$~76

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

\# **CNR No. DLHC010439512026**

\+ **BAIL APPLN. 3892/2026 & CRL.M.(BAIL) 1772/2026**

AMITABH JHUNJHUNWALA (THROUGH PAIROKAR)

.....Petitioner

Through: Mr. Mahesh Jethmalani, Sr. Adv. with Ms. Rebecca John, Sr. Adv., Ms. Sowjhanya Shankaran, Mr. Apoorv Agarwal, Mr. Ravi Sharma, Mr. Gaurav Sarkar, Mr. Sanchit Agarwal, Mr. Abhishek Jaiswal, Mr. Mudit Jain, Mr. Siddharth Satija, Mr. Ravi Sharma, Mr. Sriharsh Raj, Mr. Akash Sachan, Mr. Aayush Goswami and Mr. Raghav Gupta, Advs.

versus

DIRECTORATE OF ENFORCEMENT .....Respondent

Through: Mr. Zoheb Hossain, Sr. Adv. with Mr. Vivek Gurnani, Panel Counsel, Mr. Pranjal Tripathi, Mr. Kanishk Maurya, Mr, Prakhar Bharadwaj and Mr. Siddharth Bajaj, Advs.

CORAM:
HON'BLE MS. JUSTICE MADHU JAIN

O R D E R

% 22.09.2026

1. This hearing has been done through hybrid mode.

2. The present petition has been filed under Section 483 of the Bharatiya Nagarik Suraksha Sanhita, 2023(hereinafter referred to as the 'BNSS') read with Section 45 of the Prevention of Money Laundering Act, 2002 (hereinafter referred to as the 'PMLA') seeking regular bail in ***ECIR No.***

ECIR/STF/17/2025 registered by the Directorate of Enforcement ("ED"). The petitioner is presently in judicial custody and seeks bail primarily on medical grounds.

BRIEF FACTS:

3. The brief facts are that the aforesaid ECIR came to be registered on the basis of FIR Nos. RC2242022A0002 and RC2242022A0003 registered by the CBI. The said FIRs relate, *inter alia*, to allegations concerning Reliance Commercial Finance Ltd. ("RCFL") and Reliance Home Finance Ltd. ("RHFL"), including allegations relating to investments made by Yes Bank in the form of Non-Convertible Debentures/Commercial Papers and the alleged diversion of funds through connected entities. The ECIR records the allegation that proceeds of crime were generated from the scheduled offences and that the same were thereafter subjected to processes connected with money laundering.

4. The investigation under the PMLA, as set out in the material placed on record, concerns the alleged diversion of funds raised by RHFL and RCFL through a network of shell/group entities. The ED has alleged that an aggregate amount of Rs.15,933.65 crores was disbursed to such shell/group entities and that RHFL and RCFL subsequently defaulted in their obligations towards lenders and investors. The investigation further alleges that several entities were used as conduits for the diversion and layering of funds.

5. Insofar as the petitioner is concerned, the case set up by the investigating agency, is that he was associated with Reliance Capital Ltd. ("R-CAP") as its Director and Vice Chairman and was also described by the ED as Group Managing Director of the Reliance Anil Dhirubhai Ambani Group.

The ED alleges that, in that capacity, the petitioner exercised control and supervision over the affairs of R-CAP and its subsidiaries, including RHFL and RCFL, and played a role in the sanction, diversion and utilisation of funds through various entities. The petitioner, on the other hand, disputes this description and states that he was only a Non-Executive Vice Chairman of R-CAP, had no position in RHFL or RCFL, was not a member of any credit or loan approval committee and had no role in the alleged transactions.

6. The petitioner was arrested in the present ECIR on 15.04.2026. He was initially remanded to the custody of the ED and was thereafter remanded to judicial custody on 20.04.2026. The prosecution complaint was filed on 12.06.2026. The petitioner further states that, subsequent to his arrest in the present ECIR, he was also arrested by the CBI in RC No. RCBD1/2025/E0005 and RC No. RC0742025E0007, both arising out of investigations relating to the Reliance Anil Dhirubhai Ambani Group.

7. The principal basis for the present application is the medical condition of the petitioner. The petitioner states that he was already suffering from coronary artery disease, hypertension and dyslipidaemia and had undergone angioplasty with stent implantation in 2008. He further states that, in January 2026, prior to his arrest in the present ECIR, he suffered a fall following an episode of loss of consciousness, resulting in an anterior wedge compression fracture of the D-11 vertebra. An X-ray dated 09.03.2026 is stated to have shown that the fracture remained unhealed. The petitioner was thereafter arrested on 15.04.2026.

8. It is the petitioner's case that his medical condition deteriorated during custody. The petition refers to repeated complaints of severe back pain, numbness and tingling in the lower limbs, chest pain and other symptoms, and

places reliance on his medical records from Tihar Jail as well as DDU Hospital, AIIMS, Dr. RML Hospital and LNJP Hospital. The petitioner states that subsequent investigations recorded, *inter alia*, further collapse of the D-11 vertebra, a fracture involving the right lamina of the D-11 vertebra, a pars interarticularis fracture at L4/L5, kyphosis, osteoporosis and sarcopenia.

9. The petition further refers to a cardiac episode recorded in the Tihar Jail medical records on 22.04.2026, when an ECG is stated to have shown ST elevation in leads V3 and V4. The petitioner asserts that this episode was not thereafter subjected to the cardiac investigations which, according to him, were required.

10. The petitioner states that he has, during his custody, been taken to various Government hospitals and Medical Boards and that, despite such referrals, he has not received the specialised and structured treatment.

11. The petitioner had earlier moved an application seeking regular bail on medical grounds before the learned Special Judge (PC Act), CBI-03, Rouse Avenue District Courts, New Delhi. The said application was considered and came to be dismissed *vide* order dated 05.09.2026. The present petition has thereafter been filed before this Court challenging the refusal of bail and seeking release of the petitioner on the ground that his medical condition brings him within the statutory exception relating to a person who is "sick" or "infirm".

SUBMISSIONS ON BEHALF OF THE PETITIONER:

12. Learned Senior Counsel appearing for the petitioner submits that the present petition is primarily founded on the proviso to Section 45(1) of the PMLA. It is submitted that the petitioner satisfies both the expressions employed in the proviso, namely, "sick" as well as "infirm", which are

independent and disjunctive grounds for exclusion from the rigours of the twin conditions contained in Section 45(1).

13. Learned Senior Counsel submits that the petitioner's present medical condition comprises, *inter alia*, a D-11 vertebral compression fracture with substantial reduction in vertebral height, a further fracture involving the posterior lamina of the D-11 vertebra, an L4/L5 pars interarticularis fracture, extensive degenerative changes of the spine, kyphosis, osteoporosis carrying a high fracture risk, sarcopenia, including numbness and tingling in the lower limbs, persistent and severe back pain, substantial involuntary weight loss and longstanding coronary artery disease with a prior coronary stent. It is submitted that these ailments have to be considered cumulatively and not in isolation.

14. Learned Senior Counsel further submits that the petitioner's spinal condition, in particular, places him squarely within the category of an "infirm" person. Attention is drawn to the medical advice requiring bed rest, avoidance of forward bending and use of a Taylor brace.. It is submitted that the DDU Hospital Discharge Summary records painful and restricted movements.

15. Learned Senior Counsel submits that infirmity does not connote complete paralysis or total physical incapacity. A person may remain ambulant and yet be infirm if his medical condition substantially restricts safe movement and ordinary day-to-day activities. It is submitted that, in the present case, the restrictions imposed by the doctors extend to basic activities such as sitting, standing and therefore the mere fact that the petitioner is capable of limited movement cannot take him outside the ambit of "infirm". Reliance is placed upon ***Kewal Krishan Kumar v. Enforcement Directorate, 2023 SCC OnLine Del 1547*** and ***Sameer Mahandru v. Directorate of***

Enforcement, 2023 SCC OnLine Del 3606 in support of the aforesaid submission.

16. Learned Senior Counsel submits that the petitioner also satisfies the requirement of being "sick". It is submitted that the proviso to Section 45(1) does not prescribe that sickness must necessarily be an imminently life-threatening condition, nor does the provision stipulate that an accused must first require immediate hospitalisation or surgery before the statutory exception can be invoked.

17. Learned Senior Counsel draws particular attention to the petitioner's cardiac condition. It is submitted that the petitioner has longstanding coronary artery disease with a prior coronary stent and significant coronary blockage. The petitioner was arrested on 15.04.2026 and was remanded to judicial custody on 20.04.2026. Thereafter, on 22.04.2026, the ECG recorded at the Jail Dispensary showed ST elevation, which, according to the petitioner, was indicative of a myocardial infarction. The petitioner submits that although cardiac medication was administered, the episode was not communicated to his family.

18. Learned Senior Counsel submits that the medical record thereafter continued to record complaints of chest pain, breathlessness and other cardiac symptoms. It is submitted that two independent cardiologists subsequently reviewed the record and advised urgent hospitalisation and cardiac evaluation. The petitioner, therefore, submits that the cardiac condition, particularly when considered along with the serious spinal and neurological conditions, renders his overall medical condition sufficiently serious to attract the statutory exception.

19. Learned Senior Counsel submits that the petitioner has undergone

repeated medical referrals during custody, including to DDU Hospital, AIIMS, Dr. RML Hospital, LNJP Hospital and other medical facilities. However, repeated referral and diagnosis cannot be equated with actual treatment. It is submitted that the Senior Medical Officer, Tihar Jail, by report dated 25.06.2026, recorded that the petitioner obtained only marginal relief from medication and required "specialized and regular treatment".

20. Learned Senior Counsel submits that even the conservative management recommended for the petitioner has not, according to him, been meaningfully implemented. It is submitted that such management consists of a structured regimen comprising bracing, postural precautions and radiological assessment and cardiac surveillance. The petitioner contends that, despite remaining in custody for more than 150 days, he has not received such a continuous treatment programme.

21. Learned Senior Counsel submits that the petitioner's repeated transport to different hospitals has also resulted in a lack of continuity of care. It is further submitted that the issue before the Court is therefore not merely whether the petitioner has been taken to Government hospitals, but whether the treatment actually required by him can be effectively and continuously provided while he remains in custody.

22. Learned Senior Counsel relies upon ***Devki Nandan Garg v. Directorate of Enforcement, 2022 SCC OnLine Del 3086***, where, according to him, this Court considered the effect of multiple ailments coupled with advanced age and observed that the level of care, attention and emergent response available in a hospital may not be capable of being provided in jail. Reliance is also placed upon ***Amit Katyal v. Directorate of Enforcement, order dated 17/09/2024, P. Sarath Chandra Reddy v. Directorate of Enforcement, 2023***

SCC OnLine Del 2635, and ***Pranjil Batra v. Directorate of Enforcement, 2022 SCC OnLine P&H 4188,*** to submit that custodial medical facilities cannot, in every case, be treated as an adequate substitute for specialised and continuous medical treatment.

23. Learned Senior Counsel submits that the learned Special Judge erred in applying a life-threatening standard to both "sick" and "infirm". It is submitted that, even assuming that a particular ailment does not constitute "sickness" in the requisite sense, the petitioner was required to be considered independently on the question of infirmity. Reliance is again placed on ***Kewal Krishan Kumar (supra)*** and ***Devki Nandan Garg (supra)*** in this regard.

24. Learned Senior Counsel also submits that the fact that some of the petitioner's ailments pre-dated his arrest does not take the case outside the proviso to Section 45(1). It is contended that a pre-existing ailment remains relevant to the petitioner's present state of sickness and infirmity, particularly where the medical material is relied upon to demonstrate subsequent deterioration.

25. Learned Senior Counsel submits that the petitioner's independent medical opinions were wrongly discounted merely because the doctors had not physically examined him. It is submitted that the opinions were based upon the imaging and clinical material generated by Government hospitals themselves and that the petitioner, being in judicial custody, cannot be placed at a disadvantage merely because a specialist of his choice could not physically examine him. It is further submitted that no contrary medical opinion was produced by the respondent to rebut these opinions.

26. Learned Senior Counsel further submits that the petitioner satisfies the ordinary parameters governing grant of bail. It is stated that he has deep roots

in society, is a 70-year-old Chartered Accountant with a professional career spanning nearly five decades, has no criminal antecedents, and joined investigation on more than 27 occasions across agencies. It is submitted that the investigation qua the petitioner stands concluded and that the prosecution complaint was filed on 12.06.2026.

27. Learned Senior Counsel further submits that the petitioner's continued custody serves no further investigative purpose, since, according to the petitioner, no further custodial interrogation has been sought and the prosecution complaint has already been filed.

28. Learned Senior Counsel finally submits that the petitioner's continued incarceration also engages the constitutional guarantee under Article 21. It is submitted that the right to life includes the right to timely and effective medical treatment and that the mere fact of being produced before different hospitals or undergoing repeated diagnostic tests does not discharge the constitutional obligation where the treatment required remains unavailable.

29. Learned Senior Counsel further submits that the petitioner proposes to undergo treatment at specialised hospitals at his own expense if released on bail.

30. Learned Senior Counsel accordingly submits that the petitioner's medical condition, viewed cumulatively, satisfies both the "sick" and "infirm" limbs of the proviso to Section 45(1) PMLA; that the specialised and continuous treatment required by him has not been effectively provided in custody; that his condition has, according to the petitioner, progressively deteriorated during incarceration; and that his continued custody, in the circumstances placed before the Court, warrants his release on regular bail subject to such conditions as may be considered appropriate.

SUBMISSIONS ON BEHALF OF THE RESPONDETS:

31. *Per contra*, learned senior counsel appearing for the respondent/Directorate of Enforcement ("ED") opposes the grant of bail and submits that the present application is founded entirely on the proviso to Section 45(1) of the PMLA on the ground that the petitioner is "sick" or "infirm". It is submitted that the said proviso is an enabling and discretionary provision and does not confer an automatic right to bail merely because an accused suffers from an ailment or is of an advanced age.

32. Learned senior counsel submits that the medical exception under the proviso to Section 45(1) has to be applied in exceptional circumstances. He submits that, in the absence of medical material demonstrating a life-threatening condition or the inability of the custodial system to provide the requisite treatment, the statutory exception ought not to be invoked. Reliance is also placed upon the judgement in ***State of U.P. v. Gayatri Prasad Prajapati, 2020 SCC OnLine SC 843,*** to submit that before an accused is released on medical grounds, the Court must satisfy itself that the treatment available to him in custody is inadequate and that a particular or specialised medical facility is necessary.

33. Learned senior counsel submits that, on a condition-wise examination of the medical material placed on record, the petitioner does not meet the threshold of being "sick" or "infirm". In respect of the D-11 vertebral compression fracture, it is submitted that the injury admittedly occurred in January 2026, prior to the petitioner's arrest on 15.04.2026. The petitioner was thereafter placed on conservative management, including medication, physiotherapy and use of a Taylor brace. The learned senior counsel for ED

relies upon the report dated 08.07.2026 of the Medical Board of Dr. RML Hospital, which records the D-11 fracture as a "healed fracture". It is submitted that no treating doctor or Medical Board has recommended surgery or prolonged hospitalisation for the said condition.

34. Learned senior counsel further submits that the degenerative changes in the cervical and lumbar spine, including disc desiccation, disc bulges and spondylotic changes, are chronic and age-related conditions which do not by themselves, require surgical intervention. It is submitted that the MRI dated 30.06.2026 records degenerative changes and canal narrowing, but the Medical Board has recommended conservative management.

35. Learned senior counsel further submits that the petitioner's claim of high-risk osteoporosis is also not borne out in the manner alleged. The learned senior counsel relies upon the DEXA scan dated 30.06.2026, pointing out that the lumbar spine T-score was recorded as -1.0 and classified as normal, with no increased fracture risk at that site.

36. Learned Senior counsel further submits that the neurological symptoms relied upon by the petitioner, including tingling, numbness and diminished reflexes, do not establish acute spinal cord compromise or paralysis. It is submitted that these symptoms are radicular in nature and arise in the background of the D-11 fracture and lumbar spondylosis. Attention is drawn to the DDU Hospital examination recording motor power of 5/5 at L1-L3 and 4/5 at L4-L5. It is submitted that no treating doctor has recommended neurosurgical intervention and that the treatment remains conservative.

37. On the petitioner's cardiac condition, learned counsel submits that coronary artery disease, hypertension, dyslipidaemia and the prior coronary intervention are longstanding conditions which have been under continuous

medical management. The petitioner continues to receive cardiac medication in custody. Reliance is placed upon the Dobutamine Stress Echo dated 06.07.2026 conducted at Dr. RML Hospital, which is stated to be negative for inducible ischaemia, with preserved ejection fraction and no regional wall motion abnormality. It is submitted that the RML Medical Board did not recommend revascularisation and advised continuation of the existing cardiac medication.

38. Learned counsel submits that the other medical conditions relied upon by the petitioner also do not independently or cumulatively warrant release on bail. Bilateral hearing impairment and the episodes of respiratory infection pre-date the petitioner's arrest; the right shoulder pathology dates back to 2018; the episode of near-syncope and hypotension was promptly managed with medication and the dermatological condition was addressed through referral to the Dermatology Department at RML Hospital and treatment at the Jail Dispensary. It is submitted that none of these conditions has been found to require continued hospitalisation or treatment unavailable within the custodial framework.

39. Learned counsel submits that the overall medical record demonstrates that the petitioner has been provided continuous medical attention. It is pointed out that the petitioner has been referred to DDU Hospital, AIIMS and Dr. RML Hospital, has undergone specialist consultations and a multidisciplinary Medical Board examination, and has undergone MRI, X-ray, DEXA, cardiac and other investigations. The learned senior counsel further submits that the prescribed cardiac medicines, osteoporosis medication, analgesics and nerve medication are being supplied through the Jail Dispensary.

40. Learned Senior counsel further submits that the fact that the petitioner has been taken to Government hospitals on several occasions demonstrates, rather than negates, the availability of medical treatment within the custodial system. The learned senior counsel submits that the appropriate question is whether the necessary treatment can be provided through the jail and referral hospitals, and not whether the petitioner can obtain treatment at a private hospital of his choice.

41. Learned Senior counsel submits that the opinions of private doctors relied upon by the petitioner cannot be preferred over the assessment of the Government-constituted Medical Board, particularly when the latter has undertaken investigations and has recommended conservative management. It is submitted that the RML Medical Board did not advise surgery, coronary revascularisation or continued inpatient treatment and that the subsequent Government hospital reports also do not certify that the petitioner's continued custody is medically impermissible.

42. Learned Senior counsel also opposes the petitioner's plea by reference to the nature of the allegations and his alleged role in the case. It is submitted that the prosecution complaint concerns alleged diversion and laundering of public funds involving thousands of crores through a network of shell and group entities. The petitioner is alleged to have held senior positions within the Reliance Anil Ambani Group for over sixteen years and, according to the prosecution, exercised supervisory and decision-making control over R-CAP, RHFL and RCFL.

43. Learned Senior counsel submits that the fact that a prosecution complaint has already been filed does not, by itself, dilute the seriousness of the allegations or the need to consider the possibility of interference with the

investigation and trial.

44. Learned Senior counsel submits that the orders granting bail to certain persons in connected CBI proceedings in Mumbai do not create parity in the present proceedings, particularly as those orders were passed in distinct proceedings and under a different statutory framework. It is submitted that the petitioner's case has to be examined independently under Section 45 of the PMLA, having regard to the allegations, the material collected and the role attributed to him.

45. Learned Senior counsel accordingly submits that the petitioner has failed to establish either that he is "sick" or "infirm" within the meaning of the proviso to Section 45(1) of the PMLA or that the medical treatment required by him cannot be adequately provided in custody. It is submitted that his medical condition is under continuing supervision, the investigations and treatment recommended by the Government hospitals are available through the custodial medical system, and the petitioner's alleged role, the nature of the economic offence and the apprehension of interference with witnesses and the ongoing investigation weigh against exercise of discretion in his favour. The ED therefore seeks dismissal of the present bail application

ANALYSIS AND FINDINGS:

46. This Court has considered the rival submissions and perused the material placed on record.

47. The present application is principally founded on the proviso to Section 45(1) of the PMLA and, therefore, the primary question before this Court is whether, on the material presently available, the petitioner can be said to fall within the expression "sick or infirm" so as to attract the statutory exception. The record itself shows that the petitioner is about 70 years of age and has been

in custody since 15.04.2026.

48. The proviso to Section 45(1) uses the expressions "sick" and "infirm" in the alternative. The provision does not qualify either expression by the words "terminal", "irreversible", "imminently life-threatening" or "requiring surgery". The discretion conferred by the proviso is undoubtedly required to be exercised judiciously; however, while considering such an application, a Court cannot read into the statutory provision a condition which is not contained therein. Section 45(1) of the Prevention of Money Laundering Act, 2002 reads as under:

> *"45. Offences to be cognizable and non-bailable.—*
> *(1) 1[Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), no person accused of an offence 2[under this Act] shall be released on bail or on his own bond unless—]*
> *(i) the Public Prosecutor has been given a opportunity to oppose the application for such release; and*
> *(ii) where the Public Prosecutor opposes the application, the court is satisfied that there are reasonable grounds for believing that he is not guilty of such offence and that he is not likely to commit any offence while on bail:*
> ***Provided that a person, who, is under the age of sixteen years, or is a woman or is sick or infirm, 3[or is accused either on his own or along with other co-accused of money-laundering a sum of less than one crore rupees] may be released on bail, if the Special Court so directs****:"*

49. The distinction between the two expressions is also material. A person may be infirm on account of a substantial impairment in his physical functioning even though the condition may not, at every given point in time,

present an immediate threat to his life. Equally, the question whether a person is sick cannot be answered merely by examining whether he is presently medically stable. The statutory expression has to be understood in the context of the condition of the individual and the treatment which that condition requires. In ***Kewal Krishan Kumar (supra)*** this Court considered the expression "sick or infirm" in the context of a person suffering from multiple ailments and advanced age. The decision also recognises that medical restrictions affecting ordinary day-to-day activities can be relevant while examining infirmity.

50. In the present case, the medical material cannot be examined by isolating one ailment from the others. The petitioner has a history of coronary artery disease and prior coronary intervention. He also suffered a D-11 compression fracture prior to his arrest. During the period of custody, however, the subsequent medical record records continued spinal pathology, kyphosis and osteoporosis, apart from the cardiac complaints relied upon by him. The DDU Hospital discharge summary recorded painful and restricted spinal movements.

51. It is true that the RML Medical Board report dated 08.07.2026 describes the D-11 fracture as a "healed fracture". However, that report cannot be read in isolation from the later medical material. The subsequent records of LNJP Hospital dated 06.08.2026 and 19.08.2026 continue to record the compression fracture of the D-11 vertebra and recommend specialty treatment, they further record that surgical intervention may be required if the symptoms persist and refer the petitioner for specialised neurological evaluation.

52. The record also assumes significance in the context of the treatment actually available to the petitioner. The Senior Medical Officer, Tihar Jail, in

the report dated 25.06.2026, recorded that the petitioner was obtaining only marginal relief from medication and requires specialized and regular treatment for his symptoms and persistent complaints. Thereafter, the learned Vacation Judge, *vide* order dated 27.06.2026, also noted that the medical condition "does not make a very happy reading" and that the petitioner required urgent medical attention.

53. The respondent is justified in pointing out that the petitioner has been taken to DDU Hospital, AIIMS, RML Hospital and LNJP Hospital and that several investigations have been carried out. The State is under an obligation to provide adequate medical treatment to a person in custody, and the mere fact that the petitioner is in custody cannot, by itself, be a ground for grant of bail. At the same time, the issue before this Court is not merely whether the petitioner has been taken to a hospital or has undergone diagnostic investigations. The relevant question is whether the nature and continuity of the treatment advised to him can, in fact, be effectively provided while he remains in custody.

54. In this regard, the record placed before this Court reflects a more substantial concern. The DDU Hospital and the RML Medical Board have advised, apart from medication, postural precautions, bracing, physiotherapy and strengthening exercises. The subsequent LNJP records have also advised specialty treatment and supervised rehabilitation. The material placed before this Court therefore indicates that the treatment required is not confined to administration of medicines or symptomatic pain relief, but involves sustained rehabilitation and supervision over a period of time.

55. The respondent has relied substantially upon the expression "conservative management". The expression, however, cannot by itself

conclude the issue. Conservative treatment is still treatment, and the question is whether the components of such treatment which have been advised are actually being received by the petitioner. The petitioner has placed on record material showing repeated referrals and diagnostic examinations, but has also pointed to the absence of structured and supervised physiotherapy and rehabilitation. The fact that a condition is being conservatively managed does not mean that no medical intervention is required.

56. This Court is also unable to accept the proposition that the petitioner must first reach a stage of irreversible or imminent danger to life before the proviso to Section 45(1) can be invoked. Such an interpretation would unduly narrow the expression "sick or infirm" and would effectively add words to the statutory provision. The object of a medical exception is not to wait until the consequences of inadequate treatment become irreversible, but to permit the Court to intervene where the medical condition and the surrounding circumstances justify such intervention.

57. The present case, therefore, is not one where the petitioner seeks to rely merely upon age or upon a single chronic ailment. The material before the Court discloses a combination of advanced age, significant spinal pathology, osteoporosis, the requirement of supervised rehabilitation, and a pre-existing cardiac condition requiring continued management. The cumulative effect of these factors, and not any individual diagnosis in isolation, is what assumes significance.

58. The Court is also conscious of the fact that the D-11 injury originally occurred prior to the petitioner's arrest. That circumstance, however, does not by itself exclude the petitioner from the ambit of the proviso. The relevant consideration is his present condition and the treatment presently required. A

pre-existing ailment may continue, worsen or acquire additional complications during custody. What has to be examined is the medical condition as it exists today and the adequacy of the treatment available in the custodial setting.

59. The respondent has also relied upon the gravity of the allegations, the alleged role of the petitioner and apprehensions regarding interference with witnesses and investigation. These are relevant considerations in a bail application. However, the present application is not being considered solely on the ordinary parameters of bail but in the context of the specific statutory exception engrafted in Section 45(1).

60. The apprehension regarding tampering with evidence or influencing witnesses can adequately be addressed by stringent conditions. The medical circumstances of the petitioner, on the other hand, are immediate and continuing. In the considered view of this Court, the balance between the interests of the prosecution and the petitioner can be maintained by releasing the petitioner on bail subject to strict conditions.

61. Having regard to the totality of the circumstances, this Court is satisfied that the petitioner falls within the expression “sick or infirm” occurring in the proviso to Section 45(1) of the PMLA. The medical record, when considered cumulatively, discloses a condition which materially affects the petitioner’s physical functioning and requires structured and continuing medical care. The Court is therefore of the view that the petitioner is entitled to the benefit of the statutory exception. Accordingly, the petitioner is directed to be released on regular bail, subject to the following conditions:

(i) The petitioner shall furnish a personal bond of Rs. 1 lakh and two sureties of like amount, to the satisfaction of the learned Trial Court.

(ii) The petitioner shall furnish his complete residential address and

mobile telephone number to the Investigating Officer and the learned Trial Court and shall intimate any change therein forthwith.

(iii) The petitioner shall not leave the country without the prior permission of the learned Trial Court. If the petitioner is in possession of a passport, the same shall be deposited before the learned Trial Court.

(iv) The petitioner shall appear before the learned Trial Court on each date of hearing unless exempted by the learned Trial Court.

(v) The petitioner shall not, directly or indirectly, contact, influence, induce or attempt to influence any witness connected with the present case, nor shall he tamper with the evidence.

62. It is clarified that the observations contained in the present order are confined to the consideration of the petitioner's entitlement to bail on the medical grounds urged in the present application and shall not be construed as an expression of opinion on the merits of the prosecution case.

63. In view of the above, the present bail application is allowed in the above terms. Pending application(s), if any, stands disposed of.

64. A copy of this order be forwarded to the learned Trial Court and the Superintendent, Central Jail, Tihar, for necessary compliance.

65. The order be uploaded on the website *forthwith*.

MADHU JAIN, J

SEPTEMBER 22, 2026/P