

**IN THE HIGH COURT OF JUDICATURE AT MADRAS**  
**(Special Original Jurisdiction)**

**Ms. S. Sushma**

D/o. Mr. V. Senthil Kumar,  
G-11. Gaiety Palace, No.1,  
Blackers Road, Chennai - 600002.

**Ms. U. Seema Agarval**

D/o. Mr. R.Udhayakumar,  
G-11, Gaiety Palace, No.1,  
Blackers Road, Chennai - 600002.

**...Petitioners**

**Vs.**

**1. Director General of Police**

Tamil Nadu Police Department,  
Dr. Radhakrishnan Salai, Mylapore,  
Chennai - 600004.

(R1 Deleted vide order dt. 22/03/2021  
made in WP 7284/2021 by NAVJ)

**2. Commissioner of Police**

Greater Chennai Police,  
No. 132, Commissioner Office Building,  
E.V.K. Sampath Road, Vepery,  
Chennai - 600007.

**3. Commissioner of Police**

Madurai, Alagar Kovil Road,  
Madurai - 625002.

**4. Mr. V. Senthil Kumar**

S/o. Ms. S.Vasudevan,  
3, Kamala, First Street,  
Chinna Chokkikulam, Madurai – 625002.

**5. Mr. R. Udhayakumar**

S/o. Mr. Ramasamy,  
201/3, Sivakumar Compound,  
Opposite Kannan Colony,  
Chinthamani, Chinna Anuppanadi,  
Madurai – 625009.

**6. The Inspector of Police,**

Thallakulam Police Station,  
Madurai.

**7. The Inspector of Police,**

Avaniyapuram Police Station,  
Madurai.

**8. Home Department,**

Government of Tamil Nadu,  
Represented by Secretary to Government,  
Fort St. George, Chennai – 600009,  
Tamil Nadu, India.

**9. Tamil Nadu Legal Services Authority,**

Represented by its Member Secretary,  
North Fort Road, High Court Campus,  
Chennai – 600104.

**10. Ministry of Law,**

Government of Tamil Nadu,  
Represented by Secretary to Government,  
Fort St. George, Chennai - 600009,  
Tamil Nadu, India.

**11. Ministry of Social Justice and Empowerment,**

Represented by Secretary Government of India,  
Shastri bhavan,  
Dr. Rajendra Prasad Road,  
New Delhi – 110001.

**12. The Director,**  
Social Justice and Empowerment,  
Shastri Bhavan, Dr. Rajendra Prasad Road,  
New Delhi – 110001.

**13. National Medical Commission,**  
Represented by its Chairman,  
Dwaraka, New Delhi – 110077.

**14. Indian Psychiatric Society,**  
Represented by its Plot 43,  
Sector 55, Gurugram,  
Haryana, India - 122003.

**15. Rehabilitation Council of India,**  
Represented by its Member Secretary,  
B – 22, Qutub Institutional Area,  
New Delhi – 110016.

**16. Department of Higher Education,**  
Government of India,  
Represented by its Joint Secretary,  
122 - C, Shastri Bhawan,  
New Delhi - 110001.

**17. Department of School Education and Literacy,**  
Represented by its Joint Secretary, 217 - C,  
Shastri Bhawan, New Delhi - 110001.

**18. School Education Department,**  
Government of Tamil Nadu,  
Represented by Secretary to Government,  
Fort St. George, Chennai - 600009,  
Tamil Nadu, India.

**19. Higher Education Department,**  
Government of Tamil Nadu,  
Represented by Secretary to Government,  
Fort St. George, Chennai – 600009, Tamil Nadu, India.

**20. The University Grants Commission (UGC),**  
Represented by its Secretary,  
Bahadur Shah Zafar Marg, New Delhi.

**21. All India Council for Technical Education,**  
Represented by its Advisor-1 (Approval),  
7<sup>th</sup> Floor, Chandralok Building,  
Janpath, New Delhi.

**22. The National Council for Educational Research and Training  
(NCERT),**  
Represented by its Director,  
Sri Aurobindo Marg, New Delhi.

**23. Secretary to Government**  
Union of India, Ministry of Health and Family Welfare,  
Nirman Bhavan, Near Udyog Bhavan Metro Station,  
Moulana Azad Road, New Delhi - 110001.

**24. Ministry of Women and Child Development,**  
Represented by its Secretary,  
Government of India.

**25. The Ministry of Home Affairs,**  
Rep. by its Secretary,  
Ministry of Home Affairs,  
Connaught Place, New Delhi - 110001.

**26. The Tamil Nadu State Medical Council,**  
914, Poonamallee High Road,  
Amaravathi Nagar, Arumbakkam,  
Chennai - 600106.

**27. Fred Rogers,**  
S/o. S. Swaminathan,  
Old No. 9, New No. 16, Norton 2<sup>nd</sup> Street,  
Mandeiveli, Chennai – 600028.

**28. Grace Banu, D/o. Ganesan,**  
FF1, AB Residency, Brindavan Avenue,  
Ambattur, Chennai.

**29. Prasanna J,**  
S/o. P. Jayapaul, No. 101, 6B Tower,  
Prince Highlands Apartment,  
Iyyapanthangal, Chennai – 600056.

**30. The Social Welfare and Women Empowerment Department,**  
Government of Tamil Nadu, Chennai.

**31. Dr. A. Saviour Selva Suresh,**  
Son of Dr. A.P. Anburaj,  
No.18 Air Force Station Road,  
Tambaram East, Chennai - 600059.

**32. The Government of India,**  
The Ministry of Education  
Rep. by. Its Secretary, New Delhi.

**...Respondents**

**WRITTEN SUBMISSIONS ON BEHALF OF THE 27<sup>th</sup> RESPONDENT**  
**REGARDING THE TRANSGENDER POLICY RELEASED BY**  
**GOVERNMENT OF TAMIL NADU**

**I. Introduction:**

1. It is appreciable that the government has stated it will make efforts to identify Transgender and Intersex persons living within their jurisdiction and issue Identity Cards as per the provisions of the Transgender Persons (Protection of Rights) Act, 2019 (Central Act 40 of 2019) to all those who apply online or offline to enable them to avail benefits.

2. It is also noteworthy that the State will ensure the strict implementation of the penal provisions of the Central Act against people who endanger the life, safety, health or well-being, whether mental or physical, of transgender persons and intersex persons.
3. The Policy envisages formation of District level Committees which are to be established including members from the community. This is a welcome development. **Please note that such committees should have at least one trans woman, one trans man, and if available, one intersex person represented.**
4. Formation of a State-level review committee to monitor and review progress in implementation of the policy is a positive move. **Please note that such a committee should have representation of trans women, trans men and intersex persons.**
5. In the area of healthcare, the community welcomes the news that that State will ensure that medical, nursing and other health Courses have updated curricula that enable medical practitioners to understand the challenges and needs of Transgender and Intersex persons, and that sensitization efforts will be targets are medical and health personnel, as well as parents and family members. **Such updated curricula, sensitization efforts and efforts to stop coercive conversion therapy should cover the entire spectrum of sexual orientation, gender-identity, gender expression and sex characteristics (SOGIESC).**
6. The State's willingness to explore provision of Pre-exposure prophylaxis (PrEP) to transgender and intersex persons is laudable. **PrEP is also needed for gay and bisexual men.**

7. To enable gender non-conforming persons to continue their education, the proposal of District Level Committee to identify gender-non-conforming persons) who discontinue their schooling and help them to complete their studies is appreciable.
8. The proposal to raise awareness among faculty, staff and students in their institutions and also address issues of violence, abuse and discrimination against students who have a diverse gender identity and sexual characteristics. **Please note that students of diverse gender-expressions and sexual orientations also need to be included.**
9. The inclusion of both public and private sectors in steps to ensure transgender and Intersex persons have equal access to employment is welcome, and a directive of the Central Act that needs to be implemented.
10. The commitment of the State to ensure that the institutional staff including counsellors of short-stay centres, shelter homes, hostels, orphanages, adoption and fostering services are sensitive to the needs and concerns of gender non-conforming children/persons must be appreciated.

## **II. General comments on the newly released Policy:**

1. As is seen in the published Transgender Policy, many of the recommendations for training and sensitization as well as curriculum change are proposed to focus on transgender and intersex issues only. This would lead to confusion on the part of the trainees because of the intersection between gender identity, expression, and sexual orientation. It would also lead to wastage of time, effort and resources, if issues of sexual orientation are omitted and only transgender and intersex are focused on. Hence, both the (amended) Transgender and Intersex Policy and the

(awaited) LGBQA Policy should have common content on training, sensitization and curriculum change that encompasses Sexual Orientation, Gender Identity, Expression and Sex Characteristics (SOGIESC). **Note: A unified LGBTQIA+ policy would save time and effort of ensuring uniformity in the recommendations for protection, training, sensitisation and curriculum changes.**

2. There is a need to establish special shelters (or wings in existing shelters) for gender non-conforming and intersex children with technical support from organizations working for LGBTQIA+ people.
3. Basic concepts of SOGIESC (sexual orientation, gender identity, expression and sex characteristics) need to be included in school curricula. Awareness training on SOGIESC is needed for faculty (government, private, school, college) with the involvement of experts and groups from the community.
4. Domain-specific aspects of SOGIESC (not just transgender and intersex) need to be incorporated into curricula of medical, nursing, and other health fields, as well as legal, police, judiciary, legal services authorities, and teachers' training.
5. Protection from natal family violence and harassment, including corrective rape against transgender, intersex and LGBQA+ persons is needed.
6. Life partners of transgender and other sexual/gender minority individuals should be recognized for healthcare decision making including advanced directives.
7. Rights to heterosexual marriage of transgender and intersex persons are already recognized by the Supreme Court, but registration of such marriages is facing many challenges for such couples in TN. The state should issue directions to the Registrars about the legal sanction of these marriages.

8. Means to recognize same-gender unions such as the Deed of Familial Association or other types of domestic partnership/civil union need to be outline in the policy.
9. Rights to parenting, custody, adoption and surrogacy need to be ensured.
10. Advisories issued by the Union Government regarding ability of same-gender couples to open joint bank accounts (F. No. 6/8/2024-Welfare, Ministry of Finance), and have same-gender couples be recognized as a family for purpose of family ration card (F. No. 1(3)/2018-Comp.Cell(E-348552) Ministry of Consumer Affairs, Department of Food & Public Distribution), should be brought into state policy.
11. Advisory regarding treatment of and facilities for transgender persons in prisons (No. 17013/26/2021-PR Ministry of Home Affairs) should be brought into the state policy, as well as the advisory regarding visitation rights of partners in same-gender couples where one individual is incarcerated (No. 17013/33/2024-PR Ministry of Home Affairs).
12. All the directions of Madras High Court in Sushma need to be made part of the policy and implemented.
13. A quasi-judicial body (LGBTQIA+ Rights Commission is needed to determine, investigate and enforce laws, policies, schemes and programmes, in the state.
14. State Rules of Juvenile Justice Act need to be amended to include gender-nonconforming children and State Rules of Medical Terminal of Pregnancy Act to include trans men and other transmasculine persons.

III. Section-specific comments:

S. No.	Content in the released policy	Why this needs to be changed?	Additions and edits requested
1.	<p><b>TITLE:</b>  திருநங்கை  கொள்கை in the  Tamil policy.</p>	<p>திருநங்கை <b>only refers to trans women.</b> It excludes trans men and intersex people. The insistence by the State that திருநங்கை is an inclusive term causes many problems for trans men and intersex people in the districts are told by the District Social Welfare Officers that the schemes, meetings, camps, etc. are specifically for thirunangais, and they (intersex persons and trans men) are NOT included. Such problems arising at district level for trans men and intersex people have previously been communicated to the Social Welfare department; however, the name of the policy and the welfare board continues to bear the name திருநங்கை.</p>	<p>A. Change name to <b>Thirunar mattrum Idaipalinathavar Kolgai.</b> If the government does not want to replace the term Thirunangai by the more inclusive word Thirunar, then at least change the policy name to <b>Thirunangai, Thirunambi mattrum Idaipalinathavar Kolgai</b></p> <p>B. Issue official communication to all districts that schemes, welfare benefits should be available to trans women, trans men</p>

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			and intersex people.
2.	<p><b>Section 1.2:</b></p> <p>Intersex person is a person who at birth shows variation in his or her primary sexual characteristics, external genitalia, chromosomes or hormones from normative standard of male or female body</p>	<p>Not all intersex variations are seen at birth. Some intersex variations are only apparent at puberty when a person with external genitalia that appear female do not menstruate.</p>	<p><b>Remove “at birth”</b></p>
3.	<p><b>Section 2.1 Vision:</b></p> <p>To bring about a fair, equal and prosperous society in which Transgender and Intersex persons live with self-determination over their identities and physique</p>	<p>It’s not only about identities and physique, but also about gender expression.</p>	<p><b>Change:</b></p> <p>Section 2.1 Vision: To bring about a fair, equal and prosperous society in which Transgender and Intersex persons live with self-determination over their <b>identities, bodies and gender expression.</b></p>

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4.	<p><b>Section 2.3- Objectives</b></p> <p>Sensitise parents, teachers, students, doctors, mental health professionals, police, Judiciary and other crucial public servants, so that all forms of violence and discrimination against Transgender and Intersex persons are eliminated.</p>	<p>Gender non-conforming children are subjected to violence and discrimination even if they do not identify as transgender, and even if they are not intersex.</p>	<p>Insert .... so that all forms of violence and discrimination against Transgender and Intersex persons and <b>gender-nonconforming children</b> are eliminated.</p>
5.	<p><b>Section 3.1 Right to Gender Identity:</b></p> <p>Regardless of self-identification as Transgender or Intersex person, a person holding a National / State identity card will be eligible for Central / State schemes and</p>	<p>The National Transgender ID card allows for three options Male, Female and Transgender. People with a National Transgender ID card with any one of those three options are eligible for Central benefits. This has been</p>	<p><b>Change to:</b></p> <p>Section 3.1 Right to Gender Identity: Regardless of self-identification as Transgender, <b>Male, Female</b> or Intersex person, a person holding a National /</p>

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	benefits respectively.	confirmed with the Ministry of Social Justice and Empowerment.	State <b>transgender</b> identity card will be eligible for Central / State schemes and benefits respectively.
6.	<p><b>3.4 Right to Health:</b></p> <p>Transgender and Intersex persons need unique health facilities as they are susceptible to various health issues due to medical treatment towards hormone therapy, gender reassignment surgeries, etc . .</p>	<p>The susceptibility to various health issues is not due to medical treatment towards hormone therapy, gender reassignments surgeries. It is because of stigma and discrimination in healthcare facilities preventing transgender and intersex persons from seeking general health care, preventive screening and treatment for various health issues that may not even be related to hormone therapy or gender-affirmation surgeries.</p>	<p><b>Change to:</b> Transgender and Intersex persons need <b>affirming health care as they are susceptible to various health issues due to experiences of stigma and discrimination at healthcare facilities which results in hesitation to seek out preventive, promotive and curative medical care. Further, gender-affirmative care such as hormone therapy, and gender-</b></p>

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			<b>affirmation surgeries, requires specialized training of medical providers.</b>
7.	<p><b>3.4 Right To Health:</b></p> <p>The State will ensure that medical, nursing and other health courses have updated curricula that enable medical practitioners to understand the challenges and needs of Transgender and Intersex persons.</p>	<p>It would be grossly wasteful of time, effort and resources if one updates curricula to enable medical practitioners to understand the challenges and needs of transgender and intersex persons while leaving out the related updates pertaining to challenges and needs of those with minority sexual orientation. Even transgender and intersex people can have minority sexual orientation and face challenges because of double-discrimination (i.e. both because of gender identity and sexual orientation)</p>	<p><b>Change to:</b></p> <p>The State will ensure that medical, nursing and other health courses have updated curricula that enable medical practitioners to understand <b>the diversity of SOGIESC (sexual orientation, gender identity, expression and sex characteristics).</b></p>

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		<p>The Madras High Court (WP 7284 of 2021 order dt 07/06/2021) has previously asked for the curricula to be updated on issues of SOGIESC (sexual orientation, gender identity, expression and sex characteristics).</p>	
8.	<p><b>3.4 Right To Health:</b></p> <p>For current healthcare providers, in-service training through Continuing Medical Education (CME) and comparable programs will be organized.</p>	<p>There is no mention of including community members in conducting the CME, as directed by the Madras High Court (WP 7284 of 2021 order dt 17/02/2025)</p>	<p><b>Change sentence to:</b></p> <p>For current healthcare providers, in-service training through Continuing Medical Education (CME) and comparable programs <b>on SOGIESC will be organized, with community members involved in the sensitization.</b></p>

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9.	<p><b>3.4 Right To Health:</b></p> <p>The State will ensure the implementation of State's Mental Health Policy (2019) with regard to Transgender and Intersex persons.</p>	<p>The relevant section of the State Mental Health Policy covers not just Transgender and Intersex persons. It would be confusing to mental health practitioners and other healthcare providers if one government document (Trans Policy) only requires that they comply with the guidance specific to transgender and intersex persons, and another government document (Mental Health policy) requires that they comply with guidance covering all LGBTQIA+ persons.</p>	<p><b>Change to:</b></p> <p>The State will ensure the implementation of State's Mental Health Policy (2019) <b>with regard to all SOGIESC minorities, including Transgender and Intersex persons.</b></p>
10.	<p><b>3.4 Right To Health:</b></p> <p>The State will explore the provisions of Pre-Exposure</p>	<p>As per WHO technical guidance, and India's National PrEP guidelines,</p>	<p><b>Change to:</b></p> <p>The State will explore the provisions of Pre-</p>

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	Prophylaxis (PrEP) to prevent HIV infection among the Transgender and Intersex persons.	PrEP is recommended for gay and bisexual men and transgender persons. It would be good for the state to have a PrEP rollout that covers all these groups without exclusion.	Exposure Prophylaxis (PrEP) to prevent HIV infection among transgender, <b>and gay/bi and other MSM.</b>
11.	<p><b>3.4 Right To Health:</b></p> <p>The State will monitor the implementation of standardized protocols for Transgender clinics.</p>	As per the Central Act (2019) and Rules (2020), states need to develop a transgender health manual based on current Standards of Care of World Professional Association on Transgender Health. TN has yet to develop such a manual based on current guidelines (WPATH Standards of Care SOC8)	<p><b>Change to:</b></p> <p><b>The State will develop a transgender health manual and protocols based on WPATH SOC8 and monitor the implementation of standardized protocols for Transgender clinics</b></p>
12.	<p><b>3.4 Right To Health:</b></p> <p>The State will develop SOP &amp; guidelines for</p>	Surgical procedures are <b>not</b> to be performed on infants with ambiguous	<b>Delete required surgical procedures.</b>

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	gender identification and ensure the implementation of the guidelines developed regarding infants born with ambiguous genitalia and required surgical procedures.	genitalia as per the Madras High Court WP(MD) No.4125 of 2019 And WMP(MD) No.3220 of 2019, and Dept of Health and Family Welfare has issued GO (Ms) 355 dated 13.08.2019 banning such surgeries except under life-threatening conditions.	
13.	<b>3.4 Right To Health:</b>	Many recommendations made for transgender and intersex persons and submitted to the Social Welfare department are absent.	Please consider adding the following: <b>A. Training of psychiatrists, endocrinologists, surgeons and plastic surgeons (and other relevant care providers on the standardized protocols</b> <b>B. Immediate cessation of</b>

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			<p><b>unethical practices in gender-affirming care such as examination of genitalia by psychiatrists, per-vaginal examination test of transmasculine people as part of gender incongruence affirmation, asking individuals aged 18 and above to bring their parents, and refusing services for trans masculine persons in female attire.</b></p> <p><b>C. Puberty blockers (GnRH agonists) to be</b></p>

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			<p><b>available for adolescents with gender dysphoria (with parental assent if client is below 18) on assessment of psychiatrist and prescription by endocrinologists.</b></p> <p><b>D. Comprehensive care team available at birth of infants born with atypical genitalia to manage risky conditions such as salt-wasting CAH, including pediatric endocrinologists, and psychological support to parents.</b></p>
14.	<p><b>3.5. Right to Education</b></p> <p>All educational institutions (from primary to higher education) in the</p>	<p>It is not only students who have diverse gender identity and sex characteristics who face violence, abuse and</p>	<p><b>Change to:</b></p> <p>All educational institutions (from primary to higher</p>

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	<p>State will adopt Transgender and Intersex persons policy</p> <p>to raise awareness among faculty, staff and students in their institutions and also address issues of violence, abuse and discrimination against students who have a diverse gender identity and sexual characteristics.</p>	<p>discrimination. Children face violence, abuse and discrimination based on their gender non-conforming expression and/or their sexual orientation, and they also need protection.</p>	<p>education) in the State will adopt Transgender and Intersex persons policy</p> <p>to raise awareness among faculty, staff and students in their institutions and also address issues of violence, abuse and discrimination against students who <b>have diverse gender identities,, gender expression, sexual characteristics and/or sexual orientation.</b></p>
15.	<p><b>3.5. Right to Education</b></p> <p>The State will ensure that all Educational Institutions will change the name and gender in academic certificates of the</p>	<p>A. The present reality is that while the Central Act allows transgender individuals to change their gender to M, F or T, based on the production of the</p>	<p><b>Change to:</b> The State will ensure that all Educational Institutions will change the name and gender <b>(to M, F or T, as per national ID card)</b> in academic</p>

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	<p>Transgender and Intersex persons, as declared in the</p> <p>Transgender Persons (Protection of Rights) Act, 2019 (Central Act 40 of 2019).</p>	<p>National ID card as evidence.</p> <p>B. The GO Num 237 issued by Department of School Education dated 05.11.2024 issued by the TN State government mandates proof of surgery to be submitted to change Std. X and XII. marksheets. This goes against the Central Act.</p>	<p>certificates of the Transgender and Intersex persons, as declared in the</p> <p>Transgender Persons (Protection of Rights) Act, 2019 (Central Act 40 of 2019).</p> <p><b>The state shall amend the GO 237 issued by Department of School Education dated 05.11.2024 mandating proof of surgery for changing Std X and XII marksheets, and state that the National Transgender ID card will be sufficient proof to change gender markers.</b></p>
16.	<b>3.5. Right to Education</b>		

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		There is no content on including SOGIESC issues in school curriculum	A point needs to be added about including SOGIESC issues in school curriculum in an age-appropriate manner. Especially in biology and social sciences.
17.	<b>3.6. Right to Employment</b>	One issue facing transgender persons who had joined employment in posts/positions reserved for a particular gender prior to social and/or legal transition, is the risk of losing their employment.	<b>To be added: Employees who join establishments with their assigned-gender and then legally transition to a different gender identity on the job shall not lose their jobs.</b>
18.	<b>3.7. Right to Representation in Employment and Educational Institution</b>	This has no mention of horizontal reservations	<b>Please include horizontal reservation in education and employment in the policy.</b>

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19.	<p><b>3.8. Right to Residence and Stay</b></p> <p>The existing One Stop Centres will be sensitized on issues of Transgender and Intersex persons facing family violence.</p>	<p>Female partners of transgender men, as well as lesbian, bisexual and asexual women also face family violence and may require to stay at One Stop Centres. Members of these communities, despite being women, have experienced stigma and discrimination in the One-Stop shelters because of being in a relationship with a transgender man, or with another woman.</p>	<p><b>Change to:</b></p> <p>The existing One Stop Centres will be sensitized on issues of Transgender and Intersex persons facing family violence, <b>as well as those of Female partners of transgender men, and lesbian, bisexual and asexual women who face family violence and may require to stay at One Stop Centres.</b></p>
20.	<p><b>3.9. Right to Remedy</b></p> <p>Transgender equality includes the right to marry, the right to have a family, inherit property and the right not to be</p>	<p>Even though right to marry and right to have a family are mentioned in the introductory paragraph, there are no points on what the State</p>	<p><b>Include</b></p> <p>I. Facilitating registration of marriage of heterosexual transgender persons (such registration has</p>

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	<p>discriminated. It would also include the right to protect Transgender persons facing family and intimate partner domestic violence.</p>	<p>will do to help community members exercise this right.</p>	<p>been recognized by the Supreme Court).</p> <p>Ii. Deed of Familial Association or other mechanism proposed by the Madras High Court as a way to recognize same-gender relationships including same-gender relationships of transgender people.</p> <p>Iii. Parenting, including custody of children born to transgender individuals before their legal transition.</p> <p>Iv. Adoption</p> <p>V. Surrogacy, which has been permitted for intersex women who cannot conceive by the Supreme Court in Arun Muthuvel vs Union</p>

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			of India WP 756/2022
21.	<p><b>3.10 .Other Rights</b></p> <p>A. The State will provide Transgender and Intersex persons.</p> <p>B. Access to inclusive sanitation in public facilities</p>	<p>This needs to be clarified as inclusive sanitation does not mean “transgender only” restrooms but “gender-neutral” restrooms in addition to the existing mens’, womens’ and disability restrooms.</p> <p>The few existing Transgender-only restrooms available in the state are not accessible to trans men as the public understanding is “transgender = thirunangai”.</p>	<p>A. The State will provide Transgender and Intersex persons.</p> <p>B. Access to inclusive sanitation in public facilities in the <b>form of gender-neutral restrooms.</b></p>
22.	<b>3.10. Other Rights</b>	<p>There a need to modify (via State Rule Amendments) some Acts to become transgender inclusive.</p>	<p><b>Additions:</b></p> <p><b>State Rules of Juvenile Justice Act to be inclusive of gender-nonconforming children.</b></p>

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			<p><b>State Rules of Medical Termination of Pregnancy Act to be inclusive of trans men and other transmasculine persons.</b></p>
23.	<p><b>4.1. Implementation</b> The Policy envisages formation of District level Committees which are to be established including members from the community.</p>	<p>It is necessary for the district committees to have representation of trans women and trans men, as well as intersex people if available.</p>	<p><b>Change to mention that the community representation will include trans women, trans men and intersex people, if available.</b></p>
24.	<p>V. Annexure The State will ensure periodic screening for Non-communicable diseases like</p>	<p>This point appears to be wrongly pasted into the Annexure from the Health Section.</p>	<p><b>Move to Health Section.</b></p>

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	Hypertension, Diabetes, Cardiovascular diseases and Obesity among transgender and Intersex persons.		
25.	<b>5.2 Glossary</b>	The Tamil terms given for 16. Cisgender and 17. Sexuality, and the explanation for cisgender are erroneous.	<b>Please correct based on gazette.</b>

IV. I welcome the State's commitment to take steps to amend the Hindu Succession Act, Indian Succession Act, etc.. to ensure right of inheritance to Transgender and Intersex Persons.

V. Therefore, it is humbly prayed that this Hon'ble Court may be pleased to record these submissions of the 27<sup>th</sup> Respondent and direct the 30<sup>th</sup> Respondent to consider the changes recommended by the 27<sup>th</sup> Respondent as recorded in these written submissions in the Transgender Persons Policy and thus render justice.

**COUNSEL FOR THE 27<sup>th</sup> RESPONDENT**

**IN THE HIGH COURT OF  
JUDICATURE AT MADRAS  
(Special Original Jurisdiction)**

**Ms. S. Sushma  
And Another**

**...Petitioners**

**Vs**

**1. Director General of Police  
And 31 Others**

**...Respondents**

**WRITTEN SUBMISSIONS OF  
THE 27<sup>th</sup> RESPONDENT  
REGARDING A SINGLE  
UNIFIED SEXUAL AND  
GENDER MINORITIES  
(LGBTQIA+) POLICY FOR  
TAMIL NADU**

**B.S. AJEETHA (1027/1992)  
J. SARAVANA VEL (1055/1992)  
ARUN KASI (D/6017/2018)  
HAREKARAN S N (918/2018)  
M. APRAMEYA (D/10454/2021)  
M.SARAL (384/2021)  
SRIRAM BASKAR (3989/2023)**

**COUNSEL FOR THE 27<sup>th</sup>  
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