

**National Anti Doping Agency**  
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To,

Date: 20.03.2026

**Mr. Sumit (Sports- Boxing),**  
S/o Shri Harikrishan,  
R/o VPO – khanda, Pana Karnan, Khanda (9 – R),  
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**Subj: Decision of the Anti-Doping Appeal Panel Case No.- 37/ADAP/2025.**

**NADA VS. Mr. Sumit (ADAMS ID – .XSUMA26615)**

The order containing the decision of the Anti-Doping Appeal Panel dated 13.03.2026 in respect of the final hearing of the above case held on 24.02.2026 is enclosed.

The receipt of this communication may be acknowledged.

Encl: 22 Sheets.



(Yasir Arafat)

Sr. Programme Associate (Legal)

Copy forwarded together with the copy of the order containing the decision of the Anti-Doping Disciplinary Panel for information and action deemed necessary:

1. The World Anti-Doping Agency, Stock Exchange Tower, 800 Place Victoria (Suit 1700) P. O. Box 180, Montreal (Quebec), H4Z 1B7, Canada.
2. The Secretary General, Boxing Federation of India 3<sup>rd</sup>, Phase III, Udyog Vihar, Sector 20, Gurugram, Haryana – 122016.
3. International Boxing Federation, 899 Mountain Ave, Suite 2E Springfield, NJ 07081.

**BEFORE THE ANTI DOPING APPEAL PANEL  
J.L.N. Stadium, Lodhi Road, New Delhi -110 003**

Appeal No.-37ADAP/2025

**(PROCEEDINGS CONDUCTED THROUGH VIRTUAL MODE)**

**IN THE MATTER OF:**

Mr. Sumit (Sport – Boxing)

...APPELLANT

Vs

National Anti-Doping Agency

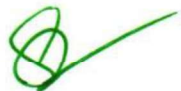
...RESPONDENT

***Quorum:*** Dr. Justice Sangita Dhingra Sehgal, Chairman  
Dr. Vageesh B.G., Member  
Ms. Rani Rampal, Member

***Present:*** Mr. Saurabh Mishra, Advocate and Mr. Sumit, Athlete in-person.  
Mr. Prateek Dhanda, Advocate along with Mr. Yasir Arafat, LO, NADA.  
Dr. Kapendra Sahu, Senior Scientific Officer, NADA and Mr. Akhilesh Dwivedi, Sr.  
Consultant, NADA

**JUDGEMENT DATED 13.03.2026**

1. The Appellant, Mr. Sumit, is a professional national level boxer who participated in the 8<sup>th</sup> Elite Men National Boxing Championship held in January 2025. The present appeal is directed against the final order dated 06.10.2025 passed by the Learned Anti-Doping Disciplinary Panel ("ADDP") in Case No. 05/ADDP/2025 against the appellant. The ADDP order concluded that the Appellant violated Article 2.1 of the National Anti-Doping Rules, 2021 ("Rules, 2021"), resulting in a two (2) year period of ineligibility and the disqualification of all competitive results.



## I. FACTS OF THE CASE

2. The Appellant is an athlete participating in the sport of boxing and competes in events conducted under the regulatory framework governing National Sporting Federations. As an athlete participating in organized sport, the Appellant is subject to the provisions of the National Anti-Doping Rules, 2021 and the Anti-Doping testing programme administered by the National Anti-Doping Agency (NADA).
3. During the 8th Elite Men National Boxing Championship–2025 held at Bareilly, Uttar Pradesh, the Appellant was selected for in-competition Doping control by the Respondent. On 13 January 2025, the urine sample collection process was conducted by a duly authorized Doping Control Officer (DCO) appointed by the Respondent.
4. The urine sample provided by the Appellant was divided into two separate containers designated as the 'A' Sample and the 'B' Sample, which were sealed in two separate bottles bearing the unique code 1515250, in accordance with the applicable Anti-Doping procedures.
5. The 'A' Sample of the Appellant was subsequently analyzed at the National Dope Testing Laboratory (NDTL), New Delhi, a laboratory accredited under the World Anti-Doping Agency framework, in accordance with the procedures prescribed under the WADA International Standard for Laboratories.
6. The analysis of the 'A' Sample resulted in an Adverse Analytical Finding (AAF) for the presence of Dexamethasone, a glucocorticoid falling under Category S9 of the WADA Prohibited List, which is classified as a Specified Substance.
7. Following the laboratory result, the Respondent conducted a review and notification process in accordance with Article 7.2 of the National Anti-Doping Rules, 2021. The initial review of the 'A' Sample confirmed that the Appellant did not possess a valid Therapeutic Use Exemption (TUE) for the detected substance. The review further confirmed that there was no apparent departure from the International Standard for Testing and Investigations (ISTI) or the International Standard for Laboratories (ISL) that could reasonably have caused the Adverse Analytical Finding.
8. On 10 February 2025, the Respondent issued a formal Notification of Adverse Analytical Finding to the Appellant informing him of the presence of the prohibited substance in his sample and the initiation of proceedings under the National Anti-Doping Rules. The Appellant

was informed that he was not provisionally suspended from participation in sporting events pending the outcome of the disciplinary proceedings.

9. Thereafter, the Appellant voluntarily accepted a provisional suspension with effect from 27 February 2025 and submitted a response to the Adverse Analytical Finding notification.
10. The Appellant also waived his right to the opening and analysis of the 'B' Sample.
11. On 02 March 2025, the Appellant submitted an application seeking the grant of a retroactive Therapeutic Use Exemption (TUE) before the appropriate authority of the National Anti-Doping Agency.
12. The TUE Committee, vide order dated 12 March 2025, rejected the Appellant's request for the grant of a Therapeutic Use Exemption.
13. Aggrieved by the decision of the TUE Committee, the Appellant filed an appeal before the National Anti-Doping Appeal Panel on 23 March 2025, challenging the rejection of the TUE application. The Appeal Panel subsequently dismissed the appeal and upheld the decision of the TUE Committee.
14. Thereafter, a Notice of Charge dated 02 June 2025 was issued to the Appellant alleging violation of Articles 2.1 and 2.2 of the National Anti-Doping Rules, 2021.
15. On 28 August 2025, the Anti-Doping Disciplinary Panel (ADDP) conducted a virtual hearing in the matter. Subsequently, by order dated 06 October 2025, the learned Anti-Doping Disciplinary Panel passed the Impugned Order, imposing a period of two years of ineligibility upon the Appellant, commencing from the date of acceptance of provisional suspension, i.e., 27 February 2025.
16. Aggrieved by the aforesaid Impugned Order, the Appellant has preferred the present appeal before this Panel.

## II. SUBMISSION OF THE PARTIES

### Submission of the Appellant

17. Appellant respectfully submits that the presence of Dexamethasone in the athlete's sample arose from prescribed medical treatment administered by a qualified dermatologist for acute urticaria and tinea cruris. The treatment was undertaken purely for therapeutic purposes and not for performance enhancement. During cross-examination before the Disciplinary Panel, Dr. Anuj Kumar testified that the athlete was diagnosed with acute urticaria and tinea cruris



requiring immediate anti-inflammatory intervention to prevent aggravation of symptoms. He confirmed that administration of Inj. Dexona (Dexamethasone 2 ml i.v.) followed by a short-term oral Dexamethasone regimen constituted standard medical protocol for such acute dermatological conditions. The treating physician stated before the Disciplinary Panel that the athlete had informed him that he was a sportsperson.

18. The Appellant submits that the prescription was strictly therapeutic and there was no awareness that Dexamethasone was prohibited in competition. Despite detailed medical records, sworn testimony, and corroborative expert evidence, the Anti-Doping Disciplinary Panel imposed a two-year sanction without properly evaluating medical necessity, absence of intent, and the athlete's degree of fault.
19. The Appellant submits that the Disciplinary Panel failed to properly assess consistent and independent medical and expert evidence confirming legitimate therapeutic use. Regarding the clarification of the certificate dated 21.06.2025, Dr. Anuj Kumar explained that the prescription dated 05.01.2025 accurately reflected the athlete's clinical condition. The earlier typographical discrepancy regarding duration of symptoms was inadvertent. The discrepancy did not affect the medical correctness or necessity of treatment. Dexamethasone was administered solely as a medically justified therapeutic intervention. The Panel's failure to evaluate this clarification within the broader evidentiary framework resulted in an erroneous conclusion on fault.
20. The Appellant relied upon the expert opinion of Dr. Sunil Kumar, Medical Officer, Sports Authority of India, who testified that post-bout physiological and cognitive fatigue in boxers—characterized by temporary disorientation, impaired concentration, and exhaustion—can reasonably lead to omissions or memory lapses while completing doping control documentation. This expert opinion directly supports the athlete's explanation that the failure to declare medication on the Doping Control Form was inadvertent and not an act of concealment. Similarly, veteran coach Dr. Blas Iglesias Fernandez, a Dronacharya Awardee with over three decades of experience in competitive boxing, testified that: Post-bout cognitive fatigue is medically recognized. Such omissions are commonly observed in high-intensity combat sports. The athlete's post-bout behaviour demonstrated exhaustion rather than deception. The Panel failed to assign appropriate evidentiary weight to these independent expert testimonies.



21. The Appellant submits that the Panel misapplied Article 10.6.1.1 of the NADR 2021 (No Significant Fault or Negligence). Established jurisprudence of the Court of Arbitration for Sport distinguishes clearly between: Establishment of an Anti-Doping Rule Violation (strict liability), and Determination of sanction (individualized fault assessment). In *Marin Cilic v. International Tennis Federation*, the CAS Panel held that where corroborated evidence establishes inadvertence and absence of intent, sanction must be proportionate to the athlete's degree of fault. Similarly, in *UCI v. Alexander Kolobnev & Russian Cycling Federation*, the Panel emphasized that specified substances require structured analysis of objective and subjective fault. The ADDP imposed the maximum two-year sanction without conducting the mandatory structured assessment of: Objective fault (foreseeability, precautionary measures), and Subjective fault (experience, intent, surrounding circumstances). This omission constitutes a material error of law.
22. The Appellant further submits that the Respondent's reliance on strict liability under Articles 2.1 and 2.2 is misplaced at the sanction stage. CAS jurisprudence consistently affirms that while strict liability governs the finding of an ADRV, sanction determination under Article 10.6 requires individualized fault analysis. Importantly: Dexamethasone is a glucocorticoid classified under S9. It is prohibited only in competition. It is a specified substance. CAS Panels have consistently recognized that substances prohibited only in competition must be assessed differently because legitimate therapeutic use is reasonably foreseeable. Specified substances carry a presumption of potential inadvertent use and therefore warrant a more nuanced sanction analysis.
23. The Appellant relies on the decision involving *Lee Chong Wei*, where Dexamethasone was at issue. The CAS Panel categorized the athlete's fault as "light" and imposed an eight-month sanction, expressly noting that Dexamethasone is not a performance-enhancing substance. The Appellant also relies on *UCI v. Alexander Kolobnev & Russian Cycling Federation*, where despite the athlete's failure to disclose the substance and failure to consult a physician, the Panel imposed only a reprimand due to the specified nature of the substance and low degree of fault. These precedents demonstrate that the present case falls well within the ambit of No Significant Fault or Negligence.
24. In light of extensive corroborative medical testimony, independent expert evidence explaining non-declaration, Established CAS jurisprudence on specified substances, an the structured



fault analysis mandated under Article 10.6.1.1, the Appellant respectfully submits that the case squarely qualifies as one of *No Significant Fault or Negligence*. The imposition of the maximum two-year sanction without structured proportionality analysis is legally unsustainable. Accordingly, it is respectfully prayed that this Hon'ble Appeal Panel, set aside the order dated 06.10.2025 passed by the Disciplinary Panel; and substantially reduce the sanction imposed upon the athlete, thereby enabling him to resume participation in competitive sport at the earliest.

### **NADA Submissions**

25. NADA submits that the source of the prohibited substance is, inter alia, an injection of Dexamethasone, which the Athlete admittedly received. The administration of a prohibited substance by injection carries heightened implications with respect to the Athlete's duty of care and degree of negligence. Although the Athlete informed his consulting doctor that he was a sports person, he admittedly failed to conduct even a basic internet search regarding the prescribed medication. Further, he did not disclose the said medication on the Doping Control Form, which constitutes a material omission.
26. The Athlete's reliance on the research paper titled "*Consensus Statement on Concussion in Sport held in Berlin, October 2016*" and on Dr. Sunil Kumar's medical opinion dated 20.06.2025 is wholly misplaced and of no consequence. This is particularly so when the Athlete has admittedly declared consumption of as many as nine supplements prior thereto. Being an experienced national-level athlete, the Respondent was fully aware—or at the very least ought to have been aware—of his obligation to disclose all supplements and medications consumed or injected. His failure to make necessary disclosures on the Doping Control Form constitutes a serious and negligent lapse.
27. An Anti-Doping Rule Violation (ADRV) is established once the analytical report confirms the presence of a prohibited substance in the Athlete's urine sample. Thus, intent or knowledge is irrelevant to the establishment of the violation. Article 2.1 of the Anti-Doping Rules, 2021 imposes strict liability and provides:

***"It is the personal duty of the Athlete to ensure that no Prohibited Substance enters his or her body. Athletes are responsible for any Prohibited Substance or its metabolites or Markers found to be present in***

*their Samples. Accordingly, it is not necessary that intent, Fault, Negligence or knowing Use on the Athlete's part be demonstrated in order to establish an anti-doping rule violation under Article 2.1."*

28. It is incumbent upon the Athlete to establish, on the balance of probabilities, that he exercised utmost care and caution. If the substance was consumed for therapeutic purposes, the Athlete ought to have applied for a Therapeutic Use Exemption (TUE) under Article 4.4 of the Rules. Dexamethasone is known to be used in sport for its anti-inflammatory and recovery-enhancing effects, which may confer an undue advantage and undermine the principle of fair competition. A mere doctor's prescription cannot suffice to justify the presence of a prohibited substance in an athlete's sample.
29. NADA places reliance upon established jurisprudence of the Court of Arbitration for Sport (CAS), including *Aanes v. FIL*, *International Ski Federation v. Therese Johaug & NOPC*, and *WADA v. NADA & Dane Pereira*, wherein CAS held that a doctor's failure does not absolve an athlete of personal responsibility.. These authorities firmly establish that reliance on medical advice does not discharge an athlete's strict personal duty under anti-doping rules. Accordingly, the Athlete is liable to be sanctioned for a period of two years.
30. The Appellant is a highly experienced athlete who has undergone numerous doping tests. A reasonable person possessing such experience would be fully aware of the degree of risk involved and the level of care required. Where medication prescribed by a doctor is involved, the duty of care is heightened due to the inherent risk that pharmaceutical products may contain prohibited substances. The Athlete ought to have:
- *Read the product label carefully;*
  - *Cross-checked the ingredients against the Prohibited List;*
  - *Conducted independent internet research;*
  - *Ensured reliable sourcing; and*
  - *Consulted appropriate experts before use.*
31. Furthermore, the decisions of the TUE Committee and TUE Appellate Committee highlight discrepancies in the prescription and indicate that the line of treatment was not the standard of care for acute urticaria. The failure to disclose the medication on the Doping Control Form further aggravates the degree of fault.
32. The Athlete's reliance on *Lee Chong Wei v. Badminton World Federation* is misplaced. In that case, the athlete had consumed Cordyceps from a reliable source for seven years before the



sudden detection of Dexamethasone contamination. The factual matrix is entirely distinguishable, as the present Appellant consumed the medication for the first time.

33. The mere presence of Dexamethasone attracts sanction under the principle of strict liability, irrespective of whether it actually enhanced performance. This principle is affirmed in *Filip Radojevic v. FINA*, where CAS reiterated that performance enhancement is not a prerequisite for sanction under Article 2.1.
34. In light of the foregoing submissions, NADA respectfully submits that the Anti-Doping Rule Violation stands established; the Athlete has failed to discharge the burden of proving absence of fault or negligence; and the Impugned Order warrants no interference. Accordingly, the Athlete ought to be sanctioned with a period of ineligibility of **two (2) years**, and the Impugned Order deserves to be upheld.

### III. ISSUES FOR DETERMINATION

35. Upon consideration of the pleadings, the material placed on record, and the submissions advanced by the parties, the following issues arise for determination before this Panel:
- i. Whether the presence of Dexamethasone, a substance falling under Category S9 (Glucocorticoids) of the WADA Prohibited List, in the sample of the Appellant constitutes an Anti-Doping Rule Violation under Articles 2.1 and 2.2 of the National Anti-Doping Rules, 2021?
  - ii. Whether the Appellant has been able to establish the circumstances in which the prohibited substance entered his body and the extent of fault attributable to him in terms of the applicable provisions of the National Anti-Doping Rules, 2021?
  - iii. Whether the sanction of two years of ineligibility imposed by the learned Anti-Doping Disciplinary Panel vide order dated 06 October 2025 is liable to be upheld, modified, or reduced in the facts and circumstances of the present case?

### IV. Findings and Consideration

#### Establishment of Anti-Doping Rule Violation

36. The first issue that falls for determination before this Panel is whether the material placed on record establishes the commission of an Anti-Doping Rule Violation by the Athlete. The



governing provision in this regard is Article 2.1 of the National Anti-Doping Rules, 2021, which provides as follows:

*“Article 2.1 Presence of a Prohibited Substance or its Metabolites or Markers in an Athlete’s Sample. It is each Athlete’s personal duty to ensure that no Prohibited Substance enters his or her body. Athletes are responsible for any Prohibited Substance or its Metabolites or Markers found to be present in their Samples. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the Athlete’s part be demonstrated in order to establish an anti-doping rule violation under Article 2.1.”*

37. The aforementioned provision makes it abundantly clear that the anti-doping regime proceeds on the doctrine of strict liability, whereby the presence of a prohibited substance in an athlete’s sample is, in itself, sufficient to constitute an Anti-Doping Rule Violation. The statutory scheme underlying the Anti-Doping Rules unequivocally places a personal and non-delegable duty upon athletes to ensure that no prohibited substance enters their bodies. Consequently, the Anti-Doping Organisation is not required to establish intention, knowledge, negligence, or fault on the part of the athlete in order to discharge its burden of proof with respect to the existence of the violation.
38. The rationale underpinning the strict liability principle has been consistently affirmed in the jurisprudence of the Court of Arbitration for Sport (CAS), which has repeatedly emphasised that the efficacy of the anti-doping framework depends upon the imposition of a stringent standard of responsibility upon athletes. CAS panels have observed that athletes occupy a unique position of trust within the sporting ecosystem and must therefore exercise the highest degree of vigilance in relation to substances they ingest or administer.
39. In *Jakub Wawrzyniak v. Hellenic Football Federation* (CAS 2009/A/1918) para 5, the CAS unequivocally reiterated that the personal responsibility imposed upon athletes cannot be displaced merely because the prohibited substance entered the athlete’s body on account of advice received from medical personnel or other members of the athlete’s entourage. The Panel in that case observed:
- “Even in cases where the doping offence has occurred following false information provided by the medical personnel, the athlete is not automatically exempted from fault or negligence. The WADA Code system makes it clear that athletes bear responsibility for the intake of substances...”*

40. The above dictum makes it manifestly clear that the athlete's duty under the Anti-Doping regime is personal, continuous, and absolute, and that reliance upon medical practitioners or support personnel does not absolve the athlete from responsibility for substances detected in his or her bodily specimen.
41. A similar principle was reiterated in *UCI v. Alexander Kolobnev* (CAS 2011/A/2645) para 2, wherein the CAS clarified the evidentiary burden resting upon an athlete once the presence of a prohibited substance has been established. The CAS held:
- "An athlete may establish how the specified substance entered his/her body by a balance of probability... A panel must be comfortably satisfied by the objective circumstances of the case that the athlete in taking or possessing a prohibited substance did not intend to enhance his or her sport performance."*
42. The import of the aforesaid jurisprudence is that the adjudicatory body, at the stage of determining whether an Anti-Doping Rule Violation has occurred, is required only to ascertain whether a prohibited substance was present in the athlete's sample. Questions relating to the athlete's intention, explanation for the presence of the substance, or degree of fault arise only at the subsequent stage of determining the appropriate sanction.
43. In the present case, the documentary record placed before this Panel includes the laboratory report issued by a WADA-accredited laboratory, which confirms the presence of Dexamethasone, a glucocorticoid substance listed under Category S9 of the WADA Prohibited List. The sample in question was collected during in-competition testing conducted under the authority of the National Anti-Doping Agency.
44. The Panel notes that the laboratory analysis was carried out in accordance with internationally recognized scientific standards and that the analytical finding has been duly recorded in the ADAMS system. The Athlete has not raised any challenge with respect to the chain of custody of the sample, the testing procedure, or the scientific reliability of the laboratory analysis.
45. It is well-settled in Anti-Doping jurisprudence that analytical reports generated by WADA-accredited laboratories enjoy a presumption of scientific reliability unless the athlete adduces cogent evidence demonstrating a departure from the applicable International Standards. No such evidence has been placed before this Panel in the present case.
46. Furthermore, the Athlete has not disputed the presence of the prohibited substance in his sample. Instead, the Athlete has acknowledged the analytical finding and has sought to explain



the circumstances in which the substance allegedly entered his system through medical treatment administered for a dermatological condition. While such explanation may assume relevance in the determination of sanction and the assessment of fault, it does not detract from the fact that the essential ingredient required to establish the Anti-Doping Rule Violation has been satisfied.

47. In view of the laboratory findings confirming the presence of Dexamethasone in the Athlete's sample, and applying the strict liability principle embodied in Article 2.1 of the National Anti-Doping Rules, this Panel is comfortably satisfied that the prohibited substance was present in the Athlete's bodily specimen at the time of in-competition testing.

48. Accordingly, this Panel holds that the requirements of **Article 2.1 and Article 2.2 of the National Anti-Doping Rules, 2021 stand fulfilled**, and that the Athlete has committed an Anti-Doping Rule Violation within the meaning of the said provisions.

49. Having thus determined the existence of the Anti-Doping Rule Violation, the Panel now proceeds to **examine the appropriate sanction to be imposed**, which necessarily entails a **detailed assessment of the Athlete's degree of fault, the circumstances surrounding the ingestion of the substance, and the applicable jurisprudence governing the determination of the period of ineligibility.**

#### Determination of Sanction

50. Having returned a finding that the Athlete has committed an Anti-Doping Rule Violation within the meaning of Articles 2.1 and 2.2 of the National Anti-Doping Rules, 2021, this Panel shall now determine the consequences flowing from such violation, more particularly the appropriate period of ineligibility to be imposed. The determination of sanction must necessarily be undertaken within the statutory framework embodied in Article 10 of the National Anti-Doping Rules, which governs the consequences applicable to violations of the Anti-Doping Rules.

51. The Panel notes that the substance detected in the Athlete's sample is Dexamethasone, which is classified under Section S9 (Glucocorticoids) of the WADA Prohibited List. The said substance falls within the category of Specified Substances under the Anti-Doping Rules. The classification of certain substances as Specified Substances reflects the recognition within the anti-doping regulatory framework that such substances may, in certain circumstances, enter an athlete's system inadvertently, including through legitimate medical treatment or



therapeutic intervention, and therefore the sanctioning regime applicable to such substances permits a degree of flexibility contingent upon the athlete's degree of fault.

52. The legal consequences in cases involving Specified Substances are governed by Article 10.6 of the National Anti-Doping Rules, which provides as follows:

*“Where the anti-doping rule violation involves a Specified Substance, and the Athlete can establish No Significant Fault or Negligence, the period of Ineligibility shall be, at a minimum, a reprimand and no period of Ineligibility, and at a maximum, two (2) years of Ineligibility, depending on the Athlete's degree of Fault.”*

53. The aforesaid provision makes it evident that the sanction in cases involving Specified Substances is not rigid or predetermined, but rather falls within a sanctioning range extending from zero months to twenty-four months, the precise determination of which depends upon the degree of fault attributable to the athlete. The adjudicating authority is therefore required to undertake a careful and principled assessment of the factual circumstances surrounding the violation in order to determine where within the permissible range the sanction ought to be situated.

54. The principles governing the determination of the athlete's degree of fault have been authoritatively articulated in the jurisprudence of the Court of Arbitration for Sport (CAS). In this regard, the decision rendered in *Marin Čilić v. International Tennis Federation* (CAS 2013/A/3327 & CAS 2013/A/3335) is widely regarded as the leading authority on the assessment of fault in cases involving Specified Substances.

55. In the above-mentioned case, the CAS laid down the guiding principle that the degree of fault constitutes the decisive criterion for determining the applicable sanction within the permissible sanction range. The CAS observed:

*“The decisive criterion based on which the period of ineligibility shall be determined within the applicable range of sanctions is fault. There are three degrees of fault which can be applied to the possible sanction range of 0–24 months:*  
*(a) significant degree of or considerable fault, with a sanction range from 16 to 24 months;*  
*(b) normal degree of fault, with a sanction range from 8 to 16 months;*  
*(c) light degree of fault, with a sanction range from 0 to 8 months.”*



56. The CAS further clarified that the determination of the athlete's degree of fault must involve a dual analytical inquiry, namely the assessment of both the objective and subjective components of fault. In this regard, the CAS observed:
- “In order to determine into which category of fault a particular case might fall, it is helpful to consider both the objective and the subjective level of fault. The objective element describes what standard of care could have been expected from a reasonable person in the athlete's situation. The subjective element describes what could have been expected from that particular athlete in light of his personal capacities.”*
57. The jurisprudential framework emerging from the Čilić decision thus establishes that the determination of sanction in cases involving Specified Substances requires the adjudicating authority to undertake a structured evaluation of the athlete's conduct, examining both the objective standard of care expected of a reasonable athlete and the subjective circumstances pertaining to the athlete concerned.
58. Accordingly, the sanctioning range applicable in cases involving Specified Substances may broadly be delineated as follows:
- Light Degree of Fault: 0 to 8 months
  - Normal Degree of Fault: 8 to 16 months
  - Significant Degree of Fault: 16 to 24 months
59. Basis the foregoing, the Panel finds it incumbent in the present case, to conduct a careful and contextual assessment of the Athlete's degree of fault, having regard to both the objective standard of diligence expected from an athlete competing at the national level and the subjective circumstances surrounding the ingestion of the prohibited substance.

#### **Objective Degree of Fault**

60. As observed in *Marin Čilić v. International Tennis Federation* (CAS 2013/A/3327 & CAS 2013/A/3335), the assessment of fault requires consideration of both the objective and subjective elements of fault, the objective element being concerned with the standard of care that could reasonably be expected from a prudent athlete placed in similar circumstances. The CAS observed:
- “The objective element describes what standard of care could have been expected from a reasonable person in the athlete's situation.”**



61. The jurisprudence of the CAS has consistently emphasized that athletes are required to exercise a high degree of vigilance and diligence in relation to any substance they ingest or administer. The anti-doping regime places a positive obligation upon athletes to take all reasonable precautions to ensure that medications, supplements, or treatments consumed by them do not contain substances included in the Prohibited List.
62. In elaborating the scope of this obligation, the CAS in Čilić further observed that a reasonable athlete may be expected to undertake a number of precautionary steps prior to consuming any product or medication. The CAS stated:
- “An athlete can be reasonably expected to follow all of the following steps: (i) read the label of the product used (or otherwise ascertain the ingredients), (ii) cross-check all the ingredients on the label with the list of prohibited substances, (iii) make an internet search of the product, (iv) ensure the product is reliably sourced and (v) consult appropriate experts in these matters...”*
63. The aforesaid principles clearly establish that the standard of care expected from an athlete is a stringent one, reflecting the personal and non-delegable responsibility imposed upon athletes under the Anti-Doping regime.
64. Applying the above standard to the facts of the present case, this Panel notes that the material placed on record indicates that the Athlete received the medication administered by the treating physician without undertaking any independent verification of the ingredients contained therein.
65. The record does not indicate that the Athlete examined the label of the medication or attempted to ascertain its ingredients prior to its administration. Nor does the record reveal that the Athlete cross-checked the ingredients of the medication against the WADA Prohibited List or consulted any anti-doping database or resource for the purpose of verifying whether the substance contained therein was prohibited.
66. The Panel further observes that the Athlete did not seek advice from a sports medicine specialist or any other qualified expert possessing familiarity with the anti-doping regulatory framework prior to receiving the medication. Such consultation would have constituted a prudent and reasonable step in circumstances where the Athlete was undergoing medical treatment while actively participating in competitive sport.



67. The absence of such precautionary measures assumes particular significance in the context of the anti-doping regime, which places the ultimate responsibility for compliance squarely upon the athlete. The duty imposed upon athletes under the Anti-Doping Rules is not merely passive but requires athletes to take affirmative steps to ensure compliance with the Prohibited List.
68. In the considered view of this Panel, the failure of the Athlete to undertake these elementary precautions demonstrates that the Athlete did not exercise the standard of diligence and caution expected from a professional athlete competing at the national level. Accordingly, when assessed against the objective standard of care articulated in CAS jurisprudence, the conduct of the Athlete reflects a departure from the level of vigilance that a reasonable athlete would have exercised in comparable circumstances.

#### **Subjective Degree of Fault**

69. Having examined the objective component of the fault, the Panel now turns to the subjective element of fault, which requires an assessment of the personal circumstances of the Athlete and the extent to which those circumstances may have influenced the Athlete's conduct. The assessment of subjective fault focuses upon the characteristics and situation of the individual athlete and considers what level of care could reasonably be expected from that particular athlete in light of his personal capacities, experience, and knowledge.
70. In *Marin Čilić v. International Tennis Federation (CAS 2013/A/3327 & CAS 2013/A/3335)*, the Court of Arbitration for Sport clarified the role of the subjective element in the determination of fault and observed:
- "The subjective element describes what could have been expected from that particular athlete in light of his personal capacities."*
71. The CAS further recognized that certain personal circumstances may be taken into consideration when evaluating the subjective degree of fault. These may include, inter alia, the athlete's level of experience, the extent of anti-doping education received by the athlete, and any other factors that may reasonably affect the athlete's awareness of the anti-doping obligations imposed upon him.
72. In the present case, the Panel notes that the Athlete is a national-level boxer actively participating in competitive sporting events and has previously undergone doping control procedures. It may therefore reasonably be inferred that the Athlete was not unfamiliar with



the existence of the anti-doping regulatory framework or the responsibilities imposed upon athletes under the Anti-Doping Rules.

73. Athletes competing at the national level are ordinarily expected to possess a basic awareness of the anti-doping regime, including the obligation to ensure that medications or substances administered to them do not contain ingredients included in the Prohibited List. In light of the Athlete's competitive status and prior exposure to doping control procedures, it is reasonable to expect that the Athlete possessed a degree of familiarity with these obligations.
74. At the same time, the Panel is required to examine whether the particular circumstances surrounding the ingestion of the prohibited substance warrant consideration as mitigating factors within the framework of the subjective fault analysis.
75. The material placed on record indicates that the medication containing the prohibited substance was administered to the Athlete in the course of treatment for a medical condition described as acute urticaria. The documentation placed before this Panel reflects that the medication was administered in a therapeutic context with the objective of alleviating the symptoms associated with the said medical condition.
76. There is no material placed before this Panel suggesting that the medication was administered for the purpose of obtaining any competitive advantage or enhancing the Athlete's sporting performance. On the contrary, the circumstances surrounding the administration of the medication indicate that it formed part of treatment for a genuine medical ailment.
77. The Panel further notes that the substance detected in the Athlete's sample, namely Dexamethasone, is a glucocorticoid that is prohibited only in-competition under the WADA Prohibited List. The classification of certain substances as prohibited solely in-competition reflects the recognition within the anti-doping framework that such substances may legitimately be used in certain medical contexts outside competition.
78. This characteristic distinguishes the present case from situations involving substances that are prohibited at all times, both in and out of competition, and which are commonly associated with deliberate performance enhancement.
79. While the presence of the substance nevertheless constitutes an Anti-Doping Rule Violation under the strict liability principle, the fact that the substance is prohibited only in-competition and was administered in the context of medical treatment constitutes a circumstance that may be taken into account in evaluating the subjective degree of fault attributable to the Athlete.



80. Accordingly, the Panel finds that while the Athlete cannot be absolved of responsibility under the Anti-Doping Rules, the surrounding circumstances relating to the therapeutic administration of the medication and the nature of the substance involved are relevant considerations in the overall assessment of the Athlete's degree of fault.
81. Based on the foregoing, the panel finds it necessary to consider the combined effect of the objective and subjective elements of fault in order to determine the appropriate sanction within the range prescribed under the Anti-Doping Rules.

### Aggravating Factors

82. The Panel has taken note of the circumstances advanced by the Athlete in explanation of the violation, it is incumbent upon the Panel, at the first instance, to examine whether there exist any **aggravating considerations arising from the conduct of the Athlete** which may bear upon the determination of the appropriate sanction.
83. The Panel notes, in this regard, that the Athlete **failed to undertake adequate steps to verify the composition of the medication administered to him prior to its consumption**. As has been repeatedly emphasised in anti-doping jurisprudence, athletes bear a **personal and non-delegable responsibility** to ensure that substances entering their bodies do not contain ingredients included in the **Prohibited List**.
84. The record before this Panel indicates that the Athlete accepted the medication administered by the treating physician **without independently ascertaining the ingredients contained therein**. The Athlete did not verify the composition of the medication against the **WADA Prohibited List**, nor did he undertake any independent inquiry to determine whether the substance administered to him was permissible under the **Anti-Doping Rules**.
85. The Panel further observes that the Athlete did not consult any **sports medicine expert or anti-doping specialist** prior to the administration of the medication, notwithstanding the fact that the Athlete was actively participating in **competitive sport at the national level**. Such consultation would have constituted a prudent step for an athlete seeking to ensure compliance with the anti-doping regulatory framework.
86. The failure of the Athlete to undertake these precautionary measures reflects a **lack of the degree of vigilance and diligence expected from an athlete competing at the national**



level, who is presumed to possess a **basic awareness of the anti-doping obligations imposed under the National Anti-Doping Rules.**

87. These omissions, viewed in their entirety, demonstrate a **significant degree of negligence on the part of the Athlete**, which cannot be overlooked, particularly in light of the **strict compliance expected of athletes under the anti-doping regime.**

#### Mitigating Factors

88. Having examined the objective and subjective elements of fault attributable to the Athlete, the Panel now proceeds to consider the **mitigating circumstances** which may be relevant in determining the appropriate sanction within the permissible range prescribed under the Anti-Doping Rules.
89. The first mitigating circumstance that merits consideration arises from the **medical context in which the prohibited substance was administered.** The documentary material placed on record, including the medical consultation records produced by the Athlete, indicates that the Athlete sought medical assistance for the treatment of **acute urticaria**, a dermatological condition characterized by severe allergic reactions and inflammation of the skin.
90. The records further indicate that the medication containing the prohibited substance was administered to the Athlete as part of the **therapeutic treatment prescribed by the attending medical practitioner** for the purpose of alleviating the symptoms associated with the said condition. The Panel is satisfied, on the basis of the material placed before it, that the administration of the medication occurred in the course of **medical treatment undertaken for a genuine health condition.**
91. The jurisprudence of CAS recognizes that circumstances involving the administration of medication for legitimate medical purposes may, depending upon the facts of the case, constitute a relevant factor in the assessment of fault. CAS panels have repeatedly observed that where the ingestion of a prohibited substance occurs in the context of **medical treatment rather than for performance enhancement**, such circumstances may properly be taken into account in determining the appropriate sanction.
92. A second mitigating circumstance which warrants consideration in the present matter is the **absence of any evidence indicating that the Athlete intended to enhance his sporting performance** through the use of the prohibited substance. The record does not disclose any



material suggesting that the Athlete deliberately or knowingly administered the substance with the objective of **gaining an unfair competitive advantage**.

93. On the contrary, the explanation advanced by the Athlete indicates that the substance entered his system as a consequence of **medication administered for therapeutic purposes**. While the **strict liability principle embodied in Article 2.1** renders the presence of the substance sufficient to establish the violation, the absence of evidence indicating any intention to enhance performance remains a relevant consideration in the determination of sanction.
94. The Panel also takes into account the **cooperation extended by the Athlete during the course of the proceedings**. Upon being notified of the Adverse Analytical Finding, the Athlete provided an explanation regarding the origin of the substance and submitted the relevant medical documentation in support of his explanation. Such conduct demonstrates a degree of **cooperation with the anti-doping authorities** and reflects the Athlete's willingness to assist in clarifying the circumstances surrounding the violation.
95. Another factor which the Panel considers relevant is the **absence of any prior anti-doping violations on the part of the Athlete**. The record before this Panel does not indicate that the Athlete has previously been found to have committed any Anti-Doping Rule Violation.
96. The Panel also takes into account that the Athlete has been participating in competitive sport **for a considerable period of time while maintaining a clean sporting record**, and the present violation appears to be **an isolated incident in an otherwise unblemished sporting career**.
97. Upon a cumulative consideration of the circumstances discussed above i.e., **the medical context in which the substance was administered, the absence of any evidence indicating an intention to enhance sporting performance, the cooperation extended by the Athlete during the proceedings, the fact that the Athlete informed the treating doctor of his status as a competitive athlete, and the Athlete's previously clean disciplinary record with no prior anti-doping violations**, the Panel is satisfied that these circumstances constitute **relevant mitigating factors** which must be taken into account in determining the **appropriate period of ineligibility** within the sanctioning framework prescribed under the **Anti-Doping Rules**.



### Overall Assessment of Fault

98. Having examined the circumstances of the case in their entirety, the Panel is required to undertake a **holistic assessment of the Athlete's degree of fault**, taking into account both the aggravating and mitigating considerations identified in the preceding sections.
99. The Panel reiterates that the anti-doping regime operates on the principle of **strict liability**, which places the **ultimate responsibility upon the athlete** to ensure that no prohibited substance enters his body.
100. The Athlete's failure to verify the ingredients of the medication administered to him represents a **significant departure from the standard of diligence expected from an athlete competing at the national level**.
101. For this reason, the Panel finds that the Athlete's conduct **cannot be characterized as involving minimal or trivial negligence**.
102. At the same time, the Panel is satisfied that the material placed before it **does not disclose any evidence indicating deliberate doping, intentional use of a prohibited substance, or any attempt by the Athlete to gain an unfair competitive advantage**.
103. The Panel therefore concludes that the conduct of the Athlete **falls within the category of "significant fault"** as articulated in the jurisprudence of the **Court of Arbitration for Sport**.

### Proportionality and Determination of Sanction

104. Having determined that the Athlete's conduct falls within the category of significant fault, the Panel proceeds to determine the appropriate period of ineligibility within the sanctioning framework prescribed under the Anti-Doping Rules.
105. The determination of sanction is governed by the **principle of proportionality**, under which the sanction imposed must correspond to the degree of fault attributable to the athlete and must reflect a fair and balanced assessment of the circumstances of the case.
106. The sanction imposed must uphold the **integrity of sport** and the **deterrent objectives of the anti-doping regime**, while remaining **proportionate to the degree of culpability attributable to the athlete**.
107. The Panel **observes** that the Athlete **failed to undertake reasonable precautionary steps to verify the composition of the medication administered to him**, in particular by **not independently ascertaining whether the medication contained substances included in**



**the Prohibited List.** The Panel finds that such omission reflects **a significant lapse in the level of diligence expected from an athlete competing at the national level** and constitutes **a departure from the standard of care required under the anti-doping regime.**

108. The Panel has, however, taken into account the surrounding circumstances of the violation, including:

- the **therapeutic context** in which the medication was administered for the treatment of a genuine medical condition;
- the fact that the Athlete **informed the treating doctor that he was an athlete subject to anti-doping regulations;**
- the **absence of any evidence of deliberate performance enhancement;**
- the **cooperation extended by the Athlete during the proceedings;** and
- the Athlete's **long-standing participation in sport without any prior anti-doping violations.**

109. These circumstances demonstrate that, although the Athlete's conduct amounts to **significant fault**, the violation occurred in the course of medical treatment and not in circumstances **indicative of deliberate doping** or an **attempt to gain an unfair competitive advantage.**

110. Particular weight is attached to the Athlete's **previously clean disciplinary history** and the fact that the Athlete **initially disclosed his status as a competitive athlete to the treating doctor** prior to the administration of the medication.

111. In view of these considerations, the Panel finds that while the Athlete's conduct falls within the category of **significant fault**, the sanction should appropriately be placed **towards the lower end of the range applicable to that category.**


112. The Panel therefore determines that a **period of ineligibility of seventeen (17) months** appropriately reflects the degree of fault attributable to the Athlete and constitutes a **fair, reasonable, and proportionate sanction** in the circumstances of the present case.

#### V. **Final Order and Sentence**

113. In light of the foregoing analysis and findings, this Panel affirms the finding of Anti-Doping Rule Violation recorded against the Appellant and upholds the **judgment and order dated 06.10.2025** passed by the Anti-Doping Disciplinary Panel.



114. However, upon a careful consideration of the facts and circumstances of the case, the degree of fault attributable to the Appellant, and the principles governing proportionality of sanctions under the Anti-Doping Rules, this Panel is of the view that the period of ineligibility imposed by the Disciplinary Panel warrants partial modification.
115. Accordingly, the period of ineligibility imposed upon the Appellant, Mr. Sumit, is **partly modified and reduced from Two (2) years to One (1) year and Five (5) months**. The period of provisional suspension already served by the Appellant shall be credited and set off against the said period of ineligibility.
116. It is also directed that under Article 10.10 of the Rules, 2021 all other competitive results obtained by the Appellant from the date of sample collection, i.e., 13.01.2025 shall be disqualified with all resulting consequences including forfeiture of medals, points and prizes.
117. The order of the Disciplinary Panel stands **modified to the aforesaid extent**.
118. Ordered accordingly.

  
Dr. Vageesh B.G.  
Member

  
Dr. (Justice) Sangita Dhingra Sehgal  
Chairman

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RANI  
Date: 2026.03.18  
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Ms. Rani Rampal  
Member