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

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*Date of Decision : 21.01.2026*

+ **W.P.(C) 16917/2025 & CM APPL. 69553/2025**

GAJE SINGH

.....Petitioner

Through: Mr. Ankur Chhibber and Mr. Arjun  
Panwar, Advs.

versus

UNION OF INDIA AND ORS.

.....Respondents

Through: Mrs. Anubha Bhardwaj, CGSC with  
Ms. Neha Mishra, GP with Ms.  
Ananya Shamsbery and Mr. Vijay  
Misra, Advs  
Mr. Vinod Sawant, Law Officer, Mr.  
Ajay Pal, A/C Law and Insp. Athurv,  
CRPF

**CORAM:**

**HON'BLE MR. JUSTICE V. KAMESWAR RAO**

**HON'BLE MS. JUSTICE MANMEET PRITAM SINGH ARORA**

**MANMEET PRITAM SINGH ARORA, J. (ORAL)**

1. The present petition has been filed for seeking quashing of medical reports of the Detailed Medical Examination dated 22.10.2025 and the Review Medical Examination dated 24.10.2025, which was carried out as part of the Limited Departmental Competitive Examination 2024 and 2025 ['L.D.C.E. 2024-2025'] for appointment to the post of Assistant Commandant (General Duty) whereby the Petitioner has been declared as



medically unfit by the Respondents on the sole ground of Iris pigmentation in capsule of lens in right eye.

1.1. The Petitioner also seeks leave to appear for a fresh medical examination before an independent board in consonance with the Detailed Medical Guidelines vide OM dated 20.05.2015 read with guidelines for Review Medical Board as provided under OM dated 31.05.2021 and if found fit, then his candidature should be restored for further consideration for promotion to the post of Assistant Commandant against the vacancies notified in that regard.

2. The case set up by the learned counsel for the Petitioner in the petition is as follows:

2.1 Petitioner was recruited on 23.04.2018 is serving personnel of the Sashastra Seema Bal ['SSB'] currently at the rank of Sub-Inspector (general duty). He was posted to Sector Headquarter, SSB, Gangtok w.e.f. 05.07.2024, where he remains posted till date.

2.2 In February 2025, Respondents issued a Notification for filling up vacancies in the post of Assistant Commandant (General Duty) in Border Security Force ['BSF'], Central Reserve Police Force ['CRPF'], Indo-Tibetan Border Police Force ['ITBP'] and SSB by way of the L.D.C.E. 2024-2025. The L.D.C.E. 2024-2025 consists of 5 stages which is mentioned at paragraph '5' of the petition.

2.3 Petitioner being eligible for the said examination, applied for candidature, and was duly accepted and he was issued with an admit card and assigned the Roll No. 22320226.

2.4 Petitioner appeared for the written examination and vide results dated 18.09.2025 the Petitioner was declared as passed. Subsequently, Petitioner



appeared for Physical Standard Test [‘PST’] and Physical Eligibility Test [‘PET’] wherein again he had passed. He also appeared for interview which was conducted on 15.09.2025.

2.5 In the next stage, that is the Detailed Medical Examination [‘DME’] held at Referral Hospital, ITBP, Greater Noida on 21.10.2025 Petitioner was rejected on two grounds, (i) Surgical Scar left inguinal region (left Varicocele operated) and (ii) cluster of cells in anterior capsule of the lens of the right eye.

Thereafter, Petitioner applied for a Review Medical Examination [‘RME’] which was conducted on 23.10.2025 wherein the Petitioner was again held as unfit on the ‘sole’ ground of Iris pigment present over lens capsule in the right eye *but* vision is 6/6 in the right eye.

Hence, on account of being declared unfit in the RME, Petitioner was disqualified from LDCE 2024-2025.

2.6 Aggrieved by the aforementioned medical reports, Petitioner underwent detailed eye tests in Dr. Rajendra Prasad Eye Centre, AIIMS wherein vide medical report dated 25.10.2025, the Senior Resident Doctor opined that Iris pigments are an incidental finding, without any pathology in right eye. If further recorded that the Petitioner was fit for duty in CAPFs.

2.7 It is stated that Petitioner again got his eyes medically examined in Central Referral Hospital, Sikkim Manipal University, wherein a detailed examination of different parts of eye such as cornea, retina, pupil, lens, conjunctive, lids and fundus was conducted and the results vide medical report dated 28.10.2025 was that all of such parts were found to be perfectly normal.



2.8 It is stated that the conduct of medical examination, is governed by the MHAs OM dated 20.05.2014 and whereas the RME does not state the relevant provision under which the Petitioner has been held as unfit, upon an independent inquiry, the Petitioner believes that the provision relevant to the subject of Iris pigmentation, is paragraph 62 of the MHAs OM dated 20.05.2014, which reads us under:

"62. Ophthalmoscopic Examination: Ophthalmoscopic examination is carried out to exclude any abnormality in the fundi and media. Examination must be carried out in a systematic manner starting from the cornea, anterior chamber, pupil, iris, lens, posterior chamber and retina. Note will be taken of reaction of the pupil to the light, abnormality of the papillary edge, any evidence of inflammation of the iris and lenticular opacity. Vitreous floaters are usually of no significance. Any abnormal vascular pattern, muscular scarring, haemorrhages or exudates in the fundi will be noted. The normality of the disc and the vascular pattern in the disc and its edges, AV ratio, papillary oedema or color change in and around the disc and **pigmentary changes** elsewhere provide valuable clues to various systemic diseases and **must be carefully noted**. Indirect ophthalmoscopy is indicated at the discretion of the ophthalmologist and must be carried out when there is a concern about the health of the peripheral retina. Recruits will not be examined by ophthalmoscopy at the initial examination. They will undergo this procedure only upon appeal and if the ophthalmologist feels it is necessary."

[Emphasis Supplied]

2.9 It is contended; however, perusal of the above-mentioned paragraph 62 would show that Iris pigment over lens capsule [RE] *per se* is not a disqualification.

2.10 It is contended that Petitioner is currently serving at SSB and has a Shape-I medical fitness certificate as per the last review and, therefore, his disqualification on the grounds mentioned in the RME are untenable.

2.11 Learned counsel for the Petitioner states that, though the ground of Surgical Scar left inguinal region (left Varicocele operated) was raised in the DME report dated 22.10.2025, this was not the ground cited for unfitness in



the RME report dated 24.10.2025. The RME report only sites, unfit d/t Iris pigment present over lens capsule [RE] as the 'sole' ground for marking the Petitioner unfit and no other reasoning for the ground for unfitness for Surgical Scar left inguinal region (left Varicocele operated) was pressed by the Respondents in the RME report dated 24.10.2025. Therefore, the ground of post operation surgical scar did not survive for consideration.

3. In reply, learned counsel for the Respondents relies upon the stand taken in the counter affidavit, and more specifically, paragraph 10 of its reply on merits, which reads as under:

“In reply to the Para No. 10 (a) and (b) of the Petition, it is submitted that the contention of the Para is not true and disagreed. The Detailed Medical Examination has been carried out as per MHA UO No. A. VI-1/2014-Rectt (SSB) dated 20.05.2015. There is no misinterpretation of relevant provisions of MHA guidelines supra. As per Para-62 of MHA guidelines dated 20.05.2015, the Ophthalmoscopic examination was done to exclude any abnormality in the eyes and its different parts. Examination was carried out in a systematic manner starting from the cornea anterior chamber/pupil/iris/lenses/posterior chamber and retina. Reaction of the pupil to the light also examined by the torch/slit lamp an retina and vitreous was examined by 90 D lens, by DME Board during the examination it is found that lens of his right eye which is his dominant eye was having extensive clusters of iris pigments cells on anterior capsule of lens, which is usually found as an evidence of inflammation of the iris (an sign of inflammation of iris provide valuable clues to various systemic and eye diseases mostly found in chronic uveitis of eyes) clusters of pigment cells on lens may also progress in future and may cause lenticular opacity, glaucoma in future. Hence, further exists examination was not required at the stage of DME in ibid Para of Guidelines. It is also mentioned that recruits will not be examined by Ophthalmoscopy at the initial examination. They will undergo this procedure only upon appeal and if the ophthalmologist feels it is necessary. Further. the Review Medical Examination Board convened at Referral Hospital, ITBP, Gr. Noida on 23.12.2025- 24.10.2025 was duly conducted strictly in accordance to the prescribed norms and included Specialists from the relevant clinical disciplines. Accordingly, the requirement for referring the Petitioner to any external Specialist under judicial directions does not arise. The Board was fully competent to evaluate the Petitioner for both the surgical and ophthalmic conditions strictly in accordance with the medical standards



and procedures laid down in the Guidelines issued vide MHA UO No. A. VI-1/2014-Rectt (SSB) dated 20.05.2015.”

[Emphasis Supplied]

4. She contends that, though it is correct, that the Petitioner’s right eye currently does not suffer from any disability, however, it is possible that in future, the cluster of pigment cells on the anterior capsule of the right-eye lens has the potential to progress to lenticular opacity or glaucoma; and this is a significant finding of RME report.

5. This Court has considered the submissions of the parties.

6. The RME report dated 24.10.2025 records that Petitioner’s vision in the right eye is 6/6. The report records “Unfit d/t Iris pigment present over lens capsule [RE]”. On this sole ground, the Petitioner has been declared unfit in the medical examination. The Respondents have sought to justify the said ground of disqualification by relying upon the submissions, set out at paragraph 10 of the counter affidavit, which has been extracted hereinabove at paragraph ‘3’.

7. Perusal of the said paragraph 10 of the counter affidavit shows that Respondents apprehend that the said condition *may* progress in future and *may* cause lenticular opacity, glaucoma in future.

8. The Petitioner has placed on record the medical report dated 25.10.2025<sup>1</sup> obtained by it from AIIMS, New Delhi which after taking note of the Iris pigment states that it is an incidental finding and there is no pathology in the right eye and the Petitioner is fit for duty in CAPFs. The Respondent in its counter affidavit has responded<sup>2</sup> to the said report by

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<sup>1</sup> Filed as annexure P-7 and pleaded at paragraph 13 of the writ.

<sup>2</sup> Page 10 of the counter affidavit.



stating that the said report is an assessment of the present [medical] condition of the Petitioner and it does not opine on whether this condition can progress in future or not.

9. Having perused the Respondent's response in the counter affidavit at paragraph nos. 10 and 13, it is evident that the Petitioner has been declared unfit by the RME on the finding that in future the Iris pigment present over the lens capsule [RE] *may* progress causing lenticular opacity, glaucoma in future. However, the medical report dated 25.10.2025 issued by AIIMS, Delhi has opined that there is no pathology in the Petitioner's right eye and has noted that the Iris pigments is an incidental finding. In these facts, it is apparent that the Petitioner *currently* does not suffer from any disability in his right eye and the Petitioner has been disqualified from participating in LDCE on an apprehension that the disability *may* occur in future. The RME itself does not record this possibility of disability occurring in the future and therefore it also does not opine whether any such disability if it occurs in the future would be capable of surgical correction or not.

10. The impugned RME itself however, records that the Petitioner's vision in right eye is 6/6 presently and this is not disputed in the counter affidavit. The Petitioner has also contended that he has been evaluated in SHAPE 1 medical fitness in his last annual review, and is currently serving the force on the post of Sub-inspector (General Duty). These facts raise a presumption of *current* medical fitness in favour of the Petitioner. The rejection of the Petitioner on the *possibility* of occurrence of a future disability, which may or may not occur appears to be harsh as the RME also does not opine on the effect of this disability on the discharge of the duties



of the Petitioner and whether such a disability is capable or incapable of cure.

11. In these peculiar facts, this Court is of the considered opinion that it would be appropriate if the Petitioner's prayer seeking fresh medical examination before an independent Medical Board in terms of para (ii) of the writ petition is allowed. It is ordered accordingly. The Medical Board is directed to conduct a medical examination and record its findings keeping in view the observations made in the preceding paragraph.

12. It is further directed that if found fit, then Petitioner's candidature should be restored for further consideration for promotion to the post of Assistant Commandant against the vacancies notified in that regard.

13. The interim order dated 07.11.2025, directing the Respondents to keep one post of Assistant Commandant vacant, shall continue to operate until the final decision of the fresh medical examination by the Review Medical Board is taken.

14. In the DME report, another ground has been recorded, i.e. Surgical scar on the left inguinal region (left Varicocele operated). The said reason was however not cited in the RME and has not been pressed upon by the Respondents as a ground for unfitness during arguments.

15. With the aforesaid directions, the present petition stands allowed.

**MANMEET PRITAM SINGH ARORA, J**

**V. KAMESWAR RAO, J**

**JANUARY 21, 2026/IB**