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* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

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Date of Decision : 08.01.2026

+ **W.P.(C) 16100/2024**

SUB/MAJ HANUMAN SINGH

.....Petitioner

Through: Mr Manoj Kumar Gupta, Advocate.

versus

UNION OF INDIA AND ORS

.....Respondents

Through: Mr Amit Tiwari, CGSC.

CORAM:

HON'BLE MR. JUSTICE V. KAMESWAR RAO

HON'BLE MS. JUSTICE MANMEET PRITAM SINGH ARORA

V. KAMESWAR RAO, J. (ORAL)

1. This petition has been filed with the following prayers:

"A. Quash and set aside the Impugned Orders pass by the Ld. AFT in OA/2892/2020 dated 03 Sep 2024 as well as RA/54/2024 dated 16 Oct 2024, being non sustainable in ten11 of settled law and contrary to the policy in vogue; and/or

B. Issue a writ of Mandamus or any appropriate order/ writ directing the Respondents to grant the petitioner disability element @ 40% rounding off to 50% being entitled in term of Para-53 of Pension Regulation 2008 and GM0-2008, by treating the disabilities as attributable and aggravated to Military service, duly broad banded (if required) in terms of Law upheld in Ram Avtar Case; and/or

C. Direct the respondents to pay the due arrears of disability pension with interest @10% p.a. with effect from the date of retirement with all the consequential benefits, and/or Pass such other order or orders as this Hon'ble Court may deem fit



and proper in the facts and circumstances of this case, in the interest of Justice.”

2. The petitioner in this case, Ex Subedar Major Hanuman Singh enrolled in the Army on 01.08.1983 and was sent to the Artillery Centre Nasik Road Camp for basic military training. After this the petitioner served with various units/establishments.

3. The facts surrounding the present petition are that the petitioner, while serving with 148 Light Air Defence Regiment (Composite) located at Suratgarh (Rajasthan) (Modified Field), was downgraded to low medical category ‘S1H1A1P3(T-24)E1’ for diagnosis “PRIMARY HYPERTENSION” (“PH”) and “DIABETES MELLITUS TYPE-II” (“DM Type-II”) for a period of six months with effect from 17 Mar 2016 to 01 Sep 2016. On review, the petitioner was downgraded to permanent low medical category ‘S1H1A1P2(Permanent)E1’ for diagnosis “ PRIMARY HYPERTENSION” and “DIABETES MELLITUS TYPE-II” for a period of two years with effect from 05.07.2016 to 07.07.2018. Thereafter, he was granted sheltered appointment with effect from 05.07.2016 to continue in service in the public interest as per Additional Directorate General of Manpower/MP-3 (PBOR), Integrated Headquarters of Ministry of Defence (Army).

4. On completion of the terms and engagement of service, the petitioner was discharged, vide Army Air Defence Records Letter No. 469/JCO/CUO/89/CA- 1, dated 28.07.2016, from service with effect from 28.02.2017 by mentioning as under:

“Transferred to pension establishment on completion of service age/ tenure limit as laid down in Para 163 of Regulations for the Army (Revised Edition)-1987 as modified vide Government



of India, Ministry of Defence letter No 14(3)/98/D(AG) dated 03 Sep .1998 finder the item 1 (i) (a) of table annexed to Rule 13 (3) of Army Rule 1954.

5. It is submitted that since, the Petitioner was in permanent low medical category, he was brought before a duly constituted Release Medical Board held at 184 Military Hospital on 10 Sep 2016 to assess the cause, nature and degree of disablement. Release Medical Board after physically examined the Petitioner, opined his disabilities as under:

Disability	Attributable to or Aggravated by service	Percentage of disablement	Composite Assessment for all disabilities with duration	Net Assessment qualifying for disability pension with duration	Detail Justification
(a) Primary Hypertension	No	30%	40%	Nil for life	Disability is on set in peace area, as per Para 43 of GTMO (Military Pension-2008)
(b) Diabetes Mellitus Type-II	No	20%			Disability is on set in peace area, as per Para 26 of GTMO (Military Pension-2008)

5. Hence, the petitioner was discharged from service under Rule 13(3) of the Army Rules, 1954 and granted service pension vide PCDA (Pension), Allahabad Pension Payment Order No.S/19982/2017 (Army) dated 06.04.2017. Thereafter, on receipt of the Release Medical Board (RMB) opinion, an Adjudication Board was constituted to adjudicate the case of the petitioner. The overall onset assessed by the RMB is 40% (30% and 20% for PH and DM Type-II respectively). The Board agreed and opined that the



disabilities-PH and DM Type-II was developed by the petitioner be regarded as Neither Attributable to Nor Aggravated (NANA) by military service and assessed disabilities at 40% compositely and net assessment qualifying for disability pension 'Nil for Life' on the basis of AFMSF-16 (Ver-2006). Hence, the petitioner was disentitled for the grant of disability pension by the Air Force Authority, being metabolic disorder with strong generic preponderance. This was communicated to him by the Army Air Defence Records vide letter No.AAD/JC-299771Y/DP/Pen dated 25.05.2017.

6. Pursuant to this, the petitioner preferred an appeal before the Appellate Committee on First Appeal (ACFA) on 28.05.2017. The appeal was rejected by the ACFA by stating that both PH and DM Type-II are idiopathic/ metabolic disorders with strong genetic preponderance and aggravation is conceded only when onset occurs in field/CI – Ops /HAA areas.

7. Further, aggrieved with the decision of ACFA, the petitioner preferred a second appeal dated 08.09.2021 before the Second Appellate Committee on Pension (SACP), which was also rejected by stating that the onset of the disease was in peace area, and both the disabilities lacked any casual nexus with military service and no aggravation occurred as the petitioner continued to remain posted in the same peace station until discharge.

8. Aggrieved by the same, the petitioner filed an Original Application (OA) No.2892/2022 before the Armed Forces Tribunal (Principal Bench), New Delhi (AFT) on 30.11.2022, to grant him 40% disability element as assessed by the RMB, as attributable and aggravated by Military Service and pay him the due arrears of disability pension with interest @ 10% per annum with benefit of rounding off to 50% in terms of the decision of the Supreme



Court in the case of *Union of India v. Ram Avtar, 2014 SCC Online SC 1761*. However, this too, was dismissed on merit and on the ground of delay vide order dated 03.09.2024 (impugned order) passed by the AFT. Even the Review Application No.54/2024 preferred by the petitioner before the AFT was dismissed vide order dated 16.10.2024 (impugned order).

9. Both these orders of the AFT have been assailed before us. The AFT in the order dated 03.09.2024 has observed that at the time of onset of the disease, the petitioner was overweight with an actual weight of 83Kgs as against the ideal weight of 67.5Kgs. It observed that even though, such weight was within permissible limit at the time, i.e., below 77 Kgs, the same fact of the petitioner being overweight cannot be ignored. It concluded that the PH and DM Type-II were attributable to the petitioner being overweight, added by the interplay of metabolic and lifestyle factor(s), which could have been managed by regular exercise, diet restriction, failure of which signified that the petitioner himself invited the disabilities.

10. Mr. Manoj Kumar Gupta, learned counsel appearing for the petitioner states that the petitioner has served for 39 years in various places - in peace and field areas. It was during his posting at Suratgarh (Modified Field) that he has diagnosed with the disability - PH and DM Type-II. He states that his disability element was rejected by treating origin in peace area, being contrary to policy. His claim was wrongly rejected by stating the same to be metabolic disorder with strong genetic preponderance completely ignoring the field area onsets of disability. It also ignored that PH and DM Type-II can be influenced / aggravated by stress, unique demands of military service, improper diet, staying away from family etc., which indirectly affects their lifestyle.



11. He has relied upon para 53(a) of the Pension Regulations 2008, which reads as under:-

"(a) An individual released/retired/discharged on completion of term of engagement or on completion of service limits or on attaining the prescribed age (irrespective of his period of engagement), if found suffering from a disability attributable to or aggravated by military service and so recorded by Release Medical Board, may be granted disability element in addition to service pension or service gratuity from the date of retirement/discharge, if the accepted degree of disability is assessed at 20 percent or more".

12. He states that the petitioner is fulfilling both the criteria of the getting disability pension as per the Pension Regulation 1961 and 2008 for the Army and entitlement Rules 2008 and para 423 of the Medical Regulation for the Armed Forces 2010.

13. As per him, the law is settled in view of the decision of the Supreme Court in ***Dharamvir Singh v. Union of India & Ors., 2013 (7) SCC 361., Union of India v. Rajbir Singh, 2001 SCC Online SC 995*** decided on 13.02.2015. However, this was not dealt with by the AFT. Moreover, he is placing reliance on the following judgments of the AFT, which were also produced before the AFT for consideration, viz, ***Sub Ashok Kumar Malik (Retd)*** OA no.470/2022 and ***WO Pawan Kumar (Retd)*** in OA 282/2021. The view in these cases was further taken by the larger bench of the AFT in ***Hav Rajkumar*** OA no.57/2020 dated 12.04.2023.

14. He has also placed reliance on the judgment in the case of in ***Bijender Singh v. UOI, 2025 SCC OnLine SC 895, UOI & Ors vs. Maj Gen Rajesh Chaba 2025 SCC Online Del 4635*** which directed for disability element for



the soldiers afflicted with diseases such as obesity, PH, DM and CAD, referred to in the decision of ***UOI v. Col Balbir Singh (Retd) & Ex Sub Gawas Anil Madso, 2025 SCC OnLine Del 2018***, which emphasised that unless RMB establishes clear evidence, the claim of the petitioner cannot be refuted.

15. He has also referred to the decision of the Supreme Court ***Veer Pal Singh v. Sec MoD, 2013 8 SCC 83*** to state that the judicial / quasi judicial forums entrusted with the task of deciding disputes related to pre mature discharge from the Army must not refuse to examine the record of the medical boards for determining whether or not the conclusion reached by it is legally sustainable.

16. He heavily relies upon the decision of this Court in the case of ***Dropadi Tripathi v. UOI & Ors, 2025, DHC:8709-DB*** wherein this Court held as under:-

“11. The law relating to disability pension is well settled by the judgments of the Supreme Court in Dharamvir Singh and Bijender Singh v Union of India, 2025 SCC OnLine SC 895, the judgment of a coordinate Bench of this Court (authored by one of us, C. Hari Shankar, J.) in Gawas Anil Madso and the judgment of a coordinate Division Bench of this Court in Union of India v Balbir Singh, Judgment dated 1 July 2025 in WP C 140/2024.

12. In all these decisions, the common considerations which are to govern any plea for disability pension now stand authoritatively crystalised. The Court is first to see whether, at the time of induction into military service, any note had been entered to the effect that the candidate was suffering from the disability or ailment from which she, or he, was later found to be suffering and on account of which the candidate was invalided or released out of service. If not, the Court has to see whether there is any noting that stage to the effect that the ailment was one which could not



have been detected or whether the absence of noting was on account of any concealment of information by the candidate by herself/himself. If these considerations do not apply, there would be a presumption that the ailment or disability is attributable to military service, unless the RMB or Specialist who examined the officer attributes the ailment or disability to some other cause.

13. In our decision in Gwas Anil Madso, we have also noted in this context the regulations of the respondents themselves, particularly Rule 9 of the Entitlement Rules for Casualty Pensionary Awards, 1982, in which it is specifically noted that the onus to prove a causal connection between the disability and military service is not on the candidate but on the administration.

14. It is for the medical board to ascertain and identify the cause, other than military service, to which the ailment or disability can be attributed. If no such causal connection is found to exist by the medical board, or even by the specialist who has examined the candidate, the plea for disability pension cannot be rejected.

15. In Bijender Singh, the Supreme Court has advocated an expansive view in such cases, and has cautioned against unjustified rejections of pleas for disability pension.

20. Thus, even the specialist who has examined the petitioner has only noticed that the petitioner was suffering from obesity and primary hypertension but has not come to any conclusion that the latter was on account of the former or that there was any causal connection between the two.

21. It is well known that every obese person does not suffer from hypertension, and every person who suffers from hypertension is not necessarily obese.

22. The impugned order passed by the Tribunal, therefore, is ex facie contrary to the law laid down in this regard. The Tribunal, in our respectful opinion, was not justified in drawing, of itself, a causal connection between the hypertension and the obesity form which the petitioner was suffering, where no such causal connect is noticed either in the opinion of the RMB or even in the opinion of the specialist who had examined the petitioner.

23. Applying the law laid down in Dharamvir Singh,



Bijender Singh, and Gawas Anil Madso, the petitioner would be entitled to disability pension as sought by her.”

17. The decision in the case of ***Dropadi Tripathi (supra)*** has also been followed by this Court in the case of ***WG CDR Eswara Raghuraj (Retd) v. Union of India & Others, 2025:DHC:10767-DB.***

18. Mr Gupta also relies upon the paragraph 423 (a) of Regulation For the Medical Services of the Armed forces-2010 (Revised Version) which categorically provides that *“For the purpose of determining whether the cause of a disability or death resulting from disease 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”*.

19. Further Rule-7 of Entitlement Rules for Casualty Pensionary Awards-2008, provided that ordinarily the claimant will not be called upon to prove the condition of entitlement. Rule 10 (b) (iii) of Entitlement Rules 2008, is clear, that if the disability arose during the service, then it shall be presumed that the same is because of the service unless this presumption is rebutted, the onus lies on the organization and not the individual. The aforesaid rule is reproduced as under: -

"If nothing at all is known about the cause of disease and the presumption of the entitlement in favor of the claimant is not rebutted, attributability should be conceded on the basis of the clinical picture and current scientific medical application"

20. Rule-11 of Entitlement Rules 2008, mandates that a disability shall be considered aggravated; if its onset is hastened or the subsequent course is worsened by the specific condition of military service, such as posted in



places of extreme climatic conditions, e.g., fields, operation high altitudes etc., but it does not mean that the disabilities arising during peace postings cannot be held as attributable to or aggravated by military service. In this regard it is most relevant to mention that AFT has observed in large number of cases that, peace stations have their own pressure of rigorous military and associated stress and strain of the service and that such a discrimination between postings in peace area or Field/HAA/CI Ops areas to say that there is no stress and strain of service for the purpose of granting disability pension. It may also be taken into consideration that most of the personnel of the armed forces, during their service, work in the stressful and hostile environments, difficult weather conditions and under strict disciplinary norms. Further, Rule-4(a) of Entitlement Rules for Casualty Pensionary Awards 2008, lays down that “disability element will also be admissible to personnel who retire or are discharged on completion of terms of engagement in low medical category on account of disability attributable to or aggravated by military service, provide the disability is accepted as not less than 20%”.

21. He states the AFT has rejected the petitioner’s disability claim by emphasising his weight and underplaying the significance of his service related conditions. The presumption under Section 173 is that the disabilities arising in services are linked to military unless proven otherwise. The weight alone would not negate the service connection to the petitioner’s PH and DM Type-II. His condition was diagnosed while he was stationed in Suratgarh.

22. Reliance was also placed by him on Regulation 81 and 82 that recognize the field areas that are extreme, with enduring conditions that can



exacerbate or lead to disabilities and according to him, Suratgrah was one such area. He states that the medical assessment was conducted by qualified authorities, who did not attribute the petitioner's condition to his weight. Hence, the tribunal's emphasis on weight contradicts the medical finding.

23. He further states such denial of disability pension is inconsistent with the Army's Welfare Doctrine which mandates that a service member's health impacted by service must be supported by adequate pension. The AFT's decision disregards the realities of field service and violates the principles of equality enshrined under Section 14 of the Constitution.

24. Contesting the above submissions of Mr Gupta, Mr Amit Tiwari, learned CGSC appearing for the respondents submits that the present petition seeks to overturn the findings of all the authorities and fundamentally mischaracterises the medical and administrative record. As per him, the RMB determination that the disabilities are NANA is final unless shown to be perverse, arbitrary or unsupported by medical science. In the present case, no such infirmity has been demonstrated. The petition solely proceeds on an erroneous premise that mere presence of disability at the time of discharge automatically entitles an individual to disability element, which is contrary to the scheme of the statute.

25. He further submits that the disability pension jurisprudence is highly fact specific, dependent on the nature of onset, location of posting, causal nexus and service conditions. The RMB in this case has expressly negated any causal connection and the onset of the disabilities being in the peace station, the said fact also not being disputed by the petitioner, the judgments relied upon by the petitioner are inapplicable to the facts of this case.

26. It is also his submission that the Entitlement Rules 2008 [Rule 7,



10(b) (iii), 11, 14] require a link between the disability and the service. Even though, the composite assessment for the petitioner is 40%, the rounding off to entitlement arises where the disability element is otherwise payable. However, since the net qualifying disability was assessed at NIL for life, the question of rounding off to 50% does not arise.

27. Having heard the learned counsel for the parties, the issue which falls for consideration is whether the petitioner is entitled to the disability element of the pension. The AFT rejected the OA filed by the petitioner by stating in paragraph 6 onwards as under:-

“6. On the careful perusal of the materials available on record and also the submissions made on behalf of the parties, we are of the opinion that it is not in dispute that the extent of disabilities was assessed to be above 20% which is the bare minimum for grant of disability pension in terms of Regulation 53 (a) of the Pension Regulations for the Army, 2008, (Part-I).

7. It is pertinent to note that at the time of the onset of the disease, the applicant was overweight, with an actual weight of 83 Kg as against an ideal weight of 67.5 Kg. We have taken note of the fact that the weight of the applicant was within permissible limit at the time of RMB at 77 Kg. However, even if that is so, we cannot ignore the fact that the applicant was overweight at the time of onset of the disabilities thus bringing us to the conclusion that the Primary Hypertension and Diabetes Mellitus Type-II are attributable to his being overweight rather than the stress and strain of service, as asserted by the applicant. Therefore, we hold that the organization cannot be held liable for the applicant's personal health choices and actions.

8. We cannot shy away from the fact, that the disabilities, i.e., Primary Hypertension and Diabetes Mellitus Type-II are due to interplay of metabolic and lifestyle factors and failure in maintaining the ideal body weight which can be managed by regular exercise and restricting diet, and the fact that the applicant being overweight signifies that he



has remained obese over a period of time, thereby, himself inviting the disabilities, and in such a case, it would be grossly unjustified for us to ignore the aforesaid facts.

9. Applying the above parameters to the case at hand, we are of the view with respect to disabilities, i.e., Primary Hypertension and Diabetes Mellitus Type-II, there is no denial from the fact that if the claimant is himself not responsible enough to control the factors which are well within his voluntary control, he cannot be allowed to garner benefit of such beneficial schemes and provisions.

10. Therefore, in view of our analysis, the OA is liable to be dismissed both on the ground of merit and delay.

11. Consequently, the OA 2892/2022 and MA 3997/2022 are dismissed."

28. The AFT noted that the disabilities were assessed to be above 20%, in terms of the Regulation 53(A) of the Pension Regulations for the Army, 2008; that on the onset of the disease, the petitioner was overweight, with an actual weight of 83 Kg as against an ideal weight of 67.5 Kg; that the weight of the petitioner was within permissible limit at the time of RMB, 77 Kg and drew the conclusion that the PH and DM Type-II are attributable to his being overweight rather than the stress and strain of service, to hold that the organization cannot be held liable for the petitioner's personal health choices and actions.

29. The relevant portion RMB opinion is in the following manner:-

PART IV STATEMENT OF CASE			
1. Chronological list for the disabilities			
Disabilities	Date of Origin	Rank of indl	Place and unit where serving at the time
(i) PRIMARY HYPERTENSION	Mar '86	Sub Maj (OPR)	148 Lt AD Regt (Comp) Surajgarh
(ii) DIABETES MELLITUS TYPE-II	Mar '86	Sub Maj (OPR)	148 Lt AD Regt (Comp) Surajgarh
2. Clinical details, Attach clinical summary here giving the salient facts of			
(a) Personal and relevant family history			
(b) Specialist report			
(c) Treatment Spl opinion Att			
(d) Present condition in detail			
Note : Insert the clinical summary sheet between page 4&5, without any folds. No part of the attachment should protrude out of the form.			



PART V
OPINION OF THE MEDICAL BOARD
(Not to be communicated to the individual)

1 Cause/Relationship of the Disability with Service condition or otherwise				
Disability	Attributable to service (Y/N)	Aggravated by service (Y/N)	Not connected with service (Y/N)	Reason/Cause/ Specific condition and period in service
(i) PRIMARY HYPERTENSION	No	No	Yes	Disability is on set in peace area, as per Para 43 of GTMO (Mil Pen-2008)
(ii) DIABETES MELLITUS TYPE-II	No	No	Yes	Disability is on set in peace area, as per Para 26 of GTMO (Mil Pen-2008)

Note : A disability "Not connected with service" would be neither nor Attributable by service. This is in accordance with instructions contained in Guide to Medical Officers (Mil Pension-2002)

30. It is also important to reproduce the opinion of the medical specialist as under:-

Ref AD 52611/DSMS

OPINION OF MEDICAL SPECIALIST - PAGE 1

No. R.297.111.4 Rank SGT Name HANUMAN SINGH Date 09/07/16
Unit 152 LT BD RELAT Formation 615 AD BDE Army/Air Force Age Years
Opinion of MAJ SHANU AG Medical Specialist at 184 MH, C/o 58 APC
GD/PL (MEDICINE)

PART B - CLINICAL ASSESSMENT

Diagnosis ① PRIMARY HYPERTENSION ② TYPE 2 DIABETES MELLITUS
Onset MAR 2016
Present Medical Category P₂ (T-24) f- b0
Location of Onset SUKHGARH
Any other Disability Nil
(Not due for re-onc presently)

Previous Classification Details including Present Relevant History

Individual pointed some effort during during evaluation. detected to have high BP & BG values detected at 09/07/16
20 Kilo - the finding, started by father, WAF - 50% (WAF - 1)
lowly anagogy - right dominant scintillation, AD carcinoma
Report for BMI 34.5/160 cm / 65 / cm / 160 cm / 160 cm
Pro-ly Anagogy

Family History: Present absent Smoking History: Smoker / Reformed Smoker / Not Smoker

PHYSICAL EXAM FINDINGS

Height 172 cm Actual Weight 63 Kg Ideal Body Weight 61.5 Kg Over Weight SS
BP mm Hg Pulse 78 /Min
NO, Gitter, NO Pallor, Icterus, Clubbing, Cyanosis, JVP Normal, NO Pedal Odema
NO Xanthoma, Xanthelasma Franklinson - HAD
Cardiovascular System :
Neurological System :
Respiratory System :
Neurological System :

31. The RMB does not opine that it is because of the obesity that the petitioner had developed issues like PH and DM Type-II. The law relating to



the disability pension is well settled by the judgment of the Supreme Court in *Dharamvir Singh (supra)*, *Bijender Singh(supra)* and the judgment of the Coordinate Bench of this Court in *Gawas Anil Madso (Supra)* and *Union of India v. Balbir Singh, (Supra)*.

32. The common consideration in these judgments shall govern the grant of disability pension. It has to be examined whether at the time of induction into military service, any note had been entered to the effect that the petitioner was suffering from any disability or ailment, No note had been entered that the petitioner was suffering from any disability or ailment, from which he was later found to be suffering and on account of which the candidate was invalidated or released out of service. If not, the Court has to see whether there is any finding to the effect that the ailment was one which could not have been detected or whether the absence of noting was not on account of any concealment of information by the candidate herself /himself. If these considerations do not apply, there would be a presumption that the ailment or disability is attributable to military service, unless the RMB or specialist who examined the officer attributes the ailment or disability to some other cause.

33. In the case of *Gwas Anil Madso (supra)* the Coordinate Bench of this Court had noted in the context of the regulations of respondents, particularly Rule 9 of the Entitlement Rules for Casualty Pensionary Awards 1982 in which it is specifically noted that the onus to prove a causal connection between the disability and military service is not on the candidate but on the administration.

34. It is for the medical board to ascertain and identify the cause, other than military service, to which the ailment or disability can be attributed.



The Supreme Court in *Bijender Singh (supra)*, has reiterated this view in such cases.

35. The claim of the petitioner in this case is on the basis of the disabilities on account of PH and DM Type-II. We have already reproduced the relevant conclusions drawn by the RMB. The RMB does not give reasons for it to say that the disabilities are not connected with the service. In other words, the RMB does not record any specific causal link between the PH and DM Type-II with metabolic and life factors or genetic preponderance. Thus, while disabilities are not attributable to service, they are also not attributed to any cause by the RMB/Specialist. What is important is that the AFT itself independently drew a connection between PH and DM Type-II with lifestyle factors and failure in maintaining ideal body weight, which can be managed by regular exercise and restricting the diet. Thus, the inference drawn by the AFT cannot be consistent with the view taken by this Court in para no.12 of the decision *Dropadi Tripathi (supra)*, as reproduced above.

36. During the course of the submissions, the learned counsel for the respondents would highlight the fact that the petitioner had preferred an appeal before the ACFA, which was rejected by stating that PH and DM Type-II are idiopathic/metabolic disorders, with strong genetic preponderance and aggravation is conceded only when onset occurs in field/CI-Ops /HAA areas. It was also highlighted that in the second appeal, preferred by the petitioner before the SACP, which was rejected by the said committee by stating that onset of the disease was in the peace area and both the disabilities lacked any causal nexus with military service and no aggravation occurred as the petitioner continued to remain posted in the



same peace station until discharge.

37. Again we find that neither the ACFA nor SACP have connected the diseases – PH and DM Type-II's cause not to the military service. So, the impugned order passed by the AFT is also not consistent with the established legal position in view of the absence of any causal link established by the RMB or the Specialist. Surely, from the decisions in the case of **Gawas Anil Madso (supra)**, **Dharamvir Singh(supra)** and **Bijender Singh (supra)**, the petitioner would be entitled to disability pension.

38. In view of our aforesaid discussion, we find that the AFT was not justified in rejecting the claim of the petitioner for disability pension. Moreso, there was no finding of the RMB that the disabilities suffered by the petitioners are attributable to some other cause other than the military service.

39. On the aspect of delay, the second appeal of the petitioner was decided in terms of the communication dated 26.09.2022, and the OA was filed on 30.11.2022, which was within limitation. Hence, the conclusion of the Tribunal rejecting the OA on delay is also untenable.

40. The petitioner herein is seeking disability pension on the basis of PH and DM Type-II, which have been assessed at 30% and 20% for life respectively, overall 40%. The petitioner shall be entitled to rounding off of the disability pension at 50%, in view of the decision in **Ram Avtar (Supra)**

41. Accordingly, the impugned order passed in OA No.2892/2020 dated 03.09.2024 and review order dated 16.10.2024 are quashed and set aside. Consequently, the petitioner is entitled to disability pension element from the date of his retirement, i.e, 27.02.2017. The arrears shall carry interest @ 9% per annum till its payment. This exercise be carried out by the



respondents within a period of twelve weeks from today.

42. The petition is allowed in the aforesaid terms.

V. KAMESWAR RAO, J

MANMEET PRITAM SINGH ARORA, J

JANURARY 08, 2026

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