authorities and cooperated fully with the Advocate Commissioner.

**15.5.** It is submitted that mere dissatisfaction or suspicion on the part of the complainant does not constitute a valid ground to invoke the extraordinary jurisdiction of this Court so as to transfer the investigation to the CBI. It has been consistently held by this Court that such power must be exercised sparingly and only in rare and exceptional cases where there is clear evidence of bias, *mala fide* intent, or deliberate inaction on the part of the investigating agency. Learned counsel in this regard has placed reliance upon the decision of this Court in the cases

of ***Arnab Ranjan Goswami v. Union of India***<sup>19</sup> to urge that in the present case, no such material has been placed on record to even create a doubt that the ongoing investigation suffers from institutional bias or legal infirmity so as to warrant intervention.

On these grounds, the learned counsel for the respondents implored the Court to dismiss the present appeal and affirm the judgment of the High Court.

**(iv). Discussion & Analysis: -**

**16.** We have given our thoughtful consideration to the submissions advanced at the bar and have gone through the impugned judgment. With the assistance of the learned counsel for the parties, we have perused the material placed on record.

**17.** At the outset, we may like to note that the power to transfer an investigation to the CBI is not to be exercised as a matter of course. This Court has consistently held that such a course of action is exceptional and the extraordinary jurisdiction should be invoked to this end only in rare and compelling

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<sup>19</sup> (2020) 14 SCC 12.

circumstances where the interest of justice so demands. A Constitution Bench in ***State of West Bengal & Others v. Committee for Protection of Democratic Rights, West Bengal (CPDR) & Others***<sup>20</sup>, examined the circumstances under which Constitutional Courts may invoke their jurisdiction to direct a CBI investigation. The Court held that such extraordinary jurisdiction may be invoked to ensure a fair and impartial investigation where State machinery appears to be ineffective, biased, or complicit. The relevant paragraph of the judgment is extracted below:

**“70. Before parting with the case, we deem it necessary to emphasise that despite wide powers conferred by Articles 32 and 226 of the Constitution, while passing any order, the Courts must bear in mind certain self-imposed limitations on the exercise of these constitutional powers. The very plenitude of the power under the said articles requires great caution in its exercise. **Insofar as the question of issuing a direction to CBI to conduct investigation in a case is concerned, although no inflexible guidelines can be laid down to decide whether or not such power should be exercised but time and again it has been reiterated that such an order is not to be passed as a matter of routine or merely because a party has levelled some allegations against the local police. This extraordinary power must be exercised****

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<sup>20</sup> (2010) 3 SCC 571.

**sparingly, cautiously and in exceptional situations where it becomes necessary to provide credibility and instil confidence in investigations or where the incident may have national and international ramifications or where such an order may be necessary for doing complete justice and enforcing the fundamental rights.** Otherwise CBI would be flooded with a large number of cases and with limited resources, may find it difficult to properly investigate even serious cases and in the process lose its credibility and purpose with unsatisfactory investigations.”

(Emphasis Supplied)

**18.** This Court in the case of ***Arnab Ranjan Goswami v. Union of India*** (*supra*), held that:

**“52.** [.]. An individual under investigation has a legitimate expectation of a fair process which accords with law. The displeasure of an accused person about the manner in which the investigation proceeds or an unsubstantiated allegation (as in the present case) of a conflict of interest against the police conducting the investigation must not derail the legitimate course of law and warrant the invocation of the extraordinary power of this Court to transfer an investigation to CBI. Courts assume the extraordinary jurisdiction to transfer an investigation in exceptional situations to ensure that the sanctity of the administration of criminal justice is preserved. While no inflexible guidelines are laid down, the notion that such a transfer is an “extraordinary power” to be used “sparingly” and “in exceptional circumstances” comports with the idea that routine transfers would belie not just public confidence in the

normal course of law but also render meaningless the extraordinary situations that warrant the exercise of the power to transfer the investigation. .[.]”

**19.** The settled principle of law that emerges from the abovementioned decisions is that the power to transfer the investigation of a criminal case to the CBI is an extraordinary measure, which must be exercised with great caution, and only in rare and exceptional circumstances. This jurisdiction is not to be invoked lightly or in a routine manner, but only where the facts of the case disclose a compelling necessity to ensure fairness in investigation, preservation of public confidence in the administration of justice, and protection of fundamental rights of the parties involved. In examining the prayer made by an aggrieved person seeking transfer of investigation to the CBI, the Court must necessarily be guided by the strict parameters laid down in binding precedents.

**20.** These parameters *inter alia* include, instances where the State police authorities appear to be biased or complicit, where the investigation has been tainted

by delay, irregularity, or suppression of material facts, or where the complexity and inter-state ramifications of the matter necessitate the involvement of a central agency.

**21.** In the present case, while we refrain from commenting on the fairness of the investigation conducted thus far, the ineffectiveness of the local police officials is clear and undeniable. The following compelling factors, when considered together, conclusively demonstrate the failure of the local investigation and highlight the imminent need for an impartial investigation by the CBI:

**21.1.** The attempt of the respondents to paint the unfortunate incident as one of suicide, relying upon vague references to the deceased being “agitated” on the evening of 14<sup>th</sup> July, 2023, is wholly unsubstantiated. The original and consistent version disclosed to the appellant, both by Aakash Institute’s personnel and local police, was that the appellant’s daughter had fallen from the terrace. At no point was the suicide theory mentioned to the appellant in real time, either orally or through any written communication. It is only in hindsight that

respondents have sought to paint the deceased as mentally perturbed. If this was truly a case of suicide, it is inexplicable that no suicide note was recovered, no psychological history was documented, and no statements of her friends, classmates or roommates were recorded to establish any alleged suicidal tendencies. Moreover, no medical or psychiatric records have been produced to support such a claim. The belated and unsubstantiated narrative of suicide appears to be a *post-facto* justification aimed at diluting the gravity of the incident and shielding institutional lapses.

**21.2.** A description of the CCTV footage collected by the Advocate Commissioner (in the report) reveals glaring contradictions that remain unaddressed by the investigating agency. The footage from Sadhana Hostel shows a girl walking up the stairs at around 10:25 pm on 14<sup>th</sup> July 2023, wearing a salwar/trousers and a T-shirt. In stark contrast, the footage of around 10:46 pm from the adjacent building, i.e., Sanghvi Lamination shop, which allegedly captures the fall, shows a girl dressed in blue half-pants and a t-shirt. This fundamental

inconsistency has not been reconciled by the Investigating Officers. No attempt whatsoever has been made to verify whether the girl who was seen going upstairs was none other than the deceased (Ms. X) who was found lying on the floor. No forensic/DNA analysis or witness identification has been attempted. This discrepancy severely undermines the credibility of the claim that the deceased herself went upstairs and jumped off the terrace.

**21.3.** The respondents' claim that the young girl (Ms. X) was in an irreversible critical state from the moment of the fall stands completely contradicted by their own records, the AIIMS Medical Board Report, and independent evidence on record. While the Investigation Officer, Sadhana Hostel and the Venkataramana Hospital have categorically taken a stand that the young girl (Ms. X) was unconscious when brought to the hospital, the AIIMS Medical Board has clearly noted that the young girl (Ms. X) was admitted to the hospital in a conscious and irritable state, with a Glasgow Coma Scale (GCS) score of 10/15, indicating that she was neurologically responsive at the time of admission. This observation

of the AIIMS Medical Board is further corroborated by the statement of the appellant, who stated that at approximately 1:15 am on 15<sup>th</sup> July, 2023, his friend saw the young girl (Ms. X) moving and verbally asking for water, a clear indication of retained consciousness and lucidity. Despite this, when the appellant arrived at Venkataramana Hospital later that day, he found that his daughter was placed on a ventilator. No consent, written or oral, was obtained from the appellant, any family member, or a responsible person prior to this critical medical intervention. Furthermore, at no point was the appellant or even his friend, who was physically present in Visakhapatnam, informed about the occurrence of a heart attack or deterioration of Ms. X's condition during the night. If the deceased was indeed conscious, there was sufficient time and opportunity to record her statement, which would have been crucial in uncovering the circumstances surrounding the incident. The failure to do so, despite the documented conscious state of Ms. X, reflects not only gross medical negligence but also a possible suppression of key evidence that could have aided the unravelling of the truth.

**21.4.** A deeply troubling and questionable aspect of the present case is the consolidation of three critical forensic roles with the same medical officer (namely, Dr P. Venkata Ramana Rao) who functioned simultaneously as the autopsy surgeon while conducting post-mortem examination, chemical analyst for forensic/DNA examination and a member of the post-incident internal inquiry committee. Each of these roles, by the very nature of their functions, require institutional independence, objectivity, and professional detachment. There appears to be no justification for inclusion of the autopsy surgeon in all these roles, which create a great deal of doubt in the mind of the Court.

**21.5.** The premature destruction of the deceased's viscera, ordinarily the cornerstone of any postmortem DNA comparison, before completing the court-mandated investigation, has irrevocably compromised the proceedings. Acting on the High Court's order dated 14<sup>th</sup> February, 2024, in W.P. No. 29622 of 2023, the (then) ACP (East)/IO, Visakhapatnam, wrote to RFSL, Visakhapatnam, on 24<sup>th</sup> February, 2024, to confirm whether the viscera

he had sent on 16<sup>th</sup> August, 2023, remained preserved after chemical analysis. RFSL, Visakhapatnam acknowledged the receipt of the viscera and assured to issue a written reply on 26<sup>th</sup> February, 2024. Anticipating that response, the ACP (East)/IO collected the appellant's blood sample on 25<sup>th</sup> February, 2024, at King George Hospital, sealed it in a thermocol box and documented the process with photographs and video. However, RFSL, Visakhapatnam, *vide* letter dated 26<sup>th</sup> February, 2024, informed the ACP that it had destroyed the viscera "after analysis," citing the IO's note in the Letter of Advice that preservation was "not necessary." By failing to ensure the preservation of this critical forensic material before securing the DNA match ordered by the High Court, the ACP and RFSL have undermined the investigation's integrity and foreclosed any possibility of conclusively establishing the cause of death.

**21.6.** In the autopsy report dated 17<sup>th</sup> July, 2023, under Column D (Abdomen), it has been explicitly recorded that approximately 80 grams of semi-digested rice like brown, yellow, and white

coloured food particles were present in the stomach contents of the deceased, along with a “suspicious smell.” This observation assumes critical importance when juxtaposed with the fact that Ms. X was allegedly placed on a ventilator from the early hours of 15<sup>th</sup> July, 2023, and remained in an unconscious/vegetative state until her demise on 16<sup>th</sup> July, 2023. The presence of semi-digested food in the stomach, as noted in the autopsy report, is irreconcilable with the claim that the deceased was on continuous ventilatory support from the early hours of 15<sup>th</sup> July, 2023. Under normal conditions, solid foods get digested and move from the stomach to the intestine within approximately 2½ to 6 hours, with carbohydrate-rich meals leaving even sooner; liquids pass almost immediately. In a state of shock or coma, gastric motility is markedly impaired, often delaying emptying of the stomach far beyond the normal window, but cannot leave a “suspicious smell” and undigested rice nearly 48 hours later.<sup>21</sup> There is no accepted protocol for feeding solid rice to a patient on mechanical ventilation. This stark

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<sup>21</sup> Modi JP and others, *A Textbook of Medical Jurisprudence and Toxicology* (Lexis Nexis Butterworths Wadhwa Nagpur 2011).

mismatch between Ms. X's autopsy/viscera's report and the hospital's narrative strongly suggests that either the ventilator timeline was misrepresented or additional, and yet undisclosed, events occurred after the last proper meal taken by Ms. X.

**21.7.** In particular, two documents of foundational evidentiary value, the Chemical Analysis Report of the viscera and the final opinion on the cause of death, have not been placed on record. These documents are not ancillary but form the core forensic backbone of any investigation into unnatural death. The Chemical Analysis Report, for instance, could conclusively determine whether the deceased was administered poison, sedatives, or any narcotic agent that may have contributed to her fall from the terrace or deterioration of her vitals. The final cause of death report is essential for understanding whether death was a result of accidental trauma, deliberate assault, or complications arising from medical intervention. The appellant has made multiple attempts, both personally and through counsel, to obtain copies of these documents. Even the Advocate Commissioner

appointed by the High Court noted during the site visits and interactions that these records were not handed over, either to the Commissioner herself or to the appellant's representatives. The resistance exhibited by the respondents in providing such critical information cannot be viewed as a mere administrative lapse and creates a grave doubt on the *bona fides* of their actions.

**21.8.** Furthermore, the assessment conducted by the Medical Board constituted at the All-India Institute of Medical Sciences (AIIMS), New Delhi, a premier and impartial medical authority, lends significant weight to the appellant's contentions. The Board, after a detailed examination of the submitted medical records and documents, found that the deceased was admitted to Venkataramana Hospital in a conscious and irritable state, with a Glasgow Coma Scale E3V2M5-Score of 10/15. The Glasgow score, which is scored between 3 and 15 (Score 3 being the worst, and Score 15 being the best) is internationally recognised as an indicator of a patient's neurological activity. A score in this range suggests that the patient was neurologically active

and semi-alert, and not comatose at the time of hospital admission.<sup>22</sup> The deceased had sustained multiple severe grade injuries, including traumatic brain injury, pneumothorax, skull fractures, and fractures of the spine, pelvis, and limbs. These findings confirm that the deceased was critically injured but was not beyond the scope of meaningful medical intervention. Importantly, the AIIMS Medical Board observed that the patient's condition deteriorated over time, ultimately dropping to a Glasgow Coma Scale E1VTM1-Score of 3/15, suggesting that a medical or neurological failure occurred during hospitalisation. The Board explicitly stated that while it could not opine definitively on medical negligence owing to lack of access to the treating doctors and hospital infrastructure, its observations were strictly based on objective documentation.

**22.** The foregoing facts and circumstances, including the glaring inconsistencies in the medical

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<sup>22</sup> Teasdale, G., & Jennett, B. (1974). Assessment of coma and impaired consciousness. A practical scale. *Lancet* (London, England), 2(7872), 81–84. Also See, Golden, K., Bodien, Y. G., & Giacino, J. T. (2024). Disorders of Consciousness: Classification and Taxonomy. *Physical medicine and rehabilitation clinics of North America*, 35(1), 15–33.

records, the autopsy report indicating suspicious contents of stomach despite the deceased allegedly being on ventilatory support, the unexplained lapses in seizure and preservation of critical forensic evidence, and the contradictory statements by authorities, collectively highlight a case of exceptional complexity and concern. These elements are not indicative of mere procedural irregularities but point towards a potentially deeper malaise in the investigational process. In such a situation, it becomes imperative to ensure that the sanctity of the administration of justice is preserved, and public confidence is upheld. Criminal investigation must, in all circumstances, be both fair and effective to uphold the rule of law. It is in these rare and extraordinary circumstances that the intervention of this Court is warranted, and the transfer of the investigation to the CBI becomes not only justified but essential.

**23.** The appellant and the other family members of the deceased, who reside in West Bengal, face substantial logistical and practical barriers in engaging with the authorities in Visakhapatnam, Andhra Pradesh. Yet, they have persistently sought

justice, showing faith in the constitutional system and legal process. In light of the constant and deliberate non-cooperation by the local authorities, contradictory public statements by police officials, and allegations of suppression of material evidence, this Court is of the considered view that the investigation into the unnatural death of Ms. X has to be entrusted to the CBI. Such a transfer is necessary not only to ensure a comprehensive and impartial investigation but also to restore public confidence and address the legitimate concerns of the bereaved family, and ultimately, to ensure that the actual perpetrators of the crime, if any, are brought to justice.

**(v). Conclusion: -**

**24.** In view of the above discussion, the Impugned Order dated 14<sup>th</sup> February, 2024, passed by the High Court of Andhra Pradesh in Writ Petition No. 25381 of 2023, rejecting the appellant's prayer for transfer of investigation to the CBI, is hereby quashed and set aside.

**25.** We direct that the investigation into the unnatural death of Ms. X shall be transferred to the

CBI forthwith. The Investigating Officer and concerned authorities of the IV Town Police Station, Visakhapatnam, shall hand over the entire case records, including all relevant papers, documents, CCTV footage, forensic reports, and any material evidence, to the office of Director, CBI without undue delay. The Director, CBI, shall ensure the immediate registration of an RC and assign the investigation of the same to a team of competent officials under the supervision of the jurisdictional Superintendent, CBI.

**26.** We clarify that the observations made above are not intended to touch the merits of the case at hand, and they shall have no bearing on the investigation conducted by the CBI or the trial, as the case may be. None of the above observations shall prejudice the defence of the person/s, who may be arrayed as an accused in this case. The concerned officials of CBI shall conduct an extensive and comprehensive investigation into the matter and, upon conclusion, submit a report under Section 193(2) of the Bharatiya Nagarik Suraksha Sanhita, 2023<sup>23</sup>, before the

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<sup>23</sup> Formerly, Section 173(2) of the CrPC.

competent Court having jurisdiction, within four months from the date of receiving the record.

### **III. PART B:**

#### **(i) Background: -**

**27.** Considering the above factual circumstances and the foregoing situation of an increasing number of suicides in educational institutions, *inter alia*, including schools, coaching institutes, colleges, and training centres, we feel obliged to acknowledge and address the gravity of the mental health crisis afflicting students in educational institutions across the country. The continued loss of young lives, often due to preventable causes rooted in unattended psychological distress, academic overburden, social stigma, and institutional insensitivity, reflect a systemic failure that cannot be ignored. The above-mentioned data<sup>24</sup>, as reported in the National Crime Records Bureau, reveal a distressing pattern of rising student suicides.

**28.** The Union Government, so far, has taken several preventive steps to check and correct the

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<sup>24</sup> Refer to Para 9 of this Judgment.

situation. At the school level, the *UMMEED* (Understand, Motivate, Manage, Empathise, Empower, and Develop) Draft Guidelines for the Prevention of Student Suicide were released by the Ministry of Education in 2023. These guidelines aim to sensitise schools, identify students at risk, and provide institutional responses and community-based interventions. For a broader reach, the Ministry of Education launched *MANODARPAN*, mental health and well-being of students during the COVID-19 pandemic and beyond, under the *Atma Nirbhar Bharat Abhiyaan Yojna*, providing tele-helplines, live sessions with counsellors, a directory of trained professionals, and digital content to promote emotional well-being. Likewise, the National Suicide Prevention Strategy, released by the Ministry of Health and Family Welfare in 2022, outlines a multi-sectoral approach towards suicide prevention with a specific focus on youth.

**29.** Recently, taking cognizance of the suicide epidemic in educational institutions, this Court in *Amit Kumar (supra)*, directed the constitution of a National Task Force on Mental Health Concerns of

Students and the Prevention of Suicides in Higher Educational Institutions, under the chairpersonship of Hon'ble Justice (Retd.) Shri Ravindra Bhat. The Task Force includes eminent experts from psychiatry, child development, education, public health, and civil society, and has been entrusted with identifying the root causes of student suicides, evaluating the effectiveness of current policies, and recommending institutional and regulatory reforms. We have been informed that the Task Force has convened its first and second meetings, constituted working groups, and is in the process of gathering inputs from stakeholders to formulate a robust and comprehensive framework.

**30.** While the final report of the Task Force is awaited, and the framework is under preparation, the immediacy of the crisis demands immediate institutional safeguards to prevent further loss of life and to establish accountability criterion. In such a context, the Court is not only empowered but constitutionally obligated to step in.

## **(ii) Right to Mental Health**

**31.** Mental health is an integral component of the right to life under Article 21 of the Constitution of India. This Court has, in a consistent line of precedents, affirmed that the right to life does not mean mere animal existence, but a life of dignity, autonomy, and well-being. Mental health is central to this vision. In ***Shatrughan Chauhan v. Union of India***<sup>25</sup> and ***Navtej Singh Johar v. Union of India***<sup>26</sup>, this Court recognised mental integrity, psychological autonomy, and freedom from degrading treatment as essential facets of human dignity under Article 21 of the Constitution of India. Further, the Mental Healthcare Act, 2017<sup>27</sup>, a rights-based legislation, reinforces this constitutional mandate by recognising every person's right to access mental healthcare and protection from inhuman or degrading treatment in mental health settings. Section 18 of the MH Act guarantees mental health services to all, and Section 115 of the MH Act explicitly decriminalises attempted suicide,

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<sup>25</sup> (2014) 3 SCC 1.

<sup>26</sup> (2018) 10 SCC 1.

<sup>27</sup> Hereinafter referred to as MH Act.

acknowledging the need for care and support rather than punishment. These provisions read with judicial precedents reflect a broader constitutional vision that mandates a responsive legal framework to prevent self-harm and promote well-being, particularly among vulnerable populations such as students and youth.

**32.** Under International Law, India's obligations under various human rights instruments and treaties reinforce the above constitutional imperative to protect and promote mental health. The International Covenant on Economic, Social and Cultural Rights, to which India is a State Party, under Article 12 recognises the right to the highest attainable standard of physical and mental health. The United Nations Committee on Economic, Social and Cultural Rights, in its General Comment No. 14, has affirmed that this right includes timely access to mental health services and prevention of mental illness, including suicide. Similarly, under the Convention on the Rights of Persons with Disabilities, 2006, mental health conditions are recognised within the scope of psychosocial disabilities, and States are

under an obligation to provide accessible, non-discriminatory mental health care to the vulnerable individuals. Further, the World Health Organisation's Mental Health Action Plan, such as the WHA66.8 Comprehensive Mental Health Action Plan 2013-2020, have identified suicide prevention as a public health priority, calling upon States to reduce suicide mortality rates through national strategies, school-based interventions, and community support mechanisms. These evolving international norms reinforce the view that suicide prevention is not merely a policy objective but a binding obligation flowing from the right to life, health, and human dignity.

**33.** Despite these constitutional and international obligations, there remains a legislative and regulatory vacuum in the country with respect to a unified, enforceable framework for suicide prevention of students in educational institutions, coaching centres, and student-centric environments. Given the pressing nature of the crisis, particularly in cities like Kota, Jaipur, Sikar, Vishakhapatnam, Hyderabad, and Delhi (NCR), etc., where students

migrate in large numbers for competitive examinations and face intense psychological pressure, immediate interim safeguards are the call of the day.

**34.** This Court has, in the past, experienced a similar vacuum in matters concerning sexual harassment of women in the workplace. Recognising the urgent need for institutional safeguards, this Court, in ***Vishaka v. State of Rajasthan***<sup>28</sup>, laid down guidelines and norms under Article 141 of the Constitution of India, which came to be known as the celebrated '*Vishaka Guidelines*.' These guidelines and norms subsequently formed the basis of statutory enactment in the form of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.

**(iii) Guidelines: -**

**35.** Keeping in view of the above, and in exercise of the powers conferred upon this Court under Article 32 of the Constitution of India for the enforcement of fundamental rights, and treating this

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<sup>28</sup> (1997) 6 SCC 241.

pronouncement as law declared by this Court under Article 141, we hereby issue the following guidelines, which shall remain in force and be binding until such time as appropriate legislation or regulatory frameworks are enacted by the competent authority. The Guidelines are prescribed as under:

- I.** All educational institutions shall adopt and implement a uniform mental health policy, drawing cues from the *UMMEED* Draft Guidelines, the *MANODARPAN* initiative, and the National Suicide Prevention Strategy. This policy shall be reviewed and updated annually and made publicly accessible on institutional websites and notice boards of the institutes.
- II.** All educational institutions with 100 or more enrolled students shall appoint/engage at least one qualified counsellor, psychologist, or social worker with demonstrable training in child and adolescent mental health. Institutions with fewer students shall establish formal referral linkages with external mental health professionals.

- III.** All educational institutions shall ensure optimal student-to-counsellor ratios. Dedicated mentors or counsellors shall be assigned to smaller batches of students, especially during examination periods and academic transitions, to provide consistent, informal, and confidential support.
- IV.** All educational institutions, more particularly the coaching institutes/centres, shall, as far as possible, refrain from engaging in batch segregation based on academic performance, public shaming, or assignment of academic targets disproportionate to students' capacities.
- V.** All educational institutions shall establish written protocols for immediate referral to mental health services, local hospitals, and suicide prevention helplines. Suicide helpline numbers, including Tele-MANAS and other national services, shall be prominently displayed in hostels, classrooms, common areas, and on websites in large and legible print.

- VI.** All teaching and non-teaching staff shall undergo mandatory training at least twice a year, conducted by certified mental health professionals, on psychological first-aid, identification of warning signs, response to self-harm, and referral mechanisms.
- VII.** All educational institutions shall ensure that all teaching, non-teaching, and administrative staff are adequately trained to engage with students from vulnerable and marginalised backgrounds in a sensitive, inclusive, and non-discriminatory manner. This shall include, but not be limited to, students belonging to Scheduled Castes (SC), Scheduled Tribes (ST), Other Backward Classes (OBC), Economically Weaker Sections (EWS), LGBTQ+ communities, students with disabilities, those in out-of-home care, and students affected by bereavement, trauma, or prior suicide attempts, or intersecting form of marginalisation.
- VIII.** All educational institutions shall establish robust, confidential, and accessible mechanisms for the reporting, redressal, and

prevention of incidents involving sexual assault, harassment, ragging, and bullying on the basis of caste, class, gender, sexual orientation, disability, religion, or ethnicity. Every such institution shall constitute an internal committee or designated authority empowered to take immediate action on complaints and provide psycho-social support to victims. Institutions shall also maintain zero tolerance for retaliatory actions against complainants or whistle-blowers. In all such cases, immediate referral to trained mental health professionals must be ensured, and the student's safety, physical and psychological, shall be prioritised. Failure to take timely or adequate action in such cases, especially where such neglect contributes to a student's self-harm or suicide, shall be treated as institutional culpability, making the administration liable to regulatory and legal consequences.

- IX.** All educational Institutions shall regularly organise sensitisation programmes (physical and/or online) for parents and guardians on

student mental health. It shall be the duty of the institution to sensitise the parents and guardians to avoid placing undue academic pressure, to recognise signs of psychological distress, and to respond empathetically and supportively. Further, mental health literacy, emotional regulation, life skills education, and awareness of institutional support services shall be integrated into student orientation programmes and co-curricular activities.

- X.** All educational institutions shall maintain anonymised records and prepare an annual report indicating the number of wellness interventions, student referrals, training sessions, and mental health-related activities. This report shall be submitted to the relevant regulatory authority, which may be the State Education Department, University Grants Commission (UGC), All India Council for Technical Education (AICTE), Central Board of Secondary Education (CBSE), or as otherwise indicated.
- XI.** All educational institutions shall prioritise extracurricular activities, including sports,

arts, and personality development initiatives. Examination patterns shall be periodically reviewed to reduce academic burden and to cultivate a broader sense of identity among students beyond test scores and ranks.

**XII.** All educational institutions, including coaching centres and training institutes, shall provide regular, structured career counselling services for students and their parents or guardians. These sessions shall be conducted by qualified counsellors and shall aim to reduce unrealistic academic pressure, promote awareness of diverse academic and professional pathways, and assist students in making informed and interest-based career decisions. Institutions shall ensure that such counselling is inclusive, sensitive to socio-economic and psychological contexts, and does not reinforce narrow definitions of merit or success.

**XIII.** All residential-based educational institutions, including hostel owners, wardens and caretakers, shall take proactive steps to ensure that campuses remain free from harassment,

bullying, drugs, and other harmful substances, thereby ensuring a safe and healthy living and learning environment for all students.

**XIV.** All residential-based institutions shall install tamper-proof ceiling fans or equivalent safety devices, and shall restrict access to rooftops, balconies, and other high-risk areas, in order to deter impulsive acts of self-harm.

**XV.** All coaching hubs, including but not limited to Jaipur, Kota, Sikar, Chennai, Hyderabad, Delhi, Mumbai, and other cities where students migrate in large numbers for competitive examination preparation, shall implement heightened mental health protections and preventive measures. These regions, having witnessed disproportionately high incidents of student suicides, require special attention. The concerned authorities, namely, the Department of Education, District Administration, and management of educational institutions, shall ensure the provision of regular career counselling for students and parents, regulation of academic

pressure through structured academic planning, availability of continuous psychological support, and the establishment of institutional mechanisms for monitoring and accountability to safeguard student mental well-being.

**36.** The above guidelines shall apply to all educational institutions across India, including public and private schools, colleges, universities, training centres, coaching institutes, residential academies, and hostels, irrespective of their affiliation. We may clarify that these guidelines are not in supersession but in parallel to the ongoing work of the National Task Force on Mental Health Concerns of Students and are being issued to provide an interim protective architecture in the interregnum. We believe that these guidelines shall be read as complementary to the ongoing work of the National Task Force and would inform and assist the National Task Force in the development of a more comprehensive and inclusive framework.

**(iv) Directions:-**

**37.** All States and Union Territories shall, as far as practicable, notify rules within two months from the date of this judgment mandating registration, student protection norms, and grievance redressal mechanisms for all private coaching centres. These rules shall require compliance with the mental health safeguards prescribed herein.

**38.** A district-level monitoring committee shall be constituted in each district under the chairpersonship of the District Magistrate or Collector. The committee may include representatives from the departments of education, health, and Child protection, civil society and shall oversee implementation, conduct inspections, and receive complaints.

**39.** Having regard to the serious and continuing nature of the concerns addressed herein, we direct the Union of India to file a compliance affidavit before this Court within a period of 90 days from the date of this judgment. The affidavit shall detail the steps taken to implement these guidelines, the coordination mechanisms established with State Governments, the

status of regulatory rulemaking with respect to coaching centres, and the monitoring systems put in place. The affidavit shall also indicate the expected timeline for the completion of the report and recommendations of the National Task Force on Mental Health Concerns of Students.

**40.** Let a copy of this judgment be circulated to the Ministry of Education, Ministry of Health and Family Welfare, Ministry of Law and Justice, University Grants Commission, National Council of Educational Research and Training, Central Board of Secondary Education, All India Council for Technical Education, and the Chief Secretaries of all States and Union Territories for immediate compliance and necessary action.

**41.** The present appeal is disposed of, accordingly.

**42.** In view of the disposal of the above appeal, no further orders are required to be passed on the application(s) seeking impleadment as well as application (I.A. No. 63866/2025) seeking direction to produce chemical/medical reports, hence, the same stands disposed of as infructuous.

**43.** Pending application(s), if any, shall also stand disposed of accordingly.

**44.** List again on 27<sup>th</sup> October, 2025, for receiving the compliance report.

.....**J.**  
**(VIKRAM NATH)**

.....**J.**  
**(SANDEEP MEHTA)**

**NEW DELHI;**  
**JULY 25, 2025.**