



2026:DHC:2879-DB



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

Date of Decision: 06.04.2026

+ W.P.(C) 2031/2026 and CM APPL. 9949/2026

RAJNESH

.....Petitioner

Through: Mr. Manoj Kumar Gupta and
Ms. Devangana Sharma, Advs.

versus

UNION OF INDIA AND ORS

.....Respondents

Through: Dr. Vijendra Singh Mahndiyani,
CGSC along with Mr. Rohan
Tripathi, GP with Mr. Devender
Kumar and Mr. Vaibhav Singh,
Advs.

CORAM:

HON'BLE MR. JUSTICE ANIL KSHETARPAL

HON'BLE MR. JUSTICE AMIT MAHAJAN

J U D G M E N T (O R A L)

ANIL KSHETARPAL, J.:

1. The Petitioner aspires to join the Indian Air Force as Agniveer Vayu (Science Subjects). Her candidature, however, did not culminate in appointment, as she was declared medically unfit on the ground of Accessory Nipple Bilateral [hereinafter referred to as "ANB"], and the said opinion was affirmed by the Appeal Medical Board. Aggrieved thereby, the present Writ Petition has been filed.

2. Some facts, to the extent necessary for adjudication of the issue involved in the present Petition, are required to be noticed.

3. Pursuant to the recruitment process for Agniveer Vayu Intake 01/2026, the Petitioner applied for induction in the Indian Air Force [hereinafter referred to as "IAF"] as Agniveer Vayu (Science



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Subjects). The Petitioner qualified the written examination and thereafter underwent the further stages of selection. On 31.07.2025, she appeared for the initial medical examination at Air Force Station Yelahanka, Bangalore, where she was declared medically unfit *vide* Medical Unfitness Certificate dated 01.08.2025 on account of six counts. On appeal, however, she was referred to specialists at Command Hospital Air Force, Bangalore, and was ultimately declared fit on 19.08.2025 in respect of those grounds.

4. Thereafter, the Petitioner received a call letter and was required to report at Air Force Station Jalahalli, Bangalore. When she reported for joining on 30.12.2025, she was subjected to a pre-enrolment medical examination. At that stage, she was declared medically unfit on the ground of ANB.

5. The Petitioner again availed the appellate medical process. She was referred to a Graded Specialist (General Surgery) at Command Hospital Air Force, Bangalore, who examined her on 04.02.2026. Based on the said specialist opinion, the Appeal Medical Board, by its decision dated 06.02.2026, declared the Petitioner unfit for enrolment in terms of Para 3.14.2(c) of IAP 4303 (6th Edition).

6. Learned counsel for the Petitioner submits that the Petitioner has wrongly been declared medically unfit and places reliance upon the opinion dated 10.02.2026 issued by the All India Institute of Medical Sciences, New Delhi [hereinafter referred to as "AIIMS"]. It is submitted that the said opinion records, *inter alia*, that the biopsy site had healed, that there was post-inflammatory hyperpigmentation, that there was no evidence suggestive of lobular development, and that



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the Petitioner could go for training/admission. On that basis, it is contended that the Petitioner ought to be treated as medically fit.

7. *Per contra*, learned counsel for the Respondents submits that the Petitioner suffers from ANB and, therefore, cannot be considered for appointment in view of the governing service medical standards. It is further submitted that the opinion of AIIMS is not determinative, particularly when the recruitment framework itself provides that the medical standards for the Armed Forces are at variance with civil medical standards, that certificates/opinions from civil hospitals are not acceptable in the recruitment medical process, and that the opinion of the Armed Forces medical authorities is final.

8. This Court has considered the rival submissions. A Coordinate Bench of this Court in *SSC & Ors. v. Aman Singh*¹ has reiterated that, in matters concerning recruitment to disciplined forces, the standards of medical fitness are distinct and more stringent, and that judicial review over the opinion of Medical Boards is limited. The Court has, however, clarified that there is no absolute bar to interference, such interference may be warranted where, for example, there is breach of the prescribed procedure, a notable discrepancy in successive findings, absence of the requisite specialist, or where the Medical Board disregards the opinion of a specialist or investigation which it had itself sought. Absent such circumstances, the Court must exercise circumspection and cannot sit in appeal over the opinion of the expert medical authorities. The relevant extracts are reproduced hereinbelow for ready reference:

¹ 2024: DHC:8441-DB



10.38 In our considered opinion, the following principles would apply:

*(i) The principles that apply in the case of recruitment to disciplined Forces, involved with safety and security, internal and external, such as the Armed and Paramilitary Forces, or the Police, are distinct and different from those which apply to normal civilian recruitment. **The standards of fitness, and the rigour of the examination to be conducted, are undoubtedly higher and stricter.***

(ii) There is no absolute proscription against judicial review of, or of judicial interference with, decisions of Medical Boards or Review Medical Boards. In appropriate cases, the Court can interfere.

*(iii) The general principle is, however, undoubtedly one of circumspection. **The Court is to remain mindful of the fact that it is not peopled either with persons having intricate medical knowledge, or were aware of the needs of the Force to which the concerned candidate seeks entry.** There is an irrebuttable presumption that judges are not medical men or persons conversant with the intricacies of medicine, therapeutics or medical conditions. They must, therefore, defer to the decisions of the authorities in that regard, specifically of the Medical Boards which may have assessed the candidate. **The function of the Court can only, therefore, be to examine whether the manner in which the candidate was assessed by the Medical Boards, and the conclusion which the Medical Boards have arrived, inspires confidence, or transgresses any established norm of law, procedure or fair play.** If it does not, the Court cannot itself examine the material on record to come to a conclusion as to whether the candidate does, or does not, suffer from the concerned ailment, as that would amount to sitting in appeal over the decision of the Medical Boards, which is not permissible in law.*

(iv) The situations in which a Court can legitimately interfere with the final outcome of the examination of the candidate by the Medical Board or the Review Medical Board are limited, but well-defined. Some of these may be enumerated as under:

(a) A breach of the prescribed procedure that is required to be followed during examination constitutes a legitimate ground for interference. If the examination of the candidate has not taken place in the manner in which the applicable Guidelines or prescribed procedure requires it to be undertaken, the examination, and its results, would ipso facto stand vitiated.

(b) If there is a notable discrepancy between the findings of the DME and the RME, or the Appellate Medical Board, interference may be justified. In this, the Court has to be



conscious of what constitutes a “discrepancy”. A situation in which, for example, the DME finds the candidate to be suffering from three medical conditions, whereas the RME, or the Appellate Medical Board, finds the candidate to be suffering only from one of the said three conditions, would not constitute a discrepancy, so long as the candidate is disqualified because of the presence of the condition concurrently found by the DME and the RME or the Appellate Medical Board. This is because, insofar as the existence of the said condition is concerned, there is concurrence and uniformity of opinion between the DME and the RME, or the Appellate Medical Board. In such a circumstance, the Court would ordinarily accept that the candidate suffered from the said condition. Thereafter, as the issue of whether the said condition is sufficient to justify exclusion of the candidate from the Force is not an aspect which would concern the Court, the candidate's petition would have to be rejected.

(c) If the condition is one which requires a specialist opinion, and there is no specialist on the Boards which have examined the candidate, a case for interference is made out. In this, however, the Court must be satisfied that the condition is one which requires examination by a specialist. One may differentiate, for example, the existence of a haemorrhoid or a skin lesion which is apparent to any doctor who sees the candidate, with an internal orthopaedic deformity, which may require radiographic examination and analysis, or an ophthalmological impairment. Where the existence of a medical condition which ordinarily would require a specialist for assessment is certified only by Medical Boards which do not include any such specialist, the Court would be justified in directing a fresh examination of the candidate by a specialist, or a Board which includes a specialist. This would be all the more so if the candidate has himself contacted a specialist who has opined in his favour.

(d) Where the Medical Board, be it the DME or the RME or the Appellate Medical Board, itself refers the candidate to a specialist or to another hospital or doctor for opinion, even if the said opinion is not binding, the Medical Board is to provide reasons for disregarding the opinion and holding contrary to it. If, therefore, on the aspect of whether the candidate does, or does not, suffer from a particular ailment, the respondents themselves refer the candidate to another doctor or hospital, and the opinion of the said doctor or hospital is in the candidate's favour, then, if the Medical Board, without providing any reasons for not accepting the verdict of the said doctor or hospital, nonetheless disqualifies the candidate, a case for interference is made out.



(e) Similarly, if the Medical Board requisitions specialist investigations such as radiographic or ultrasonological tests, the results of the said tests cannot be ignored by the Medical Board. If it does so, a case for interference is made out.

(f) If there are applicable Guidelines, Rules or Regulations governing the manner in which Medical Examination of the candidate is required to be conducted, then, if the DME or the RME breaches the stipulated protocol, a clear case for interference is made out.

(v) **Opinions of private, or even government, hospitals, obtained by the concerned candidate, cannot constitute a legitimate basis for referring the case for re-examination.** At the same time, if the condition is such as require a specialist's view, and the Medical Board and Review Medical Board do not include such specialists, then the Court may be justified in directing the candidate to be re-examined by a specialist or by a Medical Board which includes a specialist. In passing such a direction, the Court may legitimately place reliance on the opinion of such a specialist, even if privately obtained by the candidate. It is reiterated, however, that, if the Medical Board or the Review Medical Board consists of doctors who are sufficiently equipped and qualified to pronounce on the candidate's condition, then an outside medical opinion obtained by the candidate of his own volition, even if favourable to him and contrary to the findings of the DME or the RME, would not justify referring the candidate for a fresh medical examination.

(vi) The aspect of "curability" assumes significance in many cases. Certain medical conditions may be curable. The Court has to be cautious in dealing with such cases. If the condition is itself specified, in the applicable Rules or Guidelines, as one which, by its very existence, renders the candidate unfit, the Court may discredit the aspect of curability. If there is no such stipulation, and the condition is curable with treatment, then, depending on the facts of the case, the Court may opine that the Review Medical Board ought to have given the candidate a chance to have his condition treated and cured. That cannot, however, be undertaken by the Court of its own volition, as a Court cannot hazard a medical opinion regarding curability, or the advisability of allowing the candidate a chance to cure the ailment. Such a decision can be taken only if there is authoritative medical opinion, from a source to which the respondents themselves have sought opinion or referred the candidate, that the condition is curable with treatment. In such a case, if there is no binding time frame within which the Review Medical Board is to pronounce its decision on the candidate's fitness, the Court may, in a given case, direct a fresh examination of the candidate after she, or he, has been afforded an opportunity to remedy her, or his, condition. It



has to be remembered that the provision for a Review Medical Board is not envisaged as a chance for unfit candidates to make themselves fit, but only to verify the correctness of the decision of the initial Medical Board which assessed the candidate.

*(vii) The extent of judicial review has, at all times, to be restricted to the medical examination of the candidate concerned. The Court is completely proscribed even from observing, much less opining, that the medical disability from which the candidate may be suffering is not such as would interfere with the discharge, by her, or him, of her, or his, duties as a member of the concerned Force. **The suitability of the candidates to function as a member of the Force, given the medical condition from which the candidate suffers, has to be entirely left to the members of the Force to assess the candidate, as they alone are aware of the nature of the work that the candidate, if appointed, would have to undertake, and the capacity of the candidates to undertake the said work. In other words, once the Court finds that the decision that the candidate concerned suffers from a particular ailment does not merit judicial interference, the matter must rest there.** The Court cannot proceed one step further and examine whether the ailment is such as would render the candidate unfit for appointment as a member of the concerned Force.”*

(Emphasis supplied)

9. Examined in the light of the aforesaid principles, no case for directing a fresh medical examination is made out in the present matter. Even otherwise, the record shows that the Petitioner was, in fact, referred to a Graded Specialist (General Surgery) at Command Hospital Air Force, Bangalore, and that the Appeal Medical Board rendered its decision after considering the said specialist opinion.

10. There is yet another aspect which merits notice. The Petitioner's challenge proceeds, to an extent, on a conflation of two distinct medical stages. The earlier Appeal Medical Board decision dated 19.08.2025 concerned fitness on the six grounds noted during the initial medical examination of 31.07.2025. The later declaration of unfitness on 30.12.2025, however, arose at the stage of pre-enrolment medical examination, which, as per the Respondents, is a distinct and



mandatory step in the selection process. The material relied upon by the Respondents also shows that the earlier fitness certificate dated 19.08.2025 itself contemplated re-medical examination prior to enrolment within 06 months and the enrolment was subject to medical fitness on the enrolment date. The Petitioner's earlier fitness, therefore, did not conclude the matter finally for all purposes.

11. The Respondents have also placed reliance upon Para 3.14.2(c) of Chapter 14 (Assessment of Women Candidates) IAP 4303 (6th Edition), which reads as follows:

“CHAPTER 14

ASSESSMENT OF WOMEN CANDIDATES

3.14.1. History. *Detailed menstrual and obstetric history, in addition to general medical history, must be taken and recorded as outlined in para 2.13.2. If a history of menstrual, obstetric or pelvic abnormality is given, an opinion of gynaecologist is to be obtained.*

3.14.2. General Medical and Surgical Standards

(a) Any lump in the breast will be a cause for rejection. Cases of fibroadenoma breast after successful surgical removal may be considered fit with the opinion of a surgical specialist and a normal histopathological report.

(b) Galactorrhoea will be cause for unfitness. Fitness after investigation/treatment may be considered based on merits of the case and opinion of the concerned specialist during AMB.

*(c) **Amazia, Polymazia and Polythelia (Accessory nipple) will be considered unfit during SMB. Operated cases of Polymazia/Polythelia will be considered fit after 12 weeks of post-operative period after excision, if there is a well healed surgical wound and no post-operative complications.***

It is not the case of the Petitioner that the validity of the said standard is under challenge. The final opinion of the Appeal Medical Board, AF Stn Jalahalli, Bangalore dated 06.02.2026 expressly declares the Petitioner unfit in terms of the said provision.



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12. The opinion of AIIMS dated 10.02.2026 (Annexure P-9), as relied upon by the Petitioner reads as under:

Annexure P-9

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अखिल भारतीय आयुर्विज्ञान संस्थान

कक्षा / विभाग: त्वचा चिकित्सा विभाग
UHID: 108829411
ABHA: rajnesh_720092008@abha
Dept No: 20260040005015

कमरा / Room: A-338
Queue / संख्या: **N105**
Unit: Skin.

OPR-6 45

रजनेश रजनेश / RAJNESH RAJNESH

डॉ० ओम्वेर सिंह
19Y 7M OD / FA(महिला)
bulandshahr, UTTAR PRADESH, Pin.0,
INDIA
Ph: 9760802747 General Rs. 0
New Patient

रिपोर्टिंग: 07:50:04
10/02/2026

पता/Address: SKIN OPD, AIIMS SENIOR RESIDENT ROOM NO. 308

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
10/2/20	<p>- Pt came for medical examination for admission in air force.</p> <p>- Biopsy site has healed with a superficial scar.</p> <p>- There is scarring seen over the biopsy site and post-inflammatory hyperpigmentation.</p> <p>- No BIs symmetrical along the line of potential accessory nipples.</p> <p>- <u>o/e</u> - No evidence suggestive of lobular development seen.</p> <p>→ Patient can go for the training/admission and is not a contraindication for the job intended.</p> <p style="text-align: right;"><i>Dr. Ajaz</i></p> <p style="text-align: right;">SENIOR RESIDENT Department of Dermatology All India Institute of Medical Sciences New Delhi - 110029</p>

CLEAN AND GREEN AIIMS / एम का यही संकल्प, स्वच्छता से काया बल
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

True Type copy followed.

13. We have perused the opinion provided by the AIIMS, however,



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this Court is not persuaded to hold that the service medical opinion stands displaced merely because the Petitioner has obtained a more favourable opinion from AIIMS. The AIIMS note is an outpatient opinion from the Department of Dermatology and Venereology rendered after the final AMB decision and outside the service recruitment framework. Even if the said opinion is read as supportive of the Petitioner, it cannot, by itself, justify a direction for appointment or a direction for re-medical examination in the teeth of a specialist-backed decision of the Armed Forces medical authorities rendered under the governing service standard.

14. In the considered view of this Court, no ground is made out to interfere with the decision of the Respondents. The case does not disclose breach of the prescribed procedure, absence of the requisite specialist, or any such infirmity as would bring it within the limited parameters recognised in *Aman Singh (Supra)*. The issue pertains to medical fitness for recruitment to the IAF, where the applicable standards are service-specific, and the final opinion has been rendered by the competent medical authorities.

15. Finding no merit, the present Petition, along with pending application, is dismissed.

ANIL KSHETARPAL, J.

AMIT MAHAJAN, J.

APRIL 06, 2026

s.godara/ad