

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

OA 2633/2022

Brigadier Jayant Janardhan Rajguru ..... Applicant  
Versus  
Union of India and Ors. .... Respondents

For Applicant : Mr. Veerendra Mohan, Advocate  
For Respondents : Gp Capt Karan Singh Bhati, Sr. CGSC

CORAM

HON'BLE MR. JUSTICE RAJENDRA MENON, CHAIRPERSON  
HON'BLE LT GEN C.P. MOHANTY, MEMBER (A)

The applicant, vide this present Original Application filed under Section 14 of the Armed Forces Tribunal Act 2007, seeks the following reliefs:

- a. Impugned No 2 Special Review Medical Board be set aside, being subjective and illegal*
- b. The Applicant be reconsidered with a fresh No 2 Special Review Medical Board giving due considerations to the fitness state of the Applicant pre and post the No 2 SB.*
- c. The present OA be allowed with costs and with directions to the Respondents Nos 1 and 2 to remove the effects of the impugned No 2 Special Review Medical Board and restoring his status as per his actual batch merits.*
- d. Grant all other related and consequential benefits arising out consequent to grant of the relief sought in Para 8.1.1 and 8.1.3, be allowed retrospectively.*

BRIEF FACTS OF THE CASE

2. The applicant was commissioned in the Indian Army on 01.07.1995 after graduating from the Indian Military Academy. During his military career, he has excelled in a series of rigorous

professional military education courses including Artillery Young Officers Course, Platoon Weapons Officers, Artillery Officer Specialization Course, and others.

3. On 16.06.2010, the applicant experienced cardiac-related symptoms and underwent thorough medical evaluation revealing primary hypertension and dyslipidemia. Due to these health conditions, his permanent medical classification was downgraded to S1H1A1P2(T-24)E1 for 'Primary Hypertension' and 'Dyslipidemia'.

4. Meanwhile, the applicant was considered for promotion to Brigadier by the No. 2 Selection Board in July 2020, and found fit. However, on conduct of Special Review Medical Board in Dec 2020, he was held medically fit only for Staff/ERE/Instructor postings and not for Command postings. He submitted a Statutory Complaint dated 19.02.2022 against the No. 2 SRMB which was returned vide MS Br letter dated 03.03.2022. Aggrieved by the decision of MS Branch and No.2 SRMB, applicant has approached this Tribunal.

#### **SUBMISSIONS ON BEHALF OF THE APPLICANT**

5. It is the case of applicant that he effectively held demanding command and instructional roles under challenging conditions, as

validated by his confidential reports and these evaluations underline unwavering trust in his command fitness and leadership qualities without any recorded deficiency. His medical history reveals repeated assessments by competent medical boards and consistent determination that he is fit for active duty, subject only to administrative restrictions limiting his deployment in certain high-altitude zones. These restrictions, typically articulated through categorizations such as 'SHAPE-2X' indicating fitness status with specific limitations, serve as precautionary guidelines to manage postings safely rather than as barriers to command or promotion. The applicant's primary hypertension, medically documented as stable essential hypertension under pharmacological control, has been well-managed with minimal medication and lifestyle modifications, indicating a health status compatible with carrying out military duties effectively and without undue risk.

6. It is submitted by the applicant that that reversal of fitness findings by the Special Review Medical Board without providing the applicant with a fair opportunity to be heard violates fundamental principles of natural justice and procedural fairness enshrined in administrative law.

7. It is contended by the applicant that in keeping with established policy frameworks and judicial precedents, including DGMS (Directorate General of Medical Services) guidelines and Supreme Court rulings, medical categorization in isolation such as a classification under "S1H1A1P2E1" permanent medical category does not justify denial of command or promotion unless supported by concrete evidence of incapacity or operational risk. Instead, reasonable accommodation through posting management aligned with medical restrictions is the recognized and appropriate response, consistent with the principle of fitness for duty ("FFOD" assessments).

8. Contending on the issue of functional disability, it is submitted by the applicant that the available medical and operational data do not indicate any impairment in the applicant's functional or leadership capacities due to his health condition and that his physical condition has improved, with no associated disabilities or target organ damage such as hypertensive retinopathy or nephropathy documented. Scientifically informed military medical standards recognize that well-managed hypertension does not detract from command capability,

supporting the applicant's position against exclusion based solely on medical profile or categorization.

9. Arguing on the organizational postings, it is submitted by the applicant that the No.2 SRMB failed to take into account that despite the Applicant has been continuously employed in strenuous and prolonged operational activities and duties in CI/CT operational duties, up to the rank of a Colonel, commanding a unit or deputy of the Arty Brigade or as the officiating Commander of the Arty Brigade, he continuously maintained optimum blood pressure in compliance with the DGMS policy and that the Guidelines for Medical Officers' 2008 also do not lay down that a Brigadier with an incidental episode raised blood pressure, is to be declared medically unfit to command a Brigade or higher formations.

#### **SUBMISSIONS ON BEHALF OF THE RESPONDENT**

10. Per contra, it is the case of respondents that the process of promotion within the Indian Army is deeply rooted in merit-cum-seniority principles, but it rightly incorporates critical considerations of medical fitness in recognition of the demanding physical and psychological duties entrusted to military officers. While the Selection Board identifies officers eligible for promotion

based primarily on merit within their batch subject to available vacancies, the actual assumption of higher rank is contingent upon ongoing medical fitness and satisfactory service performance. This bifurcated process reflects the Army's dual imperative of rewarding competence and maintaining operational readiness, ensuring that those promoted can effectively discharge the responsibilities of elevated command or staff roles.

11. It is submitted on behalf of the respondents that medical fitness standards, codified extensively in Army Regulations and Departmental Orders, particularly underline that officers holding crucial ranks such as Lieutenant Colonel, Colonel, and Brigadier must satisfy specified permanent medical categorizations traditionally known as SHAPE classifications - ranging from S1 H1 A1 P1 E1 (highest fitness) to categories indicating certain physical or medical restrictions like A2 or P2. These classifications translate complex clinical evaluations into actionable administrative criteria and are supplemented by the COPE code system, which further delineates employment restrictions based on climate, terrain, required observations, physical limitations, and exclusive disease-related constraints. This system ensures tailored personnel deployment matching individual medical capacities to

organizational needs, a necessity in a service where frontline combat readiness, endurance, and resilience are paramount.

12. Elaborating further, it is submitted by the Respondents that the Special Review Medical Board (SRMB) functions as a critical safeguard within this system, convened to evaluate low medical category officers who are empanelled for promotion to select ranks and the SRMB examines the organizational interest and the officer's suitability for specific employment streams in the promoted rank, balancing medical advice with performance data and command potential. The process, characterized by the presence of medical and surgical specialists alongside military officials, ensures decisions are well-rounded and objective. The SRMB's assessments carry significant administrative weight and require approvals by top military authorities, emphasizing the balance of medical prudence and career progression imperatives.

13. On the requirement of medical review, it is submitted by the respondents that in operational terms, the medical fitness criteria do not represent rigid barriers but adaptive standards that accommodate the diverse demands of military service. Officers with manageable chronic conditions such as controlled hypertension, when assessed within the established medical categorization and

COPE framework, are considered for roles whose physical and environmental stresses are compatible with their health status. This dynamic flexibility prevents unnecessary career stagnation while safeguarding force effectiveness and personnel well-being. It aligns with contemporary military health management paradigms emphasizing sedentary role adjustment, preventive care, and technologically aided performance monitoring.

14. On the employability restrictions, it is submitted by the applicant that the applicant's career progression and medical evaluations reflect these principles in operation and his empanelment by Selection Boards and subsequent evaluation by SRMBs adhere to prescribed policies balancing merit, seniority, and medical fitness in line with extant regulations. Moreover, the applicant's medical category, including SHAPE-2 (P2) with COPE-2 restrictions, was systematically reviewed with the outcome favoring fitness for staff, instructional, and certain command assignments, consistent with his health profile, and hence, applicant being unfit for Command appointments is not entitled for any relief.

#### **CONSIDERATION**

15. We have heard learned counsel for both the parties at length and perused the proceedings of SRMB. During the course of

arguments, it was vehemently contended on behalf of the applicant that although he was in a low medical category at the time of consideration by No. 3 Selection Board (SB) and the subsequent No. 3 Special Review Medical Board (SRMB) held from 14.12.2010 to 24.12.2010 and on 13.07.2011 respectively, he was nevertheless found fit for command assignments. It was submitted that despite being in the same medical category on the basis of which he is presently being held unsuitable for command assignments by No. 2 SRMB, the applicant had, during the intervening period from 2011 till date, held various appointments in challenging operational environments, including counter-insurgency and other field areas.

16. It was further argued that the applicant's medical condition has since improved and that, at this stage, when he is being considered for a command assignment in the rank of Brigadier pursuant to his empanelment by No. 2 SRMB, he is physically in a better state than he was at the time of No. 3 SRMB. It was also submitted that his dependence on medication has substantially reduced. Therefore, the plea that he is fit only for Staff/Instructional/ERE appointments is untenable; as such a finding would effectively render him unpromotable to higher

senior ranks, inasmuch as he would be unable to fulfill the mandatory command appointment criteria required for consideration to such ranks.

17. From the perusal of the records, we observe that when the applicant was considered by No. 3 SB, he was found fit by the Board and placed in the merit list. However, during the SRMB conducted on 13.07.2011, the duly constituted Medical Board recorded the following medical disabilities in respect of the applicant:

(a) *Fit for military duties anywhere except—*

(i) *Unfit for posting to High Altitude Areas (above 2700 m / 9000ft);*

(ii) *Unfit for places where sub-zero temperatures prevail for more than three months in a year; and fit only for normal military duties not involving strenuous exertion.*

18. Accordingly, the applicant was placed in medical classification B3 for command duties and B2 for Staff/Instructional/ERE duties.

19. It is further evident from the applicant's service records that, subsequent to his promotion to the rank of Colonel, he has not been detailed for any assignment in violation of the medical restrictions imposed by the competent medical authorities.

20. Upon a plain perusal of the documents submitted by the respondents along with their counter affidavit, it emerges that the conduct of the SRMB is regulated by Policy Letter No. 04502/MA Policy dated 31.03.2015. The said policy explicitly provides that only one SRMB consideration shall be admissible at a particular level for an eligible medical classification. The policy further stipulates that the decision of the SRMB shall be *final* and that no further reconsideration shall be permissible.

21. It is also pertinent to note that the SRMB is constituted of officers of a composition similar to that of the No. 2/No. 3 Selection Boards and additionally includes a medical specialist nominated by the DGMS (Army) in an advisory role. The procedural and substantive considerations governing the Board's assessment of a candidate are enumerated in Paragraph 15 of the aforesaid policy letter, which is reproduced herein below:—

*15. Consideration by the Board. The Board of officers will consider all relevant aspects and submit its recommendations from medical perspective on suitability of the officer for physical promotion and his employment in the relevant rank. The board will recommend one the following definite gradings to each officer under consideration:-*

*(a) B(Fit) Command. Fit for designated Criteria/Part Criteria appointments as also Staff/ERE/Instructional assignments.*

*(b) B(Fit) Staff/ERE/Instructional. Fit for employment on Staff/ERE Instructional appointments, that is, Non Criteria appointments only. The officer is not fit to tenant any Criteria/Part Criteria appointment.*

*(c) Z(Unfit). Unfit for physical promotion to the next rank on medical grounds only. This grading, however, will not be awarded to an*

*officer who has been medically downgraded while holding the rank of Colonel/Brigadier and is being screened by SRMB to decide upon his employment in the same rank, under the circumstances as covered at Paragraph 8 (b) and 11 (b) above.*

22. We have also taken note of the policy governing the medical classification of Army officers, issued vide Army Order 09/2011/DGMS (Health Care System). Under this framework, the earlier functional assessment system of *FIA-F5* was superseded by a revised methodology based on employment restrictions across five parameters, collectively reflected through the COPE coding. These parameters include climate and terrain of employment, requirement for periodic observation by a medical specialist, and the physical limitations of the individual officer. It is further observed that the policy letter dated 14.12.2012 was promulgated with the objective of transitioning the assessment mechanism to the COPE-based system strictly in consonance with the existing instructions, and without any deviation, modification, or addition to the policy dated 24.01.2005, which was applicable at the time the applicant was considered by the No. 3 SB and No. 3 SRMB.

23. We have also duly considered the handwritten remarks of the Initiating Officer (IO) on the applicant's statutory complaint, dated 19.02.2022, wherein the IO, Major General HS Sohi,

recorded his satisfaction with the applicant's performance in the appointment of BGS at OTA, Gaya. The IO further recommended that the applicant be employed in a subsequent assignment entailing the command of troops/unit/formation in field conditions.

24. It is additionally essential to take note of the Policy letter dated 16.02.2018 issued by the IHQ of MoD (Army), Adjutant General's Branch, DGMS-5A, which prescribes guidelines germane to the applicant's consideration by the No. 2 SRMB. Para 1 of Appendix A of the said letter, being relevant to the present matter, is reproduced herein below:—

HYPERTENSION: CLASSIFICATION AND COPE CODING

*1. Hypertension comes under the category of "P" factor. Further to sub para (d) of Annexure 1 of Appx E to AO 9/2011DGMS, the details regarding functional capacity the "P" factor are reproduced as follows:-*

*"(d) 'P' Factor (Physical Capacity). This covers general physical capacity or stamina as may be affected by medical/surgical conditions not covered by other factors, as under:-*

*(i) P-1. Has full functional capacity and physical stamina but may have minor impairments.*

*(ii) P-2. Has moderate physical capacity and stamina. Suffered from constitutional metabolic/ineffective disease/operative procedures, but now well stabilised.*

*(iii) P-3. Has minor disablement with limited physical capacity and stamina.*

*(iv) P-4. On sick leave/ in hospital*

(v) P-5. *Gross limitations in physical capacity and stamina.*

xxx  
xxx

xxx  
xxx

xxx  
xxx

xxx  
xxx

25. Upon a comprehensive examination of the records, the applicable policies, and the criteria governing promotion of officers, we are of the considered view that every officer must not only fulfill the merit-cum-seniority requirement but must also meet the prescribed standards of medical fitness and any additional service-related benchmarks stipulated by the Competent Authority from time to time.

26. In the present case, the applicant belongs to the Corps of Artillery, which is a combat support arm mandated to provide long range fire support in operational arrears along the borders whenever necessitated in the interest of national security. While it stands undisputed that the applicant met the prescribed merit parameters and was accordingly found fit for promotion by No. 2 SB, he was subsequently declared non-employable for command assignments by the SRMB on account of certain cardiac-related medical conditions. The record reflects that he has been suffering from **Primary Hypertension** and **Dyslipidemia** since 16.06.2010, for which he was initially placed in medical category

SHAPE 1A1P2T-24E. The various medical boards in subsequent years placed on record demonstrate that after multiple reviews, he has remained in medical category SHAPE 2Y P2(P) & later SHAPE2XP2(P) in COPE coding C1O1P1E1 with effect from 28.12.2012. His COPE coding undergoing marginal variations on 10.11.2014 as C2aO2aPOE2e, on 17.11.2016 as C2aO1P1E1 on 12.12.2018 as C2O1P1E1 and on 12.12.2020 as C1O1P1E1.

27. It is essential to observe that the principles of COPE coding were promulgated vide MS Branch Policy letter No 04548/MS dated 14.12.12 which is placed at Annexure R-2 of the Counter Affidavit and the same is further clarified vide DGMS (Army) Policy letter No 76086/Policy/DGMS-5A dated 16.02.2018. The Appendix 'A' of MS Branch Policy letter No 04548/MS dated 14.12.2012 which is relevant to case under consideration is extracted as under :-

Appendix 'A'  
(Refers to Para 6 of MS Branch letter  
No 04548/MS Policy dated 14 Dec 12)

COMPARATIVE STATEMENT

<u>COPE Coding</u>	<u>Employment Management Index</u>
<u>C</u> - Climate and terrain restrictions -0/1/2	<u>FIA</u> . Fit for military duties anywhere.
<u>O</u> - Degree of medical	<u>FIB</u> . Fit for military duties anywhere, under medical observation and has no employability

<p><u>O</u>bservation required -0/1/2</p> <p><u>P</u>- Physical capability limitation -1/1/2</p> <p><u>E</u>- Exclusive limitations as per Disease - 0/1/2</p> <p>Overall COPE coding will indicate the highest numeral in any of the COPE factors. Eg:-</p> <p>(a) C0 O0 P0 E0 - COPE-0</p> <p>(b) C0 O1 P0 E1 - COPE-1</p> <p>(c) C1 O1 P2 E0 - COPE-2</p>	<p>restrictions</p> <p><b>F2.</b> Fit for military duties anywhere. However at the discretion of Medical Board, following restrictions may be imposed :-</p> <p>(a) Unfit for posting to HAA (above 2700 m/9000 ft) and/or</p> <p>(b) Places that have sub-zero temp for more than three months in a year.</p> <p><b>F3.</b> Fit for military duties with restrictions as advised by medical authorities.</p> <p><b>F4.</b> Fit for normal military duties not involving strenuous exertions.</p> <p><b>F5.</b> Unit for military duties.</p>
--	---

**COMPARATIVE CHART : COPE CODING AND EMPLOYMENT  
MANAGEMENT INDEX**

<u>COPE Coding Sys</u>		<u>Equivalence to Employment Management Index</u>	
<u>C</u> -Climate and Terrain Restrictions	<u>Limitation</u>		
0	Fit for all climates and terrains	F1A	
1	Fit for all climate or terrains, less altitudes above 15000 feet	F1B	
2	Unfit for a specific climate or terrain (a) High altitude (9000-15000 feet) (b) Extremes of Cold or Hot climate (Board to specify, including period) Eg- Places with sub zero temperature for more than three months in a year (c) Others (Board to specify)	F2	
<u>O</u> - Degree of medical observation required	<u>Limitation</u>		
0	No medical observation required	F1A	
1	To be under surveillance by nearest MO (to be posted to a station where MO is available)	F1B	
2	(a) To be under periodic surveillance by basic specialists at MH/Civil hospital where such facility is available. (b) To be under surveillance by a particular super-specialist at nearest	F3	

	<i>MH/Civil hosp (board to specify and justify)</i>		
P-Physical capability limitations	<b><u>Limitation</u></b>		
0	<i>Fit for all activity</i>	F1A	
1	<i>Fit for all activities, less those involving prolonged extreme exertion</i>	F1B	
2	<i>Unfit for extreme exertion and competitive sports, Fit only for sedentary or desk job due to :-</i>	F4	
	<i>(a) General or systemic disease</i>		
	<i>(b) Limb dysfunction (Board to specify)</i>		
<b><u>E- Exclusive limitations as per disease</u></b>	<b><u>Limitation</u></b>		
0	<i>No exclusive limitations</i>	F1A	
1	<i>Medical advice the nature of which does not interfere with fitness to serve in any area or perform any duty the officer has been performing or is expected to undertake (Board to specify from the examples listed below)</i>	F1B	
2	<i>Medical advice specific to a disease which will interfere with fitness to serve in any area or perform any duty the officer has been performing or is expected to undertake (Board to specify from the examples listed below)</i>	F3	
<i>To assist in understanding the concept of Exclusive Limitations, which does not interfere (E1) or does interfere (E2) with fitness of the officer to serve in any area or perform any duty, a list of possible 'Exclusive Limitations as per Disease' are as under :-</i>			
<i>Examples of Medical Advice under E1 or E2, as per disease</i>	<i>Unfit to drive a veh (for visual defects or epilepsy)</i>		
	<i>Unfit to work near running machinery (for epilepsy)</i>		
	<i>Unfit to command independent body of troops (Psychotic diseases)</i>		
	<i>Unfit for handling of fire arms, handle cash/independent charge, or posting to isolated location (Psychiatric disease)</i>		
	<i>Dietary restriction for a specific disease (for hypercholesterolemia, Obesity gout, etc)</i>		
	<i>Advised not to wear shoes or shave beard (for skin diseases)</i>		
	<i>Advised to wear braces/collar/plaster as advised by orthopedic Surgeon/other specialist.</i>		

	<i>Not to be utilized in duties involving good binaural hearing (due to impairment of localization and detection of friend or foe sounds, scouting and other combat duties, forward listening post duties, and use of Radio/Telephone etc, for unilateral hearing loss)</i>	
	<i>Not to be exposed to loud noise or weapon firing without use of properly fitted hearing protection (for unilateral hearing loss)</i>	
	<i>Any other (specify)</i>	

28. In view of the cumulative medical documents placed before us, it is evident that the applicant has consistently been assessed as unfit for employment in high-altitude areas, is required to undergo monthly monitoring by the AMA, is fit for all activities except those involving prolonged exertion, and is required to follow a salt-restricted diet.

29. Having regard to these restrictions, it becomes evident that the applicant is medically unfit for duties in high-altitude areas or assignments involving prolonged stress and strain. Furthermore, his requirement for periodic specialist review on a monthly basis raises operational concerns, particularly in areas where such specialist medical care may not be available close to his areas of employment thereby raising risks to his life. In the totality of circumstances, it would not be feasible to ensure adherence to his prescribed medical supervision if he is posted to such challenging environments. We therefore conclude that the applicant's capacity to serve in difficult

areas, as and when operationally required, stands materially restricted.

30. The record further reveals that the applicant was found fit for promotion to the rank of Brigadier by No. 2 SB held from 27-30.07.2020, having satisfied the twin criteria of merit-cum-seniority.

31. The applicant was thereafter considered by the No. 2 SRMB held on 16.12.2020, convened for determining the physical promotion of a low medical category officer, strictly on medical considerations. The Board was chaired by the Lieutenant General, GOC-in-C, Western Command, and consisted of two Lieutenant Generals and two Major Generals as members. It also included a Senior Advisor (Surgery & Cardiothoracic) from Army Hospital (R&R) and a Senior Advisor (Medicine & Nephrology) from the same institution.

32. When the applicant appeared before the SRMB, the Board took note of his medical classification **S1H1A1P2E1** for Primary Hypertension (I-10) along with the employability restrictions imposed by the last medical board, which recorded the following observations:

*(i) C2(a) – Unfit for specific climate or terrain high altitude (9000-15000ft)*



- (ii) O1- to be under surveillance by nearest MO.
- (iii) P1- fit for all activities less those involving prolonged extreme exertion.
- (iv) E1 - Salt restricted diet.

33. In view of the aforesaid restrictions, the applicant was accordingly graded as fit for promotion only for Staff/ERE/Instructional (S/E/I) duties. It is our considered view that, in terms of the applicable policy letters, the employer is fully competent to assess and select officers for higher appointments after evaluating their medical fitness. This assessment necessarily includes an appraisal of the officer's employability in high-altitude and field areas, which demand sustained physical endurance and the ability to withstand the exigencies of adverse terrain and climatic conditions.

34. Before parting, we must not hesitate to reassert the observations of this Tribunal in the case of *Maj Gen Ashok Kumar v. UoI & Ors [AFT PB; OA 919/2023]*, wherein speaking through the same bench, we have observed as under:

*28. With respect to the medical criteria prescribed by the Army, we are cognizant that there can be no judicial review of the standards adopted by the Army, unless they are manifestly arbitrary and bear no rational nexus to the objects of the organization. Physical fitness is crucial for securing a place in the Army. While exercising judicial review, the Court must be circumspect on dealing with policies prescribed for the Armed Forces personnel in attaining norms associated with physical and mental fitness.*

35. In this background, we must record that this Tribunal, acting as a judicial forum, recognizes its institutional limitations when reviewing specialized technical matters, such as the medical fitness assessments conducted by expert medical boards, which possess the requisite expertise, training, and specialized knowledge concerning complex medical conditions and their implications for an officer's service suitability. The Tribunal's role is not to function as a superior medical authority or to substitute its own judgment for that of the board on the merits of a medical diagnosis or prognosis. To "sit over" these boards and re-evaluate their medical conclusions would be an encroachment on their domain, undermining the very purpose of establishing such specialized bodies and exceeding the scope of judicial review, which is generally confined to legality, procedural fairness, and manifest irrationality.

36. As an officer of the Artillery, the applicant is expected to discharge duties commensurate with the requirements of the service, which include suitability for deployment without restrictions across all terrains and climatic conditions, as operationally necessitated. An officer cannot be confined only to those areas where operational duties are minimal or absent,

R

R

particularly when the nature of the arm mandates readiness for deployment in forward and challenging environments.

37. It must be emphasized that the employer has the right to select officers most suited for higher responsibilities. Such selection is not intended to fulfill the personal aspirations of individual officers but is intrinsically connected to the overarching national interest that the Armed Forces are duty-bound to protect. Consequently, officers considered for higher ranks particularly in arms and services that are required to operate in forward and difficult areas must be medically fit for deployment in all terrains and under all operational conditions.

38. We also deem it necessary to observe that, during situations of national emergency or heightened operational demand, the Defence Forces cannot reasonably be expected to alter command structures merely to accommodate the career progression of an individual officer who, though promoted, is medically unable to serve in difficult areas. Even if an officer volunteers for such duties, the organization remains constrained by recorded medical limitations and the professional assessments of medical authorities. Therefore, only those officers who are

medically fit to serve in all types of terrain and climatic conditions can be entrusted with operational command responsibilities.

39. In light of the foregoing, we find no infirmity, procedural irregularity, or bias in the decision to employ the applicant only in S/E/I assignments. Although he has been promoted, he cannot be expected to undertake the strenuous operational duties required of an officer commanding troops and equipment in difficult areas during operational contingencies.

#### CONCLUSION

40. In view of the foregoing discussion, we hold that:-

- (a) The proceedings and recommendations of the No.2 SRMB dated 16.12.2020 suffer from no procedural impropriety, illegality, or perversity.
- (b) The applicant has not established any case warranting interference under Section 14 of the AFT Act.
- (c) The reliefs sought in the Original Application are devoid of merit.

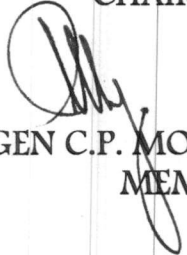


41. The Original Application No 2633/2022 is accordingly dismissed.

42. Miscellaneous applications, if any, pending stand closed.

Pronounced in the open Court on 2<sup>nd</sup> day of December 2025.

  
(JUSTICE RAJENDRA MENON)  
CHAIRPERSON

  
(LT GEN C.P. MOHANTY)  
MEMBER (A)

Akc/