



INDIAN BAR ASSOCIATION

(THE ADVOCATES' ASSOCIATION OF INDIA)

Regional Office: Office No. 2 & 3, Kothari House, A. R. Allana Marg, Fort, Mumbai-23,

Maharashtra (India) Website: www.indianbarassociation.in

Contact us: dipaliojha@indianbarassociation.in

Date: 17th February 2022

DRAFT OF COMPLAINT/ REPRESENTATION BY PARENTS
AGAINST SCHOOL STAFF WHO VACCINATED THEIR CHILDREN
WITHOUT THEIR WRITTEN CONSENT
AND
WITHOUT GIVING FULL INFORMATION OF DEATH CAUSING
SIDE EFFECTS

To,

1. Station in charge
Police Station
2. Commissioner of Police
Or
Superintendent of Police
3. District Magistrate & Collector
4. Chief Secretary , _____
5. Chief Minister, _____
6. Prime Minister of India
7. Health Minister of India

Subject: i) Registration of FIR and action against accused teachers, principal, doctors, AASHA Workers etc. under **Section 323, 336, 420, 166, 120(B), 109, 52, 34, 409 etc. of IPC** for vaccinating my son/daughter without taking our consent.

ii) Directions to accused to pay compensation of Rs.10 Lacs to undersigned for violation of our fundamental rights and putting life of my son/daughter into danger

iii) Immediate directions to all authorities to act as per Central Governments vaccine guidelines and **Universal Declaration on Bioethics and Human Rights, 2005 (UDBHR) & law laid down in Master Haridaan Kumar Vs. Union of India 2019 SCC OnLine Del 11929** and to publish the death causing side effects of covid vaccines.

Sir/Madam.

1. As per legal and constitutional mandate of our country, the vaccination is completely voluntary and no one can be compelled to get vaccinated either directly or indirectly.

2. That as per operational guidelines of Covid-19 vaccination and as per affidavit filed by the Central Government before Supreme Court on **13.01.2022** in the case of **Evara Foundation Vs. Union of India Writ Petition (Civil) No. 580 of 2021** it is clear that;

“19. Counselling before vaccination: It is humbly submitted that Government of India has formulated Operational Guidelines for COVID-19 vaccination. As per these Guidelines, all beneficiaries are to be informed about adverse

events which may occur after COVID-19 vaccine.

Ref: Covid-19 vaccine Operational Guidelines available at MoHFW website at: individual's ill

<https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf>

*13. the directions and guidelines released by Government of India and Ministry of Health and Family Welfare, do not envisage any forcible vaccination without obtaining consent of the concerned individual. It is duly advised, advertised and communicated through various print and social media platforms that all citizens should get vaccinated and systems and processes have been designed to facilitate the same. **However, no person can be forced to be vaccinated against their wishes.***

14. Exemption from vaccination certificate the Government of India has not issued any SOPs which make carrying of vaccination certificate mandatory for any purpose.

3. State authority was duty-bound to publish the side effects of vaccines and also to publish that there cannot be any force or mandate for taking vaccine as done by the Japan Government. But Respondent No. 4 adopted unlawful, unconstitutional approach.

3.1. That, Hon'ble High Court in Master Haridaan Kumar Vs. Union of India 2019 SCC OnLine Del 11929, it is ruled as under;

"14. The contention that indication of the side effects and contraindications in the advertisement would discourage

parents or guardians from consenting to the MR campaign and, therefore, the same should be avoided, is unmerited. The entire object of issuing advertisements is to ensure that necessary information is available to all parents/guardians in order that they can take an informed decision. The respondents are not only required to indicate the benefits of the MR vaccine but also indicate the side effects or contraindications so that the parents/guardians can take an informed decision whether the vaccine is to be administered to their wards/children.

15. In view of the above, it is directed as under:

(4) MR vaccines will not be administered to those students whose parents/guardians have declined to give their consent. The said vaccination will be administered only to those students whose parents have given their consent either by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary.

(1) Directorate of Family Welfare shall issue quarter page advisements in various newspapers as indicated by the respondents, namely, The Hindustan Times, The Times of India, The Hindu, The Pioneer, The Indian Express, Delhi Tribune, Mail Today, The Asian Age, Navbharat Times, Dainik Jagran, Punjab Kesari, Hindustan, Amar Ujala, Navodaya Times, Hamara Samaj, Pratap, Daur-e-Jadeed, Jathedar, Jan Ekta. The advertisements shall also indicate

that the vaccination shall be administered with Auto Disable Syringes to the eligible children by Auxiliary Nurse Midwifery. The advertisement shall also clearly indicate the side effects and contraindications as may be finalised by the Department of Preventive Medicine, All India Institute of Medical Sciences.”

3.1.1. That the WHO has warned the people getting CoviShield (AstraZeneca) vaccines to be careful as it is causing a serious paralytic disease **GBS (Guillain Barre Syndrome)**.

Link:-

<https://www.who.int/news/item/26-07-2021-statement-of-the-who-gacvs-covid-19-subcommittee-on-gbs>

3.1.2. That, in India, there are Lacs of such cases and around **12,000** vaccine deaths are reported in media. But AEFI committee is not working properly and is very slow in assessment.

Link:- https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfwaI1NJRt0D_YP/view?usp=sharing

<https://docs.google.com/document/d/1LZJDp-ub6BfVt-nnc8daISgemhkRieQG/edit?usp=sharing&oid=103856627695944525595&rtpof=true&sd=true>

3.2. That the provisions of **Universal Declaration on Bioethics and Human Rights, 2005** also mandate for giving detailed information to public for getting informed consent.

Relevant Articles reads thus;

“Article 3 – Human dignity and human rights

1. Human dignity, human rights and fundamental freedoms are to be fully respected.

2. The interests and welfare of the individual should have priority over the sole interest of science or society.

Article 6 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement

or the consent of a community leader or other authority substitute for an individual's informed consent.

Article 7 – Persons without the capacity to consent

In accordance with domestic law, special protection is to be given to persons who do not have the capacity to consent:

(a) authorization for research and medical practice should be obtained in accordance with the best interest of the person concerned and in accordance with domestic law. However, the person concerned should be involved to the greatest extent possible in the decision-making process of consent, as well as that of withdrawing consent;

(b) research should only be carried out for his or her direct health benefit, subject to the authorization and the protective conditions prescribed by law, and if there is no research alternative of comparable effectiveness with research participants able to consent. Research which does not have potential direct health benefit should only be undertaken by way of exception, with the utmost restraint, exposing the person only to a minimal risk and minimal burden and, if the research is expected to contribute to the health benefit of other persons in the same category, subject to the conditions prescribed by law and compatible with the protection of the individual's human rights. Refusal of such persons to take part in research should be respected.

Article 8 – Respect for human vulnerability and personal integrity

In applying and advancing scientific knowledge, medical

practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.

Article 16 – Protecting future generations

The impact of life sciences on future generations, including on their genetic constitution, should be given due regard.

Application of the principles

Article 18 – Decision-making and addressing bioethical issues

1. Professionalism, honesty, integrity and transparency in decision-making should be promoted, in particular declarations of all conflicts of interest and appropriate sharing of knowledge. Every endeavour should be made to use the best available scientific knowledge and methodology in addressing and periodically reviewing bioethical issues.

2. Persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis.

3. Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted.”

3.3. In Montgomery Vs. Lanarkshire Health Board [2015] UKSC 11, it is ruled as under;

“89. Three further points should be made. First, it follows from this approach that the assessment of whether a risk is

material cannot be reduced to percentages. *The significance of a given risk is likely to reflect a variety of factors besides its magnitude: for example, the nature of the risk, the effect which its occurrence would have upon the life of the patient, the importance to the patient of the benefits sought to be achieved by the treatment, the alternatives available, and the risks involved in those alternatives. The assessment is therefore fact-sensitive, and sensitive also to the characteristics of the patient.*

77. *These developments in society are reflected in professional practice. The court has been referred in particular to the guidance given to doctors by the General Medical Council, who participated as interveners in the present appeal. **One of the documents currently in force (Good Medical Practice (2013)) states, under the heading “The duties of a doctor registered with the General Medical Council”:***

“Work in partnership with patients. Listen to, and respond to, their concerns and preferences. Give patients the information they want or need in a way they can understand. Respect patients’ right to reach decisions with you about their treatment and care.”

78. *Another current document (Consent: patients and doctors making decisions together (2008)) describes a basic model of partnership between doctor and patient:*

“The doctor explains the options to the patient, setting out the potential benefits, risks, burdens and side effects of each option, including the option to have no treatment. The

doctor may recommend a particular option which they believe to be best for the patient, but they must not put pressure on the patient to accept their advice. The patient weighs up the potential benefits, risks and burdens of the various options as well as any non-clinical issues that are relevant to them. The patient decides whether to accept any of the options and, if so, which one.” (para 5)

In relation to risks, in particular, the document advises that the doctor must tell patients if treatment might result in a serious adverse outcome, even if the risk is very small, and should also tell patients about less serious complications if they occur frequently (para 32). The submissions on behalf of the General Medical Council acknowledged, in relation to these documents, that an approach based upon the informed involvement of patients in their treatment, rather than their being passive and potentially reluctant recipients, can have therapeutic benefits, and is regarded as an integral aspect of professionalism in treatment.

80. *In addition to these developments in society and in medical practice, there have also been developments in the law. Under the stimulus of the Human Rights Act 1998, the courts have become increasingly conscious of the extent to which the common law reflects fundamental values. As Lord Scarman pointed out in Sidaway’s case, these include the value of self-determination (see, for example, S (An Infant) v S [1972] AC 24, 43 per Lord Reid; McColl v Strathclyde Regional Council 1983 SC 225, 241; Airedale NHS Trust v Bland [1993] AC 789, 864 per Lord Goff of Chieveley). As well as underlying aspects of the common law, that value also*

underlies the right to respect for private life protected by article 8 of the European Convention on Human Rights. The resulting duty to involve the patient in decisions relating to her treatment has been recognised in judgments of the European Court of Human Rights, such as Glass v United Kingdom (2004) EHRR 341 and Tysiac v Poland (2007) 45 EHRR 947, as well as in a number of decisions of courts in the United Kingdom. The same value is also reflected more specifically in other international instruments: see, in particular, article 5 of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, concluded by the member states of the Council of Europe, other states and the European Community at Oviedo on 4 April 1997.

82. In the law of negligence, this approach entails a duty on the part of doctors to take reasonable care to ensure that a patient is aware of material risks of injury that are inherent in treatment. *This can be understood, within the traditional framework of negligence, as a duty of care to avoid exposing a person to a risk of injury which she would otherwise have avoided, but it is also the counterpart of the patient's entitlement to decide whether or not to incur that risk. The existence of that entitlement, and the fact that its exercise does not depend exclusively on medical considerations, are important. They point to a fundamental distinction between, on the one hand, the doctor's role when considering possible investigatory or treatment options and, on the other, her role in discussing with the patient any recommended treatment*

and possible alternatives, and the risks of injury which may be involved.

83. The former role is an exercise of professional skill and judgment: what risks of injury are involved in an operation, for example, is a matter falling within the expertise of members of the medical profession. But it is a non sequitur to conclude that the question whether a risk of injury, or the availability of an alternative form of treatment, ought to be discussed with the patient is also a matter of purely professional judgment. The doctor's advisory role cannot be regarded as solely an exercise of medical skill without leaving out of account the patient's entitlement to decide on the risks to her health which she is willing to run (a decision which may be influenced by non-medical considerations). Responsibility for determining the nature and extent of a person's rights rests with the courts, not with the medical professions.

87. The correct position, in relation to the risks of injury involved in treatment, can now be seen to be substantially that adopted in Sidaway by Lord Scarman, and by Lord Woolf MR in Pearce, subject to the refinement made by the High Court of Australia in Rogers v Whitaker, which we have discussed at paras 77-73. An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of

materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.

*90. Secondly, the doctor's advisory role involves dialogue, the aim of which is to ensure that the patient understands the seriousness of her condition, and the anticipated benefits and risks of the proposed treatment and any reasonable alternatives, so that she is then in a position to make an informed decision. This role will only be performed effectively if the information provided is comprehensible. **The doctor's duty is not therefore fulfilled by bombarding the patient with technical information which she cannot reasonably be expected to grasp, let alone by routinely demanding her signature on a consent form.***

116. As NICE (2011) puts it, "Pregnant women should be offered evidence-based information and support to enable them to make informed decisions about their care and treatment" (para 1.1.1.1). Gone are the days when it was thought that, on becoming pregnant, a woman lost, not only her capacity, but also her right to act as a genuinely autonomous human being."

3.4. But some state authorities failed to perform its duty as per law and vaccinated the public by suppressing the data and it is a case of cheating.

3.4.1. That, recently the Health Ministry of Japan has made the Following declaration/orders on their website:

“Consent to vaccination

Although we encourage all citizens to receive the COVID-19 vaccination, it is not compulsory or mandatory. Vaccination will be given only with the consent of the person to be vaccinated after the information provided. Please get vaccinated of your own decision, understanding both the effectiveness in preventing infectious diseases and the risk of side effects. No vaccination will be given without consent. Please do not force anyone in your workplace or those who around you to be vaccinated, and do not discriminate against those who have not been vaccinated.”

3.4.2. Furthermore, the Government of Japan also asked the citizens to make complain to Human Rights Division if there is any discrimination on the basis of vaccination status.

3.4.3. The government made companies of Covid “vaccines” to warn of dangerous and potentially deadly side effects such as myocarditis. In addition, the country is reaffirming its commitment to adverse event reporting requirements to ensure all possible side effects are documented.

For more details read the article:

<https://rairfoundation.com/alert-japan-places-myocarditis-warning-on-vaccines- requires-informed-consent/>

Alert: Japan Places Myocarditis Warning on 'Vaccines' - Requires Informed Consent Amy Mek.

3.4.4. That the above declaration is mandatory to all countries across the world because of **Universal Declaration on Bioethics & Human Rights, 2005** and also as per law laid down in **Montgomery’s case [2015] UKSC 11, Airdale**

NHS Trust Vs. Bland (1993) 1 All ER 821, Common Cause Vs. Union of India (2018) 5SCC 1, Registrar General Vs. State of Meghalaya 2021 SCC OnLine Megh 130.

3.4.5. That as per legal requirements, there should be a mandatory procedure to take written consent of the person before giving him the vaccine.

In **Ajay Gautam Vs. Amritsar Eye Clinic & Ors. 2010 SCC OnLine NCDRC 96**, it is observed as under;

“10. Now, it is to be seen if the opposite party-doctor was entitled to publish such an advertisement or whether it was unethical on his part to do so. In this context, we may notice the injunction of the Medical Council of India under Regulation no. 6.1 of the Code of Ethics Regulations, 2002, which reads as under:

“Chapter 6

6. UNETHICAL ACTS:

A physician shall not aid or abet or commit any of the following acts, which shall be construed as unethical -

6.1 Advertising:

6.1.1 Soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organisations is unethical. A physician shall not make use of him/her (or his/her name) as subject of any form or manner of advertising or publicity through any mode either alone or in conjunction with others which is of such a character as to invite attention to him or to his professional position, skill,

qualification, achievements, attainments, specialities, appointments, associations, affiliations or honours and/or of such character as would ordinarily result in his self aggrandizement. A physician shall not give to any person, whether for compensation or otherwise, any approval, recommendation, endorsement, certificate, report or statement with respect of any drug, medicine, nostrum remedy, surgical, or therapeutic article, apparatus or appliance or any commercial product or article with respect of any property, quality or use thereof or any test, demonstration or trial thereof, for use in connection with his name, signature, or photograph in any form or manner of advertising through any mode nor shall he boast of cases, operations, cures or remedies or permit the publication of report thereof through any mode. A medical practitioner is however permitted to make a formal announcement in press regarding the following:

- 1. On starting practice.*
- 2. On change of type of practice.*
- 3. On changing address.*
- 4. On temporary absence from duty.*
- 5. On resumption of another practice.*
- 6. On succeeding to another practice.*
- 7. Public declaration of charges.*

6.1.2 Printing of self photograph, or any such material of

publicity in the letter head or on sign board of the consulting room or any such clinical establishment shall be regarded as acts of self advertisement and unethical conduct on the part of the physician. However, printing of sketches, diagrams, picture of human system shall not be treated as unethical”.

Clearly the doctor violated the above mentioned Regulation which by itself was unethical conduct and hence constitute deficiency in service.

Moreover, the contents of the advertisement appear to be prima facie misleading to the reader inasmuch as it gives an impression that any defective vision could be corrected to the normal vision of 6/6 at respondent no. 1-hospital by the use of the excimer laser machine acquired by the respondent no. 1 & 2. The complainant states that having come across such a misleading advertisement, he contacted respondent no. 2-doctor who also gave assurance and promised that defect in his eye would be fully corrected and cured and only thereafter he agreed to undergo the PRK surgery at the hands of the respondent-doctor. The respondent-doctor denies that he had given any such assurance/promise. The expert medical opinion received from the Rajendra Prasad Centre for Ophthalmic Sciences would clearly show that such a claim as was published in the above mentioned advertisement was untenable altogether and, therefore, amounted to representation by the respondent-doctor which could not have been fulfilled.

The respondent-doctor also claimed that he had explained the implications of such a surgery and had obtained the

consent of the complainant. As noticed above, the doctor and the hospital have failed to produce the consent form which the complainant had purportedly signed before undergoing the PRK surgery. However, reliance is placed on the format of other consent forms obtained from other patients which contain some admissions on the part of the patients that they had been explained the implications of the procedure.

11. Having considered the matter in its entirety, we are of the opinion that the finding of the State Commission that the complainant has failed to establish any negligence/deficiency in service on the part of the respondent-doctor and hospital in giving him the treatment by way of PRK surgery is justified on record and needs no interference. However, it has also been established on record that the doctor and the hospital are guilty of adopting unfair trade practice within the meaning of section 2(1)(r) of the Consumer Protection Act, 1986 as well as violating the Code of Ethics Regulations (Regulation no. 6.1) by publishing misleading advertisement. They are also held guilty of not having been able to produce/maintain the record, i.e., consent form said to have been signed by the complainant before undertaking PRK surgery. The complainant is entitled to some reasonable compensation on these two counts.

12. In our view, it would meet the ends of justice if respondents no. 1 & 2 are called upon to pay lumpsum compensation of Rs. 1,00,000/- to the complainant on these counts and a direction is given to respondent no. 1 and the doctor to forthwith withdraw any such advertisement in electronic, print or any other media and desist from doing so in future.

13. In the result appeal is partly allowed and respondent no. 1 & 2 i.e. hospital and doctor are hereby directed to pay lumpsum compensation of Rs. 1,00,000/- to the complainant and also to give an undertaking before this Commission that he will not publish any such advertisement in future within a period of four weeks from the date of receipt of order. However, in case the amount is not paid within the prescribed period, it will carry interest @ 12% p.a.”

4. That, my son/daughter are vaccinated by the school authority on **dated _____**

5. That, Hon’ble Supreme Court in the case of **Registrar General Vs. State of Meghalaya 2021 SCC Online Megh 130**

“Thus, by use of force or through deception if an unwilling capable adult is made to have the “flu vaccine would be considered both a crime and tort or civil” wrong, as was ruled in Airedale NHS Trust v Bland reported at 1993 AC 789 = (1993) 2 WLR 316 = (1993) 1 All ER 821, around thirty years (30) ago. Thus, coercive element of vaccination has, since the early phases of the initiation of vaccination as a preventive measure against several diseases, have been time and again not only discouraged but also consistently ruled against by the Courts for over more than a century.”

6. That, the accused teachers, principal, doctors, AASHA Workers etc. under **Section 323, 336, 420, 166, 120(B), 109, 52, 34, 409 etc. of IPC and Section 51 (b), 55 of the Disaster Management Act, 2005.**

7. That, giving vaccine without consent is an offence of forceful vaccination. Secondly vaccination without telling side effects is vaccination by cheating and deception.

8. That, giving a vaccine to non-willing person is in fact an offence of misappropriation of public money. Because it is going to give a wrongful profit of thousands of crores to vaccine companies and a wrongful loss to Government of India. Such offence is punishable under section 409 of Indian Penal Code.

9. That, in **Raman Lal Vs. State of Rajasthan 2000 SCC OnLine Raj 226** it is ruled as under;

“Conspiracy – I.P.C. Sec. 120 (B) – Apex court made it clear that an inference of conspiracy has to be drawn on the basis of circumstantial evidence only because it becomes difficult to get direct evidence on such issue – The offence can only be proved largely from the inference drawn from acts or illegal omission committed by them in furtherance of a common design – Once such a conspiracy is proved, act of one conspirator becomes the act of the others – A Co-conspirator who joins subsequently and commits overt acts in furtherance of the conspiracy must also be held liable – Proceeding against accused cannot be quashed.”

8. That, relevant sections of IPC reads thus;

Section 323 of Indian Penal Code, 1860 reads thus;

“323. Punishment for voluntarily causing hurt

Whoever, except in the case provided for by section 334, voluntarily causes hurt, shall be punished with imprisonment of either description for a term which may extend to one year, or with fine which may extend to one thousand rupees, or with both.”

Section 336 of Indian Penal Code, 1860 reads thus;

“336. Act endangering life or personal safety of others

Whoever does any act so rashly or negligently as to endanger human life or the personal safety of others, shall be punished with imprisonment of either description for a term which may extend to three months, or with fine which may extend to two hundred and fifty rupees, or with both.”

Section 420 of Indian Penal Code, 1860 reads thus;

420. Cheating and dishonestly inducing delivery of property

Whoever cheats and thereby dishonestly induces the person deceived to deliver any property to any person, or to make, alter or destroy the whole or any part of a valuable security, or anything which is signed or sealed, and which is capable of being converted into a valuable security, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.

Of Fraudulent Deeds and Disposition of Property

Section 166 of Indian Penal Code, 1860 reads thus;

“116. Abetment of offence punishable with imprisonment-if offence be not committed

Whoever abets an offence punishable with imprisonment shall, if that offence be not committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with imprisonment of any description provided for that offence for a term which may extend to one-fourth part of the longest term

provided for that offence; or with such fine as is provided for that offence, or with both;

If abettor or person abetted be a public servant whose duty it is to prevent offence- and if the abettor or the person abetted is a public servant, whose duty it is to prevent the commission of such offence, the abettor shall be punished with imprisonment of any description provided for that offence, for a term which may extend to one half of the longest term provided for that offence, or with such fine as is provided for the offence, or with both.”

Section 120 (B) of Indian Penal Code, 1860 reads thus;

“120B. Punishment of criminal conspiracy

(1) Whoever is a party to a criminal conspiracy to commit an offence punishable with death, ⁵¹[imprisonment for life] or rigorous imprisonment for a term of two years or upwards, shall, where no express provision is made in this Code for the punishment of such a conspiracy, be punished in the same manner as if he had abetted such offence.

(2) Whoever is a party to a criminal conspiracy other than a criminal conspiracy to commit an offence punishable as aforesaid shall be punished with imprisonment of either description for a term not exceeding six months, or with fine or with both.”

Section 109 of Indian Penal Code, 1860 reads thus;

“109. Punishment of abetment if the act abetted is committed in consequence, and where no express provision

is made for its punishment

Whoever abets any offence shall, if the act abetted is committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with the punishment provided for the offence.”

Section 52 of Indian Penal Code, 1860 reads thus;

“52. "Good faith"

Nothing is said to be done or believed in "good faith" which is done or believed without due care and attention.”

Section 34 of Indian Penal Code, 1860 reads thus;

“34. Acts done by several persons in furtherance of common intention

When a criminal act is done by several persons in furtherance of the common intention of all, each of such persons is liable for that act in the same manner as if it were done by him alone.”

Section 409 of Indian Penal Code, 1860 reads thus;

“409. Criminal breach of trust by public servant, or by banker, merchant or agent

Whoever, being in any manner entrusted with property, or with any dominion over property in his capacity of a public servant or in the way of his business as a banker, merchant, factor, broker, attorney or agent, commits criminal breach of

trust in respect of that property, shall be punished with ¹⁵²[imprisonment for life], or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.

Of the Receiving of Stolen Property”

9. That, Section 51 (b) & 55 of Disaster Management Act, 2005:-

9.1. Sections of Disaster Management Act, 2005 read thus;

“51. Punishment for obstruction, etc.—

(1) Whoever, without reasonable cause— —(1) Whoever, without reasonable cause—”

(b) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act, shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years. notes on clauses Clauses 51 to 58 (Secs. 51 to 58) seeks to lay down what will constitute an offence in terms of obstruction of the functions under the Act, false claim for relief, misappropriation of relief material or funds, issuance of false warning, failure of an officer to perform the duty imposed on him under the Act without due permission or lawful excuse, or his connivance at contravention of the provisions of the Act. The clauses also provide for penalties

for these offences.

55. Offences by Departments of the Government.—

(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence. (1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence."

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly."

10. REQUEST:- It is therefore humbly requested that;

i) Registration of FIR and action against accused teachers, principal, doctors, AASHA Workers etc. under section 323,

336, 420, 166, 120(B), 109, 52, 34, 409 etc. of IPC for vaccinating my son/daughter without taking our consent.

ii) Directions to accused to pay compensation of Rs.10 Lacs to undersigned for violation of our fundamental rights and putting life of my son/daughter into danger

iii) Immediate directions to all authorities to act as per Central Governments vaccine guidelines and **Universal Declaration on Bioethics and Human Rights, 2005 (UDBHR) & law laid down in Master Haridaan Kumar Vs. Union of India 2019 SCC OnLine Del 11929** and to publish the death causing side effects of covid vaccines.

Date:

Place: