



2026:AHC-LKO:39585-DB

**HIGH COURT OF JUDICATURE AT ALLAHABAD
LUCKNOW
WRIT - A No. - 5281 of 2026
Neutral Citation No. - 2026:AHC-LKO:39585-DB**

Union of India Thru. Secy. Ministry of Defence New Delhi and 3 others
.....Petitioner(s)

Versus

No. Jc 186247X Ex Sub Aditya Prasad Tiwari
.....Respondent(s)

Counsel for Petitioner(s)	:	Balbir Singh,
Counsel for Respondent(s)	:	

Court No. - 5

**HON'BLE ALOK MATHUR, J.
HON'BLE PRAMOD KUMAR SRIVASTAVA, J.**

1. The present petition has been preferred against the judgment and final order dated 8.04.2024 passed by the Armed Forces Tribunal, Regional Bench, Lucknow (hereinafter referred to as "the Tribunal") in Original Application No. 1244 of 2023.

BRIEF FACTUAL CONSPECTUS

2. The relevant facts in brief for the purpose of deciding this petition are detailed herein below.
3. The opposite party was enrolled in the Indian Army on 30.07.1988 and after serving 30 years, he was discharged from service on 31.08.2018 in Low Medical Category under Rule 13(3) Item I (i) (a) of the Army Rules, 1954. At the time of discharge from service, the Release Medical Board (hereinafter referred to as "RMB") was held at Military Hospital, Command Hospital(Central Command), Lucknow assessing his disability as PRIMARY HYPERTENSION @30% for life and opining that the disability was neither attributable to nor aggravated by military

service. Consequently, the respondent's claim for disability pension was rejected.

4. Being aggrieved by the rejection of his claim for disability pension, the respondent successfully approached the Tribunal in OA No. 1244 of 2023 which was heard with other applicants seeking similar reliefs.

SUBMISSIONS OF THE PARTIES

5. Before the Tribunal it was pleaded by the respondent that he had been found medically fit at the time of enrollment and nothing adverse was noted at that point of time and he became afflicted with the said disease during his service which had nothing to do with the family conditions and since the said disease developed in course of his service, he was entitled to the disability pension.
6. The petitioners contested the claim of the respondent before the Tribunal by contending that the respondent had been posted at peace station at the time of onset of the disease and being deployed in peace stations, and it could not have contributed to the said illness nor can the military service be said to have aggravated the disease, which was confirmed by the Medical Board on examination of the respondent as mentioned above. Further, it was contended that nothing was brought on record to contradict the finding of the Medical Board and as such the claim of the respondent could not be entertained.
7. It has been submitted on behalf of Union of India that the judgment of the Tribunal is contrary to the opinion given by the Medical Board, where it has been opined that the disease contracted by the opposite party is neither attributable nor aggravated by the military service. It is submitted that preference has to be given to the opinion of the Medical Board and consequently, the order of the Tribunal is arbitrary and deserves to be interfered with.

8. Learned counsel appearing for the opposite party has supported the order passed by the Tribunal and submits that posting of the respondent would indicate that during his service tenure he has been posted in field and forward areas .It was submitted that the Tribunal has rightly considered the fact that even when armed personnels are posted in field areas then also there is stress and strain arising due to such posting, inasmuch as, even at a peace station there is pressure of rigorous training and stress and strain of military service exist. Reliance has been placed by the Tribunal on the judgment of Hon'ble Supreme Court rendered in the case of **Dharamvir Singh Vs. Union of India and Others, (2013) 7 SCC 316**, and accordingly claim of respondent was allowed.
9. In support of the claim, a number of decisions were relied upon namely; **Union of India v. Keshar Singh, (2007) 12 SCC 675; Union of India v. Surinder Singh Rathore, (2008) 5 SCC 747; Secretary, Ministry of Defence v. A.V. Damodaran (Dead) through LRs., (2009) 9 SCC 140; Union of India v. Jujhar Singh, (2011) 7 SCC 735; Union of India v. Talwinder Singh, (2012) 5 SCC 480, No. 14666828M EX CFN Narsingh Yadav v. Union of India, (2019) 9 SCC 667, and the decision of Kerala High Court in Baby v. Union of India, (2003) 3 KLT 362 (FB).**

FINDINGS OF THE ARMED FORCE TRIBUNAL

10. The Tribunal, on consideration of the aforesaid decisions and relevant Rules made the following observations in the impugned judgment, which are reproduced here-below:—

“6. The law on attributability of a disability has already been settled by the Hon'ble Supreme Court in the case of Dharamvir Singh Versus Union of India & Others, reported in (2013) 7 Supreme Court Cases 316. In this case the Apex Court took note of the provisions of the Pensions Regulations, Entitlement Rules and the General Rules of Guidance to Medical Officers to sum up the legal position emerging from the same in the following words.

"29.1. Disability pension to be granted to an individual who is invalided from service on account of a disability which is attributable to or aggravated by military service in non-battle casualty and is assessed at 20% or over. The question whether a disability is attributable to or aggravated by military service to be determined under the Entitlement Rules for Casualty Pensionary Awards, 1982 of Appendix II (Regulation 173).

29.2. A member is to be presumed in sound physical and mental condition upon entering service if there is no note or record at the time of entrance. In the event of his subsequently being discharged from service on medical grounds any deterioration in his health is to be presumed due to service [Rule 5 read with Rule 14(b)].

29.3. The onus of proof is not on the claimant (employee), the corollary is that onus of proof that the condition for non-entitlement is with the employer. A claimant has a right to derive benefit of any reasonable doubt and is entitled for pensionary benefit more liberally (Rule 9).

29.4. If a disease is accepted to have been as having arisen in service, it must also be established that the conditions of military service determined or contributed to the onset of the disease and that the conditions were due to the circumstances of duty in military service [Rule 14(c)].

29.5. If no note of any disability or disease was made at the time of individual's acceptance for military service, a disease which has led to an individual's discharge or death will be deemed to have arisen in service [Rule 14(b)].

29.6. If medical opinion holds that the disease could not have been detected on medical examination prior to the acceptance for service and that disease will not be deemed to have arisen during service, the Medical Board is required to state the reasons [Rule 14(b)]; and 29.7. It is mandatory for the Medical Board to follow the guidelines laid down in Chapter II of the Guide to Medical Officers (Military Pensions), 2002 -"Entitlement: General Principles", including Paras 7, 8 and 9 as referred to above (para 27)."

11. By adopting the aforesaid principles derived from the decisions relied upon, the Tribunal allowed the claim as follows:

“7. In view of the settled position of law on attributability, we find that the RMB has denied attributability to the applicant only by endorsing that the disability 'PRIMARY HYPERTENSION' is neither attributable to nor aggravated (NANA) by service on the ground of onset of disability in December, 2017 while posted in Peace location (Lucknow), therefore, applicant is not entitled to disability element of disability pension. However, considering the facts and circumstances of the case, we are of the opinion that this reasoning of Release Medical Board for denying disability element of disability pension to applicant is not convincing and doesn't reflect the complete truth on the matter. Peace Stations have their own pressure of rigorous military training and associated stress and strain of military service. The applicant was enrolled in Indian Army on 30.07.1988 and the disability has started after more than 29 years of Army service i.e. in December, 2017. We are therefore of the considered opinion that the benefit of doubt in these circumstances should be given to the applicant in view of *Dharamvir Singh vs Union of India & Ors* (supra), and the disability of the applicant should be considered as aggravated by military service.”

12. We have heard the parties and gone through the records.

LAW IN THIS REGARD

13. This Court in the aforesaid decisions of **Keshar Singh (supra)**; **Surinder Singh Rathore (supra)**; **A.V. Damodaran (supra)**; **Jujhar Singh (supra)**; **Talwinder Singh (supra)** had examined Regulation 173 of the Pension Regulations for the Army, 1961, which deals with the primary conditions of grant of disability pension which provide, inter alia, that the disability pension would be granted if it is attributable to or aggravated by the military service. The said Regulation 173 is accordingly reproduced herein as below:

“173. Primary conditions for the grant of disability pension. — Unless otherwise specifically provided a disability pension may be granted to an individual who is invalided from service on account of a disability which is attributable to or aggravated by military service and is assessed at 20 per cent or above.”

- 14.** The question as to whether the disability is attributable to or aggravated by military service is to be determined as per Appendix II to the said Regulations.

Relevant portions in Appendix II read as follows:

“2. Disablement or death shall be accepted as due to military service provided it is certified that—

(a) The disablement is due to wound, injury or disease which—

(i) is attributable to military service; or

(ii) existed before or arose during military service and has been and remains aggravated thereby;

(b) the death was due to or hastened by—

(i) a wound, injury or disease which was attributable to military service, or

(ii) the aggravation by military service of a wound, injury or disease which existed before or arose during military service.

Note.—The rule also covers cases of death after discharge/invaliding from service.

3. There must be a causal connection between disablement or death and military service for attributability or aggravation to be conceded.

4. In deciding on the issue of entitlement all the evidence, both direct and circumstantial, will be taken into account and the benefit or reasonable doubt will be given to the claimant. This benefit will be given more liberally to the claimant in field service case.”

- 15.** Thus, the aforesaid Regulation 173 read with Appendix II makes it very clear that disability must be attributable to or aggravated by military service for purposes of grant of disability pension and

what amounts to disability has been elaborated in Appendix II of the Regulations as quoted above. The Appendix II clarifies that there must be a casual connection between the disablement or death and military service for attributability to be considered. Clause 4 of the aforesaid Appendix II further provides that in deciding on the issue of entitlement, all the evidence, both direct and circumstantial, will be taken into account and the benefit or reasonable doubt will be given to the claimant and this benefit will be given more liberally to the claimant in field service case.

- 16.** As to how a disability can be attributed to service has been further explained clearly in Regulation 423 of the Regulations for Medical Services for Armed Forces, 1983, which has been also referred to by the Tribunal and by the Apex Court in the above-mentioned cases, which is reproduced herein below for easy reference:

“423. Attributability to service.— (a) For the purpose of determining whether the cause of a disability or death is or is not attributable to service, it is immaterial whether the cause giving rise to the disability or death occurred in an area declared to be a field service/active service area or under normal peace conditions. It is, however, essential to establish whether the disability or death bore a casual connection with the service conditions. All evidence, both direct and circumstantial, will be taken into account and benefit of reasonable doubt, if any, will be given to the individual. The evidence to be accepted as reasonable doubt, for the purpose of these instructions, should be of a degree of cogency, which though not reaching certainty, nevertheless carry the high degree of probability. In this connection, it will be remembered that proof beyond reasonable doubt does not mean proof beyond a shadow of doubt. If the evidence is so strong against an individual as to leave only a remote possibility in his favour, which can be dismissed with the sentence ‘of course it is possible but not in the least probable’ the case is proved beyond reasonable doubt. If on the other hand, the evidence be so evenly balanced as to render impracticable a determinate conclusion one way or the other, then the

case would be one in which the benefit of doubt could be given more liberally to the individual, in cases occurring in field service/active service areas.

(b) The cause of a disability or death resulting from wound or injury, will be regarded as attributable to service if the wound/injury was sustained during the actual performance of 'duty' in armed forces. In case of injuries which were self-inflicted or due to an individual's own serious negligence or misconduct, the Board will also comment how far the disability resulted from self-infliction, negligence or misconduct.

(c) The cause of a disability or death resulting from a disease will be regarded as attributable to service when it is established that the disease arose during service and the conditions and circumstances of duty in the armed forces determined and contributed to the onset of the disease. Cases, in which it is established that service conditions did not determine or contribute to the onset of the disease but influenced the subsequent course of the disease, will be regarded as aggravated by the service. A disease which has led to an individual's discharge or death will ordinarily be deemed to have arisen in service if no note of it was made at the time of the individual's acceptance for service in the armed forces. However, if medical opinion holds, for reasons to be stated that the disease could not have been detected on medical examination prior to acceptance for service, the disease will not be deemed to have arisen during service.

(d) The question, whether a disability or death is attributable to or aggravated by service or not, will be decided as regards its medical aspects by a Medical Board or by the medical officer who signs the death certificate. The Medical Board/medical officer will specify reasons for their/his opinion. The opinion of the Medical Board/medical officer, insofar as it relates to the actual cause of the disability or death and the circumstances in which it originated will be regarded as final. The question whether the cause and the attendant circumstances can be attributed to service will, however, be decided by the pension sanctioning authority.

(e) To assist the medical officer who signs the death certificate or the Medical Board in the case of an invalid, the CO unit will furnish a report on:

(i) AFMS F-81 in all cases other than those due to injuries.

(ii) IAFY-2006 in all cases of injuries other than battle injuries.

(f) In cases where award of disability pension or reassessment of disabilities is concerned, a Medical Board is always necessary and the certificate of a single medical officer will not be accepted except in case of stations where it is not possible or feasible to assemble a regular Medical Board for such purposes. The certificate of a single medical officer in the latter case will be furnished on a Medical Board form and countersigned by the ADMS (Army)/DMS (Navy)/DMS (Air)."

17. A careful examination of Regulation 423 of the Regulation for Medical Services for Armed Forces would reveal the following aspects:

1. It is immaterial whether the cause giving rise to the disability or death occurred in an area declared to be a field service/active service area or under normal peace conditions.

2. It is, however, essential to establish that the disability or death bore a casual connection with the service conditions.

3. All evidence, both direct and circumstantial, will be taken into account and benefit of reasonable doubt, if any, will be given to the individual.

4. A disease which has led to an individual's discharge or death will ordinarily be deemed to have arisen in service if no note of it was made at the time of the individual's acceptance for service in the armed forces.

5. However, if the medical opinion holds, for reasons to be stated that the disease could not have been detected on medical examination prior to acceptance for service, the disease will not be deemed to have arisen during service.

6. The question, whether a disability or death is attributable to or aggravated by military service or not, will be decided as regards its medical aspects by a Medical Board or by the medical officer who signs the certificate. The Medical Board/medical officer will specify reasons for their/his opinion.

7. The opinion of the Medical Board/medical officer, insofar as it relates to the actual cause of the disability or death and the circumstances in which it originated will be regarded as final.

8. The question whether the cause and the attendant circumstances can be attributed to service will, however, be decided by the pension sanctioning authority.

9. To assist the medical officer who signs the death certificate or the Medical Board in the case of an invalid, the CO unit will furnish a report on:

(i) AFMS F-81 : in all cases other than those due to injuries.

(ii) IAFY 2006 : in all cases of injuries other than battle injuries.

RECORDS CONCERNING MEDICAL BOARD PROCEEDINGS

18. Having kept the aforesaid aspects in mind, we have examined the records, more particularly the original records of the Medical Board Proceedings produced before us, a copy of which is also annexed as Annexure 2.

A careful perusal of the aforesaid medical proceedings reveals the following:

- (i) The details of the field/operational service have been mentioned in the said proceedings of the Medical Board (as per Form AFMSF-16), a copy of which is also annexed as Annexure 2.

It is to be noted that under Regulation 423 (a) referred to above, it is mentioned that for the purpose of determining whether the cause of disability is attributable to the service, it is immaterial that the cause giving rise to the disability occurred in an area

declared to be field service/active service area or under normal peace conditions.

In para 2 of Part I of the said Form, the particulars of the disease from which the respondents was suffering from are mentioned as follows:

PART I			
Illness, wound, injury	First Started Date Place	Where treated	Approximate treated dates and periods treated
PRIMARY HYPERTENSION	Dec 2017 Lucknow	CHCC Lucknow	Dec 2017 to till date

The aforesaid entries are, therefore, a clear acknowledgment of the fact that the respondent was not suffering from the disease of “PRIMARY HYPERTENSION” when he entered the service. Thus, it would be deemed that this disease arose while in service as provided under Regulation 423.

(ii) Coming to the opinion of the Medical Board of Form AFMSF-16, the following entries have been made:

PART V			
Disability	Attribute by service Y/N	Aggravated by service Y/S	Detailed Justification
PRIMARY HYPERTENSION	No	No	Neither attributable to nor aggravated by mil service as onset of disability during serving in (Lucknow) peace station Para 43 of GMO (MP) 2008 refers

It may be noted that the aforesaid entries in Part V are devoid of any details, and clearly shows that the medical history of the

respondent is not recorded. Hence, it can be said that the Medical Board had not considered the medical history of the respondent before coming to the conclusion that the disease of the respondent did not arise during service.

19. Perusal of the aforesaid entries made in the Form AFMSF-16 reveals that no reasons have been assigned at all as regards the nature of disability on which the opinion of the Medical Board is based that the respondent was suffering from "PRIMARY HYPERTENSION", though it has been specifically mentioned therein that the Medical Board should state fully the reasons with regard to the disability on which the opinion of the Medical Board is based.
20. The reasons given by the Medical Board that the onset of the disease occurred at a peace station have no relevance in determining whether the disease was attributable to military service or whether its aggravation was on account of the military service rendered by him. While rendering a medical opinion, the entire posting profile has to be examined in conjunction with the disease contracted by the soldier/officer. It is not necessary that the moment the person contracts a particular disease, the same is bound to be detected immediately thereafter as its symptoms may take some time before they are aggravated and the disease is detected. Merely because the disease was detected at a peace station is of no consequence while determining the aspect of attributability or aggravation. Accordingly, endorsing in a routine manner that the disease was detected during peace posting is totally illegal, arbitrary and in no manner justifies the denial of disability pension to the petitioner.

REQUIREMENT OF REASONED DECISION

21. In our opinion, the requirement to give reasons by the Medical Board is crucial, critical, decisive and necessary for the purpose of granting or denying disability pension and it is not a mere formality, but a necessary material on the basis of which the

pension sanctioning authority has to decide about the grant or refusal of disability pension.

- 22.** As noticed above, it has been specifically provided under Clause (d) of Regulation 423 as quoted above, that the question as to whether the disability is attributable to or aggravated by service or not, will be decided as regards its medical aspects by the Medical Board and the Medical Board will specify reasons for their opinion and the question whether the cause and attendant circumstances can be attributed to service will be decided by the pension sanctioning authority.
- 23.** Thus, this requirement to give reasons by the Medical Board about their opinion is in our view absolutely necessary as also required under Regulation 423(d) for the reason that the fate of the future career of the serviceman is going to be decided by the opinion of the Medical Board, which is to be treated as final as regards the cause of disability and the circumstances in which the disability originated. The continuation of the service of the concerned serviceman and as to whether he will be entitled to disability pension is dependent on the opinion of the Medical Board which is also to be treated as the final one.
- 24.** Hence, the rules mandate giving of reasons by the Medical Board while rendering its opinion. The reasons given by the Medical Board would obviously be the basis for determination by the competent authority whether the serviceman would be discharged from service and whether he would get disability pension.
- 25.** Accordingly, in our opinion, if the serviceman is discharged from service or denied the disability pension on the basis of a medical opinion which is devoid of reasons, it would strike at the root of the action taken by the authority and such action cannot be sustained in law.

26. We, therefore, hold that if any action is taken by the authority for the discharge of a serviceman and the serviceman is denied disability pension on the basis of a report of the Medical Board wherein no reasons have been disclosed for the opinion so given, such an action of the authority will be unsustainable in law.

BENEFICIAL INTERPRETATION

27. We must appreciate the fact that the provisions for grant of disability pension are in the nature of a beneficial scheme intended to provide succour to servicemen in hard times who have been discharged from service after having served the nation with dedication. Accordingly, a liberal approach must be adopted while construing such beneficial provisions. This approach has also been considered by the Apex Court in **Maniben Maganbhai Bhariya v. Distt. Development Officer, Dahod, (2022) 16 SCC 343**, albeit, in the context of the Payment of Gratuity Act, 1972 as applicable to Anganwadi workers, the principles of which, in our opinion, are equally applicable in the present case dealing with disability pension. In the said case it was observed as follows:

“55. When social security legislations are being interpreted, it always has to be interpreted liberally with a beneficial interpretation and has to be given the widest possible meaning which the language permits, known as beneficial interpretation. When a statute is meant for the benefit of a particular class and if a word in the statute is capable of two meanings i.e. one which would preserve the benefits and one which would not, then the former is to be adopted.”

28. Under these circumstances, a much more liberal view ought to be adopted while dealing with the cases of discharge of servicemen from service on account of suffering from “PRIMARY HYPERTENSION” as they may face several impediments and

difficulties in proving the casual connection of the said disease with the military service.

- 29.** It is also to be noted that this is not a case where the opposite party had applied for discharge of service on account of suffering from “PRIMARY HYPERTENSION”. It was the authority themselves who after observing his condition decided to discharge him from service after obtaining the opinion of the Medical Board. In such a situation, where the serviceman himself had not applied for discharge, but has been discharged by the authority, the onus of proving the disability and grounds of denying disability pension would lie heavily on the authority. Since it is the statutory requirement that the opinion of the Medical Board is to be the basis of the discharge, in our view, if the opinion of Medical Board is devoid of reasons, the act of the authority based on mere opinion sans reasons can certainly be questioned.
- 30.** According to this Court, if the decision of the authority to discharge a serviceman is based on a medical report which is devoid of reasons, which are required to be given as also mandated by rules as discussed above, such an act of the authority specially when it denies any post discharge benefit will be rendered invalid in the eyes of law.
- 31.** In such cases, it can be said that the authorities have failed to discharge the burden of establishing that the employee deserved to be discharged from service on account of such illness without any benefit of pension and such action has to be considered arbitrary and liable to be interfered with.
- 32.** Assigning reasons for the opinion of the Medical Board in the present case also becomes imperative and salutary for the reason that while the respondent had pleaded that at the time of entry in the service, this disease was not detected, but only 30 years of service and hence, as per rules also, it will be deemed that it arose while in service, the Medical Board gave the opinion

that it was “PRIMARY HYPERTENSION”. The opinion of the Medical Board is, thus, inconsistent with the plea of the respondent. Hence, it was incumbent upon the Medical Board to assign reasons as to why the disease could not be detected at the time of entry in service and as the onset of the disease was only in December 2017 which is after about 30 years of entry in service. Without there being any reasons given by the Medical Board for their opinion that it was “PRIMARY HYPERTENSION”, we are afraid, it would be unfair to the respondent that such an opinion of the Medical Board is to be taken as final and binding to deprive any service benefit to the respondent.

33. We further find that there is sufficient medical opinion existing with regard to Living And working in high altitude which may cause hypertension by putting the body in state of low oxygen and it can be a temporary state or a chronic medical condition. It is also well known that poor oxygen diffusion can lead to hypoxia, or low oxygen levels and do compensate the body kicks off a cascade of reactions including increasing heart rate, constructing blood vessels in the lungs and retaining fluids all of which can elevate blood pressure. The medical board ought to have taken all the aforesaid factors while considering the case of the opposite party for grant of disability pension, and onus lay upon them to discuss And consider these factors and give adequate reasons before rejecting his claim for grant of disability pension.
34. Thus, in the facts and circumstances discussed above, we are of the view that while there cannot be any dispute about the correctness of the legal principles enunciated by the Apex Court in the above-mentioned cases of **Keshar Singh (supra)**, **Surinder Singh Rathore (supra)**, **A.V. Damodaran (supra)**; **Jujhar Singh (supra)** and **Talwinder Singh (supra)**, we would hasten to add that the opinion of the Medical Board which is to be treated as final and binding as per aforesaid Regulations, has to be supported by reasons for

arriving at the conclusion about the nature of medical disability, before the same can be acted upon for the purpose of discharge of a serviceman and denial of disability pension as otherwise, a valuable right of a serviceman to get retiral benefits who has rendered long years of service for the nation would be unjustly deprived.

- 35.** Accordingly, we hold that the order of discharge of the opposite and denial of disability pension to him based on a medical opinion without providing full reasons to support the opinion cannot be said to be valid.

CONCLUSION

- 36.** In the present case, the respondent was enrolled in the Indian Army on 30.07.1988 and after serving 30 years, he was discharged from service on 31.08.2018 in Low Medical Category under Rule 13(3) Item I (i) (a) of the Army Rules, 1954. At the time of discharge from service, the Release Medical Board (hereinafter referred to as "RMB") was held at Military Hospital, Command Hospital(Central Command), Lucknow assessing his disability as PRIMARY HYPERTENSION @30% for life and opining that the disability was neither attributable to nor aggravated by military service. Consequently, the respondent's claim for disability pension was rejected.
- 37.** The Tribunal, after considering the entire record of the RMB as well as the postings of the respondent, observed that the disease was detected during his service . While allowing the claim of the respondent, the Tribunal held that even at peace stations, the stress and stain of military service cannot be ignored, and that rigorous military training and associated stress and stain are inherent even in the peace postings. It was further observed that the reasons given by the RMB were not in conformity with the relevant regulations and no sufficient reasons were recorded for denying disability pension to the respondent.

38. Considering the rival contentions We find that there is no infirmity in the findings recorded by the Tribunal. Apart from which We find that there is no reason given by the Medical Board to reject the claim of disability pension to the respondent. Hence the disease is neither attributable nor aggravated by military service in terms of para 43 of chapter VI of GMO(MP)-2008.
39. Resultantly, while we do not disturb the order of discharge of the respondents from service on the ground of medical invalidity due to "PRIMARY HYPERTENSION", we direct that the respondent be granted disability pension with immediate effect with all attending benefits, as per rules.
40. Considering the case of the respondent in light of the judgments of the Hon'ble Supreme Court in the case of **Dharamvir Singh vs. Union of India and Ors. reported in (2013) 7 SCC 316 as well as in the case of Rajumon T.M. vs. Union of India & Ors. reported in 2025 SCC OnLine SC 1064**, no ground for interference is made out.
41. We are in agreement with the legal propositions emanating out of the decisions of the Hon'ble Supreme Court as culled out by the Tribunal as reproduced above. However, while applying the same in the facts of the present case, we do not find any distinguishing grounds in the present case that would persuade us to arrive at a different conclusion from that of the Tribunal.
42. The petition being devoid of merits is accordingly **dismissed**.

(Pramod Kumar Srivastava,J.) (Alok Mathur,J.)

May 25, 2026

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