8th June, 2026
(D/L No.29)
Ct. No.4
(SKB)

M.A.T. 408 of 2026
With
CAN 1 of 2026

Dipankar Pal
Versus
Union of India and others

Mr. Debasish Kundu
… for the appellant.

1. The affidavit of service is taken on record.
2. Heard the learned advocate for the appellant.
3. The appeal is filed challenging the order dated 04.02.2026 passed by the Hon'ble Single Judge, whereby the writ petition was dismissed.
4. The writ petitioner/appellant participated in a process of recruitment to the post of Constable (General Duty) in Central Armed Police Forces, in the examination conducted in the year 2025.
5. He qualified the written test and, thereafter, was undergoing the physical efficiency test and medical examination. During the Detailed Medical Examination (in short 'DME') he was found unfit as he was diagnosed with hypertension and tachycardia.
6. Aggrieved by the finding of the DME dated 15.11.2025, he preferred a review. He was, thus, examined in the Review Medical Examination (in short 'RME') on 19.11.2025.

The RME found the petitioner/appellant unfit due to border line left ventricular hypertrophy. The finding is based on the petitioner's/appellant's E.C.G. report.

7. The learned advocate for the petitioner/appellant submitted that the learned Single Judge failed to consider that the findings of the RME was beyond the scope of examination in an RME, as specified in Clause 6(a) of the *Revised Uniform Guidelines for RME in Central Armed Police Forces and Assam Rifles for GOs and NGOs* dated 31.05.2021 (in short '*Guidelines*'). The learned Advocate further submitted that the findings of the RME was in violation of Clause 7(e) of the Guidelines. The procedure of hospitalization required in this clause was not observed by the RME. Findings of the RME, therefore, were vitiated.

8. The learned Advocate for the Union of India has opposed the submissions. He submitted that the Guidelines were followed. After a *bona fide* assessment in DME and RME findings/ diagnosis was recorded by medical experts. The writ Court, therefore, rightly refused to interfere with findings. We have considered the rival submissions and perused the record. The DME found the petitioner to be overweight. It further

diagnosed the petitioner to be suffering with hypertension and tachycardia. The RME, however, did not affirm such finding.

9. Upon a review of the petitioner/appellant's cardiac condition the RME found the petitioner unfit as he was diagnosed with Borderline Left Ventricular Hypertrophy (LVH).

10. At this juncture, we consider it apposite to reproduce Clause 6(a) of the Guidelines:

> *"6.* ***Guidelines for Review Medical Boards:-***
>
> *(a) Review Medical Board shall examine the candidate specifically for the deficiency for which the candidate has been declared unfit. [Also, the medical term used as cause of unfitness during the Initial Medical Examination may differ from that arrived at by the Review Medical Board]."*

11. A plain reading of the guidelines makes it clear that the RME was required to examine the writ petitioner/appellant for the deficiency for which he was declared unfit. The petitioner was declared unfit due to deficiency in cardiac health. The RME upon review of the cardiac health also arrived at a finding regarding a deficiency in the cardiac health of the writ petitioner. The diagnosis of the condition in the RME is also a deficiency in the cardiac health condition of the writ petitioner/appellant. Therefore, the submission on behalf of the petitioner/appellant that the review medical

board, in any way travelled beyond its scope is unsustainable.

12. In so far as submission regarding violation of Clause 7(e) of the Guidelines is concerned, we find that the same also has no relevance in the present case.

13. Clause 7(e) reads as follows:

> *"7. Following examples are cited for the guidance of Review Medical Board:-*
>
> *e) For candidates who have been rejected on the ground of hypertension/tachycardia should be admitted/hospitalized by the Board before giving their final opinion regarding the candidate's fitness or otherwise. The hospitalization report should indicate whether the rise in blood pressure is of transient nature due to excitement etc. or whether it is due to any organic disease. In all such cases X-Ray and electrocardiographic examinations of heart and blood examinations like cholesterol/lipid profile, S. Creatinine etc. tests should also be carried out."*

14. As per the Clause 7(e) the petitioner was required to be hospitalized and assessed/examined to ascertain whether the rise in blood pressure was transient or due to any organic disease. Such assessment was to be done by performing X-Ray, E.C.G and certain blood examinations like cholesterol/lipid profile, S. creatinine etc. The RME however, did not affirm the diagnosis of the DME regarding the petitioner suffering with hypertension/ tachycardia. Had the petitioner been found unfit Due to hypertension/ tachycardia, the

submission of the learned Advocate regarding violation of clause 7(e), may have had some significance. In the present case RME did not find the petitioner/appellant unfit due to hypertension/tachycardia. Therefore, we find no relevance in submission of the learned advocate based on Clause 7(e).

15. We further find that the RME diagnosed the petitioner with LVH based on E.C.G report. E.C.G is one of the requisite tests as per clause 7(e) of the guidelines. There is no basis for this court to conclude that clause 7(e) was not followed. In fact the diagnosis based on an E.C.G suggests otherwise.

16. Such finding by medical experts, in our opinion was rightly not interfered with by the learned Single Judge in the order under appeal.

17. We find the appeal devoid of merit and the same is dismissed.

18. CAN 1 of 2026 is accordingly disposed of.

(Madhuresh Prasad, J.)

(Prasenjit Biswas, J.)