

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

OA 359/2019

Col Sanjay Singh (Retd.)
Versus
Union of India & Ors.

... Applicant
... Respondents

For Applicant : Mr. J.P. Sharma, proxy for
Mr. Virender Singh Kadian, Advocate
For Respondents : Mr. Arvind Patel, Advocate

CORAM :

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

ORDER

Invoking the jurisdiction of this Tribunal under Section 14 of the Armed Forces Tribunal Act, 2007, the applicant vide the present OA makes the following prayers:-

"(a) Quash and set aside the impugned letter No. 13102/IC-43586P/Sigs/MP-6(C) /30 /2018 /Appeal /AG/PS-4(Imp-III) dated 16.08.2018. And/or
(b) Direct respondents to treat the disabilities ID (i) type II DM assessed @ 20% for life, ID (ii) Primary Hypertension assessed @ 30% for life and IA (iii) Sensori Neural Hearing Loss B/L assessed @ 20% for life compositely assessed @ 60% for life as attributable to/ aggravated by military service and grant disability element of

pension from the date of retirement with benefit of broad banding.

(c) Direct respondents to pay the due arrears of disability element of pension with interest @ 12% p.a from the date of retirement with all the consequential benefits.

(d) Any other relief which the Hon'ble Tribunal may deem fit and proper in the fact and circumstances of the case along with cost of the application in favour of the applicant and against the respondents."

BRIEF FACTS

2. The applicant was commissioned in the Indian Army on 14.12.1985 and retired from service on 31.01.2018 on reaching the age of superannuation. The Release Medical Board dated 05.08.2017 held that the applicant was fit to be discharged from service in composite low medical category S1H2A1P2E1 (SHAPE-2Z) for the disabilities of (i) Diabetes Mellitus Type-II @ 20% for life (ii) Primary Hypertension @30% for life and (iii) Sensori Neural Hearing Loss B/L @ 20% for life compositely assessed @60% for life while the net qualifying element for disability was recorded as NIL for life on account of the disabilities being treated as neither attributable to nor aggravated by military service.

3. The claim for disability pension was adjudicated and rejected by the Competent Authority vide letter No 13102/IC-43586P/MP-6(C)/797

/2017/AG/PS-4 (Imp-1) dated 28.11.2017. The applicant preferred first Appeal dated 18.12.2017 against rejection of his disability pension claim, which was adjudicated and rejected by the Appellate Committee on First Appeals. (ACFA) vide their letter No 13102/IC-43586P/Sigs/MP-6(C)/30/2018/ Appeal/AG/PS-4(Imp-II) dated 16.08.2018. Subsequently, the applicant preferred a second appeal on 31.08.2018 against rejection of the disability pension claim, which was adjudicated and rejected by the Second Appellate Committee on Pensions (SACP) with all disabilities were conceded as 'NANA' vide their letter No B/38046A/425/2018/AG/ PS-4 (2nd Appeal) dated 14.03.2019. Aggrieved by the rejection of the disability pension claim from the respondents, the applicant has filed this OA. In the interest of justice, it is considered appropriate to take up the present OA for consideration, in terms of Section 21(2)(b) of the AFT, Act 2007.

CONTENTIONS OF THE PARTIES

4. The learned counsel for the applicant submitted that the prayers made in the present OA are confined to the grant of disability element of pension in relation to the disabilities of Diabetes Mellitus Type-II @ 20% for life and Primary Hypertension @30% for life only and the prayer made for grant of disability element of pension in relation to disability of Sensori Neural Hearing Loss B/L is not pressed.

5. Placing reliance on the judgment of the Hon'ble Supreme Court in *Dharamvir Singh v. UOI & Ors [2013 (7) SCC 36]*, the learned counsel for the applicant submitted that no note of any disability was recorded in the service documents of the applicant at the time of his entry into the service, and that he served in the Army at various places in different environmental and service conditions in his prolonged service and thus thereby, any disability at the time of his service has to be deemed to be attributable to or aggravated by military service.

6. The learned counsel for the applicant also placed reliance on the verdicts of the Hon'ble Supreme Court as under:-

- *Union of India and others vs. Manjit Singh* AIR 2015 SC 2114,
- Civil Appeal No 5605/2010 titled *Sukhvinder Singh vs UOI* decided on 25.06.2014,
- Civil Appeal No. 2904/2011 titled *UOI vs. Rajbir* dated 13.02.2015 and
- Civil Appeal No. 418/2012 titled *UOI vs Ram Avtar* dated 10.12.2014.

7. The learned counsel further placed reliance on the decisions of the AFT, Principal Bench, New Delhi as under:-

- OA No 674/2014 titled *Ex MWO RA Singh vs. UOI & Ors* decided 04.09.2015 and

- OA 59/2011 titled *Ex MWO Gajodhar Singh vs UOI* vide order dated 01.05.2014.
- OA 360/2013 titled *Sgt Dharmendra Kumar Jha vs. UOI* vide order dated 20.08.2014.

wherein similarly situated persons were given relief.

8. Per contra, the learned counsel for the respondents submitted that the RMB as well as the Competent Authority have assessed the disabilities of the applicant as neither attributable to nor aggravated by military service as the onset of the disabilities occurred in peace station and there is no causal connection between the disabilities and the military service and hence the applicant is not entitled for the grant of disability element of pension in terms of Regulation 37 of Pension Regulation for the Army 2008, (Part-I).

ANALYSIS

9. On the careful perusal of the materials available on record and also the submissions made on behalf of the parties after removing the disability of Sensori Neural Hearing Loss B/L @ 20% as prayed for by the applicant, we find that the applicant has suffered from the disabilities of Primary Hypertension assessed @30% and Diabetes Mellitus Type-II assessed @20% which is now compositely assessed @44% and is above the bare minimum assessment of 20% for grant of

disability pension. The only question that arises is whether the disabilities suffered by the applicant vis-à-vis Primary Hypertension and Diabetes Mellitus Type-II were attributable to or aggravated by military service.

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

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 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.”

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 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.

(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), ___

has not been obliterated.

11. Further, with regard to the disability, Primary Hypertension, we may refer to Para 43 of Chapter VI of the ‘Guide to Medical Officers (Military Pension), 2008, which reads as under:-

“43. Hypertension – *The first consideration should be to determine whether the hypertension is primary or secondary.*

If (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."

12. Furthermore, Para 26, Chapter VI of the Guide to Medical Officers (Military Pensions), 2008 reads as under:-

"26. Diabetes Mellitus

This is a metabolic disease characterised by hyperglycemia due to absolute/relative deficiency of insulin and associated with long term complications called microangiopathy (retinopathy, nephropathy and neuropathy) and macroangiopathy.

There are two types of Primary diabetes, Type 1 and Type 2. Type 1 diabetes results from severe and acute destruction of Beta cells of pancreas by autoimmunity brought about by various infections including viruses and other environmental toxins in the background of genetic susceptibility. Type 2 diabetes is not HLA-linked and autoimmune destruction does not play a role.

Secondary diabetes can be due to drugs or due to trauma to pancreas or brain surgery or otherwise. Rarely, it can be due to diseases of pituitary, thyroid and adrenal gland. Diabetes arises in close time relationship to service out of infection, trauma, and post surgery and post drug therapy be considered attributable.

Type 1 Diabetes results from acute beta cell destruction by immunological injury resulting from the interaction of certain acute viral infections and genetic beta cell susceptibility. If such a relationship from clinical presentation is forthcoming, then Type 1 Diabetes mellitus should be made attributable to service. Type 2 diabetes is considered a life style disease. Stress and strain, improper diet non-compliance to therapeutic measures because of service reasons, sedentary life style are the known factors which can precipitate diabetes or cause uncontrolled diabetic state.

Type 2 Diabetes Mellitus will be conceded aggravated if onset occurs while serving in Field, CIOPS, HAA and prolonged afloat service and having been diagnosed as Type 2 diabetes mellitus who are required serve in these areas.

Diabetes secondary to chronic pancreatitis due to alcohol dependence and gestational diabetes should not be considered attributable to service."

13. As per the amendment to Chapter VI of 'Guide to Medical Officers(Military Pensions), 2008, Para 26 thereof Type 2 Diabetes Mellitus is to be conceded as aggravated if the onset occurs while serving in Field/ CIOPS/HAA/prolonged afloat service and having been diagnosed as 'Type II Diabetes Mellitus' who are required to serve in these areas. Furthermore, inter alia stress and strain because of service reasons are stated therein to be known factors which can precipitate diabetes or cause uncontrolled diabetic state.

14. The applicant was served in the Indian Army for more than 31 years and 07 months, and the disability of 'Diabetes Mellitus Type-II (Old)' and 'Primary Hypertension' occurred in 2011 i.e. after 26 years

of long service. The stress and strain of such a long service on the applicant cannot be overlooked.

15. It has, already been observed by this Tribunal in a catena of cases that peace stations have their own pressure of rigorous military training and associated stress and strain of the service. It may also be taken into consideration that most of the personnel of the armed forces have to work in peace stations also work in the stressful conditions and under strict disciplinary norms.

16. Applying the above parameters to the case at hand, we are of the view that the applicant has been discharged from service in low medical category on account of medical disease/disability, the disabilities "Diabetes Mellitus Type-II " and "Primary Hypertension" must be presumed to have arisen in the course of Air Force service which must, in the absence of any reason recorded by the Medical Board, be presumed to have been attributable to or aggravated by air force service.

17. Regarding broadbanding benefits, we find that the Hon'ble Supreme Court in its order dated 10.12.2014 in *Union of India v. Ram Avtar, Civil Appeal No. 418 of 2012* and connected cases, has observed that individuals similarly placed as the applicant are entitled to rounding off the disability element of pension. We also find that the Government of India vide its Letter No. F.No.3(11)2010-D (Pen/Legal) Pt V, Ministry of Defence dated 18th April 2016 has issued instructions for


implementation of the Hon'ble Supreme Court order dated 10.12.2014 (supra).

CONCLUSION

18. Therefore, in view of our analysis, the OA 359/2019 is allowed and Respondents are directed to grant benefit of disability element of pension @20% for life (for Diabetes Mellitus Type II) & @30% for life (for Primary Hypertension), compositely assessed @ 44% for life rounded off to 50% for life in view of judgment of *Hon'ble Apex Court in Union of India versus Ram Avtar (supra) from the date of discharge i.e 31.01.2018*. The arrears shall be disbursed to the applicant within three months of receipt of this order failing which it shall earn interest @ 6% p.a. till the actual date of payment.

Pronounced in the open Court on ^H17 October, 2024.

(JUSTICE RAJENDRA MENON)
CHAIRPERSON

(REAR ADMIRAL  DHIREN VIG)
MEMBER (A)