

COURT NO. 1, ARMED FORCES TRIBUNAL

PRINCIPAL BENCH, NEW DELHI

O.A. No. 2260/2021

HFL Sripada Venkateswara Rao (Retd.) Applicant

Versus

Union of India & Ors. Respondents

For Applicant : Mr. Ramniwas Bansal, Advocate

For Respondents : Ms. Satya Ranjan Swain, Sr. CGSP Counsel

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 read as under: -

“(a) To quash and set aside the Applicant's RMB proceedings to the extent the order denies the grant of Disability Pension to the applicant.

“(b) To direct the respondents to set aside the impugned order and direct the respondents to grant the disability pension @ 70% broad-banded to 75% along with arrears and interest @ 12% p.a. w.e.f. date of discharge, by treating his diseases attributable to and aggravated by military service

with all consequential benefits, in view of the Hon'ble Apex Court Judgment in Rajbir Singh (Supra) and Dharamvir Singh (Supra), or

(c) To pass such orders, direction/directions as this Hon'ble Tribunal may deem fit and proper in accordance with law."

BRIEF FACTS

2. The applicant was enrolled in the Indian Air Force on 31.07.1981 and discharged on 30.09.2020 on attaining the age of superannuation after rendering a total of 39 Years of regular service. The applicant was initially detected with **Primary Hypertension (OLD) (PH)** and the onset of the disability was in November 2009 at Nagpur. Later, the applicant was diagnosed with **Metastatic Prostate Cancer (OLD) (MPC)** in February 2018 at Chandigarh.

3. The RMB at the time of release was held at SMC, 3 BRD, AF dated 11.11.2019 has assessed the disability ID (i) Primary Hypertension @ 30% and ID (ii) Metastatic Prostate Cancer @ 50%, compositely @ 70% for life and recommended both the IDs as neither attributable to nor aggravated by the AF service as both the IDs had their onset in peace. The RMB found the applicant fit to be released from service in medical classification A4G4 (Permanent).

4. On adjudication AOC AFRO had also upheld the recommendations of RMB and rejected the disability pension claim vide letter No. RO/3305/3/Med

dated 31.07.2020. The outcome of the same was also communicated to the Applicant vide letter No. Air HQ/99798/1/673544/09/20/DAV(DP/RMB) dated 13.08.2020 with an option that he may prefer an appeal to the Appellate Committee within six months from the date of receipt of letter.

5. The applicant's first appeal dated 01.04.2021 was under process at the time of filing the Counter Affidavit dated 17.02.2023. Aggrieved by this, 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

6. The learned counsel for the applicant submitted that the applicant was enrolled in the Indian Air Force, after being medically examined thoroughly, declared fit, free from any disease on 31.07.1981. The applicant was SHAPE-1/A4G1 in the medical category since joining the Indian Air Force and it was in November, 2009 when he was first detected with disability of Primary Hypertension.

7. The learned counsel for the applicant further submitted that the applicant in November 2018 was diagnosed with the disease of Metastatic Prostate Cancer (MPC) and thereafter was placed in LMC A4G4(P) by the RMB conducted on 11.11.2019 and superannuated in the above said category on 30.09.2020.

8. The learned counsel for the applicant submitted that the applicant during the tenure of his service had performed rigorous trade duties as Radio Technician in shifts at different IAF units in varied Climatic & geographical locations i.e., Bangalore, New Delhi, Kalaikunda, Srinagar, Bikaner, Jammu, Shillong, Nagpur and Chandigarh.

9. The learned counsel for the applicant in support of his claim has placed reliance on the judgment of the Hon'ble Supreme Court in *Dharamvir Singh Vs. Union of India and Ors. [(2013) 7 SCC 316]*, which has been considered and taken note of by the Hon'ble Apex Court in many judgments, wherein the Hon'ble Supreme 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. Referring to Rule 9 of the Entitlement Rules for Casualty Pensionary Awards, 1982, the learned counsel for the applicant submitted that the applicant should have been given benefit of doubt and the disability should have been conceded as aggravated by service only.

10. The learned counsel for the applicant also placed reliance on the judgment of the Hon'ble Supreme Court in *UOI v. Rajbir Singh (Civil Appeal No. 2904/2011)* whereby it was held that the disability must be presumed to have been arisen in the course of service which must, in the absence of any reason recorded by the Medical Board, be presumed to have been attributable to or aggravated by military service. The learned counsel submitted that there is admittedly neither any note in the service records of respondents at the time of the applicant's entry into service nor have any reasons been recorded by the Medical Board to suggest that the disease which the applicant was found to be suffering from could not have been detected at the time of his entry into service., and *UOI and Other v. Ram Avatar (C.A. No. 418/2012 dated 10 December 2014)*, whereby the benefit of rounding off of the disability pension was granted.

11. The learned counsel for the applicant placed reliance on the judgment of the Hon'ble Supreme Court in *D.S. Nakara v. Union of India [AIR 1983*

SC 130] wherein it was held that the right *to pension is a fundamental right which has to override any other provisions that are inconsistent or imposing unreasonable restrictions upon it.* The learned counsel for the applicant also placed reliance on the similar matters decided by the Hon'ble AFT (PB) in **Brig. A.K. Jairath (Retd.)** in OA 2033/2017, **Ex-HFL Tapender Singh**, dated 06.08.2019 and in **Ex-Petty Officer Soumya Prakash Pany** in OA 1827/2018 wherein relief has been granted relying on the ratio of the ***Rajbir Singh (Supra) and Dharamvir Singh (Supra).***

12. *Per contra*, the learned counsel for the respondents submitted that the Applicant had a documented family history of Hypertension and Prostate Cancer as his father also suffered from these ailments as evidenced by the opinion of a Medical Specialist dated 02.02.2011 and the AFMSF-7A dated 18.07.2018, respectively.

13. The learned counsel for the respondents submitted that the Applicant was initially diagnosed with Primary Hypertension during his Annual Medical Examination (AME) and was assigned a temporary medical classification of A4G4 (T-24), with advice to cease alcohol consumption, as recorded in AFMSE-15 dated 24.12.2009. Subsequently, he was diagnosed with Metastatic Prostate Cancer and retained the same medical classification as documented in AFMSF-15 dated 18.07.2018.

14. The learned counsel for the respondents submitted that the genetic predisposition to Hypertension and Prostate Cancer, combined with the Applicant's history of alcohol consumption, established that the conditions of Primary Hypertension and Metastatic Prostate Cancer could not be regarded as attributable to or aggravated by the Applicant's service in the Indian Air Force. This conclusion was reinforced during the Release Medical Board held at SMC, 3 BRD, AF on 11.11.2019, which deemed the Applicant fit for release with a permanent medical classification of A4G4, explicitly addressing the issues of attributability, aggravation, and the qualifying elements for a disability pension.

ANALYSIS

15. We have heard the learned counsel for the parties at length and have gone through the records produced before us. We find that the disabilities suffered by the applicant have composite assessment at @ 70% for life and recommended both the IDs as neither attributable to nor aggravated by the Air Force service. The issues which need to be considered here are two folds, i.e.;

- a) Whether the disabilities of the applicant are attributable to or aggravated by military service or not?

b) Whether the applicant is entitled for the benefit of rounding off the disability element of disability pension?

16. It is an undisputed fact that at the time of enrolment in the Indian Air Force on 31.07.1981, the applicant was found medically and physically fit and the onset of the disabilities, "Primary Hypertension" and "Metastatic Prostate Cancer" were from November 2009 and February 2018 onwards respectively.

17. 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).

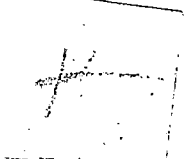
(iv) If a disease is accepted to have been as having arisen in service, it must also be established that the conditions of military service determined or contributed to the onset of the disease and that the conditions were due to the circumstances of duty in military service. [Rule 14(c)].

(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."

18. 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.....”

19. 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.

20. 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 favour, 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) IAFY – 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)

21. Qua the aspect of attributability of disability of ‘Primary Hypertension’, it is essential to advert to Para 43 of Chapter-VI of the GMO, 2008 which reads as under:

“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

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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 medical record, AFMSF-7A dated 23.12.2009, produced by the respondents explicitly provides that the applicant had family history of Hypertension and that the applicant consumes alcohol in moderation along with high in-take of salt. An open medical literature, *published in the Journal of Clinical Hypertension*, available in the public domain (Cushman WC. Alcohol consumption and hypertension. J Clin Hypertens (Greenwich). 2001 May-Jun;3(3):166-70. doi: 10.1111/j.1524-6175.2001.00443.x. PMID: 11416702; PMID: PMC8101846. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8101846/>) provides a correlation between consumption of alcohol and hypertension including various other side-effects. The relevant extracts read as under: -

“The positive relationship between the amount of alcohol consumed and BP is one of the strongest associations of potentially modifiable risk factors for hypertension. Scores of cross-sectional epidemiologic studies from many cultures have

shown progressively higher BP levels or a higher prevalence of hypertension with increasing levels of alcohol intake.”

Apart from alcohol consumption, the applicant's salt in-take was high and as per the medical records produced by the respondents, the applicant was advised to restrict the high in-take of salt. An open medical literature to this effect provides that excessive intake of sodium is linked to high blood pressure. The relevant extract of the medical literature reads as under:

“The association between sodium consumption and hypertension is well known, as high sodium intake can negatively affect control of hypertension. Excessive intake of sodium is directly linked to high blood pressure and it was found that the higher the daily salt intake, the higher the systolic blood pressure.”

It is apparent from the medical journals cited above that there is a direct relationship between consumption of alcohol, high salt in-take and hypertension. Keeping in view the aforesaid and the fact that the applicant has a family history of hypertension, the applicant's claim for the disability of Primary Hypertension stands rejected.

22. As regards the attributability of the disability 'Metastatic Prostate Cancer' is concerned, it is essential to advert to Paras 9, 10 and 12 of the GMO

(MP) 2008 which reads as under:

"9. Cancer. Precise cause of cancer is unknown. There is adequate material both of scientific and statistical nature which brings into light the causative factors like radiation, chemicals, and viral infections. The recognized causative agents for carcinogenesis are:- (a) Viral infection (b) Radiation from nuclear sources (c) Ultra violet rays (d) Chemicals (e) Acquired chromosomal abnormalities (f) Trauma (chronic irritation leading to dermatological cancers eg: kangri cancer)

The service related conditions in relation to carcinogenesis are as under: -

(a) Occupational Hazards: All ranks working in nuclear powered submarines, doctors and paramedics working with electro-magnetic equipment, personnel working with radars, communication equipment, microwave and also those handling mineral oils such as petrol and diesel are exposed despite stringent safety measures. (b) Infection: As a cause of cancer has been documented in certain malignancies. Though identification of an organism may not be possible due to lack of facility but there is gross evidence clinically to suspect infection. (c) The question of relationship between a malignant condition and an accepted injury is difficult to establish. The vast majority of traumatic lesions however severe, show no tendency to be followed by cancer either immediately or remotely. However chronic irritation leading to dermatological cancers have been documented (eg: Kangri Cancer), attributability will be conceded depending on the merit of the case.

10. Malignancies Considered Attributable to Service

(a) Due to Occupational Hazards: (i) Any cancer in those personnel working or exposed to radiation source in any forms: (aa) Acute leukaemia (ab) Chronic lymphatic leukaemia (ac) Astrocytoma (ad) Skin cancers (ii) Any cancer in those exposed to chemical especially Petroleum products or other chemicals:- (aa) Carcinoma bladder (ab) Renal cell carcinoma (ac) Carcinoma of Renal Pelvis (iii) Any cancer in those exposed to coal dust, asbestos, silica & iron (aa) Bronchogenic Carcinoma (ab) Pleural Mesothelioma (b) Due to Viral Infection: (i) Hepato-cellular carcinoma (HV B&C) (ii) Ca nasopharynx (EB virus) (iii) Hodgkin's disease (EB virus) (iv) Non-Hodgkin's Lymphoma (Viruses) (v) Acute Leukaemia (HTLV1) (vi) Ca anal canal (HTLV 1) (vii) Any cancer due to HIV infection (contracted out of blood transfusion/needle stick injury in service) (viii) Ca Cervix (HPV)

12. Malignancies Not Attributable and Not Aggravated Tobacco related cancers in smokers and tobacco users e.g., carcinoma lung, carcinoma oral cavity, carcinoma bladder. Cancers due to congenital chromosomal abnormalities e.g., CML where Ph chromosome identified."

23. The medical records produced by the respondents vide AFMSF-7A dated 23.12.2009 indicates that the applicant was in habit of alcohol consumption. The applicant vide AFMSF-7A was also advised to quit alcohol consumption. It is also pertinent to note that clause (c), Para 2, Part VI Statement of case vide RMB proceedings dated 11.11.2019 indicates that the father of the applicant was a case of 'CA Prostate Cancer'.

24. An open medical literature available in the public domain (*Bhargavi R, Khilwani B, Kour B, Shukla N, Aradhya R, Sharma D, et al. Prostate cancer in India: Current perspectives and the way forward. J Reprod Healthc Med 2023;4:8. Available at: <https://jrhm.org/prostate-cancer-in-india-current-perspectives-and-the-way-forward/>*) explicitly provides for the co-relation between the carcinogenesis of the prostate cancer and family history, the medical literature reads as under:

“A growing body of evidence suggests that a family history of PCa increases its risk. Cases of positive family history where men with a father or brother with PCa have 2–3 times higher risk of being diagnosed with PCa. Twin studies suggest familial aggregation of PCa through shared genetic factors with a high heritability estimate of 57%. Genetic factors may be involved in early carcinogenesis as the germline risk loci studied are not strongly associated with lethal Pca. An increased PCa mortality and incidence was reported in overweight and obese men with overweight men showing increased disease recurrence and worsened adverse effects to treatment.”

25. In view of the aforesaid consideration and parameters, the applicant's claim for entitlement of the disability element for the disability Metastatic Prostate Cancer also stands rejected.

CONCLUSION

26. There is no infirmity in the findings of the RMB. The OA 2260 of 2021 is thus dismissed, being devoid of merit.

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27. There is no order as to costs.

28. All MAs are disposed off accordingly.

Pronounced in the open Court on this 14 day of October, 2024.

[JUSTICE RAJENDRA MENON]
CHAIRPERSON

[REAR ADMIRAL DHIREN VIG]
MEMBER (A)

/PRGx/