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

% *Date of Decision : 02.02.2026*

\+ W.P.(C) 226/2026

HFL YOUDHISTHIR SINGH RETD. .....Petitioner

Through: Mr. Manoj Kumar Gupta, Adv.

versus

UNION OF INDIA & ORS. .....Respondents

Through: Ms. Maitreyee Jagat Joshi, CGSC, Mr. Vidur Dwivedi, GP, Ms. Bhawna and Mr. Ayush Kasana, Advs.
Sgt Mritunjay, for Union of India, DAV Legal Cell Air Force

CORAM:
HON'BLE MR. JUSTICE V. KAMESWAR RAO
HON'BLE MS. JUSTICE MANMEET PRITAM SINGH ARORA

V. KAMESWAR RAO, J. *(ORAL)*

1. This petition lays a challenge to the order of the Armed Forces Tribunal, Principal Bench, New Delhi ('Tribunal', for short) dated 22.07.2025 in Original Application ('OA', for short) 566/2021 and order dated 09.12.2025 in Review Application No. 29/2025 in OA No. 566/2021 whereby the Tribunal has dismissed the OA and the review application filed by the petitioner.

2. The facts that are noted from the petition are that the petitioner was enrolled in the Indian Air Force in the year 1979. He, after putting 34 years of service, was diagnosed with the disability of primary hypertension. He

was produced before the Release Medical Board ('RMB'), which accessed the disability of the petitioner at 30% for life but declared it neither aggravated nor attributable to military service. As a result thereof, he was released from service on 31.12.2016 in Low Medical Category.

3. The case of the petitioner before the Tribunal was that at the time of his enrolment in the Air Force, he was hale and hearty and was medically and physically fit. The denial of the disability element of pension was only on the ground that the onset of disease was at peace station. He was posted as an Examiner to conduct examination of potential candidates at different Air Force Stations and was bound to work longer hours resulting in high blood pressure which was detected for the first time in 2013, after around 34 years of continuous service. It was his case that in addition to combat duties, he was also assigned other types of duties, where he had to work for long hours which added to his stress level. It was his case that the disability contracted by him was not attributable to the Air Force service, is clearly untenable.

4. The case of the respondents was primarily the one which has been opined in the RMB. Further, the respondents had also taken a stand that the petitioner was overweight, which was the primary cause of disability of hypertension. According to them, the prescribed weight could have been easily maintained by the petitioner and onset of hypertension could have been avoided, if he has done regular physical exercises. Reliance was also placed on the weight chart to contend that the weight of the petitioner was always beyond the permissible limits.

5. The Tribunal in paragraph 10 onwards has held as under:-

"10. We have heard learned counsel for both the parties and have also gone through the material available on record. As is evident from the weight chart, no one can deny and so we that the applicant was overweight from 19th September, 2007, even prior to the onset of the disability of Primary Hypertension, till the conduct of Release Medical Board on 18th February, 2016, which, in our considered opinion, proved to be a determining factor in the onset of the disability of the applicant.

11. We may also record that in identical circumstances this Tribunal in the case of Col (Mrs.) Dropadi Vs. Union of India and Drs. (OA No.1843 /2018) decided on 13th April, 2023 had disallowed the claim of disability of Primary Hypertension on the ground that the applicant therein was overweight and the Tribunal found no causal connection between the disability and the military service. It is a medically proven fact and cannot be denied that overweight/obesity does playa dominant role in the onset of disability of Primary Hypertension.

12 . Considering the rival contentions of the parties and the fact that the applicant was overweight even prior to the onset of the disability of Primary Hypertension and finding no causal connection between the disability of the applicant and military service, we are of the opinion that weight of the applicant is a contributory factor in the onset of disability of Primary Hypertension an d thus he is not entitled to grant of disability element of pension. We also uphold the opinion of the Release Medical Board, an expert body on the subject. We thus find no merit in the contentions of the applicant therefore he is not entitled to any relief. The OA is accordingly dismissed."

6. The review petition filed by the petitioner was primarily on the ground that the Tribunal did not consider specific medical data regarding the petitioner's Body Mass Index ('BMI', for short). It is stated, on the onset of disability in 2013, his BMI was 24.9 as such not obese where the requirement is 30 and thus, the rejection of the case based on obesity is clearly unsustainable. In any case, the Tribunal dismissed the review

application.

7. The submission of Mr. Manoj Kumar Gupta, learned counsel for the petiitoner is primarily the same as has been taken before the Tribunal. He has relied upon the judgment of this Court in the case of ***Sub/Maj Hanuman Singh v. Union of India and Ors., 2026:DHC:112-DB*** to contend that the RMB did not specify that the disability is because of overweight, rather it is stated that the same has occurred in the peace area where the petitioner was posted.

8. The respondents, on the other hand, has stated that, if the complete medical record of the petitioner is seen, it has been consistently held against the petitioner that he is overweight which resulted in the petitioner acquiring the hypertension and as such to say that the disease is attributable to the Air Force service is clearly untenable.

9. Having noted the submissions made by the counsel for the parties, we are of the view that the conclusion drawn by the RMB which is reproduced as under, becomes relevant to determine that the disability of hypertension is because of overweight:-

PART –V

OPINION OF THE MEDICAL BOARD

1. Casual Relationship of the disability with service conditions 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 (OLD) I 10.0	NO	NO	YES	**Onset in peace area and remained in peace area only prior to onset of disability. There is no close time relationship with HAA/Fd/ CI Ops Area. Hence neither considered attributable to nor aggravated by the conditions of service vide Para 43 of GMO MIL pension (amendment) 2008.**

Note:- A disability "not connected with service" Would be neither attributable nor aggravated by service (This is in accordance with instructions contained in "Guide to MO (Mil Pension -2002)

10. It is important to be noted that the case, which has been set up by the respondents of overweight is not the conclusion drawn by the RMB. It is the

Tribunal during the course of decision on the OA filed by the petitioner has on the basis of record produced by the respondents held that the onset of disability is primarily because the petitioner was overweight since 19.09.2007. We are unable to fathom the reason as to why the RMB has not clearly said so in its opinion at the time of release of the petitioner. This Court in the case of ***Sub/Maj Hanuman Singh (supra)*** has in paragraphs 35 to 37 held as under:-

> *"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.*
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> *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."

11. The aforesaid conclusion is applicable to the facts of this case, inasmuch as, it is the Tribunal which drew a connection between overweight and primary hypertension. The said conclusion of the Tribunal cannot be said to be consistent with the view taken by this Court in the judgments in the case of ***Sub/Maj Hanuman Singh (supra)*** and ***Dropadi Tripathi v. UOI & Ors., 2025:DHC:8709-DB***. Nothing precluded the RMB to come to a conclusion that the primary hypertension was relatable to overweight of the petitioner. In the absence of any reason given by the RMB and also the fact that the petitioner was working in a peace area, the case of the respondents that disability is neither attributable nor aggravated by the Air Force service cannot be sustained.

12. The law relating to the disability pension is well settled by the judgments of the Supreme Court in the case of ***Dharamvir Singh v. Union of India & Ors., 2013 (7) SCC 316, Bijender Singh v. UOI, 2025 SCC OnLine SC 895*** and the judgment of the Co-ordinate Bench in ***Union of India and Ors. v. Ex Sub Gawas Anil Madso, 2025 SCC OnLine Del 2018*** and ***Union of India and Ors. v. Balbir Singh, 2025:DHC:5082-DB***.

13. In ***Bijender Singh (supra)***, the Supreme Court has in paragraphs 45 to 47 held as under:-

> *"45. We have already noticed the analysis of Rules 5, 9 and 14 of the Rules in Rajbir Singh (supra). After adverting to the decision of this Court in Dharamvir Singh (supra), this Court opined as under:*
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> *14. The legal position as stated in Dharamvir Singh case is, in our opinion, in tune with the Pension Regulations, the Entitlement Rules and the Guidelines issued to the Medical Officers. The essence of the rules, as seen earlier, is that a member of the armed forces is presumed to be in sound physical and mental condition at the time of his entry into service if there is no note or record to the contrary made at the time of such entry. More importantly, in the event of his subsequent discharge from service on medical ground, any deterioration in his health is presumed to be due to military service. This necessarily implies that no sooner a member of the force is discharged on medical ground his entitlement to claim disability pension will arise unless of course the employer is in a position to rebut the presumption that the disability which he suffered was neither attributable to nor aggravated by military service.*
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> *15. From Rule 14(b) of the Entitlement Rules it is further clear that if the medical opinion were to hold that the disease suffered by the member of the armed forces could not have been detected prior to acceptance for service, the Medical Board must state the reasons for saying so. Last but not the least is the fact that the provision for payment of disability pension is a beneficial provision which ought to be interpreted liberally so as to benefit those who have been sent home with a disability at times even before they completed their tenure in the armed forces. There may indeed be cases, where the disease was wholly unrelated to military service, but, in order that denial of disability pension can be justified on that ground, it must be affirmatively proved that the disease had nothing to do with such service. The burden to*

establish such a disconnect would lie heavily upon the employer for otherwise the rules raise a presumption that the deterioration in the health of the member of the service is on account of military service or aggravated by it. A soldier cannot be asked to prove that the disease was contracted by him on account of military service or was aggravated by the same. The very fact that he was upon proper physical and other tests found fit to serve in the army should rise as indeed the rules do provide for a presumption that he was disease-free at the time of his entry into service. That presumption continues till it is proved by the employer that the disease was neither attributable to nor aggravated by military service. For the employer to say so, the least that is required is a statement of reasons supporting that view. That we feel is the true essence of the rules which ought to be kept in view all the time while dealing with cases of disability pension.

45.1. Thus, this Court held that essence of the Rules is that a member of the armed forces is presumed to be in sound physical and mental condition at the time of his entry into the service if there is no note or record to the contrary made at the time of such entry. In the event of subsequent discharge from service on medical ground, any deterioration in health would be presumed to be due to military service. The burden would be on the employer to rebut the presumption that the disability suffered by the member was neither attributable to nor aggravated by military service. If the Medical Board is of the opinion that the disease suffered by the member could not have been detected at the time of entry into service, the Medical Board has to give reasons for saying so. This Court highlighted that the provision for payment of disability pension is a beneficial one which ought to be interpreted liberally. A soldier cannot be asked to prove that the disease was contracted by him on account of military service or was aggravated by the same. The very fact that upon proper physical and other tests, the member was found fit to serve in the army would give rise to a presumption that he was disease free at the time of his entry into service. For the employer to

say that such a disease was neither attributable to nor aggravated by military service, the least that is required to be done is to furnish reasons for taking such a view.

46. Referring back to the impugned order dated 26.02.2016, we find that the Tribunal simply went by the remarks of the Invaliding Medical Board and Re-Survey Medical Boards to hold that since the disability of the appellant was less than 20%, he would not be entitled to the disability element of the disability pension. Tribunal did not examine the issue as to whether the disability was attributable to or aggravated by military service. In the instant case neither has it been mentioned by the Invaliding Medical Board nor by the Re-Survey Medical Boards that the disease for which the appellant was invalided out of service could not be detected at the time of entry into military service. As a matter of fact, the Invaliding Medical Board was quite categorical that no disability of the appellant existed before entering service. As would be evident from the aforesaid decisions of this Court, the law has by now crystalized that if there is no note or report of the Medical Board at the time of entry into service that the member suffered from any particular disease, the presumption would be that the member got afflicted by the said disease because of military service. Therefore the burden of proving that the disease is not attributable to or aggravated by military service rest entirely on the employer. Further, any disease or disability for which a member of the armed forces is invalided out of service would have to be assumed to be above 20% and attract grant of 50% disability pension.

47. Thus having regard to the discussions made above, we are of the considered view that the impugned orders of the Tribunal are wholly unsustainable in law. That being the position, impugned orders dated 22.01.2018 and 26.02.2016 are hereby set aside. Consequently, respondents are directed to grant the disability element of disability pension to the appellant at the rate of 50% with effect from 01.01.1996 onwards for life. The arrears shall carry interest at the rate of 6% per annum till payment. The above directions shall be carried out by the

respondents within three months from today."

14. Similarly, in ***Balbir Singh (supra)***, this Court has held as under:-

"66. It would also be important to note the provision relevant to attributability, that is, Regulation 423 of the Regulations for the Medical Services of the Armed Forces, 2010. The said provision reads as under:

"423. (a). For the purpose of determining whether, the cause of a disability or death resulting from disease is or 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 Area/Active Service area or under normal peace conditions. It is however, essential to establish whether the disability or death bore a causal connection with the service conditions.

All evidences 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 carries a 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/her favor, 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 the doubt could be given more liberally to the individual, in case occurring in Field Service/Active Service areas.

(b). Decision regarding attributability of a disability or death resulting from wound or injury will be taken by the authority next to the Commanding officer which in no case shall be

lower than a Brigadier/Sub Area Commander or equivalent. In case of injuries which were selfinflicted or due to an individual's own serious negligence or misconduct, the Board will also comment how far the disablement 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. Adisease 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. ……"

67. This provision was summarized in Rajumon T.M.(supra), wherein it was observed as under:

"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……."

68. From a plain reading of Regulation 423(a) of the Regulations for the Medical Services of the Armed Forces,

2010, it is clear that whether a disability or death occurs in a Field/Active service area or under normal Peace conditions is immaterial.

69. Nonetheless, it must be noted that even in Peace Stations, military service is inherently stressful due to a combination of factors such asstrict discipline, long working hours, limited personal freedom, and constant readiness for deployment. The psychological burden of being away from family, living in isolated or challenging environments, and coping with the uncertainty of sudden transfers or duties adds to this strain. Additionally, the toll of continuous combat training further contributes to mental fatigue. Despite the absence of active conflict or the challenges of hard area postings, the demanding nature of military life at peace stations can significantly impact the overall well-being of personnel.

70. Undisputably, even when not on the front lines or in hard areas, soldiers are aware that the threat is never far away. This environment, where danger is a constant reality for their peers and could become their own at any moment, creates a persistent state of mental and emotional strain that cannot be overlooked. Thus, military service, whether in peace locations or operational zones, inherently carries stress that may predispose Force personnel to medical conditions such as hypertension.

71. Moreover, it must be noted that lifestyle varies from individual to individual. Therefore, a mere statement that a disease is a lifestyle disorder cannot be a sufficient reason to deny the grant of Disability Pension, unless the Medical Board has duly examined and recorded particulars relevant to the individual concerned.

72. Having taken note of the aforesaid, it is pertinent to refer to the decision of the Co-ordinate Bench in Union of India & Ors. v. WO Binod Kumar Sah (Retd) in W.P (C) 3918/2025, wherein it has been held as under:

> *"13. The mere fact that para 43 states that, in the case of an officer who was serving in field areas, HAA, CIOPS or was on prolonged afloat service when hypertension was first*

detected, there would be a presumption that the hypertension was attributable to, or aggravated by, military service, does not imply, as a sequitur, that, in all other cases, the presumption would be otherwise. The contrapositive cannot be implied.

14. If an officer has undergone military service for 22 years before he was found suffering from hypertension, there can, in our reckoning, be no manner of doubt that an onerous duty would be cast on theRMB to establish that the hypertension was not attributable to, or aggravated by, military service. This would have to be established by cogent material, after garnering all requisite evidence. The Supreme Court has already laid down the nature of the exercise which has to be undertaken by the RMB in such cases."

73. A reading of the above reinforces that disability pension cannot be denied solely on the ground that the onset of the disability occurred while the Force personnel were posted at Peace Station. Furthermore, it is evident that when Force personnel have rendered prolonged military service, there exists a substantial onus on the RMB to establish that the hypertension is not attributable to or aggravated by military service.

74. It is disheartening that members of our Armed Forces are being denied disability pension solely on the aforementioned ground. This overlooks the continuous physical and mental stress faced by soldiers, regardless of their location."

15. In view of our aforesaid discussion, we find that the Tribunal was not justified in rejecting the claim of the petitioner for disability element in pension. More so, there was no finding of the RMB that the disability suffered by the petitioner is attributable to some other cause other than the military service except stating that the petitioner was posted in a peace area. This Court in the case of ***Ex Sub Gawas Anil Madso (supra)*** has held that merely because the officer is posted at peace area cannot be a ground to

assume that the officer would not have attained the disability.

16. In view of the above, the order passed in the OA and the review application are set aside. The petitioner is seeking disability pension on the basis of primary hypertension, which has been assessed at 30%, the same is in view of the decision of the Supreme Court in ***Union of India v. Ram Avtar, 2014 SCC OnLine SC 1761***, rounded off to 50% for life, is allowed.

17. The petitioner is entitled to disability element of pension from the date of his retirement. Arrears shall be paid with interest at the rate 9% *per annum.*

18. The petition is, accordingly, disposed of.

V. KAMESWAR RAO, J

MANMEET PRITAM SINGH ARORA, J

FEBRUARY 02, 2026/sr