

IN THE HIGH COURT OF JUDICATURE AT BOMBAY

ORDINARY ORIGINAL CIVIL JURISDICTION

Chamber Summons No. _____ of 2017

In

Public Interest Litigation (Lodg.) No. 46 OF 2017

1. Indian Medical Association,]
Karnataka State Branch,]
Regd. under the Karnataka]
Societies Registration Act, 1960]
Having Reg. No. 709/02-03,]
Having its registered office at IMA House,]
Near IMA Circle, Alur Venkata Rao Road,]
Bengaluru- 560018]
Karnataka]
Represented by its Authorised Signatory]
Dr. B. Veeranna]
 2. Consortium for Tobacco Free Karnataka]
Having its office at SOCHARA,]
359, Srinivasa Nilaya]
Jakkasandra 1st Main, 1st Block,]
Koramangala, Bengaluru- 560034]
Karnataka]
Represented by its Authorised Signatory]
Sathiya Jaya Chander]
-] APPLICANTS

IN THE MATTER BETWEEN

1. Sumitra Hooda Pednekar]
aged about 72 years,]
Indian Inhabitant]
R/o 201, Sunvin Apartment]
Yari Road, Near Madhuban]
Restaurant Andheri (West)]
Vesava (Versova)]
Mumbai, Maharashtra-400061]
2. Dr. Pankaj Chaturvedi]
aged about 48 years]
Professor & Surgeon, Tata Memorial]

Hospital, Indian Inhabitant]
C/o, Tata Memorial Hospital]
EB Road, Parel, Mumbai]

3. R Venkataramanan]
aged about 42 years]
Managing Trustee, Tata Trusts,]
Indian Inhabitant]
R/o Flat no. 302, Sterling Heritage,]
39 N.S. PatkarMarg, Hughes Road,]
Mumbai 400 007]

4. Dr. Abhay Bang aged 66 years]
Doctor by Profession,]
Indian Inhabitant,]
C/o SEARCH,Po&Dist: Gadchiroli]

5. AshishDeshmukh]
aged about 43 years,]
Member of Legislative Assembly,]
Maharashtra, R/o Barrkat, Opposite]
Collectors Office, Civil Lines,]
Nagpur, Maharashtra 440001]

6. Dr. P. C Gupta aged about 37 years]
Doctor by Profession,]
Indian Inhabitant]
R/o 902 KeshavKunj II B]
Plot 3, Sector 15]
Sanpada, Navi Mumbai 400705]

7. LakshmanSethuraman]
aged about 35 year,]
Head, Project Management Group,]
Tata Trusts,]
R/o 70, SangamBhavan B wing,]
BrahmakumariMarg, Colaba,]
Mumbai, 400005]

] PETITIONERS

VERSUS

1. Life Insurance Corporation of India]
Through its Chairman,]
177, Babubhai M. Chinai Road,]
Churchgate,]
Mumbai, Maharashtra-400032]

2. The New India Assurance Co. Ltd.]
Through its Chairman]
87, M. G Road, Fort]
Mumbai, 400001]
3. General Insurance Company of India]
Through its Chairman]
Suraksha, 170, Jamshedji Tata Road,]
Churchgate, Mumbai – 400020]
4. The Oriental Insurance Company Ltd]
Through its Chairman]
Oriental House, A-25/27,]
Asaf Ali Road,]
New Delhi – 110002]
5. National Insurance Company Limited]
Through its Chairman]
3, Middleton Street,]
Prafulla Chandra Sen Sarani]
Kolkata,]
West Bengal – 700071]
6. Insurance Regulatory and]
Development Authority,]
Through Competent Authority,]
Parisrama Bhavan, Basheer Bagh,]
Hyderabad, Telengana]
7. Union of India,]
Through Secretary,]
Ministry of Health & Family]
Welfare, Room No. 348; ‘A’ Wing,]
Nirman Bhavan, New Delhi- 110011]
8. Ministry of Finance,]
Department of Financial Services,]
3rd floor Jeevan Deep Building,]
Sansad Marg, New Delhi- 110001]
9. Ministry of Commerce and Industry,]
Udyog Bhavan,]
New Delhi- 110107]

10. Ministry of Agriculture and Farmers Welfare, Krishi Bhawan, Rajendra Prasad Road, New Delhi- 110001]
11. Union of India, Through Ministry of Law and Justice] 4th Floor, A-Wing, Shastri Bhawan, New Delhi- 110001]
12. Securities and Exchange Board of India, Plot No.C4-A, 'G' Block, Bandra-Kurla Complex, Bandra (East), Mumbai- 400051.]
13. ITC Limited, Virginia House, 37, Jawaharlal Nehru Road, Kolkata – 700071]
14. Federation of All India Farmers Association, 4-19-1/24, 2nd Lane, Vijayapuri, JKC College Road, Guntur, Andhra Pradesh- 522007]
15. Federation of Karnataka Virginia Tobacco, Growers Association, 927, Post Office Road, Periyapatna Road, Mysore District, Karnataka- 571107]
16. Hemal Kampani, 7, Burdwan Road, Burdwan Court, Kolkata- 700027]
- RESPONDENTS

LET ALL PARTIES CONCERNED attend the Chamber of Her Ladyship the Chief Justice and His Lordship Justice N.M. Jamdaron the _____ day of June, 2017 at 11 o'clock in the forenoon or soon thereafter when the counsel for the Applicants can be heard for the following reliefs:

- a) That this Honourable Court may be pleased to allow the Applicants to intervene and be impleaded in this Public Interest Litigation as party Respondent;
- b) That this Honourable Court be pleased to direct the Petitioner to be amend the petition and add the Applicants herein as party Respondents;
- c) That this Honourable Court, after allowing the Applicants to intervene till the Applicants are heard, may be pleased not to grant any/any further interim relief in favour of the Petitioners;
- d) That ad interim relief in terms of prayer Clause (c) be awarded in favour of the Applicants herein;
- e) That this Honourable Court may pass such other orders as justice and convenience may demand from time to time in favor of the Applicants herein.

This Chamber Summons has been issued at the instance of _____, Advocate for the Applicants.

Dated this day of June, 2017.

Advocate for the Applicants

To,

1. Sumitra Hooda Pednekar

2. Dr. Pankaj Chaturvedi
3. R Venkataramanan
4. Dr. Abhay Bang
5. Ashish Deshmukh
6. Dr. P. C Gupta
7. Lakshman Sethuraman

The Petitioners above named.

1. Life Insurance Corporation of India
2. The New India Assurance Co. Ltd.
3. General Insurance Company of India
4. The Oriental Insurance Company Ltd.
5. National Insurance Company Limited
6. Insurance Regulatory and Development Authority
7. Union of India, through Secretary, Ministry of Health &
Family Welfare
8. Ministry of Finance
9. Ministry of Commerce and Industry
10. Ministry of Agriculture and Farmers Welfare
11. Union of India, through Ministry of Law and Justice
12. Securities and Exchange Board of India
13. ITC Limited
14. Federation of All India Farmers Association
15. Federation of Karnataka Virginia Tobacco
16. Hemal Kampani

The Defendants above named.

NB: Please note that the Affidavit of Dr. B. Veeranna, the authorized signatory of Applicant No. 1, the Applicant above named duly affirmed on this day of June, 2017 will be used in support of this Chamber Summons.

IN THE HIGH COURT OF JUDICATURE AT BOMBAY

ORDINARY ORIGINAL CIVIL JURISDICTION

Chamber Summons No. _____ of 2017

In

Public Interest Litigation (Lodg.) No. 46 OF 2017

Indian Medical Association Karnataka State Branch &Anr.

] APPLICANTS

IN THE MATTER BETWEEN

Sumitra Hooda Pednekar & Ors.] PETITIONERS

VERSUS

Life Insurance Corporation of India &Ors.] RESPONDENTS

AFFIDAVIT IN SUPPORT OF CHAMBER SUMMONS

I, [REDACTED], aged [REDACTED] years, residing at [REDACTED]

[REDACTED]

[REDACTED], the authorized signatory of the above named

Applicant No. 1 do hereby solemnly affirm and state as under-

1. I am the Authorised Signatory for the Impleading Applicants in the above Application. The present Application is being filed on behalf of the above named Applicants. The Applicant No. 1, Indian Medical Association Karnataka State Branch is a registered society, registered under the Karnataka Societies

Registration Act 1960. The Applicant No. 1 is a member of Applicant No. 2, the Consortium for Tobacco Free Karnataka, which is an unregistered consortium of several organizations that work on Public Health and tobacco. The Applicants herein seek leave of this Hon'ble Court to be impleaded in this petition and seek to assist this Hon'ble Court for the reasons set out below.

2. The Applicant No. 1 is the Indian Medical Association, Karnataka State Branch, which is a voluntary organization of Doctors of Modern Scientific System of Medicine. The Association looks after the interests of the community of doctors as well as of the public and the interests of public health. The Indian Medical Association, Karnataka State Branch is the State branch of Karnataka of the Indian Medical Association (IMA). The IMA was a founding member of the World Medical Association, which was founded in 1947. In 1966, the IMA along with the World Medical Association hosted the III World Conference on Medical Education. The IMA has been and is dedicated to improving the condition of public health in India. Its primary objective is to ensure the protection and safeguard of public health and the improvement of medical education in India. The IMA has a 'National Cancer & Tobacco Control Committee', which has been dedicated in its fight against the usage of tobacco. The Committee has in coordination with the State and local

branches organized awareness programs, rallies, lectures in public forums including schools and colleges, etc. The Indian Medical Association has been a leading member of the 'Doctors for Tobacco Control in India' forum along with organizations like the Cardiological Society of India, Association of Physicians in India, Indian Academy of Pediatrics, Indian Dental Association, Public Health Foundation of India, and HRIDAY. The IMA has been a campaigner for pictorial warnings and has voraciously supported the decision of the Union Government to implement 85% pictorial warnings on tobacco packaging. The IMA has also campaigned for a ban on cigarette smoking scenes in movies.

(A Copy of the news article titled, "IMA bats for 85% pictorial warnings on tobacco packs" dated 29th March 2016, in The Times of India, is annexed herein and marked as – **ANNEXURE – A**)

(A Copy of the news article titled, "Implement Bigger Warnings on Tobacco Products: Medical Association to Centre" dated 30th March, 2016, in NDTV, is annexed herein and marked as – **ANNEXURE – B**)

(A Copy of the news article titled, "Indian Medical Association wants ban on smoking scenes in films" dated 26th May, 2016, in the DNA India, is annexed herein and marked as – **ANNEXURE – C**)

3. The Applicant No. 1, Indian Medical Association Karnataka State Branch, has been working on the issues of public health and the harmful effects of tobacco for decades. The Applicant No. 1 has been an active campaigner against the use of tobacco. In 2011, the Applicant No. 1 along with other civic authorities and several non-governmental organizations campaigned for “Tobacco Free Bangalore”, with several Doctors providing counseling to members of the public on the ill effects of the usage of tobacco. The Indian Medical Association has been active in spreading awareness on the dangers inherent in the practices of smoking and chewing tobacco. The Applicant No. 1 has worked and assisted on many cessation of tobacco usage programs to assist smokers to stop the consumption of tobacco, and has participated in several campaigns in Karnataka against the harms of tobacco use.

(A Copy of the news articles titled, “Doctors launch campaign for a tobacco-free Bangalore” dated 30th May 2011, in India Medical Times, is annexed herein and is marked as **ANNEXURE – D**)

4. The Applicant No. 2 is the Consortium for Tobacco Free Karnataka, which is a consortium of several registered organisations that work on the issue of public health and the harmful effects of tobacco in Karnataka. All the member organisations of the Applicant No. 2 are reputed

medical colleges, dental colleges, research institutes and academics and doctors' associations. The work of the Applicant No. 2 on the issue of public health and the harmful effects of tobacco initiative includes:

a. Campaigning against the use and harmful effects of tobacco;

b. Spreading awareness on the dangers inherent in accepted social practices such as smoking and chewing of tobacco, etc. which are responsible for 70% of cancers in India;

c. Organising events in various institutions to initiate discussions and awareness on the ill effects of tobacco usage;

d. Organise 'World No Tobacco Day' every year with a different theme.

e. Working on the implementation of the Framework Convention on Tobacco Control ("FCTC") and the tobacco regulation laws in India such as the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 and its rules and regulations.

5. The Applicant No. 2 association has been running a long standing campaign against the use of tobacco in

Karnataka and its contribution in creating awareness about the ill effects of tobacco use has been extensive. It works to spread awareness about the dangers posed by tobacco in all its forms. It attempts to arrest the usage of tobacco by vulnerable groups (teenagers) and periodically conducts awareness lectures about the benefits of quitting smoking dispelling ignorance. In assistance with its various members, the Applicant No. 2 organises cessation of tobacco usage programs in order to assist smokers to stop the consumption of tobacco; engages in advocacy and acts as a check on actions of the government in relation to its connections with tobacco companies and their products. The Applicant No. 2 has organised many campaigns in Karnataka highlighting the harms of tobacco use, has made representations to the civic authority, Bruhat Bengaluru Mahanagara Palike and other authorities when their actions have been against the mandate of the FCTC, has worked with the Karnataka State Anti-Tobacco Cell, and worked specifically on the issue of health warnings. The work of the Applicant No. 2 has been reported widely in the media as well.

(A Copy of the news articles titled, “Campaign Against Tobacco use” dated 7th May 2004, in The Hindu, is annexed herein and are marked as ANNEXURE – E)

(A Copy of the news article titled, “Consortium for Tobacco Free Karnataka Condemns BBMP move with

Tobacco Manufacturer” dated 1stJuly, 2013 in the Times of India, is annexed herein and are marked as **ANNEXURE – F)**

6. The Applicant No. 1 is a member of the Consortium for Tobacco Free Karnataka and has earlier been involved in litigation in the Karnataka High Court where it, through the Consortium for Tobacco Free Karnataka, Applicant No. 2 acted as an Impleading Applicant in W.P. No. 59587/2014 in the case concerning 85% statutory warning labels on cigarette and tobacco packages. The case is currently reserved for orders.
7. The Applicants submit that they seek to be impleaded in the current Public Interest Litigation as the matter concerns the entire nation, and the acts of the Respondent Nos. 1 to 5 of investing in the tobacco industry are violative of the rights of citizens in the whole of India and also against the interest of public health of the citizens of the country.
8. The Applicants seek to be impleaded in the captioned Writ Petition to bring to the notice of this Hon’ble Court facts and information on tobacco and its impact on public health that is imperative for the adjudication of this petition.
9. Tobacco is a leading cause of death globally. According to the World Health Organisation, the direct use of tobacco

kills an estimated 5.4 million people worldwide in a year from lung cancer, oral cancer, heart diseases, tuberculosis and other illnesses; with every fifth person dying of tobacco related causes is an Indian. Further, an estimated 600,000 people die of second hand smoke every year. According to a report published by the Ministry of Health and Family Welfare, the total economic costs (direct and indirect) attributable to tobacco use from all diseases in India in 2011 for persons aged between 35 and 69 amounted to Rs. 1,04,500 crores. Conservative estimates of tobacco attributable deaths in India are about 1 million a year. About 70% of those dying (90,000 women and 580,000 men) will be in their productive periods of their lives – between the ages of 30 and 69 years. It has been estimated by Tobacco Control Policy Evaluation Project India that smoking will lead to 1.5 million deaths in 2020, based on the study by Murray CJ, Lopez AD. eds. “The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020.” The Applicants craves leave to refer to and rely upon the said report published by the Ministry of Health and Family Welfare and other relevant reports and articles, as and when produced before this Hon’ble Court.

10. It is a well-established and accepted fact that tobacco use causes various diseases including cancer such as mouth

and lung cancer, vascular disease such as coronary heart disease, stroke and sub-clinical arteriosclerosis, respiratory diseases such as chronic obstructive pulmonary disease and pneumonia and adverse reproductive effects. These facts have been established in the Report on Tobacco Control in India supported by the Ministry of Health and Family Welfare, Government of India, the World Health Organisation and the Centre for Disease Control and Prevention, USA in 2004. According to this study, it is predicted that India will have the fastest rate of rise in deaths attributable to tobacco in the first two decades of the 21st century.

11. In the above context, the Government of India has actively participated, engaged and brought out executive and legislative framework with the intention of curbing tobacco use. The Government of India has enacted the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act in 2003. This Act prohibits tobacco smoking in public places, prohibits the advertisement of tobacco products and the sale of tobacco to and by minors, as well as the creation of a ban on sale of tobacco products within 100 yards of all educational institutions and mandatory display of pictorial warnings on tobacco products. Tobacco advertisements were prohibited in state controlled electronic media and

publications including cable television through the Cable Television Networks (Amendment) Act of 2000. The Food Safety and Standards Act, 2006 prohibits the use of tobacco and nicotine in food products. All these legislations of the central government are attributable to its commitment to fight against tobacco consumption and exposure to tobacco. India is also a ratified member of the World Health Organisation's Framework Convention on Tobacco Control since 2004.

12. It is humbly submitted that on the one hand while the Respondent No.7 Union of India has taken all the above measures to control the harmful effects of tobacco consumption, on the other hand the Respondents No. 1 to 5 which are public sector insurance companies have made investments in tobacco manufacturing and selling companies goes against the recognition by the State of the ill effects of tobacco usage. By investing in tobacco companies in this manner the Respondents No. 1 to 5 are therefore encouraging and promoting the tobacco industry.

13. The ill-effects of tobacco consumption and exposure to tobacco are well known and the Hon'ble Supreme Court of India too has acknowledged the ill effects and hazardous nature of tobacco. In *Health for Millions v. Union of India* 2013 (10) SCC 1 the Supreme Court held "*The High Court overlooked the fact that the consumption of tobacco and tobacco products has huge*

adverse impact on the health of the public at large and, particularly, the poor and weaker sections of society which are the largest consumers of such products and that unrestricted advertisement of these products will attract younger generation and innocent minds, who are not aware of grave and adverse consequences of consuming such products.”

14. The Applicants have filed this application with concern for public health issues caused directly and indirectly due to consumption of tobacco and tobacco products. The right to health is implicit in the right to life and liberty granted under Article 21 of the Constitution. The Hon'ble Supreme Court has dealt with the scope and ambit of the right to health in the matter of *MurliDeora v. Union of India* (2001) 8 SCC 765 wherein it held that *“Undisputedly smoking is injurious to health and may affect the health of smokers but there is no reason that health of passive smokers should also be injuriously affected”*. The Hon'ble Supreme has held that smoking is without any iota of doubt, injurious to health of not only those who smoke but also non-smokers. Article 47 of the Constitution is a Directive Principle of State Policy which lays upon the State a primary duty to raise the level of nutrition and the standard of living of its people and to improve the public health.

15. It is humbly submitted that the World Health Organisation

Framework Convention on Tobacco Control (“FCTC”) has been formed to implement efficient methods of reducing tobacco consumption around the World. The Convention and its Protocols have been drafted with the objective of protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco. Article 3 of the FCTC provides a general framework for tobacco control measures to be implemented by the Parties at international, national and regional levels in order to reduce continually and substantially the prevalence of tobacco usage. India has ratified the Convention on 5th February 2004 and is therefore obligated to comply with the treaty provisions and its guidelines to reduce tobacco consumption globally. Article 5 of the WHO FCTC lays down general obligations of parties to the Convention. Article 5.2 states that Parties shall in accordance with its capabilities “*adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.*” This Article clearly lays an obligation on India to ensure that its legislative, executive and administrative measures are aimed at preventing and reducing tobacco

consumption, nicotine addiction and exposure to tobacco smoke. In keeping with this Article and the general obligation of India, the Government of India has in the past brought out several Legislation and policies as laid down earlier. However, the act of the Respondents no. 1 to 5 in investing in companies that perpetuate tobacco consumption, nicotine addiction and exposure to tobacco smoke is in absolute dissonance with such policies of the State.

16. Article 5.3 of the FCTC is extremely relevant in the current context. It lays an obligation upon the Parties to protect its health policies from commercial and other vested interests of the tobacco industry. It states that *“[i]n setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.”* In permitting commercial interests involved in investing in Tobacco manufacturing companies, the Respondents have failed to morally comply with the obligations imposed by the WHO FCTC to which India is a ratified member.

17. It is submitted that the guidelines developed for implementation of Article 5.3 and approved by the Conference of Parties (COP) which is the highest decision making body of WHO FCTC, recommended the following

in 2008. It stated that without prejudice to their sovereign right to determine and establish their economic, financial and taxation policies, Parties should respect their commitments for tobacco control. Clause 7.3 of the guidelines recommends that Parties that do not have State-owned tobacco industries should not invest in tobacco industry and related ventures. It also recommends that those Parties that do have State-owned tobacco industries should ensure that any investment in the tobacco industry does not prevent them from fully implementing the WHO FCTC. Since India does not have a State-owned tobacco industry, policies of the State which seek to invest in the Tobacco industry fundamentally go against the FCTC obligations and guidelines on implementation.

18. Further, it is submitted that Article 14 of the WHO FCTC discusses demand reduction measures concerning tobacco dependence and cessation. It lays an obligation on parties to *“take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”*. The policy of the Respondents to invest in tobacco goes absolutely against this very obligation to promote the cessation of tobacco use.

19. It is submitted that the Hon’ble Supreme Court of India in *Vishaka v. State of Rajasthan* (1997) 6 SCC 241 has held that, *“Any International Convention not inconsistent with the fundamental rights and in harmony with its*

spirit must be read into these provisions to enlarge the meaning and content thereof, to promote the object of the constitutional guarantee.” The Hon’ble Supreme Court in a following judgement of *Apparel Export Promotion Council v. A.K. Chopra* (1999) 1 SCC 759 observed that “*international instruments cast an obligation to give due regard to international conventions and norms for construing domestic laws.*” Further, the Hon’ble Supreme Court in *T.N.GodavarmanThirumalpad v. Union of India* (2002) 10 SCC 606 observed that it is necessary for the government to take into account the international obligations and act on it, unless there are ‘compelling reasons’ to depart from it. In light of the above, it is humbly submitted that the act of the Respondents in investing in Tobacco manufacturing companies is inter alia against the obligations of the Union of India under the FCTC.

20.It is submitted that there are many nations around the world which are acting upon such information and divesting funds earlier invested in Tobacco Companies to other ethical investments instead. New Zealand was the first country to direct its sovereign wealth fund to divest in tobacco companies in 2007. The Australian government deposits its funds in the independently managed sovereign trust fund called Future Fund for the payment of

superannuation for retired civil servants. This Future Fund divested its funds worth 210 million dollars in tobacco companies in 2013. Similarly, Norway's Pension Fund Global divested its industry holdings worth two billion dollars in companies that make more than five percent of their profits through tobacco in keeping with their ethical investing guidelines in 2010. In Alberta, Canada, due to the conflict of interest which arose from the state suing tobacco companies for recovery of money spent on medical care of victims of tobacco-related diseases while also profiting from investments in tobacco companies, the Government of Alberta divested 17.5 million dollars of its directly managed tobacco stock held by Alberta Heritage Savings Trust and public sector pension funds. It is submitted that all of the above actions have been taken by these States in view of the conflict of interest in profiting from the tobacco industry investments while at the same time seeking to reduce tobacco consumption and usage.

21. The Applicants seek to bring to the notice of this court the Order passed by the Karnataka High Court in W.P. 27692/2010 on 08.02.2011. The Court in this matter recorded the submission of the Assistant Solicitor General that it would consider the proposal of the Petitioner while framing the Code of Conduct for public officials interacting with the Tobacco Industry. The Applicants submit that such a Court direction and

submission was in view of ensuring that the Tobacco Industry does not interfere in the developing and implementing of health policies and programs related to tobacco control.

(A copy of the Order dated 08.02.2011 is annexed herein and marked as **ANNEXURE – G**)

22.The Applicants state that with the extensive background of the Applicants' work in the fight against tobacco use, the Applicants seek permission to implead as an Intervener in this petition. The Applicants are familiar with the litigation relating to tobacco usage and regulation and has acted on behalf of the public at large in the fight against tobacco. It is important in the present writ petition, to bring out the facts and cases on record that this Hon'ble Court must consider before passing any orders.

23.It is therefore respectfully submitted that the Applicants be impleaded in the present writ petition, inasmuch as it is actively involved in awareness and campaigning against tobacco usage. It is submitted that no harm, loss or injury would be caused to the Parties to the instant petition if the Applicants are permitted to come on record and place all relevant facts and materials which are necessary for the proper adjudication of the issues raised in the present Writ Petition.

24.In the light of the aforementioned facts, it is prayed that

the Chamber Summons be made absolute.

Solemnly affirmed at _____)

On this _____ day of June, 2017)

Applicant No. 1

Before me

Identified by me

(Advocate for the Applicants)