

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

OA No. 1260/2019

Gp Capt Appini Chakradharam (Retd.)

... Applicant

*Versus*

Union of India & Ors.

... Respondents

For Applicant : Mr. Baljeet Singh, Advocate

For Respondents : Mr. K.K. Tyagi, Senior CGSC

CORAM:

HON'BLE MS. JUSTICE ANU MALHOTRA, MEMBER (J)

HON'BLE REAR ADMIRAL DHIREN VIG, MEMBER (A)

ORDER

1. Invoking the jurisdiction of the 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 set aside the impugned letter No. Air HQ/99797/4061/Dis/O/DAV- 1(B) dated 27.06.2019 passed by the respondents.*

*(b) To direct the respondents to grant disability element of pension @50% with effect from the date of retirement along with arrears to the applicant by treating the disabilities of the applicant as attributable to or aggravated by the Air Force service.*

(c) To direct the respondents to grant the benefit of rounding off of disability element of pension of the applicant to @75% (50% to be rounded off to 75%) with effect from date of retirement for life in terms of law settled by Hon'ble Supreme Court of India in Civil Appeal No.418/2012 titled as UOI & Ors. vs. Ram Avtar vide judgment dated 10.12.2014 as well as in a catena of judgments by this Hon'ble Tribunal.

(d) To direct the respondents to pay the due arrears of disability pension with interest @12% p.a. with effect from the date of retirement with all the consequential benefits.

(e) To pass such further order or orders, direction/Directions as this Hon'ble Tribunal may deem fit and proper in accordance with law."

#### BRIEF FACTS

2. The applicant Gp Capt. Appini Chakradharam (Retd.) was commissioned in the Indian Air Force on 06.04.1993, and prematurely retired on 30.04.2018. The applicant had served a total of 25 years and 24 days of qualifying service.

3. The RMB held on 13.11.2017 assessed the composite disability of the applicant @ 50% for life with remarks that the disabilities i.e., i) **Hypertension**, ii) **Dyslipidemia** and iii) **Horse Shoe Kidney with left PUJ obstruction and renal calculus with left residual calculi** were neither attributable to nor

aggravated by the Air Force service. The RMB assessed all the three disabilities as NANA stating reasons that the onset of the disabilities was in peace areas as also in view of the relevant chapters of the Guide to Medical Officers & Mil. Pension 2008.

4. The initial claim for the grant of the disability element of the pension dated 28.05.2019 was rejected by the respondents vide their letter dated 27.06.2019 stating that the disabilities were neither attributable to nor aggravated by the Air Force service.

5. 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

6. The learned counsel for the applicant submitted that the applicant, at the time of joining the service, was declared fully fit medically and physically and no note was made in his medical record that he was suffering from any disease at that time.

7. It was submitted on behalf of the applicant that the Release Medical Board was conducted in respect of the applicant on 13.11.2017 and he was

found to be suffering from disabilities (i) Hypertension assessed @30% for life, (ii) Dyslipidemia (old) assessed @1-5% for life and (iii) Horse Shoe Kidney with (Lt) PUJ obstruction and Renal Calculus (Optd) with (Lt) residual calculi assessed @30% for life. The composite disability for all the disabilities has been assessed @ 50% for life.

8. The learned counsel for the applicant placed reliance on the judgments 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 the benefit of doubt and the disability should have been conceded as aggravated by service only. The learned counsel further submitted that this Tribunal has already granted disability pension to many similarly situated persons.

9. Reliance was also placed on behalf of the applicant on 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 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. It was further submitted on behalf of the applicant 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. Reliance was also placed on behalf of the applicant on the judgment of the Hon'ble SC in *UOI and Others v. Ram Avatar (C.A. No. 418/2012 dated 10 December 2014)*, to submit that the benefit of the rounding off of the disability

pension ought to be granted, for rounding the benefit of the disability element of pension.

10. *Per contra*, the learned counsel for the respondents submitted that the applicant is not entitled to the relief claimed since the RMB, being an expert body, found the disabilities of the applicant as "Neither Attributable to Nor Aggravated by Military Service" for the reason that the same are constitutional in origin and are not connected/precipitated by service. The learned counsel for the respondent submitted that the applicant was discharged from service upon his request for premature retirement on 30.04.2018. The learned counsel submitted that the entitlement to disability pension is governed by the eligibility conditions enumerated in **Regulation 37 of Pension Regulations for the Air Force, 1961 Part - 1** (henceforth referred to as PRA) which stipulates that "*an officer who is retired from Air Force Service on account of a disability which is attributable to or aggravated by such service and is assessed at 20% or over may, on retirement, be awarded disability pension consisting of a service element and a disability element in accordance with the regulations in this section*". The learned counsel for the respondent submitted that since the applicant does not fulfill the twin conditions as mentioned in Regulation 37 of the Pension Regulations for the Air Force, 1961, Part-1, the applicant is therefore not entitled to the grant of disability pension.

11. The learned counsel for the respondents placed reliance on the judgment of *UOI v. Damodaran AV* [SLP (C) 23727/2008] wherein the Hon'ble Supreme Court has held that the *Medical Board is an expert body and its opinion is entitled to be given due weight, value and credence.*

### ANALYSIS

12. We have heard the learned counsel for both the parties at length and have perused the records produced before us. We find that the disabilities suffered by the applicant have been compositely assessed at @ 50% for life. The issues which need to be considered are two folds:

- a) Whether the disabilities of the applicant are attributable to or aggravated by the Air Force? And,
- b) whether the applicant is entitled for the benefit of rounding off of the disability element of disability pension?

13. It is an undisputed fact that at the time of joining the Indian Air Force on 06.04.1993, the applicant was found medically and physically fit and the onset of the IDs (i) Hypertension, (ii) Dyslipidemia, and (iii) Horse Shoe Kidney with (Lt) PUJ obstruction and Renal Calculus (Optd) with (Lt) residual calculi was in June 2004, August 2010 and March 2012 respectively.

14. 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 [(2013) 7 SCC 316]*, 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 to be 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."*

15. 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....."*

16. 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.

17. 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)*

and has not been obliterated.

18. Qua the aspect of attributability or otherwise of the disability of **Primary Hypertension**, it is essential to advert to Para 43 of the GMO (Mil. Pension), 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*

*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 13.11.2017 of the applicant, it is brought forth that the onset of the disability of Primary Hypertension occurred in June 2004 after 11 years of military service. The stress and strain of service conditions cannot be overlooked and the disability of Primary Hypertension of the applicant has to be held to be attributable and aggravated by military service. An attempt was made on behalf of the respondents to contend to the effect that the applicant was hypertensive due to his being overweight. The weight chart submitted by the respondents from 19.05.2003 till 07.02.2018 indicates that the applicant was not overweight from 01.05.1995 till 19.05.2003 with the onset of the disability of hypertension being in June, 2004.

19. As regards the disability of **Dyslipidemia** with a percentage of disablement at @ 1-5% as assessed by the RMB which is less than 20% as it is essential to advert to Regulation 37 (a) of the Pension Regulations for the Air Force, 1961 (Part - 1) (PRA); *“an officer who is retired from air force service on account of a disability which is attributable to or aggravated by such service and is assessed at 20 percent or over may, on retirement, be awarded a disability pension consisting of a service element and a disability element in accordance with the regulations in this section”*. The disability of **Dyslipidemia** assessed by the RMB @ 1-5% is less than 20%. Thus, the twin conditions as provided under Regulation 37 (a) of the PRA (*supra*) are not satisfied, and thus the claim of the applicant for the said disability is not admissible, as laid down by the Hon'ble SC in the case of **UOI & Ors. v. Wing Commander S.P. Rathore** (Civil Appeal 108702018 decided on 11.12.2019).

20. Qua the disability of **Horse Shoe Kidney with (Lt) PUJ obstruction and Renal Calculus (Optd) with (Lt) residual calculi**, it is essential to advert to Para 74, Chapter VI of GMO (MP) 2008 which reads as under: -

*“74. Congenital Diseases of Kidney. Certain congenital diseases such as polycystic disease of kidney, horse-shoe kidney, pelvic-ureteric junction obstruction (hydronephrosis), ectopic kidney, vesicico-ureteric reflux, megaureter, ureterocele, retrocaval ureter, ureteral*

*duplication, and duplication of collecting system escape detection at the time of enrolment and many manifest later in service as asymptomatic urinary abnormality, hypertension and frequent urinary tract infection. Such kidneys may be easily injured if hydronephrotic or ectopically located. Aggravation will be considered if there is trauma related to service."*

Para 74 of the GMO, 2008 specifically talks about *aggravation* of the said disability only in the case where the individual had been subject to "*trauma related to service*".

21. The applicant does not dispute that the onset of the said disability was in March 2012. It is further averred in Para 4.8 of the OA that at the relevant time the area of responsibility of the applicant involved preparation of task for HAL, liasoning with HAL and OEM, management of BTA (Basic Training Aircraft) and that the applicant was also responsible for servicing and maintenance of large number of vehicles, procurement of petroleum products and armaments. The area of responsibility of the applicant does not reflect any exceptional service conditions that could be formed causing trauma due to the Air Force service in terms of Para 74 of the GMO (MP) 2008.

22. An open access case report vide an article (Malhotra G, Dhale A, Dharamshi J D (September 14, 2022) Horseshoe Kidney with a Documented Giant Calculi: A Case Report. Cureus 14(9): e29144. DOI:10.7759/cureus.29144, available on: <https://www.cureus.com/articles/97841-horseshoe-kidney-with-a-documented-giant-calculi-a-case-report#!/>) qua the disability in question explicitly discusses the causes of the disability in question. The relevant extract of the said article is as follows: -

*“The horseshoe kidney is the most common genitourinary fusion anomaly, occurring 1/400-1/800 times per 100,000 people. Up to one-third of patients had malrotation, variable blood flow, and a tendency for ureteropelvic junction blockage. Ureteropelvic junction blockage is considered to be caused by congenital strictures, a high ureteric insertion, an irregular ureteral course, crossed veins feeding the isthmus, or an aberrant ureteropelvic junction segment motility. The most common complications of the horseshoe kidney are renal calculi and pelvic ureteric junction obstruction. The greater incidence of calculus formation was formerly assumed to be due to an elevated rate of infection, stasis, and blockages in these individuals. The majority of patients,*



*according to the most current evaluations, have metabolic causes. Because the collecting duct system as well as the ureters entering the bladder develop normally, a horseshoe kidney usually has no symptoms. Signs and symptoms of obstruction or infection may appear if the urinary flow is obstructed. Because the ascent of the fused kidneys is impeded by the origin of the inferior mesenteric artery from the abdominal aorta, the huge U-shaped kidney is frequently found in the hypogastrium, anterior to the lower lumbar vertebrae”.*

23. Thus, the disability of Horse Shoe Kidney with left PUJ obstruction and renal calculus with left residual calculi (being congenital cause) cannot be held to be attributable to or aggravated by the Air Force Service.

24. In view of the aforementioned judicial pronouncements, open medical literature and the parameters referred, the prayer of the applicant made vide the present OA has been partly allowed and the applicant is held entitled to the grant of the disability element of pension for **Primary Hypertension** assessed at @ 30% for life to be rounded off to 50% for life in view of the verdict of the Hon'ble Supreme Court in *Union of India v. Ram Avatar [Civil Appeal No, 418/2012]*. The prayer of the applicant for the grant of disability element of the pension for the disability of 'Dyslipidemia' (assessed at @ 1-5%)

is not admissible being assessed at less than 20% of disablement. The disability in relation 'Horse Shoe Kidney with (Lt) PUJ obstruction and Renal Calculus (Optd.) with (Lt) residual calculi' stands rejected as there is no apparent causal connection of the said disability with Air Force Service.

### CONCLUSION

25. Thus, the OA 1260/2019 is partly allowed and the applicant is held entitled to the grant of the disability element of pension *qua* Primary Hypertension assessed @ 30% only for life 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 50% for life from the date of discharge of the applicant. The amount of arrears, however, are directed to commence to run from a period of three years prior to the institution of the present OA instituted on 30.07.2019 in terms of the verdict of the Hon'ble Supreme Court in *Union of India and Others Vs Tarsem Singh(2009(1) AISLJ 371)*.

26. The respondents are directed to calculate, sanction and issue the necessary Corrigendum PPO to the applicant within three months from the

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.

27. No order as to costs.

Pronounced in open Court on this 9 day of October, 2024.

[REAR ADMIRAL ~~DHIREN VIG~~  
MEMBER (A)]

[JUSTICE ANU MALHOTRA]  
MEMBER (J)]

/Parik/