



2025:DHC:5083-DB



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

*Reserved on: 18.03.2025*  
*Pronounced on: 01.07.2025*

+ **W.P.(C) 5783/2024 & CM APPL. 23945/2024**  
UNION OF INDIA THROUGH THE SECRETARY  
MINISTRY OF DEFENCE & ORS. ....Petitioners  
versus  
IC 41489Y MAJ GEN RAJESH CHABA (RETD)  
.....Respondent

**AND**

+ **W.P.(C) 6638/2024 & CM APPL. 27657/2024**  
UNION OF INDIA ORS & ORS ....Petitioners  
versus  
EX HAV (CLK SD) TANAY BANIK ....Respondent

**AND**

+ **W.P.(C) 8150/2024 & CM APPL. 33491/2024**  
UNION OF INDIA & ORS. ....Petitioners  
versus  
EX SUB (AEC) MURGESAN (RETD) ....Respondent

**AND**

+ **W.P.(C) 10826/2024 & CM APPL. 44568/2024**  
UNION OF INDIA & ORS. ....Petitioners  
versus  
GP. CAPT. VIVEK DATTATRAYARAO MERU RETD  
.....Respondent

**AND**

+ **W.P.(C) 11738/2024 & CM APPL. 48828/2024**  
UNION OF INDIA AND ORS ....Petitioners  
versus  
EX SGT BALWAN SINGH ....Respondent  
**AND**



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- + **W.P.(C) 12575/2024, CM APPL. 52252/2024**  
UNION OF INDIA & ORS. ....Petitioners  
versus  
SGT SUJIT KUMAR SINGH ....Respondent  
**AND**
- + **W.P.(C) 14860/2024, CM APPL. 62402/2024 & CM APPL. 62403/2024**  
UNION OF INDIA ANR ORS ....Petitioners  
versus  
CMDE KARANJIT SHARMA ....Respondent  
**AND**
- + **W.P.(C) 16554/2024 & CM APPL. 70029/2024**  
UNION OF INDIA AND ORS ....Petitioners  
versus  
CAPT TS P RAJKUMAR RETD NO 03489 B  
.....Respondent

**Appearances:**

**For Petitioners:**

Mr.Vikrant N. Goyal &Mr.Nitin, Adv. Major Anish Muralidhar, Army in W.P.(C) 5783/2024.  
Mr.T. Imlinaro Jamir &Mr.Hardik Malik, Advs. Major Anish Muralidhar, Army in W.P.(C) 6638/2024.  
Ms.Arunima Dwivedi, CGSC with Ms.Pinky Pawar, Ms.Kritika Sharma &Mr.Sainyam Bhardwaj, Advs. Major Anish Muralidhar, Army in W.P.(C) 8150/2024.  
Mr.Shashank Dixit, CGSC with Mr.Rohit Gupta, Adv. with GpCapt V Sridhar, Sgt. Manish Kumar Singh, Sgt. Mritunjay& Sgt. Pankaj Sharma, Air Force Legal Cell, DAV in W.P.(C) 10826/2024.  
Mr.Chetanya Puri, SPC with Ms.Shivi Tiwari, Mr.Jai Vardhan &Mr.Anand Awasthi, Advs. GpCapt V Sridhar, Sgt. Manish Kumar Singh, Sgt. Mritunjay& Sgt. Pankaj



Sharma, Air Force Legal Cell, DAV in W.P.(C) 11738/2024.

Mr.Sandeep Tyagi, SPC with Mr.Major Kumar &Mr.Anurag Singhal, Adv. GpCapt V Sridhar, Sgt. Manish Kumar Singh, Sgt. Mritunjay & Sgt. Pankaj Sharma, Air Force Legal Cell, DAV in W.P.(C) 12575/2024.

Mr.Ankit Raj, SPC with Mr.Ali Mohammed Khan, Adv. in W.P.(C) 14860/2024.

Mr. Chetanya Puri SPC, Ms. Shivi Tiwari, Mr. Jai Vardhan, Mr. Anand Awasthi, Adv. in W.P.(C) 16554/2024.

**For Respondents:**

Ms.Pallavi Awasthi, Adv. in W.P.(C) 5783/2024.

Mr.Amand Kumar &Mr.Ajit Kakkar, Adv. in W.P.(C) 6638/2024.

Mr.Manoj Kumar Gupta &Ms.Devangana Sharma, Adv. in W.P.(C) 8150/2024.

Mr.Anand Kumar &Mr.Ajit Kakkar, Adv. in W.P.(C) 10826/2024 and W.P.(C) 11738/2024.

Mr.Baljeet Singh &Mr.A.K. Chaudhary, Adv. in W.P.(C) 12575/2024.

Mr. Shakti Chand Jaidwal, Adv. in W.P.(C) 14860/2024.

Mr. Shakti Chand Jaidwal, Adv. in W.P.(C) 16554/2024.

**CORAM:**

**HON'BLE MR. JUSTICE NAVIN CHAWLA**

**HON'BLE MS. JUSTICE SHALINDER KAUR**

**J U D G M E N T**

**SHALINDER KAUR, J.**

1. These petitions have been filed under Article 226 of the Constitution of India, challenging different but comparable orders



passed by the learned Armed Forces Tribunal, Principal Bench, New Delhi, (hereinafter referred to as the, ‘Tribunal’), whereby the learned Tribunal has allowed the Original Applications filed by the respondents herein, holding that the respondents are entitled to the grant of disability pension.

2. For the sake of convenience and since the issue involved in these petitions is similar and pertains to the respondents being diagnosed with Obesity along with other ailments such as Primary Hypertension, Diabetes Mellitus, and Coronary Artery Disease, the facts of W.P.(C) 5783 of 2024, titled ***Union of India&Ors. v. Maj Gen Rajesh Chaba (retd)***, are discussed herein to establish the context pertaining to the present batch of petitions.

3. The respondent was commissioned in the Indian Army on 17.12.1983 and superannuated from service after completion of his entire service on 30.11.2019. Prior to demitting office upon attaining the age of superannuation, the respondent was examined by the Release Medical Board (RMB) on 30.08.2019, wherein he was found to be suffering from (a) Primary Hypertension and (b) Simple Obesity, with the composite disability assessed at 33.5% for life. As per the opinion rendered by the RMB, the aforesaid disabilities were opined to be neither attributable to nor aggravated by the Military Service.

4. Thereafter, the respondent submitted his initial claim for disability pension, which came to be rejected by the Adjutant General’s Branch *vide* letter dated 18.11.2019.

5. Being aggrieved by the rejection of his disability claim, the



respondent preferred a First Appeal before the Appellate Committee for First Appeal (ACFA) on 16.12.2019. However, the said appeal was rejected by the ACFA *vide* letter dated 07.02.2020. Thereafter, the respondent submitted a Second Appeal dated 19.03.2020 before the Second Appellate Committee on Pension, which too came to be rejected on 21.01.2021.

6. Dissatisfied by the rejection of his disability claim by the Second Appellate Committee, the respondent preferred an Original Application No. 62 of 2022, titled ***Maj Gen Rajesh Chaba (Retd.) v. Union of India & Ors.***, before the learned Tribunal.

7. *Vide* Order dated 18.04.2023, the learned Tribunal granted the disability element of pension at 30% rounded off to 50%, with effect from the date of discharge of the respondent, for the disability of Primary Hypertension, as the claim for obesity was not pressed by the respondent before the learned Tribunal.

8. To challenge the Impugned Order passed by the learned Tribunal in the aforesaid O.A., the petitioners have approached this Court by invoking its writ jurisdiction.

#### **SUBMISSIONS ON BEHALF OF THE PARTIES**

9. The learned counsels for the petitioners submit that the learned Tribunal has erred in allowing the O.As filed by the respondents merely by placing reliance on the Judgment of the Supreme Court in ***Dharamvir Singh v. Union of India***, (2013) 7 SCC 316, without duly considering that the respondents were also suffering from Obesity, which could have had a bearing on the onset of their other



ailments.

10. They further submitted that the learned Tribunal erroneously ignored the findings of the RMB, the competent Medical Expert Body, which had observed that the disability of the respondents was neither attributable to nor aggravated by the military service.

11. The learned counsels submitted that the rule of presumption regarding disability is no longer a part of the Entitlement Rules for Casualty Pension and Disability Compensation Awards to Armed Forces Personnel (Entitlement) Rules, 2008.

12. They submitted that earlier, the concept of 'attributable to or aggravated by the Military Service' under the Entitlement Rules, 1982, was to be determined as per Rule 5. This Rule had established a general presumption that a member of the Armed Forces is deemed to be in sound physical and mental health upon entering service, unless any physical disability was noted or recorded at the time of enlistment. Furthermore, if an individual was discharged on medical grounds, it was to be presumed that their health deterioration occurred due to military service. They submitted that in terms of Rule 6 of the Entitlement Rules, 2008, however, there should be a causal connection between the disability or death and Military Service, and such a causal connection is a necessary precondition for the grant of any compensation.

13. It was further submitted that since the respondents superannuated after the Entitlement Rules, 2008, came into force, therefore, Rule 6 of the said Rules should have been applied to the



cases of the respondents.

14. To conclude, the learned counsels submitted that the medical conditions of the respondents, that is, Primary Hypertension, Diabetes Mellitus, and Coronary Artery Disease, were the result of their being Obese and keeping a casual lifestyle, as they failed to maintain their health.

15. On the other hand, the learned counsels appearing on behalf of the respondents submitted that the only observation made by the Medical Boards in the present batch of matters is that the onset of such disabilities were in a Peace Area, and therefore, the disabilities were held to be neither attributable to nor aggravated by the Military Service.

16. It was further submitted that postings in 'Peace Units' also involve their own set of constraints and stresses. Disability is often the cumulative effect of prolonged service-related stress, and denying the Disability Element of pension solely on the ground that the onset occurred in a non-field area is arbitrary, discriminatory, and thus, unsustainable.

### **ANALYSIS & CONCLUSION**

17. We have heard the learned counsels for the parties and perused the record.

18. To begin with, we may refer to the decision in W.P.(C) 140/2024, titled *Union of India & Ors. v. Col Balbir Singh (Retd)*, wherein this Court had observed that disability pension cannot be denied merely on the ground that the onset of the disability occurred



while the Force personnel were posted at Peace Stations. It is equally evident that where the personnel have rendered prolonged military service, it is incumbent upon the RMB to demonstrate that such disability is 'neither attributable to nor aggravated by Military Service'. Furthermore, it was observed that the RMB has to give cogent reasons for its opinion.

19. It is further to be noted that in *Union of India & Ors. v. Ex Sub Gawas Anil Madso*, 2025:DHC:2021-DB, a Co-ordinate Bench of this Court dismissed a Writ Petition involving the issue of whether the removal of the 'presumption' under the Entitlement Rules, 2008, and the absence of a note regarding the disease at the time of induction, would mean that the disease is no longer automatically attributable to Military Service. The Co-ordinate Bench observed that although the presumption rule has been amended, the RMB ought to have given specific reasons, especially when the onus under Rule 7 remains on the RMB to substantiate that while the disease was not present at the time of induction, it is also not attributable to Military Service.

20. To appreciate the arguments addressed on behalf of the parties, we may note the findings of the RMB in the present case, which reads as under:-

"PART VI  
STATEMENT OF CASE

*1. Chronological list of the disabilities: -*





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<i>Disabilities</i>	<i>Date of origin</i>	<i>Rank of Indl</i>	<i>Place and unit where serving at the time</i>	<i>Date of initial AFMSF 15 for each disease/ dis</i>
<i>(a) PRIMARY HYPERTENSION</i>	<i>Oct 2018 at New Delhi</i>	<i>Maj Gen</i>	<i>New Delhi/ IHQ of MoD/ OL Dte.</i>	<i>15 Nov 2018</i>
<i>(b) SIMPLE OBESITY</i>	<i>Jun 2019 at New Delhi</i>	<i>Maj Gen</i>	<i>New Delhi/ IHQ of MoD/ OL Dte.</i>	<i>23Jul 2019</i>

<i>Clinical details:-</i>	
	<b><i>Detailed History: -</i></b> <i>ID at Para 1 for Dis No. (a) &amp; (b):- Detected to have raised blood pressure and overweight on routine med exam. On evaluation was diagnosed as Hypertension.</i>
	<i>Personal History (To include history of smoking/ Tobacco chewing. Alcohol intake, etc) :- NIL</i>
	<i>Family History (To incl history of life style disorders, Psy illness, Hereditary disorder etc.): - NIL</i>
	<b><i>Treatment History: -</i></b> <i>ID at Para 1 for Dis No. (a) &amp; (b):- Conservative management as advised by spl.</i>



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	<i>Special report (Including History of presenting illness, clinical examination, relevant inv., details of treatment, present condition, summary and final opinion for all diseases and disabilities):- attached</i>
	<i>Certified that all AFMSF 15 and other hosp docu are available incl latest AFMSF-15, if not so give details:-<b>Yes all documents available.</b></i>
	<i>Note:- Insert The clinical summary sheet between page 9 &amp;10; without folds Part VI may be filled up for only those indl who invalided out from service vide O/o the DGAFMS letter No. 16050/DGAFMS/MA (Pen) dt. 15 Mar 2019</i>

-sd-

(Sig of President Med Bd)

Part VIIOPINION OF THE MEDICAL BOARD

1. Please endorse diseases/ dis in chronological order of occurrence:-

<i>Disability</i>	<i>Attributable to service (Y/N)</i>	<i>Aggravated by service (Y/N)</i>	<i>Detailed Justification</i>



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<i>(a) PRIMARY HYPERTENSION</i>	<i>No</i>	<i>No</i>	<i>Onset of ID was in Oct 2018 while serving in Delhi (Peace Area). There is no close time association with Fd/HAA/CI Ops tenure. Hence ID conceded as neither attributable nor aggravated by mil service as per Para 43 Chapter VI GMO's Mil Pen 2008 amendment.</i>
<i>(b) SIMPLE OBESITY</i>	<i>No</i>	<i>No</i>	<i>Onset of ID in Jun 2019, while serving in Delhi (Peace). The disability is a metabolic and lifestyle related disorder of dietary excesses not related to military service. Hence ID conceded as neither attributable nor aggravated by Mil Service</i>



*Note:- 1. A detailed justification regarding the board's rec on the entitlement for each disease/ dis must be provided sequentially especially in NANA cases as per enclosed Appendix 'A'.*

*2. In case of multiple dis of 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 med bd.*

*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 dis cannot simultaneously be both attributable to or aggravated by mil service, only one or neither of which will apply.*

*-sd-  
Soumya Pillai  
Kisan Naik)  
Cap AMC  
Medical Officer  
Board*

*-sd-  
(CR  
Col.  
President Medical  
Base  
Hospital  
Delhi Cantt"*

21. From the above extracts of the RMB findings, it appears that the RMB is devoid of any reason for observing that the disability of Hypertension suffered by the respondent was neither attributable to nor aggravated by the Military Service. It is merely mentioned that the onset of the disability was in October 2018, while the respondent was serving in Delhi (a Peace area). Thus, the RMB has not defined any cogent reasoning in its report to explain how, despite the disease not being present at the time of induction, it was still not attributable to Military Service. Merely stating that the onset of the disease occurred



during a peace posting cannot be a determinative factor to conclude that it was not attributable to military service.

22. Turning now to the argument of the petitioners that the disabilities suffered by the respondent were related to his own lifestyle, particularly his failure to maintain good health resulting in Obesity, it would be apposite to note the decision of the Co-ordinate Bench in ***Union of India & Ors. v. Ex JWO Dharmendra Prasad***, 2025:DHC:2740-DB, wherein the issue concerning the impact of the respondent's Obesity was considered and it was held as under:

*"11. The mere fact that the respondent may be obese does not of necessity mean that the CAD from which he suffers is necessarily attributable to obesity. No medical report, to that effect, has been shown to us by Mr Mishra.*

*12. In fact, the RMB Report does not even suggest that the CAD, from which the respondent was found to be suffering, was attributable to obesity. Neither does para 47 of the 2008 Guidelines state that in every case of obesity and CAD, the CAD would be attributable to obesity.*

*13. We have seen the medical examination report, which has also been placed on record. The said examination report also does not certify that the respondent's CAD was attributable to obesity"*

23. A plain reading of the above makes it evident that merely suffering from Obesity, by itself, does not *ipso facto* render the other disabilities such as Primary Hypertension, Diabetes Mellitus, and Coronary Artery Disease in the Force personnel attributable to Obesity. Moreover, the RMB has also not made any observation



regarding the effect of Obesity on the other medical conditions of the respondent.

24. In the present cases, from a perusal of the RMB proceedings, it is evident that the opinion of the RMB also does not mention that the respondent's condition of Obesity was the cause or basis for the development of his disability. The RMB has merely pointed out that the respondent was suffering from Simple Obesity. The learned Tribunal did not treat the Simple Obesity as a disability, since the respondent did not press for disability pension for the same.

25. Accordingly, in view of the facts and circumstances, we find no reason to interfere with the order of the learned Tribunal.

26. The present petition, along with any pending applications, is accordingly dismissed.

### **W.P.(C) 6638/2024**

27. In the present petition, the respondent was subjected to a RMB on 13.03.2020, wherein he was found to be suffering from Primary Hypertension and Obesity, with the composite disability assessed at 33.5% for life. The medical opinion recorded by the RMB was to the effect that the disease of Hypertension was neither attributable to nor aggravated by the Military Service. The findings of the RMB are as follows:

*3. The particulars of any diseases or injuries from which you are suffering*



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illness/ injury	First Started		Rank of Individual	Where treated	Approximate dates and periods treated (Attach documentary evidence)
	Date	Place			
(I) PRIMARY HYPERTENSION (I 10)	Feb 2017	Saugor (MP)	Hav.	MH Saugor	21 Feb 17 to 09 Mar 17 (17 days)
(II) OBESITY (E-06)	Feb 2017	Saugor (MP)	Hav.	MH Saugor	

**PART VII**  
**OPINION OF THE MEDICAL BOARD**

1. Please endorse diseases/disabilities in chronological order of occurrence

Disability	Attributable to service (Y/N)	Aggravated by service (Y/N)	DETAILED JUSTIFICATION
(a) PRIMARY HYPERTENSION (I 10)			It is considered that the onset of the disease occurred in a Peace Area.
(b) OBESITY (E-66)	N	N	It is considered that the onset of the disease occurred in a Peace Area.

28. It is observed from the above that the opinion recorded by the RMB is bereft of any reasoning in arriving at the conclusion that the respondent's disability of Primary Hypertension is neither attributable to nor aggravated by the Military Service. The only observation made is that the onset of the disability occurred in a Peace Area. However, no cogent reason has been provided in the RMB's opinion to show how the disability could be held as not attributable to or aggravated by the Military Service. A mere reference to the fact that the onset of the disease took place while the respondent was at a peace station cannot, in itself, be treated as a relevant factor.

29. Furthermore, a perusal of the RMB reveals that there is no



observation therein to indicate that the respondent's condition of Obesity was the cause or basis for the onset of Primary Hypertension. The RMB has merely recorded that the respondent was suffering from Obesity, without attributing any causal connection between the said condition and the disability in question.

30. The petitioners' challenge to the grant of disability pension with regard to the disability of Primary Hypertension, only on account of the respondent suffering from Obesity, cannot be sustained in view of the decision of the Co-ordinate Bench in *Union of India & Ors. v. Ex JWO Dharmendra Prasad*, 2025:DHC:2740-DB.

31. Accordingly, in view of the facts and circumstances, we find no reason to interfere with the order of the learned Tribunal.

32. The present petition, along with any pending applications, is accordingly dismissed.

#### **W.P.(C) 8150/2024**

33. In the present case, the respondent was subjected to the RMB on 29.06.2020, wherein the diseases of Primary Hypertension and Diabetes Mellitus Type-II were observed. The opinion of the RMB is reproduced herein below:

#### **"PART-VII** **Opinion of the Medical Board**

1. Please endorse diseases/disabilities in Chronological order of occurrence

<b><i>Disability</i></b>	<b><i>Attributable to service (Y/N)</i></b>	<b><i>Aggravated by service (Y/N)</i></b>	<b><i>DETAILED JUSTIFICATION</i></b>
<i>(a) DIABETES MELLITUS TYPE-II (E11)</i>	<i>NO</i>	<i>NO</i>	<i>Onset of disability was in Mod Field area. There is no history of close time association with hard field/HAA/CI(Ops) area and there</i>





			<i>is no history of stress and strain of military services. Hence NANA Refer Para 26 of Chapter VI of GMO 2008 (amended).</i>
<i>(b) PRIMARY HYPERTENSION (I10)</i>	<i>No</i>	<i>No</i>	<i>Onset of disability was in Mod Field area. There is no history of close time association with hard field/HAA/CI(Ops) area and there is no history of stress and strain of military services. Hence NANA Refer Para 43 of Chapter VI of GMO 2008 (amended)."</i>

34. However, the Categorisation Medical Board dated 31.08.2018, mentions that the respondent was suffering from Obesity. The relevant proceedings are as under:

15. Details of present and previous Disabilities:				
"S/No	Disabilities (Principal/Others)	Date/ Place of origin	Previous medical categorisation with date	Next medical categorization recat due date
(a)	DYSLIPIDE MIA	19 Feb 2018 at Gwalior (MP)	P2 (T-24) wef 10 Mar 2018	25 Aug 2018
(b)	OBESITY			
(c)	PRIMARY HYPERTENS ION	Jul 2013 at Sukhna (WB)	P2(P) wef 25 Feb 2018	25 Feb 2020
(d)	DM TPYE-II			
16. Specialist opinion: Opinion of Sr Adv Med & Gastro CHAFB dt 31 Aug 18 attached.				
17. Is the disability attributable to service. If so, please explain?			No, for dis 15(a) & (b) being life style disorder No, for dis 15 (c) & (d) due to onset in modified field	
18. If not directly attributable to service, was it aggravated by service? If so, Please explain?			No, for dis 15(a) & (b) being lift style disorder No, for dis 15 (c) & (d) due to onset in modified field."	

35. The learned Tribunal partly allowed the O.A. filed by the respondent, granting the disability element of pension for the disability of Primary Hypertension, and dismissed the claim of the respondent with respect to the disability element of pension for the other ailments. The respondent has not challenged the said findings of



the learned Tribunal, which are as under:

*“30. It is also seen from the records that the applicant had undergone periodic medical examinations, and was assessed as being overweight, Therefore, a comprehensive examination of the medical reports mentioned below, substantiates that the applicant has been overweight:*

*(a) Categorisation Board report dated 11.09.2013 (Annexure R-1), the applicant was overweight by 6.5 kg.*

*(b) Categorisation Board report dated 13.03.2018 (Annexure A-3), the applicant was overweight by 21.5 kg.*

*(c) Re-categorisation Board report dated 31'08'2018 (Annexure A-3) indicated an overweight status of 10.5 kg.*

*(d) RMB report dated 29.06,2020 (Annexure R-2) reported an overweight condition of 12.5 kg.*

*31. In light of the foregoing, we are of the view that there is a complete absence of any evidence establishing a causal link between military service and the attributability of the ailment in question in this OA' This leaves no room for leniency in our deliberation on this case. claiming disability benefits for Diabetes Mellitus Type II, a condition predominantly influenced by lifestyle factors and genetic disposition, without any demonstrated connection to military service, is evidently untenable.”*

36. We have already observed in W.P.(C) 16554/2024 and W.P.(C) 6638/2024, that the opinion recorded by the RMB is bereft of any reasoning for arriving at the conclusion that the respondent's disability of Primary Hypertension is neither attributable to nor aggravated by the Military Service. The only observation made is that the onset of the disability occurred in a Modified Field Area. However, no cogent



reason has been provided in the RMB's opinion to show how the disability could be held as not attributable or aggravated (NANA) by the Military Service. A mere reference to the fact that the onset of the disease took place while the respondent was at a Modified Field Area cannot, in itself, be treated as a relevant factor to opine that the disability is NANA.

37. Furthermore, a perusal of the RMB reveals that there is no observation therein to indicate that the respondent's condition of Obesity was the cause or basis for the onset of Primary Hypertension. The RMB has merely recorded that the respondent was suffering from Obesity, without attributing any causal connection between the said condition and the disability in question.

38. Therefore, the petitioners' challenge to the grant of disability pension with regard to the disability of Primary Hypertension, on the ground that the respondent was also suffering from Obesity, cannot be sustained in view of the decision of the Co-ordinate Bench in *Union of India & Ors. v. Ex JWO Dharmendra Prasad*, 2025:DHC:2740-DB.

39. Accordingly, we find no reason to interfere with the order of the learned Tribunal.

40. The present petition, along with any pending applications, is accordingly dismissed.

#### **W.P.(C) 10826/2024**

41. In the present case, the respondent was subjected to a Release



Medical Board (RMB) on 24.08.2016, wherein he was found to be suffering from (i) Diabetes Mellitus Type-II, (ii) Obesity, (iii) Primary Hypertension, and (iv) Anemia. The opinion of the RMB is reproduced herein below:

**“PART-V**  
**OPINION OF THE MEDICAL BOARD**

1. *Casual relationship of the disability with service conditions or otherwise:*

<b><i>Disability</i></b>	<b><i>Attributable to service (Y/N)</i></b>	<b><i>Aggravated by service (Y/N)</i></b>	<b><i>Not connected with service (Y/N)</i></b>	<b><i>Reasons/Cause specific conditions and period of service</i></b>
<i>i) DIABETES MELLITUS TYPE=II (Old) (E11....)</i>	<i>No</i>	<i>No</i>	<i>Yes</i>	<i>A lifestyle related disease. Onset on 03 July 12 while posted to Kanpur a peace area. There is no close time association with stress and strain of Field/AA/C.Ops of military service. Therefore, the disability is neither attributable nor aggravated by military service as per Para 25 of Chapter VI of Guide to Medical Officer (Military Pension 2008).</i>
<i>ii) Obesity (Old) E-66.Z09.D</i>	<i>No</i>	<i>No</i>	<i>Yes</i>	<i>A lifestyle related disease. Onset on 03 July 12 while posted to Kanpur a</i>



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				<i>peace area. There is no close time association with stress and strain of Field/AA/C.Ops of military service. Therefore, the disability is neither attributable nor aggravated by military service as Chapter VI of Guide to Medical Officer (Military Pension 2008).</i>
<i>iii) Primary Hypertension (old) I10,Z 09.0</i>	<i>NO</i>	<i>No</i>	<i>Yes</i>	<i>A lifestyle related disease. Onset on 03 July 12 while posted to Kanpur a peace area. There is no close time association with stress and strain of Field/AA/C.Ops of military service. Therefore, the disability is neither attributable nor aggravated by military service as per Para 43 of Chapter VI of Guide to Medical Officer (Military Pension 2008).</i>
<i>iv)</i>	<i>No</i>	<i>No</i>	<i>Yes</i>	<i>Onset on Aug</i>



Anaemia (Fresh) D 50				16 while posted to Agra a peace area. There is no close time association with stress and strain of military service. Therefore, the disability is neither attributable nor aggravated by military service as per Chapter VI of Guide to Medical Officer (Military) Pension 2008."
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42. The O.A. filed by the respondent herein was partially allowed, with a direction to the petitioners to grant the benefit of the disability element of pension at the rate of 20% for life for Diabetes Mellitus Type II and 30% for life for Primary Hypertension, both of which were collectively assessed at 44% for life and, accordingly, rounded off to 50% for life. Since the respondent did not press the claim in respect of Obesity, and Anaemia was assessed by the RMB at 15–19%, which falls below the minimum qualifying threshold of 20% disability required for the grant of disability pension, both claims were accordingly not allowed.

43. We have observed that the opinion recorded by the RMB is bereft of any reasoning in arriving at the conclusion that the respondent's disability of Primary Hypertension and Diabetes Mellitus Type II are neither attributable to nor aggravated by the military



service. The only observation made is that the onset of the disability occurred on 03.07.2012 in a Peace Area. However, no cogent reason has been provided in the RMB's opinion to show how the disability could be held as not attributable to or aggravated by the military service. A mere reference to the fact that the onset of the disease took place while the respondent was at a peace station cannot, in itself, be treated as a relevant factor.

44. Therefore, the petitioners' challenge to the grant of disability pension with regard to the disability of Primary Hypertension and Diabetes Mellitus Type II, in view of the respondent being suffering from Obesity, cannot be sustained in view of the decision of the Co-ordinate Bench in *Union of India & Ors. v. Ex JWO Dharmendra Prasad*, 2025:DHC:2740-DB.

45. Accordingly, we find no reason to interfere with the orders of the learned Tribunal.

46. The present petition, along with any pending applications, is accordingly dismissed.

**W.P.(C) 11738/2024**

47. In the present case, the respondent was subjected to a Release Medical Board (RMB) on 03.01.2019, wherein he was found to be suffering from the following disabilities (i)CAD-AWMI-SVD SIP PTCA LAD, (ii) Primary Hypertension,(iii) Diabetes Mellitus Type-II, (iv) Obesity, (v) CAV-LT MCA Territory. The opinion of the RMB is reproduced hereunder:

**"PART-V**



### OPINION OF MEDICAL BOARD

<i>1. Casual Relationship of the Disability with Service conditions or otherwise</i>				
<u>Disability</u>	<u>Attributable to service (Y/N)</u>	<u>Aggravated by service (Y/N)</u>	<u>Not connected with service (Y/N)</u>	<u>Reason/ Cause/ Specific condition and period in service</u>
<b>1. CAD-AWMI-SVD S/P PICALAD</b>	NO	NO	YES	No, Vide charter of duties for 14 Days prior to occurrence of IHD duly approved by AOC, 2 Wg.AF as individual was employed on trade job duties only. He was not under any kind of mental or physical stress or strain. (Copy of 14 days Charter of duties attached).
<b>2. PRIMARY HYPERTENSION (I 10 Z 09)</b>	NO	NO	YES	(a) It is a life style disease due to lack of exercise and dietary control. (b) Onset of the disability in peace area (Pune). (c) Disease was diagnosed during annual medical exam. Patient was asymptomatic at that time. There was no delay in diagnosis and treatment. (d) No association with stress and strain of service. (e) Refer para 43 of GMO 2008.
<b>3. TYPE II DIABETES MELLITUS (E 11 Z 09)</b>	NO	NO	YES	(a) It is a metabolic disorder. Onset was in Pune (peace area). (b) Disease was diagnosed during annual medical exam. Patient was asymptomatic at that time. There was no delay in diagnosis and treatment.
				(c) No association with stress and strain of service. (d) There is no close time association with HAA/CI Ops/Field area. (e) Refer para 26 of GMO 2008.
<b>4. OBESITY</b>	NO	NO	YES	(a) It is a metabolic disorder due to lack of exercise and dietary control, not connected with





				<i>service.</i>
<b>5. CVA – LT MCA TERRI TORY</b>	<i>NO</i>	<i>NO</i>	<i>YES</i>	<i>(a) It is a disease of acute onset leading to neurological deficit caused by intravascular events. (b) Onset of the disability in peace area (Jamnagar). (c) No association with stress and strain of service. (d) Refer para 14 of GMO 2008.</i>
<i>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 Medical Officers (MII Pension-2002)’ )”</i>				

48. The O.A. filed by the respondent was allowed by the learned Tribunal for all the diseases except Obesity, directing the petitioners to grant the disability element of pension to the respondent at 70%, which was rounded off to 75% for life.

49. We find that the opinion recorded by the RMB is casual and not supported by any reasoning in arriving at the conclusion that the respondent’s disabilities of i) CAD-AWMI-SVD SIP PTCA LAD, (ii) Primary Hypertension, (iii) Diabetes Mellitus Type-II, and (iv) CAV-LT MCA Territory are neither attributable to nor aggravated by the military service. The only observation made is that the onset of the disability occurred in a Peace Area. However, no cogent reason has been provided in the RMB's opinion to show how the disability could be held as not attributable to or aggravated by the military service. A mere reference to the fact that the onset of the disease took place while the respondent was at a peace station cannot, in itself, be treated as a relevant factor.

50. Therefore, the petitioners’ challenge to the grant of disability



pension with regard to the other disabilities, in view of the respondent being suffering from Obesity, cannot be sustained in view of the decision of the Co-ordinate Bench in ***Union of India &Ors. v. Ex JWO Dharmendra Prasad***, 2025:DHC:2740-DB.

51. Accordingly, we find no reason to interfere with the order of the learned Tribunal.

52. The present petition, along with any pending applications, is accordingly dismissed.

### **W.P.(C) 12575/2024**

53. In the present case, at the time of the discharge of the respondent, the RMB dated 11.12.2017 assessed the following disabilities: (i) Dyslipidaemia, (ii) Obesity, and (iii) CAD-DVD-P/PCI LCX-RCA, all of which were opined to be neither attributable to nor aggravated by the military service. The opinion of the RMB is reproduced hereunder:

#### **“PART-V** **OPINION OF THE MEDICAL BOARD**

<i>1. Casual relationship of the disability with service conditions or otherwise.</i>				
<i>Disability</i>	<i>Attributable to service (Y/N)</i>	<i>Aggravated by service (Y/N)</i>	<i>Not connected with service (Y/N)</i>	<i>Reasons/Cause specific conditions and period of service</i>
<i>(I)DYSLI PIDAEMIA (OLD)</i>	<i>NO</i>	<i>NO</i>	<i>YES</i>	<i>Onset is on JAN 2007 while serving in 5 BRD AF, Suler, a peace station. It is lifestyle disease. There is no delay in diagnosis and no</i>



				<i>close association with stress and strain of service. Hence, NANA</i>
<i>(II) OBESITY (OLD)</i>	<i>NO</i>	<i>NO</i>	<i>YES</i>	<i>Onset is in Sep 2008 while in serving in 5 BRD AF, Sulur, a peace station. It is lifestyle disease. There is no delay in diagnosis and no close association with stress and strain of service. Hence, NANA.</i>
<i>(III) CAD- DVD- P/PCI- LCX-RCA (OLD)</i>	<i>NO</i>	<i>NO</i>	<i>YES</i>	<i>Onset is on 28 Sep 2016 while serving in Air HQ (VB) Su-30 Mnt Cell, C/O AFS New Delhi, a peace station. Disability is Not Attributable, Not Aggravated by Service vide 14 days Charter of Duties dated 23 Jan 17."</i>

54. The O.A. filed by the respondent herein was allowed by the learned Tribunal in respect of the disability of CAD-DVD-P/PCI LCX-RCA and the petitioners were directed to grant the disability element of pension for the said disability to the respondent at 30% for life, which was rounded off to 50% for life, as the O.A. was pressed in respect of the said disability alone.

55. The RMB, while observing that the respondent's disabilities of CAD-DVD-P/PCI LCX-RCA is neither attributable to nor aggravated



by the military service, has merely recorded that the onset of the disabilities occurred at a Peace Station on 28.09.2016. However, no cogent reason has been provided in the RMB's opinion to show how the disability could be held as not attributable to or aggravated by the military service. A mere reference to the fact that the onset of the disease took place while the respondent was at a Peace Station cannot, in itself, be treated as a relevant factor to determine that the disability claimed is NANA.

56. Therefore, the petitioners' challenge to the grant of disability pension with regard to the said disability, in view of the respondent being suffering from Obesity, cannot be sustained in view of the decision of the Co-ordinate Bench in *Union of India & Ors. v. Ex JWO Dharmendra Prasad*, 2025:DHC:2740-DB.

57. Accordingly, we find no reason to interfere with the order of the learned Tribunal.

58. The present petition, along with any pending applications, is accordingly dismissed.

**W.P.(C) 14860/2024**

59. In the present case, as per the RMB proceedings recorded in AFMSF-16 dated 22.08.2019, the respondent was found to be suffering from i) Primary Hypertension and ii) Overweight.

60. The learned Tribunal, while allowing the O.A. filed by the respondent herein, considered the impact of the respondent being Overweight and observed as under:

*“9. Further, the RMB has also found the*



*applicant being overweight. His weight was recorded as '52 Kg', Whereas the ideal weight is indicated as '69 Kg'. In normal circumstances, because of the applicant being overweight, we would not have considered primary hypertension to be attributable/aggravated by service, however, on calculating the percentage of excess weight, it can be made out that the applicant's weight comes to <2SD and thus the applicant is within the permissible limit of the weight category.*

xxx

*10. In view of the aforesaid judicial pronouncements and the parameters referred to above, the applicant is entitled for disability element of pension in respect of disability 'Primary Hypertension'. The respondents are directed to grant disability element of pension to the applicant @ 30% for life which be rounded off to 50% for life....."*

61. Insofar as the petitioners' contention that the disability suffered by the respondent was attributable to his own lifestyle, inasmuch as he had failed to maintain good health and was, therefore, overweight, it would be apposite to refer to the decision of the Co-ordinate Bench in ***Union of India &Ors. v. Ex JWO Dharmendra Prasad***, 2025:DHC:2740-DB, wherein the issue pertaining to the effect of the respondent's overweight condition came up for consideration, and it was held that merely suffering from Obesity, by itself, does not *ipso facto* render the other disabilities like Primary Hypertension, Diabetes Mellitus, and Coronary Artery Disease of Force personnel attributable to Obesity.

62. Therefore, the petitioners' challenge to the grant of disability



pension with regard to the other disability only on the ground of the respondent being suffering from Obesity, cannot be sustained in view of the judgment in *Ex JWODharmendra Prasad* (supra).

63. Accordingly, we find no reason to interfere with the orders of the learned Tribunal.

64. The present petition, along with any pending applications, is accordingly dismissed.

**W.P.(C) 16554/2024**

65. In the present petition, the respondent was subjected to a Release Medical Board (RMB) on November 2021, wherein he was found to be suffering from (i)Primary Hypertension, (ii) Migraine, and(iii) Obesity. The opinion of the RMB is reproduced hereunder:

**“PART-VII**

**OPINION OF THE MEDICAL BOARD**

<i>1.Please endorse diseases/ disabilities in chronological order of occurrence</i>				
<i>S.No.</i>	<i>Disability</i>	<i>Attributable to service (Y/N)</i>	<i>Aggravated by service (Y/N)</i>	<i>Detailed Justification</i>
(i)	<i>Primary Hypertension (ICD No. I10.0)</i>	<i>N</i>	<i>N</i>	<i>Onset of disability when individual was serving in peace station and the officer continued to serve in peace station. Hence considered NANA vide Para 43 Chap VI of GMO 2002/2008.</i>
(ii)	<i>Migraine (ICD NO: G43.0)</i>	<i>N</i>	<i>N</i>	<i>Onset of disability in peace station and the officer continued to serve in peace station. There is no causal or aggravating relationship with any service factor. Hence considered NANA.</i>
(iii)	<i>Obesity (ICD NO: E11.0)</i>	<i>N</i>	<i>N</i>	<i>Disability is due to dietary indiscretion and inadequate physical activity. No causal</i>



				<i>relationship with service factor. Hence considered NANA.”</i>
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66. The percentage of the above-mentioned disabilities was assessed as follows:

<b>“Disease/ Disability (As numbered in para 1 part VII)</b>	<b>Percentage of Disablement</b>	<b>Corresponding para GMO-2008</b>	<b>Composite assessment for all disabilities with duration (Max 100%)</b>	<b>Disease/ Disability Qualifying for Disability Pension with duration</b>	<b>Net Assessment Qualifying Disability Pension (Max 100%) with duration.</b>
<b>PRIMARY HYPERTENSION (ICD NO: I10.0)</b>	<b>30% (Thirty Per Cent)</b>	<b>Para 21(f), Chap VII GMO 2002/2008</b>	<b>41.15% (Forty one decimal one five percent for life long)</b>	<b>Nil for life long</b>	<b>Nil for life long and Final”</b>
<b>MIGRAINE (ICD NO: G43.0)</b>	<b>10 % ( Ten Per cent)</b>	<b>Not mentioned in GMO. Assessment by medical board based on specialist’s opinion and clinical evaluation.</b>			
<b>OBESITY (ICD NO: E11.0)</b>	<b>5 % (Five Per Cent)</b>	<b>DGAFMS Letter no.16036/R MBIIMB/DG AFMS/ MA(Pens) dated 20 May 2019</b>			

67. The learned Tribunal allowed the O.A. filed by the respondent herein in respect of the disability of Primary Hypertension, as it was the only disability above the 20% threshold necessary for the grant of disability pension, and directed the petitioners to grant the disability



element of pension at 30% for life, which was rounded off to 50% for life.

68. The opinion recorded by the RMB is that the onset of the disability was in a Peace Area. However, no cogent reason has been provided by the RMB for arriving at the conclusion that the respondent's disability of Hypertension is neither attributable to nor aggravated by the military service. A mere reference to the fact that the onset of the disease took place while the respondent was at a Peace Station cannot, in itself, be treated as a relevant factor to determine that the disability of the respondent was NANA.

69. Therefore, the petitioners' challenge to the grant of disability pension with regard to the disability of Primary Hypertension only on the ground of the respondent suffering from Obesity, cannot be sustained in view of the decision of the Co-ordinate Bench in *Union of India & Ors. v. Ex JWO Dharmendra Prasad*, 2025:DHC:2740-DB.

70. Accordingly, we find no reason to interfere with the order of the learned Tribunal.

71. The present petition, along with any pending applications, is accordingly dismissed.

**SHALINDER KAUR, J**

**NAVIN CHAWLA, J**

**JULY 01, 2025/SK**

*Click here to check corrigendum, if any*