COURT NO.3
ARMED FORCERS TRIBUNAL
PRINCIPAL BENCH: NEW DELHI

OA 1938/2018

Ex MWO Surjya Narayan Pattnayak ..... Applicant
Versus
Union of India and Ors. ..... Respondents

For the applicant : Mr. V.S. Kadian, Advocate
For the respondents : Mr. Y.P. Singh, Advocate

Dated: 04 September, 2025

CORAM

HON'BLE MS. JUSTICE NANDITA DUBEY, MEMBER (J)
HON'BLE MS. RASIKA CHAUBE, MEMBER (A)

ORDER

The applicant, who was enrolled in the Indian Air Force on 25.11.1978 and retired from service with effect from 31st March, 2018, has approached this Tribunal assailing the rejection of his claim for disability element of pension vide order dated 8th November, 2017. The prayers made in the OA read thus:

(a) *Quash and set aside the impugned letter No. Air HQ/99798/1/649573/03/18/DAV(DP/RMB) dated 08.11.2017 and/or*

(b) direct respondents to treat the disabilities of the applicahnt as attributable to or aggravated by military service anhd grant him disability element of pension

along with benefits of broad banding from 60% to 75%, and/or

(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 applicant in favour of the applicant and against the respondents."

2. The Release Medical Board (RMB) assessed his disabilities, namely **Primary Hypertension** (30%), **Simple Obesity** (1–5%), **Dyslipidaemia** (1–5%), **Diabetes Mellitus Type-II** (20%) and **Pseudophakia** (15–19%) and compositely assessed them at 60% for life, but held them to be neither attributable to nor aggravated by military service. The applicant seeks a direction to the respondents to treat his disabilities as attributable to or aggravated by service and grant him disability element with the benefit of broad-banding.

3. Learned counsel for the applicant, at the outset, contends that the action of the respondents in denying disability pension is illegal. It is urged that at the time of enrolment, the applicant was subjected to a rigorous medical examination and found medically fit, with no disability recorded in his service documents. He served the Air Force under different

environmental and service conditions, including stressful tenures and hence any disability occurring during service must be presumed attributable to or aggravated by military service. Reliance is placed upon the decision of the Hon'ble Supreme Court in ***Dharamvir Singh*** *Vs.*. ***Union of India and others*** [(2013) 7 SCC 316], wherein it was held that if a disability arises during service, there is a presumption of its nexus with service unless the employer establishes to the contrary. Learned counsel further refers to Para 43 and Para 26 of the Guide to Medical Officers (Military Pensions), 2008, to argue that hypertension and diabetes, when contracted during stressful tenures, ought to be treated as aggravated by military service.

4. Per contra, learned counsel for the respondents submits that the RMB, a duly constituted expert medical body, categorically opined that none of the disabilities suffered by the applicant were attributable to or aggravated by military service. It is urged that the medical opinion carries primacy in such matters and the Tribunal ought not to substitute its own view in place of expert assessment unless shown to be perverse. Reliance is placed upon the judgments of the Hon'ble Supreme Court in

Union of India and Ors. *Vs.* *Ram Avtar* [(2014) 14 SCC 563], *Ex. Cfn. Narsingh Yadav* *v.* *Union of India and Ors.* [(2019) 9 SCC 667] and *Union of India and Ors.* *Vs.* *Rajbir Singh* [(2015) 12 SCC 264] to contend that the grant of disability pension is dependent on the opinion of the Medical Board and in the present case the RMB's opinion clearly disentitles the applicant.

5. The applicant was detected to have high blood pressure and overweight during annual medical examination in October 2010 while serving at AF Stn Jalahalli. He was referred to CHAF Bangalore for evaluation and management. He was diagnosed with IDs Primary Hypertension and Simple Obesity. He was treated as an outpatient case and opined to be placed in LMC A4G4(T24) with advise to reduce weight. His initial MedicaL Board was held at AF Stn Jalahali vide AFMSF 15 dated 31st January, 2011 and recommended LMC A4G4 (T24) composite for both disabilities. During subsequent review, he was detected ID Dyslipidaemia and placed in LMC A4G4 (T24) composite for all three disabilities. He was reviewed regularly and detected to have high blood sugar. He was diagnosed with ID Type II DM and was recommended to be in

LMC A4G4 (T24) composite for all four disabilities vide AFMSF 15 dated 13th July, 2012. The applicant further reported to SMC in August 2012 with complaints of vision difficulty. He was diagnosed ID Cataract Right Eye and operated on 30th October, 2012. He was opined to be placed in LMC A4G4 (T24) composite for IDs Primary Hypertension, Simple Obesity, Dyslipidaemia, Type II DM and Cataract Right Eye (Optd). During subsequent review he was detected to have Cataract Left Eye and was operated on 11th December, 2013 and placed in LMC A4G4 (T12) composite for all six disabilities. During subsequent review he was placed in LMC A4G4 (P) composite for Primary Hypertension, Simple Obesity, Dyslipidaemia, Type II DM and Cataract both Eyes (Optd) with advice to reduce weight to come within normal limit, low fat, low salt diabetic diet. The RMB held at AF Stn Jalahalli found the applicant in LMC A4G4 (P) with the following reasons on attributability/aggravation and disability qualifying elements for disability pension:

Sr No	*Disability*	*Attributable / Aggravated*	*Reasons*	*% of disablement*	*Composite assessment*	*Net assessment qualifying for DP.*
1.	*Primary Hypertension*	*Not Attributable Not aggravated*	*It is life style disorder. Onset of disability is in peace area, no close time*	*30%*		

			association with field area/HAA/CI Ops and there is no delay in diagnosis. Hence not connected with service vide Para 43 Chapter VI of GMO Mil Pension 2008			
2.	*Simple Obesity*		*It is life disorder due to lack of exercise & intake of saturated fat diet, hence not connected with service*	*1-5%*	*60% for life*	*NIL*
3.	*Dyslipidaemia*		*It is life disorder due to lack of exercise & intake of saturated fat diet, hence not connected with service.*	*1-5%*		
4.	*Type-II Diabetes Mellitus*	*Not Attributable Not Aggravated*	*It is life style disorder, Onset of disability is in peace area, no close time association with Field area/HAA/CI Ops & there is no delay in diagnosis. Hence not connected with service vide Para 26 Chapter VI of GMO Mil Pension 2008.*	*20%*		
5.	*Pseudophakia both eye (Optd)*		*It is degenerative change in the lens. Onset of disability is in peace area, no close time association with Field area/HAA/CI*	*15-19%*		

			Ops & there is no delay in diagnosis. Hence not connected with service vide Para 13 Chapter VI of GMO Mil Pension 2008			

6. We have considered the rival submissions and perused the record including the weight chart.

7. There is no dispute that the applicant was assessed with composite disability of 60% for life. The question, however, is whether the disabilities can be held attributable to or aggravated by military service. The RMB, after examining the applicant, concluded that his disabilities were neither attributable to nor aggravated by service. The applicant has not placed any material to demonstrate that this finding is perverse, arbitrary or unsupported by medical evidence.

8. The reliance placed on ***Dharamvir Singh*** (supra) is misplaced. In the present case, the RMB has specifically ruled out any causal connection between the applicant's disabilities and service conditions. On the contrary, as held in ***Narsingh Yadav*** (supra), lifestyle diseases such as hypertension, diabetes mellitus, obesity and dyslipidaemia are ordinarily considered

constitutional in nature unless linked to exceptional service conditions. Similarly, in ***Union of India and Ors.*** *Vs.* ***Manjeet Singh*** [(2015) 12 SCC 275], it was reiterated that unless medical opinion is shown to be irrational, courts should not interfere.

9. It is evident from the weight chart brought on record that since the year 1997 till the conduct of the RMB in 2017, the body weight of the applicant had always remained more than the ideal body weight, with an actual weight of 93 Kg as against an ideal weight of 66 Kg. For all these years the applicant was advised to reduce his weight by diet control and regular exercise. The fact that the applicant was overweight much before the conduct of Release Medical Board proceedings cannot be ignored thus bringing us to the conclusion that the applicant himself is responsible for his disability of Primary Hypertension. Therefore, we hold that the organisation cannot be held liable for the applicant's personal health choices and actions. The weight chart as brought on record is as under:

Date	Type of Med Exam	Actual Wt (Kg)	IBW (Kg)	BMI	Advice
29 Oct 77	Primary	53	60	21.52	-
09 Feb 95	Annual	65	64	25.68	-
01 Apr 97	Extension	76	64	27.25	Advice to reduce weight by dietary and exercise

19 May 00	Annual	80.5	64.5	28.25	-
17 Dec 03	Annual	74	65	25.6	Advice to reduce weight by regular exercise
31 Oct 07	Annual	84	65.5	29.06	To reduce weight by diet control and regular exercise
19 Aug 08	Extension	85	65.5	29.41	To reduce weight by diet control and regular exercise
31 Jan 11	Initial Med Board for Obseity and Primary Hypertension	90	66	31.14	To reduce weight by diet control and regular exercise
03 Jan 12	Recat	89	66	30.79	To reduce weight by diet control and regular exercise
12 Jun13	Recat	88	66	31.14	To reduce weight by diet control and regular exercise
22 Jan 14	Recat	90	66	31.14	To reduce weight by diet control and regular exercise
04 May14	Recat	90	66	31.14	To reduce weight by diet control and regular exercise
04 May 15	Recat	88	66	30.44	To reduce weight by diet control and regular exercise
07 May 16	Recat	93	66	32.17	To reduce weight by diet control and regular exercise
02 Jun 17	Recat	93	66	32.17	-

10. There is thus valid reason for us to hold that the disability, i.e., Primary Hypertension is due to interplay of metabolic and lifestyle factors and in spite of regular advice failure in maintaining the ideal body weight and the fact that the applicant being overweight signifies that he has remained obese over a period of time, thereby, himself inviting the disabilities, and in

such a case, it would be grossly unjustified for us to ignore the aforesaid facts.

11. So far as the disability of Pseudophakia is concerned, it is a natural degenerative condition related to ageing. Simple obesity and dyslipidaemia are lifestyle disorders and cannot be connected to military service. Diabetes Mellitus and Hypertension, though chronic diseases, were not demonstrated to have arisen having any causal connection with military service.

12. From the perusal of the RMB proceedings, it is evident that the applicant's disabilities were carefully examined and categorically opined to be lifestyle/degenerative disorders not connected with the military service. The RMB has recorded specific reasons for each disability with reference to the *Guide to Medical Officers (Military Pensions), 2008* as detailed in the RMB proceedings quoted hereinabove. The RMB has also taken note of the fact that there was no delay in diagnosis and no evidence of exceptional stress or strain of service to warrant attributability or aggravation. Thus, though the composite assessment of disability was 60% for life, the net assessment

qualifying for disability pension was recorded as "NIL". Therefore, we do not find any reason to disbelieve the findings of the RMB.

13. In view of the foregoing, we find no illegality or irregularity in the respondents' decision rejecting the claim of the applicant for disability element of pension. The applicant's reliance on general principles without substantiating service nexus cannot override the specific medical opinion rendered by the RMB.

14. Accordingly, the Original Application is dismissed with no order as to costs.

Pronounced in open Court on this 04 day of September, 2025.

[JUSTICE NANDITA DUBEY]
MEMBER (J)

[RASIKA CHAUBE]
MEMBER (A)

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