



2025:DHC:8499-DB



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* **IN THE HIGH COURT OF DELHI AT NEW DELHI**
+ W.P.(C) 14653/2025 & CM APPL. 60124/2025, CM APPL.
60125/2025

UNION OF INDIA AND ORSPetitioners
Through: Mr. Siddhartha Shankar Ray,
CGSC with Ms. Khushi Ramuka, Adv.

versus

EX JWO ATMA PRAKASH SRIVASTAVARespondent
Through: Mr. Rakesh Kr. Yadav, Adv.

CORAM:
HON'BLE MR. JUSTICE C. HARI SHANKAR
HON'BLE MR. JUSTICE OM PRAKASH SHUKLA
JUDGMENT (ORAL)

% **22.09.2025**

C. HARI SHANKAR, J.

1. This petition assails order dated 27 September 2024 passed by the Armed Forces Tribunal¹ in OA 487/2022 whereby the respondent's application for grant of disability pension on the ground that he suffers from Primary Hypertension @ 30%, Diabetes Mellitus Type II @ 20% and CVA² Rt MCA Infarction @50% rounded off to 70% has been allowed by the AFT.

2. The issue is covered by a recent decision rendered by us in *UOI v Ex Sub Gawas Anil Madso*³.

¹ "the AFT", hereinafter

² Cerebrovascular Accident

³ 2025 SCC OnLine Del 2018



3. Nonetheless, we have heard Mr. Siddhartha Shankar Ray, learned CGSC for the petitioners, and have perused the record.

4. The respondent was released in Low Medical Category on his being found to be suffering from Primary Hypertension, Diabetes Mellitus Type II and CVA Rt MCA Infarction. From the record, including the proceedings of the Release Medical Board⁴, the following facts emerged:

(i) The respondent had served in the Air Force for over 38 years before he was diagnosed as suffering from Primary Hypertension, Diabetes Mellitus Type II and CVA Rt MCA Infarction.

(ii) The respondent, in his self-declaration, specifically declared that he had not been suffering from the disability prior to joining the Air Force. The declaration reads thus:

2(a). 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.

(iii) The reason regarding the Primary Hypertension, Diabetes Mellitus Type II and CVA-Rt MCA Infarct suffered by the respondent has not been attributable to military service, as entered by the RMB reads thus:

⁴ "RMB", hereinafter



“PRIMARY HYPERTENSION: The disability is a life style disorder. The onset of the disability is at peace area in Nov 10/ Borgad & there is no close time association with service in field/CIOPS areas. There is no casual connection between the disability & service environment. There is no delay in diagnosis/treatment. Hence conceded “NANA” in terms of Para 43 of Chapter VI of GMO Mil Pen 2008 (Amendment) refers.”

DIABETES MELLITUS TYPE II: The disability is a metabolic disorder. The onset of the disability is at peace area on Nov 10/ Borgad. There is no close lime association with stress / strain or dietary compulsions of Field / CIOPS/HAA service and onset or progression of disability. There was no delay in diagnosis. Disability resulted due to own dietary indiscretion which was within own control of the individual. Hence "NANA" in terms of Para 26 of Chapter VI of GMO 2008.

CVA-Rt MCA INFARCT: There is hp H/0 infection underlying the disease and any physical or mechanical trauma related to service in peace area Borgad in Dec/10. As per Para 14 of chapter VI of GMO Mil-Pen 2008 (Amendment), it will be appropriate to award attributability if there is sufficient evidence of infection underlying the disease and physical and mechanical trauma related to service. Hence NANA in terms of Para 14 of Chapter VI of GMO 2008.

(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:



2(a) Was the disease/disability attributable to the individual's own negligence or misconduct? If Yes, in what way? N/A

(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)*⁵, observed thus:

“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) Regarding para 26 of the Chapter VI of the GMO 2008, we have, in our judgment in *UOI v EX MWO HFO Bharat Tiwari*⁶, observed thus:

⁵ 2025 SCC OnLine Del 2355

⁶ 2025 SCC OnLine Del 2358



“11. Para 26 of the Chapter VI of the GMO 20087, vivisected into its individual components, specifies that, while dealing with diabetes mellitus:

- (i) DM is a metabolic disease,
- (ii) DM is characterised by hyperglycaemia,
- (iii) DM is of two types, Type I and Type II with the physiological and pathological reason for the arising of the disease,
- (iv) Secondary diabetes is stated to be also attributable to drugs or trauma to pancreas or brain surgery or otherwise, as well as to diseases of the pituitary, thyroid and adrenal gland,
- (v) DM Type II would be conceded aggravated if onset occurs serving in Fields/CIOPS/HAA and prolonged afloat service, and
- (vi) Diabetes secondary to chronic pancreatitis due to alcohol dependence and gestational diabetes should not be considered attributable to service.”

(vii) Regarding para 14 of the Chapter VI of the GMO 2008, we have, in our judgment in *UOI v EX L/NK Bijender Singh*⁷, observed:

“Para 14 of the Chapter VI of the GMO 2008, read thus:

14. Cerebrovascular Accident (Stroke):

Stroke or cerebrovascular accident is a disease of acute onset leading to neurological deficit such as hemiplegia caused by intravascular events. Cerebral infarction following thrombosis and embolism accounts for a large number of cases whereas cerebral hemorrhage is the cause only in a few cases. Atherosclerotic thrombosis is of gradual onset and any permanent neurologic deficit is preceded by TIAs (Transient Ischaemic Attacks).

⁷ 2025 SCC OnLine Del 4225



TIAs result mostly from embolism of thrombus or platelet material from an extra cerebral artery (Internal carotid) and sometimes due to stenosis of a major artery, altering hemodynamics in the event of change of posture and exertion.

Mural thrombus from the heart in IHD and SBE and ulcerated plaques of atherosclerotic arteries are the principal source of embolism.

Among other causes, physical trauma (heat) and mechanical trauma and arteritis associated with infection like TB, connective tissue disorder (PAN, SLE) can give rise to stroke. Service in HAA can precipitate stroke by virtue of hypercoagulable state.

About half of the strokes caused by cerebral hemorrhage are due to subarachnoid hemorrhage from rupture of a berry aneurysm (Circle of Willis) and less commonly due to arteriovenous malformation. Remaining cases of hemorrhage in cerebral substance are due to rupture of small perforating arteries/arterioles weakened by hypertension or atheromatous degenerations.

The majority cases exhibit greater degree of hemiparesis, dysphasia (if dominant hemisphere is involved), hemianaesthesia and hemianopia. In some cases ataxia, cranial nerve palsy, nystagmus may be the presentation depending on the territory of brain involved.

It will be appropriate to award attributability if there is sufficient evidence of infection underlying the disease and physical and mechanical trauma related to service.

Aggravation can be conceded when atherosclerosis is the underlying cause and exceptional stress and strain of service is in evidence irrespective of his service in peace or field.

It nearly takes 6 months for complete recovery. However, cases showing no sign of improvement up to two years are unlikely to improve further and should be labelled as permanent.”



(viii) The RMB has certified the respondent as suffering from 70% disability on account of Primary Hypertension, Diabetes Mellitus Type II and CVA-Rt MCA Infarct, lifelong.

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

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

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

8. The parameters of *certiorari* jurisdiction are delineated in the following passages of ***Syed Yakoob v K.S. Radhakrishnan***⁸:

“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 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*

⁸ AIR 1964 SC 477



*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**⁹, **Nagandra Nath Bora v Commissioner of Hills Division and Appeals Assam**¹⁰ and **Kaushalya Devi v Bachittar Singh**¹¹).*

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 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*

⁹ (1954) 2 SCC 881

¹⁰ AIR 1958 SC 398

¹¹ AIR 1960 SC 1168



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)

9. 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.

10. 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*¹², 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

¹² 2025 SCC OnLine SC 895



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 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.”

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



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12. Compliance with the impugned judgement of the AFT, if not already ensured, be ensured within a period of 12 weeks from today.

C. HARI SHANKAR, J.

OM PRAKASH SHUKLA, J.

SEPTEMBER 22, 2025/AR