

COURT NO. 1
ARMED FORCES TRIBUNAL
PRINCIPAL BENCH, NEW DELHI

OA No. 1188/2019

Brig. Jainarayan Singh Bisht (Retd.) Applicant

Versus

Union of India & Others Respondents

For Applicant : Mr. Indra Sen Singh/Mr. Abhishek Singh, Advocates

For Respondents : Mr. Karan Singh Bhati, Sr. CGSC

CORAM:

HON'BLE MR. JUSTICE RAJENDRA MENON, CHAIRPERSON
HON'BLE REAR ADMIRAL DHIREN VIG, MEMBER (A)

ORDER

1. Invoking the jurisdiction of this Tribunal under Section 14 of the Armed Forces Tribunal Act, 2007 (hereinafter referred to as 'AFT Act'), the applicant has filed this OA and the reliefs claimed in Para 8 are read as under: -

"(a) Direct the Respondents to treat the Applicant's Second and Fourth Disabilities i.e. (ii) 'PRIMARY HYPERTENSION- assessed @30% for life', and (iv) ACUTE GOUT- assessed @ 11-14% for life (which have already been assessed by the Release Medical Board as aggravated by military service) as attributable to, or at least aggravated by, the Applicant's military service;



(b) Direct the Respondents to treat the Composite disability of the Applicant's four disabilities, i.e.ID-i) PIVD L3/L4, L4/L5, ID-(ii) PRIMARY HYPERTENSION-, ID-(iii) CERVICAL SPONDYLOSIS, and ID-(iv) ACUTE GOUT- at @70% for life as has already been assessed by the Release Medical Board (RMB);

(c) Direct the Respondents to grant and pay disability pension to the Applicant at the rate of @75% for life, instead of just @40% (rounded off to 50%) at which rate he is being currently paid, w.e.f. the date of his retirement i.e., 01.07.2016 by giving him the benefit of extant Govt Policy of 'Rounding-off/Broad-banding'.

(d) Direct the Respondents to pay interest to the Applicant at the rate of 10% per annum the arrears of disability pension after computing the same at the rate of @75% w.e.f. 01.07.2016; and

(e) Issue any other orders) and directions) as deemed appropriate by this Hon'ble Tribunal under the facts and circumstances of this case."

BRIEF FACTS

2. The applicant was commissioned in the Indian Army on 12.03.1983 and retired from service on 30.06.2016 (A/N) on reaching the age of superannuation. The applicant had served a total of 33 years and 18 days of active service.

3. The RMB at the time of release vide AFMSF-16 was conducted on 15.02.2016 which assessed the following disabilities; i) PIVD, ii) Primary

Hypertension, iii) Cervical Spondylosis and, iv) Acute Gout. The disabilities assessed at the time of release of the applicant have been recommended as non-attributed to and aggravated by the military service. The onset of the disabilities; i) PIVD, ii) Primary Hypertension, iii) Cervical Spondylosis and, iv) Acute Gout was in March 2014, September 2014, February 2015 and June 2015 respectively and the composite disability assessed at @ 70% for life.

4. The applicant is already in receipt of disability element of pension since the date of his retirement i.e., 01.07.2016, for the disabilities of ID PIVD and ID Cervical Spondylosis, both compositely assessed at @40%. The competent authority denied the disability element of pension for the disability of Primary Hypertension and Acute Gout both assessed at @ 30% and at @ 11-14% respectively.

5. The initial claim of the applicant for grant of the disability element of pension for the disabilities ID Primary Hypertension and ID Acute Gout was rejected by the respondents vide its letter dated 18.08.2016 stating that the said disabilities do not fulfill the eligibility conditions as per existing rules and provision.

6. The applicant preferred first appeal vide letter dated 14.12.2016 which was rejected on 05.07.2017 by the respondents. The applicant thereafter preferred second appeal vide letter dated 20.12.2017 and the same was rejected

by the respondents on 27.09.2018 stating that IDs Primary Hypertension and Acute Gout have not been considered as attributable to or aggravated by the military service.

7. Aggrieved by the decision of the respondents, the applicant has filed the instant OA. In the interest of justice, in accordance with Section 21(1) of the AFT Act, we take up the present OA.

CONTENTIONS OF THE PARTIES

8. The learned counsel for the applicant stated that the Applicant was commissioned as an Infantry Officer in the Indian Army on 12.03.1983 after rigorous training at the Officers Training Academy (OTA), where he was thoroughly medically examined and found fit, with no disabilities recorded at the time of his entry.

9. The learned counsel for the applicant stated that during his nearly 33 years of service, the applicant engaged in various counter-insurgency operations and served in super high-altitude areas, which adversely impacted his health, resulting in multiple disabilities due to the strenuous nature of military service.

10. The learned counsel for the applicant stated that prior to retirement, the applicant underwent a Release Medical Board (RMB) on 15.02.2016, which

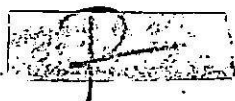


identified four disabilities: (i) PIVD L3/L4, L4/L5 (30% for life), (ii) Primary Hypertension (30% for life), (iii) Cervical Spondylosis (30% for life), and (iv) Acute Gout (11-14% for life), with the board concluding that all were aggravated by military service and assessing a composite disability of 70% for life.

11. The learned counsel for the applicant stated that an order dated 18.08.2016 from the Additional Directorate General Personnel Service (ADG PS) rejected the RMB's findings regarding Primary Hypertension and Acute Gout, labelling them as neither attributable to nor aggravated by military service, resulting in a disability pension grant of only 40% for the other two disabilities.

12. The learned counsel for the applicant stated that the Applicant's appeals against the rejection of disability pensions for Primary Hypertension and Acute Gout were denied, with the final appeal dismissed on 27.09.2018, based on the argument that the onset occurred during a modified field posting, despite precedents such as *Dharamvir Singh v. Union of India (2013) 7 SCC 316* and *UOI & Ors v. Rajbir Singh (Civil Appeal No. 2904 of 2011)* establishing that disabilities can arise from both field and modified service conditions.

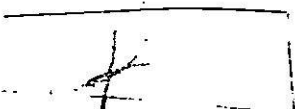
13. The learned counsel for the applicant stated that the applicant had prolonged stress of military duties which contributed towards his disabilities.



The learned counsel for the applicant placed reliance on *Air Cmdr MDN Prasad v. UOI & Ors.* and *Ex. JWO Mukhtyar Singh v. UOI & Ors.*, thereby seeking an award of disability pension at @ 75% and requesting rounding off benefits per applicable regulations.

14. *Per contra*, the learned counsel for the respondents submitted that the disability pension claim of the officer had been adjudicated by AG/PS-4, which recognized the disabilities of PIVD and Cervical Spondylosis as aggravated by military service with a degree of disablement of 30% and 20%, respectively, resulting in a composite degree of disablement of 40% for life. However, the disabilities; Primary Hypertension and Acute Gout were conceded as 'Neither Attributable to nor Aggravated by Military Service,' as stated in AG's Branch letter No. 52334/C-45125/Brig/MP-6(A)/37/2016/AG/PS-4(Imp-1) dated 18 August 2016.

15. The learned counsel for the respondents submitted that the applicant had filed a first appeal on 14 December 2016 against the rejection of his disability claim, which was subsequently adjudicated and rejected by the Appellate Committee on First Appeals. The rejection was based on the determination that Primary Hypertension (ID) was an idiopathic disorder with a strong genetic predisposition and not attributable to military service, as the onset occurred at a modified field station.



16. The learned counsel for the respondents further submitted that Acute Gout (ID) had been found to be aggravated by service conditions such as starvation and irregular meals. However, since the applicant had been residing in a government medical facility since March 2014, the counsel argued that dietary factors due to military service could not have influenced the onset or progression of his condition.

17. The learned counsel for the respondents submitted that the applicant had subsequently preferred a second appeal on 20 December 2017, which was also adjudicated and rejected by the competent authority. The authority concluded that both Primary Hypertension and Acute Gout were neither attributable to nor aggravated by military service, as the onset of these conditions occurred in a modified field environment, with no evidence supporting a direct connection to the applicant's military duties.

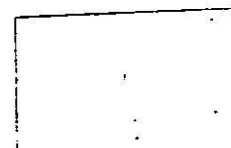
ANALYSIS

18. We have heard the learned counsel for the parties at length and have perused the records produced before us. We find that the disabilities suffered by the applicant have composite assessment at @ 70% for life. The applicant is already in receipt of disability element of pension at @ 50% for two disabilities i.e., PIVD and Cervical Spondylosis. The issues which need to be considered here are two folds, i.e.;

- a) Whether the applicant would be entitled for the disability element of disability pension for the other two disabilities as well i.e., Primary Hypertension and Acute Gout?
- b) If yes, whether the applicant would be entitled for the benefit of rounding off of the disability element of disability pension?

19. It is an undisputed fact that at the time of commissioning in the Indian Army on 12.03.1983, the applicant was found medically and physically fit and the onset of the disabilities for which the disability pension has been denied, "Primary Hypertension" and "Acute Gout" was in September 2014 and June 2015 onwards respectively, i.e., after rendering around 32 years and more of the military.

20. The law on the issue of attributability of a disability is already settled by the Hon'ble Supreme Court in the case of *Dharamvir Singh Vs. Union of India (upra)*, which has been followed in subsequent decisions of the Hon'ble Supreme Court and in a catena of orders of this Tribunal, wherein the Apex Court had considered the question with regard to grant of disability pension and after taking note of the provisions of the Pension Regulations, Entitlement Rules and the General Rules of Guidance to Medical Officers and Para 423 of the Regulations for the Medical Services of the Armed Forces, it was held by the Hon'ble Supreme Court that an Army personnel shall be presumed to have



been in sound physical and mental condition upon entering service except as to physical disabilities noted or recorded at the time of entrance and in the event of his being discharged from service on medical grounds, any deterioration in his health, which may have taken place, shall be presumed due to service conditions. The Apex Court further held that the onus of proof shall be on the respondents to prove that the disease from which the incumbent is suffering is neither attributable to nor aggravated by military service. The guidelines laid down vide the verdict in Dharamavir Singh (supra) are as under: -

"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."*

21. The Hon'ble Supreme Court in the case of *Union of India & Ors. Vs. Rajbir Singh [Civil Appeal Nos. 2904 of 2011]* decided on 13.02.2015, after

considering the case in Dharamvir Singh (supra) upheld the decision of this Tribunal granting disability pension and observed as under:

"15.Last but not the least is the fact that the provision for payment of disability pension is a beneficial provision which ought to be interpreted liberally so as to benefit those who have been sent home with a disability at times even before they completed their tenure in the armed forces. There may indeed be cases, where the disease was wholly unrelated to military service, but, in order that denial of disability pension can be justified on that ground, it must be affirmatively proved that the disease had nothing to do with such service....."

22. The 'Entitlement Rules for Casualty Pensionary Awards to the Armed Forces Personnel 2008', which take effect from 01.01.2008 provide vide Paras 6,7,10 and 11 thereof 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.

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 contracted prior to enrolment or during leave, the incubation period of the disease will be taken into consideration on the basis of clinical courses 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 Altitude etc.”

Thus, the ratio of the verdicts in *Dharamvir Singh Vs. Union of India & Ors. [(2013) 7 SCC 316]* and *Union of India Vs. Rajbir Singh [(2015) 12 SCC 264]*, as laid down by the Hon'ble Supreme Court are the fulcrum of these rules as well.

23. Furthermore, Regulation 423 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 evidence 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.

(b). Decision regarding attributability of a disability or death resulting from wound or injury will be taken by the authority next to the Commanding officer which in no case shall be lower than a Brigadier/Sub Area Commander or equivalent. In case of injuries which were self-inflicted or due to an individual's own serious negligence or misconduct, the Board will also comment how far the disablement resulted from self-infliction, negligence or misconduct.

(c). *The cause of a disability or death resulting from a disease will be regarded as attributable to Service when it is established that the disease arose during Service and the conditions and circumstances of duty in the Armed Forces determined and contributed to the onset of the disease. Cases, in which it is established that Service conditions did not determine or contribute to the onset of the disease but influenced the subsequent course of the disease, will be regarded as aggravated by the service. A disease which has led to an individual's discharge or death will ordinarily be deemed to have arisen in Service if no note of it was made at the time of the individual's acceptance for Service in the Armed Forces. However, if medical opinion holds, for reasons to be stated that the disease could not have been detected on medical examination prior to acceptance for service, the disease will not be deemed to have arisen during service.*

(d). *The question, whether a disability or death resulting from disease is attributable to or aggravated by service or not, will be decided as regards its medical aspects by a Medical Board or by the medical officer who signs the Death Certificate. The Medical Board/Medical Officer will specify reasons for their/his opinion. The opinion of the Medical Board/Medical Officer, in so far as it relates to the actual causes of the disability or death and the circumstances in which it originated will be regarded as final. The question whether the cause and the attendant circumstances can be accepted as attributable to/aggravated by service for the purpose of pensionary benefits will, however, be decided by the pension sanctioning authority.*

(e). *To assist the medical officer who signs the Death certificate or the Medical Board in the case of an invalid, the CO unit will furnish a report on:*

- (i) *AFMSF – 16 (Version – 2002) in all cases*
(ii) *LAFY – 2006 in all cases of injuries.*

(f). In cases where award of disability pension or reassessment of disabilities is concerned, a Medical Board is always necessary and the certificate of a single medical officer will not be accepted except in case of stations where it is not possible or feasible to assemble a regular Medical Board for such purposes. The certificate of a single medical officer in the latter case will be furnished on a Medical Board form and countersigned by the Col (Med) Div/MG (Med) Area/Corps/Comd (Army) and equivalent in Navy and Air Force.”

(Emphasis supplied)

24. Upon perusal of the RMB, it is found that the RMB has denied the attributability to the applicant for the disabilities of Primary Hypertension and Acute Gout, however the same are held as aggravated by the military service. While denying the attributability, the RMB has held that the onset of the disabilities in question i.e., Primary Hypertension and Acute Gout was in modified field area and hence, the same cannot be held to be attributable to the military service.

25. Qua the aspect of attributability or otherwise of the disability of **Primary Hypertension**, it is essential to advert to Para 43 of Chapter VI of the GMO (Mil. Pension), 2008, which reads as under:

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Brig. Jainarayan Singh Bisht (Retd.)



“43. Hypertension. The first consideration should be to determine whether the hypertension is primary or secondary. If secondary, entitlement considerations should be directed to the underlying disease process (e.g., Nephritis), and it is unnecessary to notify hypertension separately. As in the case of atherosclerosis, entitlement of attributability is never appropriate, but where disablement for essential hypertension appears to have arisen or become worse in service, the question whether service compulsions have caused aggravation must be considered. However, in certain cases the disease has been reported after long and frequent spells of service in field/HAA/active operational area. Such cases can be explained by variable response exhibited by different individuals to stressful situations. Primary hypertension will be considered aggravated if it occurs while serving in Field areas, HAA, CIOPS areas or prolonged afloat service”.

the consistent view taken by this Tribunal based on the law laid down by the Hon'ble Supreme Court, in the case of *Dharamvir Singh versus Union of India and others (Supra)* is that the disability of primary hypertension may arise even in a peace area due to stress and strain of service. Upon perusal of the RMB proceedings dated 15.02.2016 of the applicant, it is brought forth that the onset of the disability of Primary Hypertension occurred in September 2014, i.e., after around 31 years of military service. The RMB also specifies that the disability has been aggravated by the military service because of the length of the service during which the applicant was posted to various field areas/high altitude areas. The stress and strain of service conditions cannot be overlooked



and merely denying the attributability on the basis that the onset was in modified field area is not justified, hence the disability of Primary Hypertension of the applicant has to be held as attributable to the military service.

26. Qua the aspect of attributability or otherwise of the disability Acute Gout, since the disability has been assessed at @ 11-14%, it does not meet the twin conditions of Regulation 37(a) of Pension Regulations for the Army, 2008 (Part-1) and hence is not admissible. As regards the disability of Acute Gout assessed at less than 20%, i.e., 11-14%, the Hon'ble Supreme Court in its judgment in *Union of India & Ors. Vs. Wing Commander S.P. Rathore [Civil Appeal No. 10870/2018]* decided on 11.12.2019, has held that the disability element is not admissible if the disability is less than 20%, and that the question of rounding-off would not apply if the disability is less than 20%. If a person is not entitled to the disability pension, there would be no question of rounding off. Relevant paras of the said judgment read as under: -

"1. The short question involved in this appeal filed by the Union of India is whether disability pension is at all payable in case of an Air Force Officer who superannuated from service in the natural course and whose disability is less than 20%.

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8. *This Court in Ram Autar (supra), while approving the judgment of the Armed Forces Tribunal only held that the*

principle of rounding off as envisaged in Para 7.2 referred to herein above would be applicable even to those who superannuated under Para 8.2. The Court did not deal with the issue of entitlement to disability pension under the Regulations of Para 8.2.

9. *As pointed out above, both Regulation 37(a) and Para 8.2 clearly provide that the disability element is not admissible if the disability is less than 20%. In that view of the matter, the question of rounding off would not apply if the disability is less than 20%. If a person is not entitled to the disability pension, there would be no question of rounding off.*

10. *The Armed Forces Tribunal (AFT, in our opinion, put the cart before the horse. It applied the principles of rounding off without determining whether the petitioner/ applicant before it would be entitled to disability pension at all.*

11. *In view of the provisions referred to above, we are clearly of the view that the original petitioner/applicant before the AFT is not entitled to disability pension. Therefore, the question of applying the provisions of Para 7.2 would not arise in his case. In this view of the matter, we set aside the order of the AFT and consequently, the original application filed by the Respondent before the AFT shall stand dismissed.*

The appeal is allowed accordingly."

Hence, the claim for the disability of Acute Gout of the applicant is inadmissible.



27. In view of the aforesaid considerations and parameters, the applicant's claim for entitlement of the disability element for the disability of Primary Hypertension only is allowed. Since the applicant is already in receipt of disability element of pension for IDs PIVD and Cervical Spondylosis @ 50% for life, we hold that the applicant is further entitled to the grant of the disability element of disability pension qua Primary Hypertension only which is assessed @ 30% for life.

28. The office of DGAFMS, MoD issued letter no. *16036/RMB/IMB/DGAFMS/MA(pens) dated 14.12.2009* to bring out the correct method of computing composite disabilities in case when there are two or more disabilities due to service. The relevant extract of the above letter is reproduced as under: -

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2. As per the present laid down policy whenever there are two or more disabilities due to service, the compensation will be based on the composite assessment of the degree of disablement. When separate disabilities have entirely different functional effects, the composite assessment is taken as the arithmetical sum of their separate assessments. But where the functional effects of the disabilities overlap, the composite assessment will be reduced in proportion to the degree of overlapping.

3. It has been observed by this office during perusal of RMB/MB proceedings conducted at various hospitals of the armed forces, that on several instances the members of the armed forces having two or more disabilities having similar assessment for individual disabilities have been given a

composite assessment which have a wide variance between different Medical Boards thus defying fairness and uniformity. Particularly those cases pertaining to the former policy as mentioned in Para 2 above, where the separate disabilities having different functional effects and the composite assessment is taken as the arithmetic sum of their separate assessments it has been found that members have been over assessed by the medical boards which is not commensurate with the overall functional ability of the individual.

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29. Therefore, the composite assessment of the percentage of disablement for the disabilities PIVD, Cervical Spondylosis and Primary Hypertension is being recalculated as per the aforesaid letter dated 14.12.2009 which is as follows:

Disability	Assessment	Net Assessment
PIVD	30%	30%
Cervical Spondylosis	20%	14%
Primary Hypertension	30%	15%
<p><u>Calculation:</u> Disability 1 – PIVD = 30% Disability 2 – Cervical Spondylosis $(100-30) = 70 \times 20 / 100 = 14\%$ Disability 3 – Primary Hypertension - $100 - (30+14) = 56 \times 30 / 100 = 16.8 = 17\%$ Composite Assessment = $30 + 14 + 17 = 61\%$ The rounding off of the composite assessment of 61% will be 75%.</p>		

CONCLUSION

30. The OA 1188/2019 is thus partially allowed. The applicant is entitled to disability element of pension with regard to the three disabilities as

mentioned above, compositely assessed as @ 61% for life from the date of discharge which, in terms of the verdict of the Hon'ble Supreme Court of India in *UOI & Ors. Vs. Ramavtar Civil Appeal 418/2012 dated 10.12.2014*, is directed to be broad banded to 75% for life from the date of discharge of the applicant. Since the applicant is already in receipt of disability element of pension for the two disabilities, the amount of arrears be paid after adjusting the amount already paid to the applicant and the arrears be restricted to 03 years prior to filing of this OA on 05.07.2019.

31. The respondents are directed to calculate, sanction and issue the necessary Corrigendum PPO to the applicant within three months from date of receipt of the copy of this order and in the event of default, the applicant shall be entitled to interest @6% per annum till the date of payment.

32. There is no order as to costs.

Pronounced in the open Court on this 12th day of November, 2024.

[JUSTICE RAJENDRA MENON]
CHAIRPERSON

[REAR ADMIRAL DHIREN VIG]
MEMBER (A)

/PRGz/