



**IN THE HIGH COURT OF KERALA AT ERNAKULAM**

**PRESENT**

**THE HONOURABLE THE CHIEF JUSTICE MR. NITIN JAMDAR**

**&**

**THE HONOURABLE MRS. JUSTICE SHOBA ANNAMMA EAPEN**

**FRIDAY, THE 26<sup>TH</sup> DAY OF SEPTEMBER 2025 / 4TH ASWINA, 1947**

**WP(C) NO. 32493 OF 2019**

**PETITIONER:**

**KULATHOOR JAISINGH,  
AGED 42 YEARS  
S/O LATE DEVANESAN, THUNDUVILA HOUSE, KULATHOOR,  
UCHAKKADA P.O., THIRUVANANTHAPURAM -695 506.**

**BY ADV SRI.R.GOPAN**

**RESPONDENTS:**

**1 STATE OF KERALA, (DELETED)  
REPRESENTED BY THE CHIEF SECRETARY, GOVERNMENT  
SECRETARIAT, THIRUVANANTHAPURAM - 695 001.  
RESPONDENT NO.1 IS DELETED FROM THE PARTY ARRAY AS  
PER ORDER DATED 29/11/2019 IN WPC.**

**1 THE HEALTH SECRETARY,  
HEALTH DEPARTMENT, GOVERNMENT OF KERALA, GOVERNMENT  
SECRETARIAT, THIRUVANANTHAPURAM - 695 001.**

**ADDL. R2 THE DIRECTOR  
RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY,  
THIRUVANANTHAPURAM - 695 014**

**ADDL. R3 THE DIRECTOR  
NATIONAL INSTITUTE OF VIROLOGY, KERALA UNIT,  
ALAPPUZHA - 688 005  
ADDL R2 & R3 ARE IMPEADED AS PER ORDER DATED  
21.10.2021 IN IA 3/21 IN WPC**

W.P.(C)s. 32493 & 34037 of 2019

-:2:-



2025:KER:72251

**BY ADVS.**

**SHRI.N.MANOJ KUMAR, STATE ATTORNEY**

**SHRI.K.R.RANJITH, GOVERNMENT PLEADER WITH STATE  
ATTORNEY**

**SRI. SANTHOSH MATHEW (SR.) FOR KELSA**

**THIS WRIT PETITION (CIVIL) HAVING COME UP FOR ADMISSION  
ON 26.09.2025, ALONG WITH WP(C).34037/2019, THE COURT ON THE  
SAME DAY DELIVERED THE FOLLOWING:**



**IN THE HIGH COURT OF KERALA AT ERNAKULAM**

**PRESENT**

**THE HONOURABLE THE CHIEF JUSTICE MR. NITIN JAMDAR**

**&**

**THE HONOURABLE MRS. JUSTICE SHOBA ANNAMMA EAPEN**

**FRIDAY, THE 26<sup>TH</sup> DAY OF SEPTEMBER 2025 / 4TH ASWINA, 1947**

**WP(C) NO. 34037 OF 2019**

**PETITIONER:**

**THE COURT ON ITS OWN MOTION  
SUO MOTU PROCEEDINGS INITIATED BASED ON THE DEATH  
OF A GIRL STUDENT OF THE GOVERNMENT SARVAJANA  
VOCATIONAL HIGHER SECONDARY SCHOOL, SULTHAN  
BATHERY, WAYANAD DUE TO SNAKEBITE SUSTAINED INSIDE  
THE CLASSROOM.**

**RESPONDENTS:**

- 1 STATE OF KERALA  
REPRESENTED BY THE CHIEF SECRETARY, GOVERNMENT  
SECRETARIAT, THIRUVANANTHAPURAM-695 001.**
- 2 THE SECRETARY,  
GENERAL EDUCATION DEPARTMENT, GOVERNMENT  
SECRETARIAT, THIRUVANANTHAPURAM-695 001.**
- 3 THE SECRETARY,  
DEPARTMENT OF LOCAL SELF GOVERNMENT, GOVERNMENT  
SECRETARIAT, THIRUVANANTHAPURAM-695 001.**
- 4 THE SECRETARY,  
HEALTH AND FAMILY WELFARE DEPARTMENT, GOVERNMENT  
SECRETARIAT, THIRUVANANTHAPURAM-695 001.**



2025:KER:72251

- 5 THE DIRECTOR GENERAL OF POLICE AND STATE POLICE  
CHIEF,  
POLICE HEADQUARTERS, THIRUVANANTHAPURAM-695 001.
- 6 THE DIRECTOR,  
WOMEN AND CHILD DEVELOPMENT DEPARTMENT, SPMU,  
POOJAPURA, THIRUVANANTHAPURAM-695 012.

BY ADVS.  
SHRI.N.MANOJ KUMAR, STATE ATTORNEY  
SHRI.K.R.RANJITH, GOVERNMENT PLEADER WITH STATE  
ATTORNEY  
SRI. G. BIJU, AMICUS CURIAE  
SRI. SANTHOSH MATHEW (SR.) FOR KELSA

THIS WRIT PETITION (CIVIL) HAVING COME UP FOR ADMISSION  
ON 26.09.2025, ALONG WITH WP(C).32493/2019, THE COURT ON THE  
SAME DAY DELIVERED THE FOLLOWING:



**JUDGMENT**

Dated this the 26<sup>th</sup> day of September, 2025

**Nitin Jamdar, C.J.**

Snakebite envenoming is a life-threatening disease that, without timely treatment, can cause death or permanent disability. In Kerala, snakebite envenoming in school children is a serious problem, especially in rural areas. Snakebite prevention in the schools would require the involvement of several departments of the State, not just the education department. No comprehensive policy document exists to co-ordinate the role of different departments to address the issue of snakebites in schools. Many States in India have declared snakebite envenoming as a notifiable disease, making it mandatory to report cases, as without reliable data, policy interventions remain ad hoc. However, in the State of Kerala, snakebite envenoming has not yet been declared a notifiable disease. A significant number of snakebite cases in Kerala are of the Hump-nosed Pit Viper, for which no specific antivenom is available. This serious issue was brought into sharp focus by the public protest that followed a tragic incident on 20 November 2019, when a fifth-standard student in the Government School at Sulthan Bathery, Wayanad, was bitten by a venomous snake and succumbed before medical care could be provided.

2. The incident at Wayanad led to the filing of the two petitions before us. Both highlight the lack of medical care required for urgent treatment of child victims of snakebite and deficiencies in school buildings, hygiene,



2025:KER:72251

and related matters in Kerala. The petitions were heard together, and consolidated affidavits were directed to be filed. On 7 February 2020, the Under Secretary to the Government, General Education Department, filed a counter affidavit, annexing a circular issued by the Education Department on 22 November 2019. On 4 March 2020, after considering the counter affidavit, the Division Bench directed the District Legal Services Authority (DLSA) to conduct inspections of school premises and hospitals to assess the availability of medical facilities. The DLSA submitted its report on 12 February 2021, recording visits to the Taluk Headquarters Hospital, Thamarassery, Taluk Hospital, Kuttiadi, District Hospital, Kanhangad, Government Hospital, Kasaragod, Women and Children's Hospital, Mattanchery, and Government Hospital, Kottayam. The report noted that lack of necessary medical equipments such as paediatric ventilators were available in some hospitals, but in others they were either absent or non-functional. When the petitions were listed on 4 January 2023, the Court, taking note of the report of the DLSA, issued directions for ensuring the availability of medical facilities.

3. We have heard Mr. R. Gopan, learned counsel for the Petitioner in W.P.(C) No.32493 of 2019, Mr. Santhosh Mathew, learned Senior Advocate appearing for the Kerala State Legal Services Authority (KeLSA), Mr. K. R. Ranjith, learned Government Pleader, and Mr. G. Biju, learned Advocate, appointed as *Amicus Curiae* to assist the Court.

4. When the petitions came up on 5 March 2025, the broader issue of



2025:KER:72251

infrastructure and basic medical care facilities for school children in relation to snakebites was taken up for consideration. During the hearing on 26 March 2025, it was noted that the Circular dated 22 November 2019 issued by the Director of General Education in response to the incident that gave rise to the *suo motu* Public Interest Litigation did not effectively address the question of ensuring basic medical care. The learned Government Pleader sought time to obtain instructions on this aspect.

5. During the hearing on 5 June 2025, the learned Government Pleader placed before the Court the Circular dated 30 May 2025 issued by the Department of General Education in the meanwhile. This Circular was also found to be deficient in several respects. The Circular issued by the Department of General Education placed the entire burden of medical care, training, and related responsibilities on school authorities, without any role of other departments such as Health Department and Forest Department. The Circular directed schools to co-ordinate with the Forest Department but placed no corresponding obligation on the Forest Department as it was issued only by the Education Department. Again the Circular issued by the State being deficient and inadequate, taking a serious note, the Court directed that the matter be placed before the Chief Secretary of the State to hold a meeting on priority as how to involve different departments for the effective implementation of the methodology envisaged under the Circular.



2025 : KER : 72251

6. When the petitions were taken up on 10 July 2025, it was informed that the meeting had not been held and the Circular had not been finalised. The learned Government Pleader was unable to assist the Court due to lack of instructions. The learned *Amicus Curiae* pointed out that the academic year of the schools had already commenced and that it was essential to have a plan of action in place. In these circumstances, since no comprehensive circular or policy was forthcoming from the State Government on its own, we were constrained to issue mandatory directions to the Chief Secretary to convene a meeting of senior officers from the Local Self Government Department, Health Department, Forest Department, and Education Department of the State, and to prepare comprehensive guidelines after considering the inputs from these departments. We expressed our expectation that the draft guidelines would be produced before the Court on the next date of hearing. The learned Government Pleader assured the Court that a copy of this order would be placed before the Chief Secretary.

7. On 28 July 2025, the learned Government Pleader placed on record a copy of the letter dated 25 July 2025 from the Secretary to the Government, General Education Department, addressed to the Director of General Education, and a copy of the letter dated 27 July 2025 from the Additional Chief Secretary, Health Department, addressed to the Office of the Advocate General. He also produced before the Court a copy of the draft guidelines prepared by the Health Department, dated 27 July 2025. The learned Government Pleader submitted that in pursuance of





2025:KER:72251

the interim order of this Court, a copy of the order had been forwarded to the Health Department, the Director of Medical Education, the State Mission Director of the National Health Mission, and the Director of the National Institute of Virology for their remarks. It was further submitted that the General Education Department had issued instructions to the Director of General Education regarding the steps to be taken, and that co-ordination with the other departments was underway. The guidelines were to be finalised in a meeting to be convened by the Chief Secretary, and for this purpose, the learned Government Pleader sought time.

8. Another interim order was issued, considering that the issue was not limited to these departments, and the Forest Department, the Local Self Government Department, and other relevant agencies, including the National Institute of Virology and the National Health Mission, were directed to provide their suggestions on the draft guidelines. These suggestions were to be placed before the Chief Secretary, who would then finalise the guidelines. We also allowed the learned counsel for the Petitioner, the learned *Amicus Curiae*, and the learned counsel for the Intervener to submit their suggestions in writing to the Office of the Advocate General, for forwarding to the Chief Secretary. The Chief Secretary was directed to consider all the suggestions recorded in the interim order while finalising the comprehensive guidelines.

9. Following the directions issued by the Court, a meeting was convened by the Chief Secretary on 1 September 2025 to formulate



2025:KER:72251

guidelines on school safety and security, including the prevention and management of snakebites. The meeting was attended by the Principal Secretary of the Forest and Wildlife Department; Special Secretary of the Local Self Government Department; State Mission Director of the National Health Mission; Additional Secretary of the Education Department; Assistant Director of Medical and Hospital Administration; Additional Director of the Education Department; Additional Secretary of the Health and Family Welfare Department; a representative from the Rajiv Gandhi Centre for Biotechnology (RGCB); Assistant Conservator of Forests; and a virologist from the National Institute of Virology. The minutes of the meeting are placed on record by way of a memo.

10. In the meeting, the National Health Mission highlighted that addressing the issues raised in the writ petitions would require the provision of medical care to students in both private and Government primary schools across Kerala. This includes administering first-aid to students, transporting those with urgent health issues to hospitals, training school staff, and ensuring the availability of adequate primary health care within schools. The Nodal Officer and Assistant Director of Health Services presented draft guidelines prepared in consultation with the Directorate of General Education. The Forest Department reported adoption of the Snake Awareness, Rescue and Protection App (SARPA) initiative, a comprehensive measure that has contributed to a reduction in snakebite deaths. It was noted that while snakebite has been declared a notifiable disease in many States, no such notification has been issued in



2025:KER:72251

Kerala, and action is required to notify snakebite as a notifiable disease under the Public Health Act. It was also discussed that the Anti-Snake Venom (ASV) currently available in the State is effective against only four common snake species. The Chief Secretary suggested that a detailed study be conducted to assess the need for producing ASV for other snake species as well.

11. In the meeting held on 1 September 2025 under the Chairmanship of the Chief Secretary, revised guidelines were prepared, involving and identifying the roles of all concerned departments. It was decided that steps would be taken to expedite the notification of snakebite as a notifiable disease. The Forest Department, in co-ordination with the Rajiv Gandhi Centre for Biotechnology (RGCB), would conduct a detailed study on the need to produce Anti-Snake Venom (ASV) for snake species beyond the four common ones.

12. The Circular to be issued by the State Government, as finalised in the meeting dated 1 September 2025, is placed before the Court by the learned Government Pleader. The learned Government Pleader informed that the State proposes to issue these Guidelines. The draft Guidelines along with the Annexures are as follows:

*“GOVERNMENT OF KERALA*

*No. M1/188/2025-GEDN,  
General Education (M) Department,  
Thiruvananthapuram.  
Dated: #Approved Date #*



*CIRCULAR*

*Sub: General Education Department – Guidelines on implementation of Safety instruction in schools – Issued.*

*Ref: 1. Circular no. QIP1/9520/2025/DGE dated 13.05.2025.*

*2. Circular no. DGE111982024-Q1P1 dated 30.05.2025.*

*3. Guidelines on School Safety and Security issued by the Ministry of Education, Government of India (2021)*

*4. Manual on Safety and Security of Children in Schools issued by the National Commission for Protection of Child Rights (NCPCR)*

*5. Directions of the Hon'ble High Court in W.P.(C) No.32493/2019 filed by Sri. Kulathur Jaisingh and W.P(C) No.34037/2019 (Suo motu) as per interim orders dated 05.07.2025, 28.07.2025 and 26.08.2025.*

*Ahead of the opening of the school for the academic year 2025-26, a Circular was issued from Director of General Education as per reference 1<sup>st</sup> cited above regarding the instructions to be followed by the schools keeping in mind the safety and health of the children. In view of the prevailing adverse climatic condition, directives were issued, vide circular 2<sup>nd</sup> cited above.*

*In compliance with the orders of the Hon'ble High Court vide reference 5<sup>th</sup> cited above, the Health & Family Welfare Department, Forest & Wildlife Department, Local Self Government Department, Rajiv Gandhi Centre for Bio-technology and National Institute of Virology, Kerala Unit, Alappuzha have been consulted and inputs obtained from them. The suggestions of the petitioner in WP(C)*



*No. 32493/2019 and the learned Amicus Curiae have also been taken into account.*

*Accordingly revised guidelines are hereby issued with immediate effect.*

### *1. General Guidelines*

*All schools must treat the Ministry and NCPCR guidelines, vide reference 3<sup>rd</sup> and 4<sup>th</sup> cited above as the foundational reference documents for the planning and execution of safety-related initiatives.*

- *Safety Audit – Each school is required to undertake a thorough safety audit of its entire infrastructure. This includes verification of the stability of buildings, the condition of classrooms, sanitation facilities, electrical systems, and perimeter fencing. All physical hazards such as open pits, broken floors, exposed wiring, and unsecured doors or windows must be promptly repaired. The school environment, including playgrounds and adjacent areas, should be cleared of overgrown vegetation, stagnant water, and any other potential health or wildlife risks including snake bites.*
- *First-aid kit – Schools must maintain a well-equipped first aid room or designated area for the purpose with fully stocked first-aid kits accessible to staff and students. Every school head must ensure that at least two staff members must be trained in basic first aid, including CPR and emergency wound care in consultation with nearest hospital. The contact details of nearby hospitals both (government and private) and public health officers must be displayed prominently within the school premises and ensure that ambulance service contact details are also available and prominently displayed.*
- *Child Emergency Medical Response Plan – Each school must prepare and display a Child Emergency Medical Response Plan outlining the steps to be taken*



2025 : KER : 72251

*in case of sudden medical emergencies. Schools must proactively coordinate with the nearest Primary Health Centre or Taluk Hospital to ensure availability of anti-venom and paediatric medical care in critical situations. Schools should maintain updated lists of hospitals with antivenom facilities. Also schools should coordinate with the Forest Department to Identify and engage authorized snake catchers/handlers for emergency snake removal operations. Schools should conduct thorough inspections of their premises to identify and seal potential entry points of snakes, insects and other reptiles. This includes checking boundary walls, storage areas, gardens and all structures of gaps, holes or overgrown vegetation that may harbour these threats.*

- *Clean and well-maintained toilet facilities must be ensured for all students, with adequate water supply, ventilation, and lighting.*
- *If any kind of serious accidents or traumatic injury occurs, it is crucial the victim receives emergency medical treatment in the first hour after an injury when emergency treatment is most likely to be successful (the Golden hour). No delay whatsoever shall be allowed in initiating emergency response.*
- *Schools must conduct mock drills to ensure preparedness for snake bite, fire, flood, earthquake, or other emergencies in consultation with District Disaster Management Authority and Local Self Government. Awareness should be made on handling emergencies for the welfare of the students.*
- *School heads and managements should strictly adhere to the all directives in this circular. District officials shall conduct periodic inspections to verify implementation.*

## 2. Guidelines on Prevention and Management of snakebite



### Introduction

*The primary management of snake bites involves immediate first aid followed by prompt medical care to assess and treat potential envenomation. This guideline covers clinical issues and various aspects of management of snakebites, including clinical features, intervention measures, first aid, transport and referral criteria, treatment with and treatment with anti-snake venom, and also primordial prevention.*

*The guidelines shall be shared to all institutions under the General Education Department, and also to the Directorates of CBSE, ICSE systems, as well as inter-departmentally, so as to benefit all the related departments including WCD Department with respect to safety of children attending Anganwadis, as a proactive step.*

### Action Plan to tackle snake envenomation in schools

*Preparedness measures. for preventing snake bite events in schools in Kerala should be comprehensive, combining environmental management, awareness, infrastructure improvements, and emergency readiness. The following are key, evidence-based steps recommended for Kerala schools:*

#### 1. Environmental and Structural Measures

- *Maintain Cleanliness: Do not let garbage, food waste, or debris accumulate on school premises, as these attract rodents and other prey, which in turn attract snakes.*
- *Cleaning of School premises: This activity shall be conducted at the beginning of every school year and before rainy season and at least once in a quarter. LSGI shall ensure the process.*
- *Inspection of School buildings: School officials and Local self-government officials should thoroughly inspect the safety of the building and shall ensure that the routine removal of vegetation etc as prescribed above is complied with.*



- *Rodent Control: Prioritize effective rodent control to reduce the food chain that draws snakes.*
- *Secure Building Structures: Ensure compound walls and school buildings are free of gaps, burrows, or holes where snakes can hide. Regularly plaster and maintain these structures.*
- *Remove Hiding Spots: Avoid storing logs, firewood, bricks, or construction materials near classrooms, as these provide shelter for snakes.*
- *Clear Vegetation: Regularly trim bushes, shrubs, and tall grass around playgrounds and buildings. Ensure children do not venture into dense vegetation or abandoned properties.*
- *Designated Paths: Encourage children to use only clear, designated paths and avoid walking barefoot in grassy or wooded areas. Doors and windows are to be properly closed in the evening promptly after school hours, thus preventing the unnoticed entry and hiding of harmful insects and reptiles.*
- *Bags and shoes of the students should not be kept outside class rooms unattended at any time because of chance of snakes entering and hiding in them.*

## 2. Student, Staff and other capacity building

- *Education: Conduct regular sessions to educate students and staff about snakebite risks, snake identification, and safe behaviors.  
(e.g. using sticks to retrieve balls from bushes)*
- *Sensitization Programs: Implement awareness drives and distribute educational materials (pamphlets, posters) in local languages.*
- *Mock Drills: Organize periodic mock drills for snakebite emergencies, involving teachers, students, and local authorities.*





- *Periodic health awareness class on various aspects such as snake envenomation, rescuing etc.*
- *Long-term steps: Introduce Snakebite awareness and prevention education for students using digital technologies, Interactive games and creative IEC materials, like videos to enhance learning and engagement.*
- *Snakebite Prevention will be incorporated in the School Curriculum including in NCC Cadets' Handbook: Introduce snakebite awareness and prevention education for students using digital technologies, interactive games, and creative IEC materials to enhance learning and engagement.*
- *Development of Standardized IEC Materials and school curriculum integration will be done by the General Education Department in consultation with the Health Department & Forest Department.*
- *SARPA volunteers have been doing the programme named 'Sarpa Suraksha', which is done in educational institutions for safety check against the presence of venomous snakes, especially during the school reopening after the summer vacation.*
- *SARPA volunteers have been doing the programme named 'Sarpa Paadam', which is an awareness programme on snakes and snakebites done in educational institutions. It has been targeted to cover all educational institutions during an academic year, which will be repeated in following years. A team of volunteers and staff have been given proper orientation as SARPA Educators, and a standardized Power Point Presentation has been developed and distributed among the selected SARPA Educators for 'Sarpa Paadam'. Support of Education Department in this regard is solicited by Forest & Wildlife Department and the same is under consideration of the General Education.*



### 3. Emergency Preparedness

- *First Aid Training: Train staff in basic first aid for snakebites and ensure they know how to keep the victim calm, immobilize the bitten limb, and arrange prompt medical transport.*
- *Anti-Snake Venom (ASV) Availability: Know the nearest hospital(both Public and private) with ASV stock. Confirm availability in advance and maintain updated contact numbers for local doctors and hospitals*
- *Ambulance availability, location and updated contact mobile numbers of the operating agency/hospital to be known and displayed prominently in room of HM/Principal and school office section.*
- *Availability of services other standby vehicles, updated contact numbers etc., to be displayed similarly in case ambulance is unavailable.*
- *Conducting Mock drill inter-sectorally with the co-operation of LSGDs, Health, Forest and Schools biannually.*

### 4. Collaboration with Authorities

- *Engage Certified Snake Handlers: Utilize Kerala's SARPA initiative and certified snake handlers for safe removal of snakes and to conduct awareness programs.*
- *Contact details of snake handlers / rescuers to be maintained at institution level.*
- *Use of SARPA App' (by Kerala Forest Department, GoK,) and Snake-Pedia App (run by a team of scientists, nature lovers, and doctors in Kerala) to be familiarised to all teachers and non-teaching staff. SARPA, the mobile application and the team of*



2025:KER:72251

*trained and authorized snake rescuers started offering voluntary service for safe removal of snakes from conflict situations, aiming at snake conservation and snakebite mitigation on 24x7 since August 2020, subsequent to the implementation of "Guidelines for the Rescue and Release of Snakes from Human Dominated Areas in Kerala by Certified Snake Handlers" with the approval of State Government. SARPA is a standout example of community participation in addressing snakebite fatalities. With the involvement of 3,200 trained volunteers and over 60,000 snake rescues done during the last five years, the program showcases the value of citizen engagement and community participation in snakebite mitigation and snake conservation.*

- *The "Snakebite Death Free Kerala Initiative" aiming at reducing and eliminating the snakebite deaths in the State was discussed and approved in the State Biodiversity Board Meeting, Chaired by Hon'ble Chief Minister, on 24.10.2024. The program aims to halve the snakebite deaths in Kerala within next two years, and bring the deaths to zero within next five years. The details of the SARPA initiative of the Forest Department is attached herewith as Annexure 1.*
- *Financial Assistance: Utilize available government funds for fencing, clearing wild growth, and other preventive infrastructure. The support of concerned LSG may be utilised to ensure the same.*

##### 5. Policy and Surveillance

- *Community Engagement Involve the wider community and local bodies in surveillance, reporting, and preventive activities.*



- *These measures, when implemented together, create a safer school environment and ensure rapid, effective response in the event of a snakebite, significantly reducing the risk and severity of incidents in Kerala's schools.*

6. Post even Immediate steps

- *Verify the history of snakebite and look for obvious evidence of a bite (fang puncture marks, bleeding, swelling of the bitten part etc.). However, in a krait bite no local marks may be seen. It can be noted by a magnifying lens as a pinpoint bleeding spot with a surrounding rash.*
- *Reassure the victim, as around 70% of all snakebites are from non venomous species.*
- *Immobilize the limb in the same way as a fractured limb. Use bandages or cloth to hold the splints (wooden stick), but do NOT block the blood supply or apply pressure. Ideally, the patient should lie in the recovery position (prone, on the left side) with his/her airway protected to minimise the risk of aspiration of vomitus.*
- *Do not give the victim anything to eat/drink including food, drinks and medications, till he/she reaches a medical health facility.*
- *Shift the victim to the nearest health facility immediately.*
- *Arrange transport of the patient to medical care as quickly, safely and passively as possible by vehicle ambulance (toll-free no.108), boat, bicycle, motorbike, stretcher etc.*
- *Victim must not be made to walk/run or drive himself to reach a Health facility. Motorbike Ambulance may be a feasible alternative for rural areas.*



- *Inform the doctor of any symptoms such as progress of local swelling, ptosis (drooping of eyelids) or new symptoms like difficulty in breathing, double vision, difficulty/change in speaking.*
- *Remove shoes, rings, watches, jewellery and tight clothing from the bitten area as they can act as a tourniquet when swelling occurs.*
- *Leave any local blisters undisturbed.*

7. *TRADITIONAL / INAPPROPRIATE PRACTICES TO AVOIDED:*

*Important don't's:*

- *Do not attempt to kill or catch the snake as this may be dangerous. Take a picture of the snake, if possible, for identification by an expert.*
- *Discard unscientific methods (like black stones, scarification)*
- *Do not wash the wound and interfere with the bite wound (like making incisions, suction, rubbing, tattooing, vigorous cleaning, massage, application of herbs or chemicals, cryotherapy, cautery) as this may introduce infection, increase absorption of the venom and increase local bleeding.*

8. *Health Department Roles*

- *In the State, action has been taken to ensure availability of Anti-Snake Venom (ASV) in all hospitals at and above the level of Taluk hospitals.*
- *Nodal Officers will be assigned at the district level for coordinating snake bite envenomation-related activities and ensuring ASV at designated hospitals.*
- *Administration of ASV is a life-saving measure, yet it can sometimes cause serious adverse events*



*unpredictably, and hence, the professional protection of medical personnel involved shall be ensured to instil confidence among them.*

- *Schools shall work in liaison with concerned FHC Medical Officers to receive guidance to address the health care needs of the schools, which includes snake bite management. The health department shall coordinate with the Education department to organise training in first aid measures, and share an updated list of hospitals having ASV stocks, with contact details.*
- *Facility for onward transport of patients referred from Taluk/other hospitals to higher centres shall be kept ready 24x7.*
- *The Secretary, Ministry of Health and Family Welfare, Government of India has issued D.O Letter No.ISCP/57155/06/DZDP/NCDC dated 27.11.2024 to all States and UTs with direction to declare snakebite cases and deaths a "Notifiable Disease". Declaring as Snakebite Cases and Deaths as Notifiable Disease is very important, since it enables online data entry of all such cases, which will provide the data required for trend analysis, and heat maps thus prepared enables better preparedness and effective planning for addressing the issue. In the State of Kerala, Snake bite will be made a notifiable disease and efforts for the same as per the Public Health Act is underway.*
- *As per NAPSE (National Action Plan for Prevention and Control of Snakebite Envenomation in India by 2030) anti-venom stock availability shall be ensured in all District and Taluk level hospitals, and also in all CHC level. Ensuring availability of good quality ASV along with facility for its administration is very important in reducing risks of snakebite casualties in the State. The policy level decision to keep ASV at*



*CHC level will be explored after considering various aspects.*

- In addition to the Polyvalent ASV available in India, which is effective only against the bites of Big 4 venomous species, we still don't have ASV for species like Hump Nosed Pit Viper and venomous snakes, which is endemic to South-Western Ghats.*
- Collaborative Research works in this regard will also be undertaken.*
- The Health & Family Welfare Department is striving to develop all the major hospitals as per the standardisation guidelines. Shortcomings, if any, at present are being addressed through KIIFB/ NABARD/Plan/NHM Funds. Such shortcomings can be notified to the authorities concerned through the toll free number of 1056 by DISHA helpline. The H&FW Department is also in the process of developing a dedicated portal for grievance redressal by the general public.*

#### 9. Ambulance

- Schools may contact 108 Ambulance/nearest health facility for ambulance to transport the child to designated treatment facility without delay. In case ambulance is not available any suitable vehicle may be used for the purpose.*
- Child shall be fully immobilized (ie., should not even be made to walk) and transported in a lying down position, preferably with affected part/limb placed at the level of the heart.*

#### 3. Guidelines for providing fitness from the Local Self Government Department regarding implementation of standards in schools

- For issuing Safety Certificate at the beginning of the academic year, Engineers of the Local Self-*



2025:KER:72251

*Government Department should ensure the structural stability of the school and also take into account the safety of the premises and land where the school is located. They should also check for trees that are growing in a way that poses a danger to the school building or children using the playground in the school compound, dangerous walls, earthen mounds, buildings, electric posts, hoardings, arches, towers, wells with no or weak walls, pits, and the possibility of vehicle accidents in front of the school gate and fitness certificate shall be issued only after ascertaining safety and security through inspection.*

- Steps shall be taken to make timely changes in the proforma used for applying the fitness certificate. A checklist regarding the information related to the Safety norms should also be included along with proforma. The check list will be finalized after consultation with all the Departments concerned.*
- To ensure the safety of school children, a Safety Monitoring Committee should be formed at the school level, comprising the school manager, school headmaster/headmistress, P.T.A representatives, teacher/non-teacher representatives, ward member, Forest and Wildlife Department representative, Electrical Inspectorate Department representative, Electricity Board representative, and Health Department representative. The application for school fitness should be submitted with the approval of the said Monitoring Committee, and all the Committee members should certify the check list and the application.*
- After issuing Fitness Certificate by the Engineers of the Local Self Government at the beginning of the academic year, the security systems in the school should be inspected at regular intervals at the school level to ensure that they are in good condition. For this, a Sub Committee comprising the School*





2025 : KER : 72251

*Manager, school Headmaster / Headmistress, P.T.A, teacher/non-teaching representatives, Ward Members etc. may be formed and the task as described above may be assigned to the Sub Committee.*

- *The School Safety Sub-Committee may also be entrusted with the responsibility of immediately informing the relevant Departments if it becomes aware of a situation where the students or others are facing a threat to life or property.*
- *School authorities must follow the instructions of the Union Ministry of Education and the State General Education Department regarding school safety.*
- *Fire extinguisher systems should be installed in all schools and training in their operation should be provided to all teachers and students.*
- *The Motor Vehicles Department can be tasked with checking the fitness of school vehicles every year. A school-level sub-committee can be tasked with monitoring activities related to the fitness of vehicles.*
- *Barrier-free school entrances should be provided.*
- *It should also be ensured that all schools have sick room facilities and first aid facilities at the time of issuing fitness certificates.*
- *The guidelines issued through circular number 17565/DB2/10/LSGD dated 19.03.2010, stipulating facilities such as water tanks in all schools, replacement of old and damaged wiring with new wiring, insurance of buildings against fire and natural calamities, replacement of all kitchens near classrooms, ensuring that only the Pre-primary and Lower Primary, Nursery wings are functioning*



*on the first floor, and use of fire-resistant materials in building construction, shall be followed.*

- *New constructions in schools shall be carried out complying with the existing Building Rules. Further, the construction should be carried out under the supervision of engineers only after the plan, estimate, structural drawing, soil investigation report etc. of the new construction are examined by the concerned engineer as prescribed in Circulars No.42448/EW3/11/LSGD dated 12.09.2011 & No.DB5/9495/2009/CE/LSGD dated 28.05.2014.*
- *It should also be ensured that all Government, Aided and Unaided Schools including Pre-primary schools have obtained fitness certificates through Local Self Government Engineers. The Head of the Local Self Government Institution concerned should ensure that schools are not functioning without fitness certificates as directed in the Circular No.792455/EW3/2016/LSGD dated 30.12.2016.*
- *Before issuing fitness certificate, Guidelines issued vide GO(Rt) No.1840/2020/LSGD dated 07.10.2020, shall be strictly complied with. Accordingly, the Officer entrusted with the responsibility of issuing fitness certificates to school buildings etc. shall strictly conduct site inspection and submit report. Action shall be taken to cut away dangerously poised trees in school campus, to do fencing of transformers, to ensure electric wires are not dangerous to children, to construct parapet for wells, to cover open wells, to remove/destroy wasp/bee-hives, to clean class rooms toilets and washrooms through cleaning workers including Kudumbasree workers.*
- *As per circular No.358/EWA3/2021-LSGD dated 16.03.2022, it is stipulated that trees that are dangerous to school buildings and playgrounds*



*compound walls, earthen mounds, electric posts, buildings, hoardings, towers, wells without parapets, broken parapets, arches, holes in the ground, and hazards in front of the school gate should be inspected during the fitness inspection. The said conditions shall be scrupulously followed.*

- *Regarding the replacement of asbestos, tin and aluminium sheet roofs and making fire safety arrangements, directions stipulated in Government order No. G.O.(Ms.) No.162/2019/G.Edn. dated 09.10.2019, Government Order No. G.O.(Rt) No.2182/2021/LSGD dated 02.11.2021, G.O.(P) No.114/2022/LSGD dated 28.05.2022 should be followed.*
- *As the technical personnel of LSGD alone are not responsible for implementation of safety standards in schools, it is necessary to ensure the collective responsibility of all stake holding Departments in such a collective and co-ordinated task. Hence the Department wise responsibility and Checklist as shown in Annexure A and B respectively are stipulated for the issuance of School Fitness Certificate.*

*(Annexure A: Department-wise Responsibility who are associated in different stages for the Issuance of School Fitness Certificate*

*Annexure B: Checklist for Issuance of School Fitness Certificate)*

*Chief Secretary.”*

*Forwarded / By Order*

*Section Officer.*

\*\*\*

*ANNEXURE 1*

*SARPA APP and the Snakebite Death Free Kerala initiate*



1. SARPA, the mobile application and the team of trained and authorized snake rescuers started offering voluntary service for safe removal of snakes from conflict situations, aiming at snake conservation and snakebite mitigation on 24x7 since August 2020, subsequent to the implementation of "Guidelines for the Rescue and Release of Snakes from Human Dominated Areas in Kerala by Certified Snake Handlers" with the approval of State Government. SARPA is a standout example of community participation in addressing snakebite fatalities.

2. With the involvement of 3,200 trained volunteers and over 60,000 snake rescues done during the last five years, the program showcases the value of citizen engagement and community participation in snakebite mitigation and snake conservation.

3. The "Snakebite Death Free Kerala Initiative" aiming at reducing and eliminating the snakebite deaths in the State was discussed and approved in the State Biodiversity Board Meeting, Chaired by Hon'ble Chief Minister, on 24.10.2024. The program aims to halve the snakebite deaths in Kerala within next two years, and bring the deaths to zero within next five years.

4. The push for indigenous antivenom production is an important area to be prioritized, and scope and feasibility for regional antivenom production has been proposed under this program, with the support of Industries Department. A regional collection centre can be established at a suitable location in Kerala.

5. As per NAPSE (National Action Plan for Prevention and Control of Snakebite Envenomation in India by 2030) anti-venom stock availability shall be ensured in all District and Taluk level hospitals, and also in all CHC level. Ensuring availability of good quality ASV along with facility for its administration is very important in reducing risks of snakebite casualties in the State. The policy level decision to keep ASV at CHC level will be explored after considering various aspects.



6. *The Secretary, Ministry of Health and Family Welfare, Government of India has issued D.O Letter No.ISCP/57155/06/DZDP/NCDC dated 27.11.2024 to all States and UTs with direction to declare snakebite cases and deaths a "Notifiable Disease". Declaring as Snakebite Cases and Deaths as Notifiable Disease is very important, since it enables online data entry of all such cases, which will provide the data required for trend analysis, and heat maps thus prepared enables better preparedness and effective planning for addressing the issue. In the State of Kerala, Snake bite will be made a notifiable disease and efforts for the same as per the Public Health Act is underway.*

7. *The online data entry of Snakebite Cases and Deaths by Health Department and Hospitals is requested to be interpolated with SARPA Mobile App also, so that the planning against snakebite proneness can be made more effective. There is already facility provided in the SARPA App for reporting snakebites.*

8. *In addition to the Polyvalent ASV available in India, which is effective only against the bites of Big 4 venomous species, we still don't have ASV for species like Hump Nosed Pit Viper, which is endemic to South-Western Ghats. Interestingly, most number of venomous snakebites reported in Kerala are those of HNPV, and there are several deaths reported due to HNPV bites. Hence developing either Monovalent ASV for HNPV, or a Polyvalent ASV for Pit Vipers is important, to eliminate possibilities of snakebite deaths completely. Research works in this regard done by Evolutionary Venomics Lab, Indian Institute of Science, Bangalore has been supported by Kerala Forest Department.*

9. *SARPA volunteers have been doing the programme named 'Sarpa Suraksha', which is done in educational institutions for safety check against the presence of venomous snakes, especially during the school reopening after the summer vacation.*



10. *SARPA volunteers have been doing the programme named 'Sarpa Paadam', which is an awareness programme on snakes and snakebites done in educational institutions. It has been targeted to cover all educational institutions during an academic year, which will be repeated in following years. A team of volunteers and staff have been given proper orientation as SARPA Educators, and a standardized Power Point Presentation has been developed and distributed among the selected SARPA Educators for 'Sarpa Paadam'. Support of Education Department in this regard is solicited by Forest & Wildlife Department.*

11. *"Snake and Snakebite Awareness" has been recommended by the Forest and Wild Life Department to be included in the syllabus of 9<sup>th</sup> and 11<sup>th</sup> Standard students, as proper awareness about the subject will reduce possibilities of dangers due to snakebites. It is worth noting that there are still many wrong and unscientific information regarding snakes and snakebites, including in NCC Cadets' Handbook, which need to be corrected at the earliest.*

12. *Besides students, SARPA volunteers are providing awareness programmes for various other target groups such as Kudumbasree units, MNREGS members and Residential Associations. Support of LSG institutions in this regard is solicited by the Forest and Wildlife Department.*

13. *Among the achievements of SARPA initiative, most important is that the snakebite deaths were reduced from 123 during 2019 to 30 in 2024. There were many critical interventions by the volunteers in many snakebite cases which lead to this remarkable achievement.*

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Annexure A

Department-wise Responsibility for Issuance of School Fitness Certificate



*The following department-wise responsibilities are prescribed for verification of school safety standards prior to the issuance of a Fitness Certificate. Each department official shall personally inspect, verify, and record compliance under their jurisdiction. The Assistant Engineer, LSGD shall issue the final Fitness Certificate only after ensuring that all departmental verifications have been duly completed and authenticated.*

1. Local Self Government Department (Engineering Wing)

- *Verification of structural stability of school buildings, including foundations, walls, roofs, beams, columns, and floors.*
- *Inspection of compound walls, parapets, wells, septic tanks, pits, earthen mounds, and slopes for safety.*
- *Certification that new constructions/alterations comply with Kerala Building Rules, approved plans, soil investigation reports, and structural drawings.*
- *Identification and removal of trees, hoardings, arches, towers or other structures that pose danger to children or school property. -*
- *Verification of compliance with earlier Government Orders on fire-resistant construction materials, replacement of asbestos/tin/aluminium sheet roofing, and kitchen location.*
- *Ensuring barrier-free access to school buildings and premises.*

2. Electrical Inspectorate / Kerala State Electricity Board

- *Inspection and certification of electrical wiring and fittings; replacement of damaged/obsolete wiring.*
- *Verification of proper earthing and safe electrical installations.*



- *Inspection of transformers, electric posts, overhead lines and certification that these do not pose danger to students.*
- *Ensuring fencing and protective measures for all high-voltage equipment within or adjacent to school premises.*

3. *Fire & Rescue Services Department*

- *Verification of installation and functionality of fire extinguishers and fire safety equipment.*
- *Certification of fire evacuation routes and safety signage within the school.*
- *Conducting and certifying mock fire drills and evacuation preparedness.*
- *Ensuring training of staff and students in basic fire safety measures.*

4. *Health Department*

- *Verification of toilets, washrooms, and drinking water facilities for cleanliness, hygiene, ventilation, and adequacy.*
- *Inspection of sick room/health room availability with minimum facilities.*
- *Certification that a first-aid kit is maintained in good condition and accessible.*
- *Verification that at least two staff members are trained in first aid.*
- *Ensuring display of contact details of nearby hospitals, ambulance services, and health officials in prominent places.*
- *Certifying arrangements for emergency medical response, including ambulance access and referral linkages with PHC/Taluk hospitals.*





5. Forest & Wildlife Department

- *Inspection of school premises to identify and seal entry points for snakes, reptiles, and other wildlife.*
- *Verification of vegetation clearance, rodent control, and garbage management to prevent wildlife risks.*
- *Certification of school participation in snakebite awareness and safety programmes (e.g., SARPA).*
- *Ensuring availability and display of contact details of certified snake handlers/rescuers.*
- *Promoting familiarity of school staff with SARPA App.*

6. Motor Vehicles Department

- *Annual inspection and Certification of school buses and other vehicles for roadworthiness and compliance with statutory safety requirements.*
- *Verification of driver licensing, fitness certificates, permits, insurance, and safety equipment in school vehicles.*
- *Checking compliance with speed governors, CCTV, GPS tracking, and seating capacity norms.*

7. School Safety Monitoring Committee (Headmaster, PTA, Local Body Representative, etc.)

- *Ensuring constitution of the School Safety Monitoring Committee and a School-level Sub-Committee for continuous monitoring.*
- *Supervising general cleanliness of classrooms, kitchens, and playgrounds.*
- *Confirming implementation of mock drills and awareness programmes on health, disaster preparedness, and safety.*



- *Countersigning the consolidated checklist before submission to LSGD.*
- *Acting as the first point of contact for identifying and reporting imminent threats to life or property.*

8. Consolidation and Certification — Assistant Engineer, LSGD

- *After ensuring that all the above departmental verifications are completed and signed, the Assistant Engineer, LSGD shall issue the School Fitness Certificate.*
- *The AE, LSGD shall not issue the certificate unless all required departmental verifications are present and found satisfactory.*
- *A copy of the consolidated checklist, duly signed by all concerned, shall be retained in the records of the school and the local body.*

\*\*\*

*Annexure B*

*Checklist for Issuance of School Fitness Certificate*

*School Name:* \_\_\_\_\_

*School Code:* \_\_\_\_\_

*School Type (Govt./Aided/Unaided):* \_\_\_\_\_

*Section A – Structural & Premises Safety*

<i>Sl. No.</i>	<i>Item to be Verified</i>	<i>Yes</i>	<i>No</i>	<i>Remarks</i>
<i>1</i>	<i>Building structurally stable (no cracks, tilting, unsafe walls)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>2</i>	<i>Compound wall-intact and safe</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>3</i>	<i>Premises free of</i>	<input type="checkbox"/>	<input type="checkbox"/>	



- pits, mounds,  
unsafe slopes*
- 4 *New constructions  
comply with  
Building Rules &  
approvals* ☐ ☐
- 5 *Dangerous/  
overgrown trees  
pruned or  
removed* ☐

*Inspection Date:\_\_\_\_\_*

*Signature & Seal of the Concerned Department Officer:*

***Section B – Electrical & Fire Safety***

<i>Sl. No.</i>	<i>Item to be Verified</i>	<i>Yes</i>	<i>No</i>	<i>Remarks</i>
1	<i>Electrical wiring safe (old/damaged wiring replaced)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<i>Transformers (if nearby) fenced properly</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<i>No exposed/ hazardous electric posts or wires near school</i>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<i>Fire extinguishers installed and functional</i>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<i>Teachers &amp; students trained in extinguisher use</i>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<i>Building insured against fire/natural</i>	<input type="checkbox"/>	<input type="checkbox"/>	

*calamities**Inspection Date:\_\_\_\_\_**Signature & Seal of the Concerned Department Officer:**Section C – Health, Sanitation & First Aid*

<i>Sl. No.</i>	<i>Item to be Verified</i>	<i>Yes</i>	<i>No</i>	<i>Remarks</i>
<i>1</i>	<i>Adequate, Clean, ventilated toilets with safe water</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>2</i>	<i>Classrooms, toilets, washrooms cleaned regularly</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>3</i>	<i>Sick room/health room facility available</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>4</i>	<i>First Aid kit fully stocked</i>			
<i>5</i>	<i>At least two staff trained in First Aid &amp; CPR</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>6</i>	<i>Emergency hospital/ ambulance contacts displayed</i>			

*Inspection Date:\_\_\_\_\_**Signature & Seal of the Concerned Department Officer:**Section D – Snakebite & Wildlife Safety*

<i>Sl. No.</i>	<i>Item to be Verified</i>	<i>Yes</i>	<i>No</i>	<i>Remarks</i>
<i>1</i>	<i>Premises inspected</i>	<input type="checkbox"/>	<input type="checkbox"/>	



	<i>for snake entry points/holes</i>		
2	<i>Rodent control measures in place</i>	<input type="checkbox"/>	<input type="checkbox"/>
3	<i>Vegetation/garbage cleared to avoid snake habitat</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	<i>Bags/shoes not left unattended outside classrooms</i>	<input type="checkbox"/>	<input type="checkbox"/>
5	<i>Awareness/mock drills on snakebite conducted</i>	<input type="checkbox"/>	<input type="checkbox"/>
6	<i>Contact details of snake handlers displayed</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	<i>Staff familiar with SARPA &amp; Snake pedia apps</i>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection Date: \_\_\_\_\_

Signature & Seal of the Concerned Department Officer:

### **Section E – Access, Transport & Vehicle Safety**

<i>Sl. No.</i>	<i>Item to be Verified</i>	<i>Yes</i>	<i>No</i>	<i>Remarks</i>
1	<i>Barrier-free entrance / exit provided</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<i>Risk of accidents near school gate minimized</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<i>School vehicles inspected &amp; certified by MVD</i>	<input type="checkbox"/>	<input type="checkbox"/>	



2025 : KER : 72251

- 4 Vehicle safety monitored by Sub-Committee ☐ ☐

Inspection Date: \_\_\_\_\_

Signature & Seal of the Concerned Department Officer:

**Section F – Building Safety Standards (as per GOs)**

Sl. No.	Item to be Verified	Yes	No	Remarks
1	Kitchens not located near classrooms	<input type="checkbox"/>	<input type="checkbox"/>	
2	Only Nursery/LP classes in first floor	<input type="checkbox"/>	<input type="checkbox"/>	
3	Fire-resistant building materials used	<input type="checkbox"/>	<input type="checkbox"/>	
4	Asbestos/tin/ aluminium sheet roofs replaced	<input type="checkbox"/>	<input type="checkbox"/>	
5	Parapet walls for wells; open wells covered	<input type="checkbox"/>	<input type="checkbox"/>	

Inspection Date: \_\_\_\_\_

Signature & Seal of the Concerned Department Officer:

**Section G – Monitoring & Documentation**

Sl. No.	Item to be Verified	Yes	No	Remarks
1	School Safety Monitoring Committee constituted	<input type="checkbox"/>	<input type="checkbox"/>	
2	Application signed by Committee	<input type="checkbox"/>	<input type="checkbox"/>	



*with checklist*

3    *Sub-Committee*    ☐    ☐  
     *formed for regular*  
     *monitoring*

*Signature & Seal of the Concerned:*  
*Final Certification*

*Based on the above inspection and checklist, I hereby*  
*certify that:*

☐ *The school building and premises are fit and safe for*  
*functioning.*

☐ *The school building and premises are not fit,*  
*deficiencies noted.*

*Assistant Engineer (LSGD), Concerned Local Body*

*Name:* \_\_\_\_\_

*Signature & Seal:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Countersignature By Headmaster / Convener, School*  
*Safety Monitoring Committee.*

*I hereby confirm that the information provided in this*  
*checklist is correct to the best of my knowledge.*

*Headmaster / Convener*

*Name:* \_\_\_\_\_

*Signature & Seal:* \_\_\_\_\_

*Date:* \_\_\_\_\_

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Following the interim orders that emphasised the need for comprehensive guidelines, the State of Kerala has now formulated the above Guidelines to be issued as a circular. The Guidelines are based on inputs from various



2025:KER:72251

departments, and the State should now proceed to implement the same. We have not examined whether any legal challenges may arise from private parties, and our concern was the absence of a comprehensive framework to address the issue.

13. Apart from the proposed Guidelines, several other issues also require attention. A comprehensive document on the subject, the National Action Plan for Prevention and Control of Snakebite Envenoming (National Action Plan) is issued by the National Centre for Disease Control under the Ministry of Health and Family Welfare, Government of India. The Plan has already been circulated to all the States. This Plan would give ample guidance for tackling the issue of snakebites in schools in Kerala. The National Action Plan identifies four key areas. First, safe and effective treatment involves making antivenoms widely available, affordable, and properly regulated, including training of health workers. Second, empowering and engaging communities requires working with communities to prevent bites and reduce risks. Third, strengthening health systems for improved community health services, enhanced monitoring and research on snakebite cases, and studies on snake ecology, treatment outcomes, and interventions. Lastly, co-ordination between agencies, and efficient data management and research.

14. As recorded in the National Action Plan, effective Anti-Snake Venom (ASV) can prevent most fatalities if administered promptly. In India, ASV is focusing on the “Big Four,” but supplies of quality venom





2025:KER:72251

for broader ASV production are limited. The Snakebite Death Free Kerala Initiative, approved by the State Biodiversity Board on 24 October 2024, aims to reduce snakebite deaths by half within two years and eliminate them within five years. A major component of the Initiative is the production of indigenous antivenom, with proposals to establish a regional collection centre in Kerala. However, as on today in Kerala, antivenom for the Hump-nosed Pit Viper – the species responsible for most venomous bites in the State – is not available. It is reported that research on this snake species is being conducted by the Indian Institute of Science, Bangalore, with support from the Forest Department. This is an area upon which the State Government will have to focus.

15. It is important to note that the National Action Plan also highlights the role of Non-Governmental Organisations (NGOs) in snakebite prevention and control. In rural areas, venomous snakebites occur during everyday activities such as sleeping, farming, or walking barefoot. NGOs engage in community awareness programs, and thus can educate people on snake ecology and preventive measures. NGOs also can distribute essential resources such as rechargeable torchlights and gum boots, to prevent snakebites during night-time activities in poorly lit areas. Prevention and control of snakebites require the involvement and partnership of various ministries, departments, professional bodies, NGOs, and the communities. The National Action Plan has stressed on the role of these stakeholders. In the framework for monitoring the steps to be taken under the proposed Circular, the State of Kerala should



2025:KER:72251

consider including Non-Governmental Organisations as indicated in the National Action Plan.

16. One more aspect that needs to be addressed is the accuracy of data regarding reports of snakebites, which is essential for taking preventive measures. The learned Government Pleader has placed before the Court data on persons seeking treatment for snakebites over the last five years. The figures show 5,322 cases in 2020, 3,412 in 2021, 4,279 in 2022, 5,135 in 2023, and 6,664 in 2024. The material on record indicates that, though the number of persons undergoing treatment varied, a decline in fatalities was observed from 71 in 2019–2020 to 31 in 2024–2025. Official records likely under-report the actual number of deaths, since there is no mandate for reporting the cases. The Secretary, Department of Health and Family Welfare, Government of India, on 27 November 2024, has issued a communication to all the States, referring to the National Action Plan, emphasising on the need to strengthen surveillance of snakebite cases and deaths to guide interventions and measure their effectiveness. The Government of India has written to all the States, highlighting the importance of making the reporting of all snakebite cases and deaths mandatory. It cannot be debated that accurate reporting will help to identify the true causes and extent, as well as high-risk areas and causes of death, which will lead to improved clinical management and better reporting from private health facilities. Consequently, the Ministry of Health and Family Welfare called upon the States to declare snakebite cases and deaths a “Notifiable Disease” under the relevant provisions of



2025:KER:72251

the State Public Health Act or other applicable laws. Thus, for effective measures to address the issue of snakebites, the State of Kerala must have accurate data and make the reporting of all cases compulsory for all Government and private health facilities, including medical colleges. Several States have already declared snakebite a notifiable disease. Kerala, however, has not yet done so. Therefore, the currently available data may be incomplete or inaccurate, and immediate steps are necessary to ensure proper reporting.

17. During the course of the hearing, earlier the Division Bench had directed the District Legal Services Authority (DLSA) to submit a report. The DLSA submitted a report which was found useful, and based on the report, directions were issued. The State Government and the Kerala State Legal Services Authority should consider collaborating on the issue at hand and extend help to para-legal volunteers, if it falls within the schemes adopted by the National Legal Services Authority and the Kerala State Legal Services Authority.

18. The proposed Guidelines contemplate issuance of a fitness certificate with several conditions required for its grant. The learned *Amicus Curiae* suggested that the gist of all requirements necessary for the issuance of a fitness certificate should be consolidated into a single document which can be appended to the Guidelines. Inclusion of such a document as an annexure would be beneficial. The State Government should consider adopting this course of action.



2025:KER:72251

19. Thus, following the various Court orders, the State Government has now prepared guidelines involving multiple departments regarding the issue of snakebites in schools in Kerala. Ensuring the availability of anti-venom at all health facilities is of utmost importance. A reliable and uninterrupted supply of ASV will have to be maintained in primary health centres, community health centres, and district hospitals so that timely treatment is available, particularly in rural and remote areas where snakebites are most common. Equally critical is the strengthening of emergency care services at district hospitals. These hospitals have to be adequately equipped with ventilators, intensive care facilities, trained personnel, and standard treatment protocols to ensure uniform quality of care. Surveillance of snakebite cases and deaths has to be strengthened. Unless accurate data is collected and analysed, policy intervention will remain ad hoc. Making snakebite a notifiable disease and ensuring mandatory reporting will enable the State to identify high-risk areas and respond in a focused manner. Capacity building of health professionals through regular training programmes is also essential. Teachers and school staff need to be educated about preventive measures, and the importance of seeking immediate medical attention.

20. The State Government should give adequate publicity to the Guidelines. The Guidelines can be published on the official website in English and in vernacular languages, with an email address provided for suggestions and feedback. Further, mere issuance of guidelines is not enough, as they have to be effectively enforced. These Guidelines should



2025:KER:72251

be treated as a work in progress rather than a final document, since issues will inevitably arise and require incorporation. For example, under the General Guidelines – Child Emergency Medical Response Plan, schools are mandated to co-ordinate with health centres to ensure the availability of antivenom, and the schools are required to maintain an updated list of hospitals equipped with antivenom facilities. Ensuring availability of antivenom is beyond the capacity of the school and it is the task of the concerned hospital. So also, for maintaining the list of hospitals with antivenom facilities, the concerned Health Department will have to create a list where antivenom is currently available. Therefore, the Guidelines will have to be construed to mean that as for fixing the responsibility on the school, corresponding obligation of co-ordination is placed on the concerned department, without which the schools cannot carry out their obligation, that will fall beyond their capacity. Modifications to the Guidelines may also be necessary to harmonize them with other policy documents such as the National Action Plan. The State has to establish a mechanism to regularly update the Guidelines and monitor their implementation. Till such a mechanism is established, the officers and representatives who attended the meeting on 1 September 2025 can continue to function as a Joint Committee. The State may nominate one Nodal Officer at the State level and one at each District level to oversee implementation. The District Nodal Officer can maintain a record of all issues and forward them to the State Nodal Officer, who will place them before the Joint Committee at its meetings. Once mandatory reporting is



2025:KER:72251

enforced, the District Nodal Officer can collect all relevant data, and the State Nodal Officer will present it before the Joint Committee. Review meetings, chaired by the Chief Secretary, should be held at regular intervals to assess progress and determine whether any modifications are needed. The Joint Committee can further develop a detailed methodology for data collection, monitoring, and reporting.

21. With the above observations and having noted the steps taken by the State Government pursuant to the interim orders, we issue the following directions:

- A) The State of Kerala will issue a circular notifying the guidelines on the implementation of safety instructions regarding snakebites in schools across the State (the Guidelines), as formulated in the meeting held on 1 September 2025 under the Chairmanship of the Chief Secretary, Government of Kerala, within two weeks from today.
- B) The State Government will give adequate publicity to the Guidelines, and they will be published on the official website of the State of Kerala, both in English and in vernacular languages. An email address will be provided therein for suggestions and feedback.



- C) The State Government will issue necessary instructions to the relevant Government departments and agencies involved in implementing the Guidelines, specifying the roles to be performed by the departmental officers and assigning responsibilities accordingly. Entire responsibility cannot be placed on schools to perform tasks beyond their capacity which is the responsibility of the Government departments, such as ensuring availability of antivenom, etc. Changes be carried out accordingly.
- D) Till the State Government puts in place a framework for updating and overseeing monitoring of the activities pursuant to the Guidelines, the working group constituted in the meeting held on 1 September 2025 shall continue as a Joint Committee under the Chairmanship of the Chief Secretary, Government of Kerala, for the purpose of reviewing and updating the Guidelines, and monitoring the steps to be taken as per the Guidelines. The Joint Committee will oversee compliance with the Guidelines by issuing necessary instructions and by reviewing and modifying the Guidelines, as may be necessary.
- E) The Joint Committee will consider collaborating with the Kerala State Legal Services Authority on the subject



2025:KER:72251

matter. The Joint Committee will consider including/ inviting representatives of Non-Governmental Organisations working in the field, in the functioning of the Committee.

- F) The Joint Committee will formulate a standard operating procedure for its functioning as regards monitoring and reporting of information. The Joint Committee will hold periodical meetings from time to time as may be necessary, at least twice a year.
- G) The State Government will designate an officer as the Nodal Officer for collecting the data at the State level and place the same before the Joint Committee. Nodal Officers shall also be designated at the district level to collect data and forward it to the State Nodal Officer, who will place it before the Joint Committee. The Joint Committee will issue necessary instructions regarding the manner, mode, and type of data that needs to be collected and placed before the Joint Committee.
- H) The State Government will expedite its efforts, in co-ordination with the concerned agencies for the development of Antivenom Vaccines as per the decision taken in the meeting held on 1 September 2025.





I) The State Government will take steps to make snakebite cases and deaths a notifiable disease under the Kerala Public Health Act, 2023, as per the communication of the Ministry of Health and Family Welfare dated 27 November 2024, within two months from today.

22. With the above directions, the Writ Petitions are disposed of. The claim of the Petitioner in W.P.(C) No.32493 of 2019 regarding the grant of compensation is kept open to be pursued in appropriate proceedings.

23. We place on record our appreciation for the valuable assistance rendered by the learned *Amicus Curiae* and all the learned counsel in these petitions.

24. Pending interlocutory applications stand closed.

Sd/-

**Nitin Jamdar,  
Chief Justice**

Sd/-

**Shoba Annamma Eapen,  
Judge**

vpv & krj/-



2025:KER:72251

**APPENDIX OF WP(C) 32493/2019**

**PETITIONER EXHIBITS**

<b>EXHIBIT P1</b>	<b>PHOTOCOPY OF THE LIST OF TALUK HOSPITALS IN KERALA.</b>
<b>EXHIBIT P2</b>	<b>PHOTOCOPY OF THE LIST OF DISTRICT HOSPITALS IN KERALA.</b>
<b>EXHIBIT P3</b>	<b>PHOTOCOPY OF THE LIST OF GENERAL HOSPITALS IN KERALA.</b>
<b>EXHIBIT P4</b>	<b>PHOTOCOPY OF THE REPRESENTATION DATED 22-11-2019 FILED BY THE PETITIONER BEFORE THE 1ST RESPONDENT WITH ENGLISH TANSLATION.</b>
<b>EXHIBIT P5</b>	<b>PHOTOCOPY OF THE REPRESENTATION DATED 22-11-2019 SUBMITTED BY THE PETITIONER BEFORE THE 2ND RESPONDENT WITH ENGLISH TRANSLATION.</b>
<b>EXHIBIT P6</b>	<b>PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT MEDICAL OFFICE, KOTTAYAM UNDER RTI ACT.</b>
<b>EXHIBIT P6(A)</b>	<b>PHOTOCOPY OF THE ENGLISH TRANSLATION OF EXT.P6.</b>
<b>EXHIBIT P7</b>	<b>PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT MEDICAL OFFICE, KOTTAYAM UNDER RTI ACT.</b>
<b>EXHIBIT P7(A)</b>	<b>PHOTOCOPY OF THE ENGLISH TRANSLATION OF EXT.P7.</b>
<b>EXHIBIT P8</b>	<b>PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT MEDICAL OFFICE, ERNAKULAM UNDER RTI ACT.</b>
<b>EXHIBIT P8(A)</b>	<b>PHOTOCOPY OF THE ENGLISH TRANSLATION OF EXT.P8.</b>
<b>EXHIBIT P9</b>	<b>PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE TALUK HOSPITAL, THAMASSERY UNDER RTI ACT.</b>
<b>EXHIBIT P9(A)</b>	<b>PHOTOCOPY OF THE ENGLISH TRANSLATION OF EXT.P9.</b>
<b>EXHIBIT P10</b>	<b>PHOTOCOPY OF THE APPLICATION OF INFORMATION GIVEN BY THE TALUK HOSPITAL, KUTTIYADI UNDER RTI ACT.</b>
<b>EXHIBIT P10(A)</b>	<b>PHOTOCOPY OF THE ENGLISH TRANSLATION OF EXT.P10.</b>



2025:KER:72251

EXHIBIT P11	PHOTOCOPY OF THE APPLICATION OF INFORMATION GIVEN BY THE DISTRICT MEDICAL OFFICE, KOZHIKODE UNDER RTI ACT.
EXHIBIT P11(A)	PHOTOCOPY OF THE ENGLISH TRANSLATION OF EXT.P11.
EXHIBIT P12	PHOTOCOPY OF THE APPLICATION OF INFORMATION GIVEN BY THE GENERAL HOSPITAL, KASARAGOD UNDER RTI ACT.
EXHIBIT P12(A)	PHOTOCOPY OF THE ENGLISH TRANSLATION OF EXT.P12.
EXHIBIT P13	PHOTOCOPY OF THE APPLICATION OF INFORMATION GIVEN BY THE DISTRICT MEDICAL OFFICE, KASARAGOD UNDER RTI ACT.
EXHIBIT P13(A)	PHOTOCOPY OF THE ENGLISH TRANSLATION OF EXT.P13.
EXHIBIT P14	PHOTOCOPY OF THE SPECIALTY HOSPITALS FOR WOMEN AND CHILDREN IN KERALA.
EXHIBIT P15	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, NEYYATTINKARA UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(A)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, PATHANAMTHITTA UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(B)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, CHANGANASSERY UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(C)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, ADDOOR UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(D)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, ALAPPUZHA UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(E)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, PALA UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(F)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, KANJIRAPPALLY UNDER RTI ACT



2025:KER:72251

	WITH ENGLISH TRANSLATION.
EXHIBIT P15(G)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, IRINJALAKUDA UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(H)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, THRISSUR UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(I)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, KOZHIKODE UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(J)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, KALPETTA UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P15(K)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE GENERAL HOSPITAL, THALASSERY UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P16	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, NEDUMANGADU UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P16(A)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, KOLLAM UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P16(B)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, KOZHENCHERRY UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P16(C)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, MAVELIKKARA UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P16(D)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, THODUPUZHA UNDER RTI ACT WITH ENGLISH TRANSLATION.
EXHIBIT P16(E)	PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, IDUKKI UNDER RTI ACT WITH ENGLISH TRANSLATION.



2025:KER:72251

- EXHIBIT P16(F)**      **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, WADAKKANCHERRY UNDER RTI ACT WITH ENGLISH TRANSLATION.**
- EXHIBIT P16(G)**      **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, PALAKKAD UNDER RTI ACT WITH ENGLISH TRANSLATION.**
- EXHIBIT P16(H)**      **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, TIRUR UNDER RTI ACT WITH ENGLISH TRANSLATION.**
- EXHIBIT P16(I)**      **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, PERUNTHALMANNA UNDER RTI ACT WITH ENGLISH TRANSLATION.**
- EXHIBIT P16(J)**      **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, VADAKARA UNDER RTI ACT WITH ENGLISH TRANSLATION.**
- EXHIBIT P16(K)**      **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, MANANTHAVADY UNDER RTI ACT WITH ENGLISH TRANSLATION.**
- EXHIBIT P17**          **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, ALUVA UNDER RTI ACT WITH ENGLISH TRANSLATION.**
- EXHIBIT P17(A)**      **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, NILAMBUR UNDER RTI ACT WITH ENGLISH TRANSLATION.**
- EXHIBIT P17(B)**      **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, KANNUR UNDER RTI ACT WITH ENGLISH TRANSLATION.**
- EXHIBIT P17 (C)**      **PHOTOCOPY OF THE APPLICATION AND INFORMATION GIVEN BY THE DISTRICT HOSPITAL, CHENGANNUR UNDER RTI ACT WITH ENGLISH TRANSLATION.**

**RESPONDENT EXHIBITS**

- EXHIBIT R2(A)**      **TRUE COPY OF THE NAME AND DETAILS OF THE HOSPITALS WHERE AVAILABILITY OF THE VENTILATORS (AUDIT, PORTABLE AND**



2025:KER:72251

**PEDIATRIC)**

- EXHIBIT R2(B)** TRUE COPY OF THE CIRCULAR ISSUED BY THE GOVERNMENT OF KERALA, HEALTH AND FAMILY WELFARE (M) DEPARTMENT DATED 30/01/2020.
- EXHIBIT R2(C)** TRUE COPY OF A LIST OF INSTITUTIONS WISE INFRASTRUCTURE FACILITIES IN MAJOR HOSPITALS IN ALL THE 14 DISTRICTS OF KERALA.
- Exhibit R1(a)** True photocopy of the detailed district wise report on availability of ventilators
- Exhibit R1(b)** True photocopy of the details of Beds/ICU/Ventilator in Government Medical Colleges under the Directorate of Medical Education as on 10.01.2023.
- Exhibit R1(c)** True photocopy of G.O.(Rt) No.1441/2020/H FWD dated 06.08.2020.
- Exhibit R1(d)** True photocopy of G.O.(Rt) No.2198/2018/H FWD dated 07.07.2018.
- Exhibit R1(e)** True photocopy of G.O.(Rt) No.1484/2020/H FWD dated 12.08.2020.

**RESPONDENT ANNEXURES**

- ANNEXURE A** COPY OF LETTER DATED 09.09.2025 RECEIVED FROM ADDITIONAL CHIEF SECRETARY TO GOVERNMENT, HEALTH AND FAMILY WELFARE DEPARTMENT
- ANNEXURE B** COPY OF MINUTES OF THE MEETING HELD BY THE CHIEF SECRETARY ON 01.09.2025
- ANNEXURE C** COPY OF DRAFT CIRCULAR -GUIDELINES ON IMPLEMENTATION OF SAFETY INSTRUCTIONS IN SCHOOLS PREPARED BY THE GENERAL EDUCATION DEPARTMENT



2025:KER:72251

**APPENDIX OF WP(C) 34037/2019**

**RESPONDENT EXHIBITS**

<b>EXHIBIT R2(A)</b>	<b>TRUE COPY OF THE CIRCULAR DATED 22.11.2019 ALONG WITH ENGLISH TRANSLATION.</b>
<b>EXHIBIT R2(B)</b>	<b>TRUE COPY OF THE ORDER DATED 21.11.2019 ISSUED BY THE DEPUTY DIRECTOR OF EDUCATION, WAYANAD ALONG WITH ENGLISH TRANSLATION.</b>
<b>EXHIBIT R2(C)</b>	<b>TRUE COPY OF THE CIRCULAR ISSUED BY THE SECRETARY TO GOVERNMENT, LOCAL SELF GOVERNMENT DEPARTMENT DATED 23.11.2019 ALONG WITH ENGLISH TRANSLATION.</b>
<b>EXHIBIT R2(D)</b>	<b>TRUE COPY OF THE G.O(MS) NO.126/2007/G.EDN DATED 25.06.2007 WITH GUILINES ALONG WITH ENGLISH TRANSLATION.</b>
<b>EXHIBIT R2(E)</b>	<b>TRUE COPY OF THE CIRCULAR DATED 20.06.2012 EXPLAINING THE CONSTITUTION AND DUTY OF SCHOOL MANAGEMENT COMMITTEE ALONG WITH ENGLISH TRANSLATION.</b>

**PETITIONER ANNEXURES**

<b>Annexure i</b>	<b>LETTER DATED 29/11/2019 FROM THE HONOURABLE MR.JUSTICE C.K.ABDUL REHIM ALONG WITH THE REPORT FROM THE CHAIRMAN, DLSA, WAYANAD AND ORDERS THEREON OF THE HON'BLE THE CHIEF JUSTICE DATED 06/12/2019.</b>
<b>Annexure II</b>	<b>LETTER DATED 09/12/2019 FROM THE HON'BLE MR. JUSTICE A.K. JAYASANKARAN NAMBIAR AND ORDERS THEREON OF THE HON'BLE THE CHIEF JUSTICE DATED 09/12/2019.</b>

**RESPONDENT ANNEXURES**

<b>Annexure III</b>	<b>True copy of the report dated 24.06.2020 of the Chairman, District Legal Services Authority, Kalpetta</b>
<b>Annexure III(a)</b>	<b>True copy of the English translation of Annexure-III</b>
<b>Annexure IV</b>	<b>True copy of the Guidelines on School Safety and Security. developed by the The</b>

W.P.(C)s. 32493 & 34037 of 2019

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2025:KER:72251

**Ministry of Education, Department of  
School Education and Literacy, Government  
of India**