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* **IN THE HIGH COURT OF DELHI AT NEW DELHI**% Judgment Reserved on: 15.01.2026
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+ W.P.(C) 5634/2025

MWO HFL SURENDRA NATH SINGH

.....Petitioner

versus

UNION OF INDIA & ANR.

.....Respondent

Advocates who appeared in this case

For the Petitioner : Mr. Rakesh Kumar Yadav, Adv.

For the Respondent : Mr. Ashish K. Dixit, CGSC, Ms. Iqra Sheikh, GP with Mr. Chetan Jadon, GP, Mr. Umar Hashmi, Mr. Harshit Chitransh, Ms. Namita, Advs., Captain V. Shridhar, Officer Padam Charan

CORAM:**HON'BLE MR. JUSTICE V. KAMESWAR RAO****HON'BLE MS. JUSTICE MANMEET PRITAM SINGH ARORA****JUDGMENT****MANMEET PRITAM SINGH ARORA, J.****W.P. (C) 5634/2025**

1. This writ petition has been filed under Articles 226 and 227 of the Constitution of India, 1950, assailing the order dated 05.12.2024 passed by the Armed Force Tribunal ('AFT') in the Original Application 912/2022



(‘O.A.’), whereby the petitioner’s application seeking the grant of disability element of the pension was denied.

Factual Matrix

2. The petitioner joined the Indian Air Force (‘IAF’) on 20 June 1980, without any disease and was placed in category ‘AYE’ shape 1.
3. During his service, the petitioner was posted in several Modified Field Areas. The petitioner was diagnosed with Primary Hypertension due to stress on 17.07.1999, and was later placed in LMC A4G2(P) for Primary Hypertension with lifelong medication.
4. On 21.04.2016, during one such posting, the petitioner, on account of severe chest pain, was admitted to Base Hospital Lucknow. The investigation revealed that his three-artery vessel was blocked, thus he was placed on the D1 list, which was followed by open heart surgery on 09.05.2016.
5. The petitioner was placed in LMC A4G3 (P) for Coronary Artery Disease, Triple Vessel Disease (‘CAD TVD’). The Release Medical Board (‘RMB’) assessed the disabilities of the petitioner as Primary Hypertension (old) at 30% and CAD TVD at 30%, and compositely it was assessed at 50% for life, while opining that the said disabilities are neither attributable to, nor aggravated by military service (‘NANA’).

Submissions by the petitioner

6. Learned counsel for the petitioner states that the respondents overlooked the fact that the petitioner joined the IAF in 1980 and suffered from Primary Hypertension since July 1999 (i.e., 19 years of service). He states that the petitioner was placed in a Modified Field Area and was continuously assigned multiple duties and strenuous work, which further



deteriorated and aggravated the petitioner's health.

6.1. He states that the AFT overlooked the fact that paragraph 423(a) of the Regulations for Medical Services in the Armed Forces specifically within the context of the 'Guide to Medical Officers (Medical Pensions) 2002, establishes a presumption that a member of the Armed Forces is presumed to have been in sound physical and mental condition upon entering service, except for any disabilities noted or recorded at the time of joining. In this regard, reliance is being placed on the judgment of the Supreme Court in **Union of India v. Angad Singh Titaria**¹ and the judgment of a Coordinate Bench of this Court in **Union of India & Anr. v. Rajbir Singh**².

6.2. He states that the AFT ought to have appreciated that before the onset of the disease of the petitioner, his weight was 74 kgs or less, and Body Mass Index ('BMI') was 25.6, which is within the permissible limits. Per contra, the AFT has considered only the last RMB weight, i.e., 79 kgs.

Submissions by the respondents

7. Learned counsel for the respondents' states that the petitioner had a documented personal history of smoking and alcohol consumption as evidenced by the medical summary and the opinion of the specialist dated 23.08.2007.

7.1. He states that the petitioner was overweight since 2010, when his BMI was recorded as 27.37 kg/m². He states that the petitioner consistently maintained a BMI above 25 kg/m², indicating a persistent state of overweight without sustained reduction, despite being repeatedly advised to engage in

¹ (2015) 12 SCC 257

² (2015) 12 SCC 264



regular physical exercise and dietary regulation.

7.2. He states that taking into consideration the presence of multiple risk factors, including overweight status, advanced age, and continued tobacco and alcohol use, the petitioner was also diagnosed with CAD(TVD) at the age of 52 years.

7.3. He states that the petitioner's medical classification was confirmed as A4G3 (permanent) vide Armed Forces Medical Services Forms-15 ('AFMSF') dated 23.12.2016, and RMB concluded that his disabilities were NANA. He states that AFT has rightly appreciated the existence of these causative factors while dismissing the petitioner's claim.

Court's Findings

8. This Court has heard the learned senior counsel for the parties and perused the record.

9. The following facts recorded in the RMB report remain undisputed:

9.1. The petitioner has served in the IAF since 20.06.1980 for a period of 40 years, 6 months, and 10 days.

9.2. The petitioner was diagnosed with primary hypertension in July 1999 and CAD TVD in April 2016.

9.3. In his personal statement, the petitioner has explicitly stated that he did not suffer from any disability or disease before joining the service. This statement has not been disputed by the RMB, nor has it been contested before the AFT or this Court.

10. The RMB, in its opinion, has given the following reasoning for declaring the disabilities NANA by military service:



Disability	Attributable to service (Y/N)	Aggravated by service (Y/N)	DETAILED JUSTIFICATION
Primary Hypertension (Old) Z09	No	No	Life style disorder, Onset of the disability at peace station. There is no close time association with stress & strain of Fd/HAA/CI OPS area. There is no delay in diagnosis & treatment. Hence the disability is considered as Not attributable/Not Aggravated by service as per Para 43 CH- VI of GMO 2008.
CAD TVD (OPTD)	NO	NO	As per 14 days charter of duties dated 14 Jul 16.

*Note: 1. A detailed justification regarding the board's recommendations on the entitlement for each disease / disability must be provided sequentially especially in NANA cases as per enclosed Appendix 'A'.
2. In case of multiple disabilities or inadequate space, do not paste over the opinion, an additional sheet should be attached instead, providing a detailed justification, which is authenticated by the President and all members of the Medical Board.
3. In case the medical board differs in opinion from the previous medical board, a detailed justification explaining the reasons to differ should be brought out clearly.
4. A disability cannot simultaneously be both attributable to or aggravated by military service, only one or neither of which will apply.*

11. The RMB opined that the onset of Primary Hypertension (old) in July 1999, during the petitioner's posting at Air Force Station, Mumbai, occurred during posting at peace stations and, therefore, concluded that the said disease was attributable to lifestyle-related factors of the petitioner and thus NANA by the military service. A similar view was adopted by the AFT to reject the disability element of the pension. No other causative factor has been identified by the RMB in its opinion. It is noted at the outset that the reasons submitted by the respondents, i.e., smoking, alcohol, weight, etc are not recorded in the RMB as a cause for holding NANA. In this background, we will examine whether the reason recorded is sustainable in law.

I. Lifestyle Disorder and Peace Station

12. These precise reasons have been held to be unsustainable and specifically rejected by the Coordinate Bench of this Court in W.P.(C) 140/2024 titled **Union of India vs. Col. Balbir Singh (Retd.) and other connected matters**³. In the said judgment, the Court was considering the RMB pertaining to the disease of Primary Hypertension, and after considering Regulation 423(a) of the Regulations for the Medical Services



of the Armed Forces, 2010, held that it is immaterial whether a disability occurs in field/active service or under normal peace conditions. The Court, after relying upon the judgment of the Supreme Court in **Rajumon T.M. v. Union of India**⁴ concluded that the mere fact that at the time of onset of the disease, military service was being rendered in peace locations or that the disease is a lifestyle disorder would not by itself be a sufficient reason to deny the attributability of the disease to military service. The relevant paragraphs of the said judgment are as follows: -

“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.***

.....”

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

³ 2025 SCC OnLine Del 7873

⁴ 2025 SCC OnLine SC 1064



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 as strict 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.***

.....

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.***

[emphasis supplied]

13. In fact, in another judgment, the Coordinate Bench of this Court in



Union of India and Others v. Col. Koutharapu Srinivasa Retd.⁵, has further held that referring to a disease as a lifestyle disorder will not prove/confirm that the disease was not attributable to military service. The Court opined that in case the lifestyle of the officer is the cause of the disease, the medical opinion must record the causative lifestyle factors (i.e., enlist the reasons for such an opinion) for holding NANA. The said case also pertained to Primary Hypertension, and the Coordinate Bench upheld the order of the AFT rejecting the RMB.

14. In the present case, similarly, the RMB has merely classified the petitioner's disability of Primary Hypertension as a lifestyle disorder, with the onset in a peace station. The RMB says nothing about the specific lifestyle factors of the petitioner, which may have led to the cause of the disease.

15. In view of the judgments of the Coordinate Benches, it is trite law that merely stating that the disease is a lifestyle disorder would not justify the opinion of the RMB holding the disease was NANA by the military service. The RMB has not identified any feature(s) of the petitioner's lifestyle that could have resulted in the disability.

In contradiction, the RMB has categorically recorded that the disability is *not* attributable to the petitioner's own negligence or misconduct. The relevant part of the report reads as follows: -

2. (a) Was the disease/disability attributable to the individual's own negligence or misconduct? If Yes, in what way? NO
(b) If not attributable, was it aggravated by negligence or misconduct? If so, in what way and to what percentage of the total disablement? No

16. The answers to these questions demonstrate that the opinion of the

⁵ 2025 SCC OnLine Del 4292 [Paragraph Nos. 5 and 16]



RMB, characterising the condition of Primary Hypertension as a lifestyle disorder, is a mere conclusion, which stands negated and, in any event, is not substantiated by any cogent reasons.

17. For reference, we also note that the Supreme Court in its recent judgment in the case of **Bijender Singh vs. Union of India**⁶ has reiterated that it is incumbent upon the Medical Board to furnish reasons for opining that a disease is NANA and the burden to prove the same is on the Military Establishment. The reasons to be recorded by the Medical Board have been succinctly explained by the Supreme Court in another recent decision of **Rajumon T.M. v. Union of India**⁷ (supra) to state that merely stating an opinion, such as ‘CONSTITUTIONAL PERSONALITY DISORDER’ without giving reasons or causative factors to support such an opinion, is an unreasoned medical opinion. The Court explained that the said opinion of the Medical Board was merely a conclusion and would not qualify as a reasoned opinion for holding the disease to be NANA.

18. In view of the aforesaid discussion, the reason of lifestyle disorder and peace station are invalid grounds in the RMB for denying disability pension.

II. Overweight

19. It is the contention of the respondents, which also found favour with the AFT while rejecting the grant of the disability element of pension, that the petitioner has been overweight since 2010. Consequently, the AFT vide its impugned order concluded that the disabilities suffered were attributable to the petitioner’s own lifestyle, considering that the petitioner failed to

⁶ 2025 SCC OnLine SC 895 [Paragraph Nos. 45.1, 46 and 47]

⁷ Paragraphs 25, 26, 32 and 36



maintain good health. At this juncture, it is apposite to refer to the decision of the Coordinate Bench in the case of **Union of India & Ors. v. Ex JWO Dharmendra Prasad**⁸, wherein the issue pertaining to the effect of the respondent's overweight condition came up for consideration, and it was held that mere obesity, by itself, does not ipso facto render other disabilities, such as Primary Hypertension, Diabetes Mellitus, and CAD, suffered by Force personnel, attributable to obesity.

20. Therefore, the reasoning for denying the grant of disability pension in respect of the other disabilities, solely on the ground that the petitioner was overweight, cannot be sustained in view of the judgment in **Ex JWO Dharmendra Prasad** (supra).

21. It is also pertinent to note that the impugned order refers to the petitioner's weight while concluding that the petitioner was negligent and, on that basis, has rejected the claim for the grant of the disability element of pension. However, the RMB has not recorded the petitioner's weight as a reason for the onset of the disabilities. In the absence of any such finding by the RMB, the AFT could not have independently drawn a causal connection between the petitioner's disabilities and his weight. The AFT, in doing so, has travelled beyond the medical opinion on record and attributed a cause that was never opined by the RMB. A Coordinate Bench of this Court in **Dropadi Tripathi v. Union of India and Ors.**⁹ has opined that AFT cannot identify causative factors to draw a causal connection with the disease, if these factors have not been enlisted in the opinion of the RMB or the specialist. We are in agreement with the view taken by the Coordinate

⁸ 2025 SCC OnLine Del 2549

⁹ 2025: DHC: 8709-DB [Paragraph Nos. 13 and 14]



Bench and hold that such an approach by the AFT was unsustainable.

22. It is also the contention of the respondents that the petitioner had a documented personal history of smoking and alcohol consumption, thereby insinuating that the diseases were attributable to the petitioner's own conduct; however, this Court is not persuaded by the respondents' arguments, considering that such a finding finds no mention either in the RMB report or in the impugned order.

23. Additionally, the RMB in its report for CAD TVD has failed to give any reasoning whatsoever and has just merely stated 'As per 14 days charter of duties dated 14 July 2016', i.e., the activities carried out by the person during the last 14 days from the onset of the disability. Such a reasoning is wholly untenable and does not constitute a valid or cogent basis for the conclusion reached by the RMB. Considering that diseases/disabilities specifically pertaining to the heart take a long time to fester, the reasoning of 14 days charter of duties therefore has no logical nexus of attributability/aggravation. The disability of 30% for life on account of this disease is recorded in the RMB; however, as held above, no justifiable reason for holding NANA has been given in the RMB.

24. The AFT has independently prescribed overweight as the reason for upholding the denial of disability pension on account of CAD TVD. The said reasoning of the AFT has already been rejected by us hereinabove on the ground that no such reason has been ascribed in the RMB, and therefore the AFT could have not collated reasons.

25. Accordingly, in the considered opinion of this Court, we find merit in the submissions of learned counsel for the petitioner and hold that the AFT committed an error in denying the disability element of pension. In the



absence of any other identified causal connection for the said disabilities, the rejection of the claim for disability pension by the Military establishment cannot be sustained. The RMB herein has failed to give a perfunctory observation that the disabilities of the petitioner were attributable to any other cause.

26. We therefore find merit in this petition; the OA 912/2022 filed by the petitioner is entitled to succeed. The impugned order dated 05.12.2024, passed by the AFT in O.A. 912/2022, is accordingly quashed and set aside. The OA 912/2022 filed by the petitioner is allowed.

27. The RMB has determined the composite assessment for all disabilities at 50% for life. Accordingly, the respondents are directed to release disability element of pension at 50% for life, assessed compositely for the disability of Primary Hypertension and Coronary Artery Disease, Triple Vessel Disease (OPTD), to the petitioner as claimed by him from the date of discharge from the military service, along with arrears within a period of eight weeks from today. Failure to do so will make the respondents liable to pay interest at 12% p.a. till the date of payment.

28. The petition is allowed, with no orders as to costs.

MANMEET PRITAM SINGH ARORA, J

V. KAMESWAR RAO, J

FEBRUARY 23, 2026/aa