



2025:DHC:3684-DB



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\* **IN THE HIGH COURT OF DELHI AT NEW DELHI**  
+ W.P.(C) 5911/2025, CM APPL. 26927/2025, CM APPL.  
26928/2025, CM APPL. 26929/2025 & CM APPL. 26930/2025

UNION OF INDIA & ORS. ....Petitioner  
Through: Mr. Ankur Mittal, CGSC with  
Ms. Preeti Choudhary, Adv.

versus

EX MC ERA-II BRAHAMPAL SINGH  
KHATANA (NO. 194153-H) ....Respondent  
Through: Mr. Ved Prakash, Adv.

**CORAM:**  
**HON'BLE MR. JUSTICE C. HARI SHANKAR**  
**HON'BLE MR. JUSTICE AJAY DIGPAUL**

**JUDGMENT (ORAL)**

% **06.05.2025**

**C. HARI SHANKAR, J.**

1. This petition assails order dated 2 August 2023 passed by the Armed Forces Tribunal<sup>1</sup> in OA 1237/2019 whereby the respondent's application for grant of disability pension on the ground that he suffers from Primary Hypertension ICD No. I-10.0 with 30% disability have been allowed by the AFT.

2. The issue is covered by a recent decision rendered by us in *UOI*

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<sup>1</sup> "the AFT", hereinafter



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*v Ex Sub Gawas Anil Madso*<sup>2</sup>.

3. Nonetheless, we have heard Mr. Ankur Mittal, learned CGSC for the petitioner, and have perused the record.

4. The respondent was released in Low Medical Category on his being found to be suffering from Primary Hypertension ICD No. I-10.0. From the record, including the proceedings of the Release Medical Board<sup>3</sup>, the following facts emerged:

(i) The respondent had served in the Indian Naval Service for over 21 years before he was diagnosed as suffering from Primary Hypertension ICD No. I-10.0.

(ii) The respondent, in his self-declaration, specifically declared that he had not been suffering from Primary Hypertension ICD No. I-10.0 prior to joining the Indian Naval Service. The declaration reads thus:

3. Did you suffer from any disability before joining the Armed Forces? If so give details and dates: **NO**

The correctness of this declaration is not doubted either by the RMB or by the petitioner before the AFT or before this Court.

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<sup>2</sup> 2025 SCC OnLine Del 2018

<sup>3</sup> "RMB", hereinafter



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(iii) The reason regarding the Primary Hypertension ICD No. I-10.0 suffered by the respondent has not been attributable to military service, as entered by the RMB reads thus:

“Primary Hypertension ICD No- I-10.0: Neither Attributable nor Aggravated by military service vide approved copy of initial Medical Board AFMSF dt 03 Apr 17 and disease onset while serving in peace service.”

(iv) We have already held, in our judgment in *Gawas Anil Madso*, that where the applicant was not suffering from the ailment at the time of entry into service, the RMB is required to positively identify the cause for the ailment, to justify a finding that it is not attributable to military service. The Commanding Officer’s certificate specifically states that the respondent was not responsible, owing to any act or omission of his, for the ailment from which he was suffering. The entry in that regard reads as under:

5. (a) Was the disability attributable to the individual’s own negligence or misconduct? If Yes, in what way? <b>NO</b>
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(v) Regarding para 43 of the Chapter VI of the GMO 2008, we have, in our judgment in *UOI v WO Binod Kumar Sah (Retd<sup>A</sup>)*, observed thus:

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<sup>4</sup> 2025 SCC OnLine Del 2355



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“12. Para 43 of the Chapter VI of the GMO 2008, vivisected into its individual components, specifies that, while dealing with hypertension,

(i) the RMB is required to determine whether the hypertension is primary or secondary,

(ii) if the hypertension is secondary, entitlement consideration should be directed to the underlying disease process,

(iii) where disablement for essential hypertension appears to have arisen to, or become worse in, service, it has to be considered whether service compulsion caused aggravation,

(iv) in cases where the disease has been reported after long and frequent spells of service in Field/HAA/Active Operational Areas, the case could be explained by variable response exhibited by different individuals to stressful situations and

(v) primary hypertension would be considered aggravated if it occurred while the officer was serving in field areas, HAA, CIOPS areas or prolonged afloat service.”

(vi) The RMB has certified the respondent as suffering from 30% disability on account of Primary Hypertension ICD No. I-10.0, lifelong.

(vii) We have also seen the opinion of the medical specialist, which has been annexed in the writ petition. That opinion, too, does not state at any point that the Primary Hypertension ICD No. I-10.0 from which the respondent was suffering was not attributable to military service.



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5. Thus, we find that even the specialist who examined the respondent did not arrive at any conclusion that the Primary Hypertension ICD No. I-10.0 from which the respondent suffered was not attributable to military service.

6. In such circumstances, we have held in our decision in *Ex Sub Gawas Anil Madso* that the respondent would be entitled to disability pension.

7. We do not deem it necessary to reproduce our findings in the said decision, so as not to burden this judgment.

8. We have also been conscious of the fact that we are exercising *certiorari* jurisdiction over the decision of the AFT and are not sitting an appeal over the said decision.

9. The parameters of *certiorari* jurisdiction are delineated in the following passages of *Syed Yakoob v K.S. Radhakrishnan*<sup>5</sup>:

“7. The question about the limits of the jurisdiction of High Courts in issuing a writ of certiorari under Article 226 has been frequently considered by this Court and the true legal position in that behalf is no longer in doubt. *A writ of certiorari can be issued for correcting errors of jurisdiction committed by inferior courts or tribunals: these are cases where orders are passed by inferior courts or tribunals without jurisdiction, or is in excess of it, or as a result of failure to exercise jurisdiction. A writ can similarly be issued where in exercise of jurisdiction conferred on it, the Court*

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<sup>5</sup> (1963) SSC OnLine SC 24



*or Tribunal acts illegally or properly, as for instance, it decides a question without giving an opportunity, be heard to the party affected by the order, or where the procedure adopted in dealing with the dispute is opposed to principles of natural justice. There is, however, no doubt that the jurisdiction to issue a writ of certiorari is a supervisory jurisdiction and the Court exercising it is not entitled to act as an appellate Court. This limitation necessarily means that findings of fact reached by the inferior Court or Tribunal as result of the appreciation of evidence cannot be reopened or questioned in writ proceedings. An error of law which is apparent on the face of the record can be corrected by a writ, but not an error of fact, however grave it may appear to be. In regard to a finding of fact recorded by the Tribunal, a writ of certiorari can be issued if it is shown that in recording the said finding, the Tribunal had erroneously refused to admit admissible and material evidence, or had erroneously admitted inadmissible evidence which has influenced the impugned finding. Similarly, if a finding of fact is based on no evidence, that would be regarded as an error of law which can be corrected by a writ of certiorari. In dealing with this category of cases, however, we must always bear in mind that a finding of fact recorded by the Tribunal cannot be challenged in proceedings for a writ of certiorari on the ground that the relevant and material evidence adduced before the Tribunal was insufficient or inadequate to sustain the impugned finding. The adequacy or sufficiency of evidence led on a point and the inference of fact to be drawn from the said finding are within the exclusive jurisdiction of the Tribunal, and the said points cannot be agitated before a writ Court. It is within these limits that the jurisdiction conferred on the High Courts under Article 226 to issue a writ of certiorari can be legitimately exercised (vide **Hari Vishnu Kamath v Syed Ahmad Ishaque**<sup>6</sup>, **Nagandra Nath Bora v Commissioner of Hills Division and Appeals Assam**<sup>7</sup> and **Kaushalya Devi v Bachittar Singh**<sup>8</sup>).*

8. It is, of course, not easy to define or adequately describe what an error of law apparent on the face of the record means. *What can be corrected by a writ has to be an error of law; hut it must be such an error of law as can be regarded as one which is apparent on the face of the record. Where it is manifest or clear that the conclusion of law recorded by an inferior Court or*

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<sup>6</sup> (1955) 1 SCR 1104

<sup>7</sup> (1958) SCR 1240

<sup>8</sup> AIR 1960 SC 1168



*Tribunal is based on an obvious mis-interpretation of the relevant statutory provision, or sometimes in ignorance of it, or may be, even in disregard of it, or is expressly founded on reasons which are wrong in law, the said conclusion can be corrected by a writ of certiorari. In all these cases, the impugned conclusion should be so plainly inconsistent with the relevant statutory provision that no difficulty is experienced by the High Court in holding that the said error of law is apparent on the face of the record. It may also be that in some cases, the impugned error of law may not be obvious or patent on the face of the record as such and the Court may need an argument to discover the said error; but there can be no doubt that what can be corrected by a writ of certiorari is an error of law and the said error must, on the whole, be of such a character as would satisfy the test that it is an error of law apparent on the face of the record. If a statutory provision is reasonably capable of two constructions and one construction has been adopted by the inferior Court or Tribunal, its conclusion may not necessarily or always be open to correction by a writ of certiorari. In our opinion, it is neither possible nor desirable to attempt either to define or to describe adequately all cases of errors which can be appropriately described as errors of law apparent on the face of the record. Whether or not an impugned error is an error of law and an error of law which is apparent on the face of the record, must always depend upon the facts and circumstances of each case and upon the nature and scope of the legal provision which is alleged to have been misconstrued or contravened.”*

(Emphasis supplied)

**10.** Within the limited parameters of the *certiorari* jurisdiction and keeping in view the facts of the case outlined hereinabove, we find no cause to interfere with the impugned judgment of the AFT, which is affirmed in its entirety.

**11.** In addition, we find that our view stands fortified by paras 45.1, 46 and 47 of the judgment of the Supreme Court, rendered on 23 April



2025 in *Bijender Singh v UOI*<sup>9</sup>, which may be reproduced thus:

“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

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<sup>9</sup> 2025 SCC OnLine SC 895



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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.”

**12.** Mr. Mittal, learned Counsel for the petitioner has drawn our attention to the clinical assessment by the specialist who had examined the respondent, in which it is noted, in the history of the respondents that he had a family history of hypertension and that his father was a known case for primary hypertension on regular medication.

**13.** That by itself, would not amount to the father’s history of hypertension being regarded as a causative factor for the hypertension for which the respondent was found to be suffering, especially when he was not suffering from hypertension at the time of enrolment into the armed forces and was first detected after 20 years from joining the Indian Navy.



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14. Besides, we find that the release medical board had also not attributed the hypertension of the petitioner to his family history.

15. The present petition is, accordingly, dismissed in *limine*.

16. Compliance with the impugned judgement of the AFT, if not already ensured, be ensured within a period of four weeks from today.

**C. HARI SHANKAR, J.**

**AJAY DIGPAUL, J.**

**MAY 6, 2025/sk**

*Click here to check corrigendum, if any*