

COURT NO. 2
ARMED FORCES TRIBUNAL
PRINCIPAL BENCH: NEW DELHI

OA 146/2020 with MA 169/2020

Ex Naik Mahesh Chandra Singh

... Applicant

Versus

Union of India & Ors.

... Respondents

For Applicant : Mr. Praveen Kumar, Advocate
For Respondents : Mr. Arvind Patel, Advocate

CORAM :

HON'BLE MS. JUSTICE ANU MALHOTRA, MEMBER (J)
HON'BLE REAR ADMIRAL DHIREN VIG, MEMBER (A)

ORDER

MA 169/2020

This is an application filed under Section 22(2) of the Armed Forces Tribunal Act, 2007 seeking condonation of delay of **820** days in filing the present OA. In view of the verdicts of the Hon'ble Supreme Court in the matter of **UoI & Ors Vs. Tarsem Singh 2009(1)AISLJ 371** and in **Ex Sep Chain Singh Vs. Union of India & Ors (Civil Appeal No. 30073/2017)** and the reasons mentioned in the application, the MA 169/2020 is allowed despite opposition on behalf of the respondents and the delay of **820** days in filing the OA 146/2020 is thus condoned.

OA 146/2020

The applicant Ex Naik Mahesh Chandra Singh No. 4067705X

vide the present OA makes the following prayers:

“(a) Direct the respondents to consider the first disability of the applicant as attributable to or aggravated by military service as per the law laid down by Hon'ble Supreme Court. In case Dharamvir Singh Vs UOI & Ors (Civil Appeal NO 4949 of 2013) 2013 AIR SCW 4236

(b) Direct Respondents to grant Disability Pension @ 75% after rounding off the same from @ 60% as recommended by RMB for life to the applicant with effect from 01 Oct 2017 i.e. the date of discharged from service with interest @ 12% p.a. till final payment is made according to policy letter issued by Govt of India vide dated 31.01.2001 and judgment dated 10.12.2014 passed by Hon'ble Supreme Court of India in Bench of matter titled as Union of India & others Vs Ram Avtar in Civil Appeal 418/2012.

(c) Any other relief which the Hon'ble Tribunal may deem fit and proper in the fact and circumstances of the case.

2. The applicant was initially enrolled in the Garhwal Rifles of the Army on 22.08.1984 and discharged there from wef 31.08.2001 (AN) after rendering 17 years and 10 days qualifying service for which he was granted service pension for life vide PCDA (P) Allahabad PPO No. S/033294/2001. The applicant was discharged from the Indian Army in Category 'AYE'.

3. The applicant thereafter was enrolled in DSC on 30.03.2002 and did not opt to count his former service towards DSC service. On completion of his initial terms of engagement, he was granted extension of service from 30.03.2012 to 29.03.2017 and further from 30.03.2017 to 29.03.2022. In the meantime, the applicant was placed in permanent low medical category A2P2 (P) for the diagnosis '**CORONARY ARTERY DISEASE**' and '**FRACTURE DISTAL END OF RADIUS (LT) OPTD**', an unacceptable medical category for further retention in service. Accordingly the applicant was discharged from DSC service wef 30.09.2017 (AN) under the provisions of Rule 13 (3) Item III (i) of Army Rule 1954, after rendering 15 years and 06 days qualifying service for which he was granted second service pension for life vide PPO No. 194201802603.

4. The applicant being placed in permanent low medical category was brought before a duly constituted Release Medical Board which assessed his disability '**FRACTURE DISTAL END OF RADIUS (LT) OPTD**' as attributable to military service with 40% disability qualifying for disability pension. His disability pension claim was adjudicated and rejected by the Adjudicating Authority by considering the fact that the disease occurred whilst on leave, and was, not attributable to military service.

5. The onset of the disability is reflected in Part IV, the statement of the case as under:-

“

<i>Disability</i>	<i>Date of Origin</i>	<i>Rank of the individual</i>	<i>Place and Unit where serving of the time</i>
(i)CORONARY ARTERY DISEASE I-25	26 Dec 2014	LNK	598 'B' DSC PI att to Ord Fy Raipur Dehradun (UK)
(ii)FRACTURE DISTAL END OF RADIUS (LT) OPTD S-52.5	17 May 2015	LNK	598 'B' DSC PI att to Ord Fy Raipur Dehradun (UK)

”

The opinion of the medical board in Part V of the RMB proceedings dated 31.08.2017 is as under:-

“

<i>Disability</i>	<i>Attributable to service (Yes / No)</i>	<i>Aggravated by service (Yes / No)</i>	<i>Not connected with service (Yes / No)</i>	<i>Reason / Cause specific conditions and period of service</i>
(i)CORONARY ARTERY DISEASE I-25	NO	NO	YES	Onset of disease on 26 Nov 2014 while Indl was posted at Dehradun (UK) in Peace. Hence neither Attributable nor Aggravation to Military Service as per Spl Opinion that Indl being Reformed Smoker Ref Para 47, Chapter VI, GMO 2008
(ii)FRACTURE DISTAL END OF RADIUS (LT) OPTD S-52.5	YES	NO	NO	Onset of disease on 17 May 2015 while Indl was posted at Dehradun (UK) in peace. Attributable concede as per IAFY-2006 at 20.01.2017

”

The RMB whilst quantifying the disablement of the applicant at 60% for life nevertheless assessed the net assessment qualifying for disability pension as 40% as under:-

<i>Disability</i>	<i>Percentage of Disablement with duration</i>	<i>Composite assessment for all disabilities with duration (Max 100% duration)</i>	<i>Disability qualifying for disability pension with duration</i>	<i>Net assessment qualifying for disability pension (Max 100% with duration)</i>
(i) CORONARY ARTERY DISEASE I-25	30% (Thirty percent) for life	30 + 28 = 58% Rounded off to 60% (Sixty Percent) for life	NIL for life	40% (Forty Percent) for life
(ii) FRACTURE DISTAL END OF RADIUS (LT) OPTD S-52.5	40% (Forty Percent) for life		40% (Forty percent) for life	

6. The first appeal preferred by the applicant on 06.07.2019 for grant of disability pension was pending with the Appellate Committee on First Appeal (ACFA) with the applicant having not received any response from the respondents till the date of institution of the OA and had not been disposed of till the date of the counter affidavit dated 23.07.2020 is pending consideration since 06.01.2020, in the interest of justice and in terms of Section 21 (2) (b) of the AFT Act 2007, we consider it appropriate to take up the same for consideration.

CONTENTIONS OF THE PARTIES

7. The applicant submits that **on enrolment in the Defence Security Corps on 30.03.2002**, he underwent 08 weeks physical Training at Cannannore, Kerala and on completion of training he was posted to 247

DSC PL65, AFMSD, Delhi Cantt. The applicant submits that he was deployed on Guard duties on round the clock basis and used to stay at the guard post round the clock, and stayed at this place for around three years and was deployed on tough military duties during this stay at this unit. The applicant further submits that he worked in day and night shifts and always worked till nights from early morning.

8. Inter alia the applicant submits that due to the peculiar armed forces service conditions he had to stay away from his family and was forced to stay alone while on courses/trainings/exercises and non-family stations and hard areas and staying alone and away from social and family life added to stress and strain of services condition but he continued to serve the nation to the best of his ability with his integrity and patriotism being unquestionable.

9. The applicant submits that in the year 2005 he was posted to 576 DSC PL att to NSTL, Vishakhapatnam and whilst so was posted he participated in various exercises as routine defence exercises. He further submits that his life was unstable at this place due to various movements and operational activities to fulfill the service requirement and he stayed at this place for around 3 years.

10. The applicant further submits that he was posted thereafter to 547 DSC PL att to 49 Wing AF, Nalia Bhuj, Gujrat a modified field area and on completion of his tenure at Gujarat he was again posted to 428 DSC

PL att to NCVD C/o 56 APO, Udhampur (J&K) a modified field area. He further submits that he hardly got any time to take rest or sleep properly and adequately, and whilst posted at this place he was always under stress and strain of service and as a result of his stressful duties, he was found to be suffering (i) Coronary Artery Disease with its onset in Dec 2014 @ 30% for life at Dehradun and (ii) Fracture Distal End of Radius with its onset May 2015 @ 40% for life and composite assessment of both the disabilities is @ 60% for life.

11. Reliance was thus placed on behalf of the applicant on the verdicts of the Hon'ble Supreme Court in *Dharamvir Singh vs UOI & Ors* (Civil Appeal No. 4949/2013) 2013 AIR SCW 4236 decided on 02.07.2013 with specific observations in Para 28 thereof which reads to the effect:-

"28. A conjoint reading of various provisions, reproduced above, makes it clear that:

(i) Disability pension to be granted to an individual who is invalidated from service on account of a disability which is attributable to or aggravated by military service in non-battle casualty and is assessed at 20% or over. The question whether a disability is attributable or aggravated by military service to be determined under "Entitlement Rules for Casualty Pensionary Awards, 1982" of Appendix-II (Regulation 173).

(ii) A member is to be presumed in sound physical and mental condition upon entering service if there is no note or record at the time of entrance. In the event of his subsequently being discharged from service on medical grounds any deterioration in his health is to

be presumed due to service. [Rule 5 r/w Rule 14(b)].

(iii) Onus of proof is not on the claimant (employee), the corollary is that onus of proof that the condition for non-entitlement is with the employer. A claimant has a right to

derive benefit of any reasonable doubt and is entitled for pensionary benefit more liberally. (Rule 9).

(iv) If a disease is accepted to have been as having arisen in service, it must also be established that the conditions of military service determined or contributed to the onset of the disease and that the conditions were due to the circumstances of duty in military service. [Rule 14(c)].

(v) If no note of any disability or disease was made at the time of individual's acceptance for military service, a disease which has led to an individual's discharge or death will be deemed to have arisen in

service. [14(b)].

(vi) If medical opinion holds that the disease could not have been detected on medical examination prior to the acceptance for service and that disease will not be deemed to have arisen during service, the Medical Board is required to state the reasons. [14(b)]; and

(vii) It is mandatory for the Medical Board to follow the guidelines laid down in Chapter-II of the "Guide to Medical (Military Pension), 2002 – "Entitlement : General Principles", including paragraph 7,8 and 9 as referred to above."

12. Reliance was also placed on behalf of the applicant on the verdict of the Hon'ble Supreme Court in *Deokinandan Prasad vs State of Bihar AIR 1971 SC Page 1409* wherein the Hon'ble Supreme Court held "*that pension is not a bounty payable on the sweet will and pleasure of the Government and that on the other hand, the right to pension is a valuable Right vesting with a Government servant*".

13. Reliance was also placed on behalf of the applicant on the order of this Tribunal in TA no. 48/2009 titled as *Nakhat Bharti vs UOI & Ors* wherein it was observed "*that the medical authority has to state that the disease was present at the time of enrolment and could not have been detected on medical examination prior to acceptance for service, the*

authorities has to record the reason why the disease which was present at the time of acceptance of service could not be detected. If such cogent reason does not find in the finding of Medical Board then presumption has to be drawn that disease seems to have arisen during the course of service”.

14. Inter alia the applicant prayed that the disabilities of the applicant assessed at 60% for life be rounded off to 75% for life in terms of the verdict of the Hon'ble Supreme Court in *UoI vs Ram Avtar* (Civil Appeal no. 418/2012) dated 10.12.2014.

15. The respondents through their counter affidavit submitted on their behalf placed reliance on Rule 53 of the Pension Regulations for the Army 2008 (Part-1) which is to the effect:-

“an individual released/retired/ discharged on completion of terms of engagement or on completion of service limits or on attaining the prescribed age (irrespective to his period of engagement), if found suffering from a disability attributable to or aggravated by military service and so recorded by Release Medical Board, may be granted disability element in addition to service pension or service gratuity from the date of retirement/discharge, if the accepted degree of disability is assessed at 20% or more”.

and reiterated that in the instant case, the disabilities of the applicant has been assessed as being neither attributable to nor aggravated (NANA) by military service by the Adjudicating Authority and thus the applicant is not entitled for the grant of disability element of disability pension in terms of the ibid policy. Inter alia, the respondents submit that the

disability of the applicant of 'FRACTURE DISTAL END OF RADIUS (LT) OPTD' was caused while the applicant was on leave. Hence, the Adjudicating Authority has conceded the disability as not attributable to military service. The other disability of the applicant 'CORONARY ARTERY DISEASE' has been assessed by the duly constituted Release Medical Board as neither attributable to nor aggravated by military service.

16. The respondents further submit that since the applicant is not entitled for the grant of disability element, the question of granting rounding off of disability element does not arise. During the course of submissions made on 11.09.2023, on behalf of the applicant it was submitted that the prayer made through the present OA for the grant of the disability element of pension for the disability of FRACTURE DISTAL END OF RADIUS (LT) OPTD' was not pressed.

ANALYSIS

17. A consideration of the entire available records and rival submissions made on behalf of either side brings forth that the disability of the applicant of '**CORONARY ARTERY DISEASE**' had its onset on 26.12.2014, when the applicant was posted in his 6th posting at 598 'B' DSC PL att to Ord Fy Raipur Dehradun (UK)

18. The posting profile of the applicant is reflected in Part I of the personal statement of the applicant in the RMB is as under:-

<i>S. no.</i>	<i>From</i>	<i>To</i>	<i>Unit / Ship</i>	<i>Place</i>	<i>P/F</i>
(a)	30/03/2002	03/06/2002	DSC Centre Cannanore	Kannur	Peace
(b)	04/06/2002	19/06/2005	247 DSC PI65, AFMSD, Delhi Cantt	Delhi	Peace
(c)	20/06/2005	06/07/2008	576 DSC PI att to NSTL Vishakhap, anam	Vishakapatnam	Peace
(d)	07/07/2008	18/07/2010	547 DSC P;I att to 49 Wing AF Nalia Bhuj (Gujrat)	Gujrat	Md Fd
(e)	19/07/2010	05/05/2013	428 DSC PI att to NCVD C/O 56 APO Udhampur (J&K)	J&K	Md Fd
(f)	06/05/2013	19/06/2016	598 'B' DSC PI att to Ord Fy Raipur Dehradun (UK)	Dehradun	Peace
(g)	20/06/2016	TILL DATE	374 DSC PI att to 24 FAD Lalgarh Jattan Sir Ganganagar (Raj)	Rajasthan	Md Fd

19. The respondents also submit that the onset of the disability was in a peace area and thus there was nothing to indicate that it was caused due to any stressful activity of the applicant and that there was no causal connection with military service with the disability.

20. Para 47, Chapter VI of the Guide to Medical Officers (Military Pensions), 2008, is as under:-

"47. Ischaemic Heart Disease (IHD).

IHD is a spectrum of clinical disorders which includes asymptomatic IHD, chronic stable angina, unstable angina, acute myocardial infarction and sudden cardiac death

(SCD) occurring as a result of the process of atherosclerosis. Plaque fissuring and rupture is followed by deposition of thrombus on the atheromatous plaque and a variable degree of occlusion of the coronary artery. A total occlusion results in myocardial infarction in the territory of the artery occluded.

Prolonged stress and strain hastens atherosclerosis by triggering of neurohormonal mechanism and autonomic storms. It is now well established that autonomic nervous system disturbances precipitated by emotions, stress and strain, through the agency of catecholamines affect the lipid response, blood pressure, increased platelet aggregation, heart rate and produce ECG abnormality and arrhythmias.

The service in field and high altitude areas apart from physical hardship imposes considerable mental stress of solitude and separation from family leaving the individual tense and anxious as quite often separation entails running of separate establishment, financial crisis, disturbance of child education and lack of security for family. Apart from this, compulsory group living restricts his freedom of activity. These factors jointly and severally can become a chronic source of mental stress and strain precipitating an attack of IHD. IHD arising in while serving in Field area/HAA/CI Ops area or during OPS in an indl who was previously in SHAPE-I will be considered as attributable to mil service.

Entitlement in Ischemic heart disease will be decided as follows:-

(a) *Attributability will be conceded where: A myocardial infarction arises during service in close time relationship to a service compulsion involving severe trauma or exceptional mental, emotional or physical strain, provided that the interval between the incident and the development of symptoms is approximately 24 to 48 hours. IHD arising in while serving in Field area/HAA/CI Ops area or during OPS in an indl who was previously in SHAPE-I will be considered as attributable to mil service. Attributability will also be conceded when the underlying disease is either embolus or thrombus arising out of trauma in case of boxers and surgery, infectious diseases. E.g. Infective endocarditis, exposure to HAA, extreme heat.*

(b) *Aggravation will be conceded in cases in which there is evidence of:-*

IHD occurring in a setting of hypertension, diabetes and vasculitis, entitlement can be judged on its own merits and only aggravation will be conceded in these cases. Also aggravation may be conceded in persons having been diagnosed as IHD are required to perform duties in high altitude areas, field areas, counter insurgency areas, ships and submarines due to service compulsions.

There would be cases where neither immediate nor prolonged exceptional stress and strain of service is evident. In such cases the disease may be assumed to be the result of biological factors, heredity and way of life such as indulging in risk factors e.g. smoking. Neither attributability nor aggravation can be conceded in such cases."

21. As per Para 47, Chapter VI of the Guide to Medical Officers (Military Pensions), 2008, it has been provided specifically that the service in field and high altitude areas apart from physical hardship imposes considerable mental stress of solitude and separation from family leaving the individual tense and anxious as quite often separation entails running of separate establishment, financial crisis, disturbance of child education and lack of security for family. It is also stipulated therein that apart from this, compulsory group living restricts the freedom of activity and that these factors jointly and severally can become a chronic source of mental stress and strain precipitating an attack of IHD and that IHD arising while serving in Field area/HAA/CI Ops area or during OPS in an individual who was previously in SHAPE-I will be considered as attributable to military service.

22. Undoubtedly, the disability of the applicant had its onset on 26.12.2014 in a peace area in relation thereto however it is essential to

observe that Para 423 of the Regulations for the Medical Services of the Armed Forces 2010 which has not been obliterated.

23. Para 423(a) of the Regulations for the Medical Services of the Armed Forces 2010 which relates to 'Attributability to Service' provides as under:-

"423.(a). For the purpose of determining whether the cause of a disability or death resulting from disease is or not attributable to Service. It is immaterial whether the cause giving rise to the disability or death occurred in an area declared to be a Field Area/Active Service area or under normal peace conditions. It is however, essential to establish whether the disability or death bore a causal connection with the service conditions. All evidences both direct and circumstantial will be taken into account and benefit of reasonable doubt, if any, will be given to the individual. The evidence to be accepted as reasonable doubt for the purpose of these instructions should be of a degree of cogency, which though not reaching certainty, nevertheless carries a high degree of probability. In this connection, it will be remembered that proof beyond reasonable doubt does not mean proof beyond a shadow of doubt. If the evidence is so strong against an individual as to leave only a remote possibility in his/her favor, which can be dismissed with the sentence "of course it is possible but not in the least probable" the case is proved beyond reasonable doubt. If on the other hand, the evidence be so evenly balanced as to render impracticable a determinate conclusion one way or the other, then the case would be one in which the benefit of the doubt could be given more liberally to the individual, in case occurring in Field Service/Active Service areas.

24. Furthermore, the 'Entitlement Rules for Casualty Pensionary Awards to the Armed Forces Personnel 2008, which take effect from 01.01.2008 vide Paras 6, 7, 10, 11 thereof provide as under:-

"6. Causal connection:

For award of disability pension/special family pension, a causal connection between disability or death and military service has to be established by appropriate authorities.

7. *Onus of proof.*

Ordinarily the claimant will not be called upon to prove the condition of entitlement. However, where the claim is preferred after 15 years of discharge/retirement/invalidment/release by which time the service documents of the claimant are destroyed after the prescribed retention period, the onus to prove the entitlement would lie on the claimant.

10. *Attributability:*

(a) *Injuries:*

In respect of accidents or injuries, the following rules shall be observed:

(i) *Injuries sustained when the individual is 'on duty', as defined, shall be treated as attributable to military service, (provided a nexus between injury and military service is established).*

(ii) *In cases of self-inflicted injuries while *on duty', attributability shall not be conceded unless it is established that service factors were responsible for such action.*

(b) *Disease:*

(i) *For acceptance of a disease as attributable to military service, the following two conditions must be satisfied simultaneously:-*

- (a) *that the disease has arisen during the period of military service, and*
- (b) *that the disease has been caused by the conditions of employment in military service.*

(ii) *Disease due to infection arising in service other than that transmitted through sexual contact shall merit an entitlement of attributability and where the disease may have been contacted prior to enrolment or during leave, the incubation period of the disease will be taken into consideration on the basis of clinical course as determined by the competent medical authority.*

(iii) *If nothing at all is known about the cause of disease and the presumption of the entitlement in favour of the claimant is not rebutted, attributability 'should be conceded on the basis of the clinical picture and current scientific medical application.*

(iv) *When the diagnosis and/or treatment of a disease was faulty, unsatisfactory or delayed due to exigencies of service, disability caused due to any adverse effects arising as a complication shall be conceded as attributable.*

11. Aggravation:

A disability shall be conceded aggravated by service if its onset is hastened or the subsequent course is worsened by specific conditions of military service, such as posted in places of extreme climatic conditions, environmental factors related to service conditions e.g. Fields, Operations, High. Altitudes etc."

(emphasis supplied),__

Thus, the ratio of the verdicts in *Dharamvir Singh Vs. Union Of India &Ors* (Civil Appeal No. 4949/2013); (2013 7 SCC 316, *Sukhvinder Singh Vs. Union Of India &Ors*, dated 25.06.2014 reported in 2014 STPL (Web) 468 SC, *UOI &Ors. Vs. Rajbir Singh* (2015) 12 SCC 264 and *UOI & Ors. Vs. Manjeet Singh* dated 12.05.2015, Civil Appeal no. 4357-4358 of 2015, as laid down by the Hon'ble Supreme Court are the fulcrum of these rules as well.

25. The Hon'ble Supreme Court in *Dharamvir Singh* (supra) vide para 33 has categorically made reference to Para 423 of the Regulations for the Medical Services of the Armed Forces 2010 to bring forth that the arising of the disability in a peace area or a field area is by itself irrelevant to assess the aspect of attributability of the disability due to military service.

"33. As per Rule 423(a) of General Rules for the purpose of determining a question whether the cause of a disability or death resulting from disease is or is not attributable to service, it is immaterial whether the cause giving rise to the

disability or death occurred in an area declared to be a field service/active service area or under normal peace conditions. "Classification of diseases" have been prescribed at Chapter IV of Annexure I; under paragraph 4 post traumatic epilepsy and other mental changes resulting from head injuries have been shown as one of the diseases affected by training, marching, prolonged standing etc. Therefore, the presumption would be that the disability of the appellant bore a casual connection with the service conditions."

26. Furthermore, in terms of Para 8 (a) of the Entitlement Rules for Casualty Pensionary Awards to Armed Forces Personnel, 2008, it is stipulated to the effect:-

"8(a) Cases in which a disease was not present at the time of the member's retirement/discharge from service but arose within 7 years thereafter, may be recognized as attributable to service if it can be established by the competent medical authority that the disability is a delayed manifestation of a pathological process set in motion by service conditions obtaining prior to discharge."

27. As has been observed by us in OA 1204/2019 pronounced on 30.05.2023 in the case of *Ex Hav (ACP-1) Satnarain Singh vs UOI & Ors*, there appears no reasons to place personnel of the armed forces who have retired/have been discharged and in service on a different footing for analyzing the aspect of the arising of the disability within a period of 7 years as a delayed manifestation of a pathological process set in motion by service conditions obtaining prior to discharge to thus recognize the disability as being attributable to service.

28. Para 10(b)(iii) of the Entitlement Rules for Casualty Pensionary Awards to the Armed Forces Personnel 2008 which take effect from 01.01.2008 reads to the effect:-

"10. (b)(iii) If nothing at all is known about the cause of disease and the presumption of the entitlement in favour of the claimant is not rebutted, attributability 'should be conceded on the basis of the clinical picture and current scientific medical application.'",

29. The aspect of the cumulative stress and strain of the service of the applicant from 30.03.2002 till the time of onset of the disability in December 2014 has been totally ignored and the same cannot be overlooked. The disability of CAD I-25 that the applicant suffers from has to be held to be attributable to service and aggravated thereby.

CONCLUSION


30. In the circumstances, the **OA 146/2020** is partially allowed and the applicant is thus held entitled to the grant of the disability element of pension qua the disability of the applicant i.e. **CORONARY ARTERY DISEASE I-25** assessed at 30% for life, which is directed to be broad banded to 50% for life in terms of the verdict of the Hon'ble Supreme Court in *UoI vs Ram Avtar* (Civil Appeal no. 418/2012) dated 10.12.2014 with effect from the date of his discharge and the respondents are directed to issue the corrigendum PPO with directions to the respondents to pay the arrears within a period of three months from the date of receipt of a copy of this order, *failing which*, the respondents

would be liable to pay interest @ 6% p.a. on the arrears due from the date of this order.

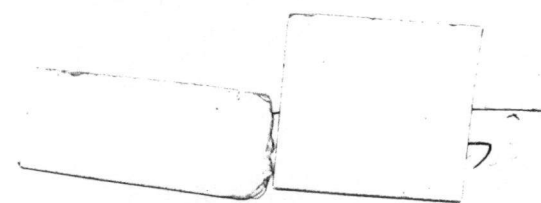
31. No order as to costs.

Pronounced in the Open Court on the 18 day of November

2023.



[REAR ADMIRAL DHIREN VIG]
MEMBER (A)



[JUSTICE ANU MALHOTRA]
MEMBER (J)

/AP/