



2025:DHC:6490-DB



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

+ **W.P.(C) 2067/2025**

CT/RAVINDER

.....Petitioner

Through: Mr. Ajay Sharma, Mohd Sahil
and Digvijay Sharma, Advocates

versus

THE DIRECTOR GENERAL CENTRAL

INDUSTRIAL SECURITY FORCE & ORS.Respondents

Through: Ms. Meera Bhatia, SPC, Ms.
Tanisha Verma, GP along with Ms. Vidisha
Verma and Sh. Yashpal

CORAM:

HON'BLE MR. JUSTICE C. HARI SHANKAR

HON'BLE MR. JUSTICE OM PRAKASH SHUKLA

JUDGMENT (ORAL)

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04.08.2025

C. HARI SHANKAR, J.

1. This petitioner, by this writ petition, challenges the decision of the Medical Board, which conducted a Detailed Medical Examination¹ on 30 November 2024 and Review Medical Examination² on 9 December 2024, whereby the petitioner was declared unfit for joining training for appointment to the post of Assistant Sub-Inspector (Exe)³.

2. We have heard Mr. Ajay Sharma, learned counsel for the petitioner and Ms. Meera Bhatia, learned SPC for the respondents, at length.

¹ "DME", hereinafter

² "RME", hereinafter

³ "ASI(Exe)", hereinafter



3. Mr. Sharma has taken us through the DME report dated 30 November 2024 and the RME report dated 9 December 2024. We reproduce the contents of the DME, to the extent relevant, thus :

DME Report dated 30 November 2024

“Subject: Review Medical Examination of candidates found to be unfit for the post of Asstt. Sub-Inspector / Exe-(LDCE)-2022 in CISF.

Mr. / Mrs. Ravinder, Roll No. 11136 is hereby informed that he / she has been medically examined for recruitment to the post of ASI/Exe(LDCE)-2022 in CISF on 30/11/2024 at CIST SSG Gr. Noida and found unfit due to the reasons mentioned below:-

- (i) Chest X-ray showing 5th Rib appeared deformed anteriorly.
- (ii) Hyperpigmented big patch on right thigh lateral side.
- (iii) Case of blunt injury chest + abdomen fracture right ribs with hemopneumothorax and liver laceration DOA 19-10-2024, DOD 05-11-2024 (medical documents attached to file) need further evaluation.”

We are constrained to regrettably observe that the contents of the RME are nearly wholly illegible. Perhaps it is time Medical Boards, whose decisions impact the life's and careers of candidates, entered their findings in a legible fashion. All that can legibly be discerned from the report is that the petitioner was declared unfit on account of “Multiple side rib fractures, Rt Pulmonary fibrosis & liver laceration”.

4. Mr. Sharma relies on Guidelines dated 31 May 2021 issued by the Ministry of Home Affairs⁴, particularly on para 6(d) and 8 thereof which contains the Guidelines for Review Medical Boards, and which

⁴ “MHA”, hereinafter



reads thus:

“6. Guidelines for Review Medical Boards:-

- (a) Review Medical Board shall examine the candidate specifically for the deficiency for which the candidate has been declared unfit. [Also, the medical term used as cause of unfitness during the Initial Medical Examination may differ from that arrived at by the Review Medical Board]
- (b) It will be ensured that the Medical Officer who has conducted DME of a candidate is not part of the RME Board for the same candidate.
- (c) The defect for which candidate has been declared unfit should be examined thoroughly and the findings must be supported by proper investigation reports, if applicable.
- (d) Review Medical Board may obtain opinion of concerned specialists or super specialists of Govt. Medical College and Hospital in case of any doubt. Therefore, in cases of rejection in review medical examination, clinical findings should be corroborated with confirmatory tests/investigations/opinion of specialists / super specialists of Govt. Hospitals/Medical Colleges/Govt. approved private medical centers, whichever and wherever applicable.

8. These are a few examples to reiterate and bring home the point that in review medical examination candidates are subjected to require concerned investigations wherever and whenever applicable. Rejection merely on clinical findings is to be avoided. Any decision on rejection must be taken up with valid clinical findings fully justified and supported by corroboratory investigation reports and if needed opinion of Specialists/ super specialists of Govt. Hospitals/Medical Colleges/Govt. approved private medical centers should be taken. When such confirmatory tests are required to be carried out routinely, time constraint should not be there and for not making review medical examination time bound, all concerned may be informed otherwise proper decision cannot be taken in such cases”

5. Mr. Sharma’s contention is that the respondents, in its RME report, arrived at a finding of unfitness of the petitioner for



appointment as ASI (Exe) without obtaining the opinion of any specialist. He submits that a diagnosis of pulmonary fibrosis and liver laceration could not have been arrived at without a specialist's opinion. He, therefore, prays that the respondents may be directed to obtain the opinion of a hepatologist with respect to the condition of the petitioner's liver and a pulmonologist with respect to the condition of the petitioner's lungs before arriving at a decision that the petitioner was unfit for recruitment as ASI (Exe).

6. Mr. Sharma has also placed reliance on an investigation report following an examination of his client conducted in May 2025 which, according to him, certified that his client is not suffering from any pulmonary or hepatic disorder.

7. Ms. Bhatia submits, *per contra*, that the contention of the petitioner that he had not been properly examined and subjected to detailed investigation before the conclusion of pulmonary fibrosis and liver laceration was arrived at is incorrect. She submits that the petitioner was examined in detail at the Kailash Hospital, Greater Noida and has referred us to the reports of the Non-contrast CT⁵ Scan of his abdomen and contrast enhanced CT scan of his chest, both signed by the competent radiologist and conducted on 6 December 2024 and 7 December 2024. These reports read thus:

“NCCT WHOLE ABDOMEN

FINDINGS:

Evaluation of the abdominal and pelvic visceral organs is limited

⁵ “NCCT”



without intravenous contrast.

- Multiple displaced fractures of anterior ends of visualised right lower ribs are seen with fibrotic parenchymal bands involving right middle and lower lobe.
- Ill defined hypodensity along right lobe of liver is seen with deeper linear hypodense extension - needs further evaluation with CT Abdomen Angiography.
- The unenhanced spleen, pancreas, and adrenal glands are grossly unremarkable.
- The gallbladder is present.
- The kidneys are normal in size and attenuation without obvious calcification. There is no hydronephrosis or perinephric stranding.
- The ureters are normal in caliber.
- No adenopathy or fluid collections are seen within the limitations of plain scan.
- No evidence of bowel obstruction is seen.
- The aorta is normal in caliber.
- The urinary bladder is partially distended.

IMPRESSION:

- **Multiple displaced fractures of anterior ends of visualised right lower ribs with fibrotic parenchymal bands involving right middle and lower lobe.**
- **Ill defined hypodensity along right lobe of liver with deeper linear hypodense extension – needs further evaluation with CT Abdomen Angiography.**

Please correlate clinically.”

CT SCAN CHEST WITH CONTRAST

Protocol: 5x5 mm contiguous scan taken through chest after IV contrast.

Findings:

Displaced healing fractures of right 4th (lateral aspect) right-5th-(anterior aspect with comminution and displacement) and right 6th rib anteriorly.

Fibrotic pulmonary bands are seen involving right middle and lower lobes.

Visualised sections of upper abdomen reveals ill defined hypodensity involving right lobe of liver with deeper extension - likely liver laceration.



Rest of the bilateral lung parenchyma shows normal attenuation.
No focal lesion seen.
No significant mediastinal / hilar lymphadenopathy noted.
Cardiac and mediastinal structures show normal contrast opacification.
Tracheobronchial tree is normal.
No evidence of pleural effusion or pleural thickening seen.

Impression:

- **Multiple right sided ribs fractures as described.**
- **Fibrotic pulmonary bands involving right middle and lower lobes.**
- **Visualised sections of upper abdomen reveals ill defined hypodensity involving right lobe of liver with deeper extension - likely liver laceration.”**

8. To our mind, the aforesaid reports, even plainly read, indicate that the diagnosis of the petitioner suffering from pulmonary fibrosis and liver laceration were duly supported by the concerned radiological examinations, signed by the competent radiologist. There can be no doubt whatsoever, on a plain reading of these reports, that, at the time when the petitioner was subjected to RME, he was actually suffering from pulmonary fibrosis and liver lacerations.

9. We cannot, therefore, accept Mr. Sharma's contention that the RME report was not preceded by the requisite radiological examinations.

10. Mr. Sharma's submission that the petitioner ought to have been examined by a hepatologist and a pulmonologist cannot be accepted. Clauses 6(d) and 8 of the MHA Guidelines dated 31 May 2021 clearly require consultation with a specialist or a super specialist only in the case of doubt, or if it is felt that such opinion is needed in the facts of



the case. The radiological reports of the petitioner, proximate to and preceding the date of RME being clear, we can find no fault with the respondent if they did not deem it necessary to obtain the opinion of any specialist pulmonologist or hepatologist.

11. The reliance, by Mr. Sharma, on the investigation report of his client of May 2025 is obviously of no relevance. The condition of the petitioner has to be considered at the time when he underwent his RME. The mere fact that, six months thereafter, the petitioner's condition may have improved, cannot discredit the decision of the RME.

12. We are not medical experts. Neither can we sit in appeal over the decision of the DME or RME. We are only concerned with the issue of whether the respondents have followed due process and acted in accordance with the applicable instructions.

13. On a conspectus of above noted facts, and in the backdrop of the MHA Guidelines on which Mr. Sharma places reliance, we are unable to hold that there has been an infraction of the Guidelines in the present case.

14. We must bear in mind the fact that these are recruitments to paramilitary forces and that the physical standards required to be met by the candidates would be more stringent than those which are required for ordinary civilian appointments. Interference, in such cases, has to be restricted to instances of manifest violation of procedure, arbitrariness of the manner in which the respondents have



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acted. No such case is made out in the present case. We are, therefore, unable to come to the aid of the petitioner.

15. The petition is, accordingly, dismissed.

C. HARI SHANKAR, J.

OM PRAKASH SHUKLA, J.

AUGUST 4, 2025/yg