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

OA No. 1178/2019

Ex JWO Shri Prasad ..... **Applicant**

Versus

Union of India & Ors. ..... **Respondents**

For Applicant	:	Mr. Praveen Kumar, Advocate
For Respondents	:	Mr. Shyam Narayan, Advocate

CORAM:
HON'BLE MS. JUSTICE ANU MALHOTRA, MEMBER (J)
HON'BLE REAR ADMIRAL DHIREN VIG, MEMBER (A)

O R D E R

1. Invoking the jurisdiction of this Tribunal under Section 14 of the Armed Forces Tribunal Act, 2007 (hereinafter referred to as 'AFT Act'), the applicant has filed this OA and the reliefs claimed in Para 8 are read as under: -

> ***"(a) Quash and set aside the impugned letters dated 29 Jan 2019 and 10 May 2019.***
> ***(b) Direct the respondents to grant the disability pension @ 50% and rounding off the same to 75% for life to the applicant w.e.f. 01 Feb 2019 i.e., the date of discharge from service with interest @ 12% p.a. till final payment is made.***

(c) Any other relief which the Hon'ble Tribunal may deem fit and proper in the fact and circumstances of the case."

BRIEF FACTS

2. The applicant was enrolled in the Indian Air Force on 15.12.1979 and discharged from service on 31.01.2019, on attaining the age of superannuation, after rendering 38 years and 17 days of regular service.

3. At the time of release, the applicant was placed in Low Medical Category (LMC) 'A4G4 (P) Composite' for IDs **(i) Prolapsed Inter Vertebral Disc (PIVD) L-4, L-5, L-5 S-1 with LCS (OLD) Z 09.0, ii) Type – II DM (OLD) Z 09.0 and iii) Primary Hypertension (OLD) Z 09.0,** wherein the diseases; Type – II DM (OLD) Z 09.0 and Primary Hypertension (OLD) Z 09.0 were assessed as Neither Attributable to Nor Aggravated (NANA) by the military service and ID (i) i.e., PIVD L-4, L-5, L-5 S-1 with LCS was assessed as 'aggravated' by the military service. The composite assessment for all the diseases / disabilities was at @ 50% for life by the Release Medical Board (RMB) vide AFMSF-16 dated 22.03.2018.

4. The onset of the disability Prolapsed Inter Vertebral Disc (PIVD) L-4, L-5, L-5 S-1 with LCS was in the year 2012 and the applicant was placed in LMC A4G4 (P) vide the AFMSF – 15 dated 15.05.2012. During the subsequent reviews, the applicant was detected to have Type – II Diabetes Mellitus and Primary Hypertension in August 2012 and March 2016, respectively.

5. The disability 'PIVD L-4, L-5, L-5 S-1 with LCS' was initially assessed at @ 20% for life, however, the same was reduced to 10% for life as the applicant was unwilling to undergo the surgery / treatment as advised by the concerned specialist.

6. The initial claim of the applicant for the grant of the disability pension for the disability 'PIVD L-4, L-5, L-5 S-1 with LCS', Primary Hypertension and Diabetes Mellitus Type – II was rejected and communicated to the applicant by the respondents vide letter no. Air HQ/99798/1/570967/01/19/DAV(DP/RMB) dated 29.01.2019 stating that the disabilities of the applicant have been assessed as NANA by the military service and in the meantime were assessed at less than 20% and hence the applicant cannot be granted the disability pension in terms of

Regulation 153 of the Pension Regulations for the Air Force 1961 (Part-1).

7. The applicant preferred first appeal dated 06.03.2019 and legal notice dated 10.04.2019 against the initial rejection for the grant of the disability pension by the respondents, however, the respondents in response to the legal notice dated 10.04.2019 filed their reply vide letter dated 10.05.2019 and had denied the claim of the applicant for the grant of disability pension in terms of Regulation 153 (supra) stating that IDs (ii) and (iii) were assessed as NANA by the military service and ID (i) was assessed at less than 20%.

8. The first appeal dated 06.03.2019 was also responded to by the respondents vide letter No. Air HQ/99798/5/307/2019/670967/DP/AV-III (Appeals) dated 26.02.2020, wherein the respondents have accepted the claim of the applicant for the grant of disability pension for ID (i) i.e., 'PIVD L-4, L-5, L-5 S-1 with LCS' at @ 20% for life duly rounded off to 50% in terms of PCDA (P) Allahabad Circular No. 584 dated

07.09.2018 and MoD letter No. 1(2)/97/D(Pen-C) dated 31.01.2001.

9. Aggrieved by the decision of the respondents for denying the disability element claim for IDs (ii) and (iii), 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 for consideration.

CONTENTIONS OF THE PARTIES

10. The learned counsel for the applicant submitted that the applicant was enrolled in the Indian Air Force on 15.12.1979, in sound physical and mental health, having been declared medically fit by the medical authorities at the time of entry and no note of any disease or disability was recorded during the initial medical examination or during the subsequent examination conducted at the training center, thereby establishing a presumption of sound health at the commencement of his military service.

11. The learned counsel for the applicant submitted that throughout the service, the applicant was subjected to arduous

duties in various challenging environments, including high-altitude areas like EAC (U) Shillong, extreme climatic conditions in Madras and Agra, and field postings such as Car-Nicobar. The learned counsel argued that these prolonged periods of service, often involving isolation from family and a lack of adequate rest directly resulted in the severe stress and strain that precipitated his medical conditions.

12. The learned counsel for the applicant submitted that while the Release Medical Board (RMB) assessed a 50% composite disability for all the diseases / disabilities, it erroneously and arbitrarily opined IDs (ii) and (iii) i.e., Type – II DM and Primary Hypertension, respectively, as NANA by the military service. The counsel contended that since these disabilities manifested during active service and were exacerbated by service-related stress, they must be legally presumed to be service-connected.

13. The learned counsel for the applicant submitted that the respondents had arbitrarily reduced the percentage of assessment for the disability (PIVD) from 20% to 10% for life, thereby denying him the disability pension he was entitled to

upon his discharge on 31.01.2019. It is further submitted that the applicant was not provided with the necessary medical documentation at the time of discharge to justify the denial or the specific reasons for the non-attributability.

14. The learned counsel for the applicant placed reliance on the judgment of the Hon'ble Supreme Court in the case of ***Dharamvir Singh* v. *Union of India and Ors.*** [2013 (7) SCC 36], to submit that the applicant was enrolled into military service after thorough medical examination and there was no note of any disability recorded in his service records, and therefore, any disability occurring during the period of his service is to be deemed to be attributable to or aggravated by military service.

15. The learned counsel for the applicant also placed reliance on the judgment of the Hon'ble Supreme Court in ***UOI & Ors. v. Rajbir Singh (Civil Appeal No. 2904/2011)*** whereby it was held that the disability must be presumed to have been arisen in the course of service which must, in the absence of any reason

recorded by the Medical Board, be presumed to have been attributable to or aggravated by military service.

16. *Per Contra,* the learned counsel for the respondents vide Para 4 of their counter affidavit filed on 10.07.2020, submitted that the first appellate committee after examining the facts and relevant medical record accepted the disability 'PIVD L-4, L-5, L-5 S-1 with LCS' as aggravated by the service with 20% disablement and the sanction of the competent authority was accorded under GoI-MoD Order No. 4684/DIR (PEN)/2001 dated 14.08.2001 as further amended vide Corrigendum of even number dated 07.11.2001 and 08.02.2002 for accepting the appeal and grant of disability pension for the disability 'PIVD L-4, L-5, L-5 S-1 with LCS' @ 20% for life (broad banded to 50%) to the applicant w.e.f. 01.02.2019 i.e., next date of discharge from service.

17. The learned counsel for the respondents submitted that the RMB has rightly held the disabilities of the applicant as

NANA being an expert medical body and that the opinion in the RMB has to be given due weight, value and credence.

18. The learned counsel for the respondents relied on Regulation 153 of Pension Regulation for the IAF, 1961, Part-I which states to the effect: -

> ***"Unless otherwise specifically provided a disability pension consisting of service element and disability element may be granted to an individual who is invalided out of 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."***

However, in the instant case, the IDs (ii) and (iii) i.e., **'Type – II DM (OLD) Z 09.0 and Primary Hypertension (OLD) Z 09.0'** respectively, of the applicant, were considered as neither attributable to nor aggravated (NANA) by the military service and thus, the applicant will not be entitled for disability pension in terms of Regulation 153 of the Pension Regulations for the IAF, 1961.

ANALYSIS

19. We have heard the learned counsel for both the parties at length and have perused the records produced before us.

20. Since the respondents vide their letter dated 26.02.2020 have already accepted the claim of the applicant for the grant of the disability pension for one of the disabilities of the applicant i.e., **PIVD L-4, L-5, L-5 S-1 with LCS** at @ 20% for life, duly rounded off to 50%, the present OA is being considered for the grant of disability pension for the other two disabilities i.e., **'Type – II DM (OLD) Z 09.0'** and **'Primary Hypertension (OLD) Z 09.0'.**

21. It is an undisputed fact that at the time of joining the service in December, 1979, the applicant was found medically fit and the disabilities of the applicant under consideration i.e., Type-II Diabetes Mellitus @ 20% and Primary Hypertension @ 30%, both for life long, had admittedly first occurred in August, 2012 and March, 2016 respectively, i.e., after about 33-34 years of service.

22. The disabilities in question i.e., Type-II Diabetes Mellitus @ 20% and Primary Hypertension @ 30%, have already been assessed more than the minimum requisite assessment criteria of 20%, in terms of Regulation 153 of the Pension Regulations for the IAF, 1961 (Part – 1) and, therefore, the question which is to be considered in the case at hand is, whether the disabilities suffered by the applicant are attributable to or aggravated by military service or not?

23. The issue of attributability of the disease is no longer *res integra* in view of the verdict of the Hon'ble Apex Court in ***Dharamvir Singh v. Union of India (supra)***, wherein it is clearly spelt out that any disease contracted during service is presumed to be attributable to military service, if there is no record of any ailment at the time of commission into the Military Service.

24. 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:
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).
In cases of self-inflicted injuries white '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 contacted 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."

25. 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) 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),___

has not been obliterated.

26. With regard to the disability 'Type – II Diabetes Mellitus', it is pertinent to refer to Para 26 of the Guide to Medical Officers

(Military Pensions), 2008, for assessing the attributability/aggravation of the disability, which provides 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."***

27. During the course of the proceedings on 16.02.2026, the respondents have submitted the copies of the RMB proceedings dated 22.03.2018. Part – I (Personal Statement) of the RMB gives the details of the service of the applicant as to peace / field posting and it is evident that throughout his service career, the applicant was posted to many different area postings involving one field posting. The posting profile as provided in the RMB is reproduced to the effect: -

S.No.	Period		Place / Ship	P/F
	From	To		
1.	15.12.79	16.01.81	1 GTS	Peace
2.	17.01.81	22.01.84	EAC (U)	Peace
3.	23.01.84	07.08.88	25 ED	Peace
4.	08.08.88	19.12.93	23 ED	Peace
5.	20.12.93	07.12.97	12 WG	Peace
6.	08.12.97	31.05.02	PTS	Peace
7.	01.06.02	25.05.23	4 WG	Peace
8.	26.05.03	07.02.05	37 WG	*Field*
9.	08.02.05	24.01.10	11 AFH	Peace
10.	25.01.10	27.10.13	HQ TC	Peace
11.	28.10.13	29.01.17	14 FBSU	Peace
12.	30.01.17	15.10.17	DTE ACCTS	Peace
13.	16.10.17	Till Date	28 WG	Peace

28. From the posting profile mentioned hereinabove, it is evident that throughout his service career the applicant had undergone prolonged exposure to a field and various peace areas. It is also pertinent to note that the applicant contracted the disability 'Type – II Diabetes Mellitus' @ 20% in August, 2012, i.e., after 33 years of long service and hence the accumulated stress and strain of 33 years long service as a contributing factor for the onset of the disability of Diabetes Mellitus Type-II, cannot be overlooked and it also bears a direct causal connection with service conditions.

29. Qua the disability Primary Hypertension assessed at @ 30% for life, we may refer to Para 43 of Chapter VI of the Guide to Medical Officers (Military Pensions), 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.

(emphasis supplied)"

30. The respondents while denying the attributability or aggravation of the disability Primary Hypertension of the applicant submitted that the same had occurred in a peace station and the applicant was posted to peace station prior to the onset and there was no close time association with stress & strain of the field service or any dietary compulsion or infection / trauma. We do not agree with this contention as raised on behalf of the respondents that the onset of the disability had been in peace station, the said statement is unjustified as 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 the stressful and hostile environment, difficult weather conditions and under strict disciplinary norms over in Peace stations.

31. The aspect of attributability or aggravation of a disability in 'peace' posting / area(s) is already settled. The Hon'ble Delhi High

Court vide its judgment dated 06.01.2026 in **W.P.(C) 88/2026** in the case of ***Union of India & Ors. v. Ex Sgt. Krishna Kumar Diwedi*** while relying on the authoritative judgments by the coordinate bench of the Hon'ble Delhi High Court in **W.P.(C) 3545/2025** in the case of ***Union of India v. Ex Sub Gawas Anil Madso*** and in W.P.(C) 140/2024 in the case of ***Union of India v. Col Balbir Singh (Retd.),*** dismissed the writ petition preferred by the Union of India against the grant of the disability pension to the respondent for Primary Hypertension at 30%, duly rounded off to 50% for life. While dismissing the petition, the Hon'ble Delhi High Court vide Paragraph 11.2 of the judgment dated 06.01.2026 observed as under: -

> ***"11.2. The coordinate Bench in Union of India v. Col. Balbir Singh (Retd.) (supra) after considering the Regulation 423(a) of the Regulations for the Medical Services of the Armed forces, 2010, held that it is immaterial whether a disability occurs in field/active service or under normal peace conditions. The Court concluded that the mere fact that at the time of onset of the disease, military service was being rendered in peace locations or that the disease is a life style disorder, would not by itself, be a sufficient reason to deny the grant of disability pension. The relevant paragraphs of the said judgment are as under: -***

"66. It would also be important to note the provision relevant to attributability, that is, Regulation 423 of the Regulations for the Medical Services of the Armed Forces, 2010. The said provision reads 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. ...."*

67. This provision was summarized in Rajumon T.M. (supra), wherein it was observed as under:

> *"17. A careful examination of Regulation 423 of the Regulation for Medical Services for Armed Forces would reveal the following aspects: 1. It is immaterial whether the cause giving rise to the disability or death occurred in an area declared to be a field service/active service area or under normal peace conditions 2. It is, however, essential to establish that the disability or death bore a casual connection with the service*

conditions. 3. All evidence, both direct and circumstantial, will be taken into account and benefit of reasonable doubt, if any, will be given to the individual....."

68. From a plain reading of Regulation 423(a) of the Regulations for the Medical Services of the Armed Forces, 2010, it is clear that whether a disability or death occurs in a Field/Active service area or under normal Peace conditions is immaterial.

69. Nonetheless, it must be noted that even in Peace Stations, military service is inherently stressful due to a combination of factors such as strict discipline, long working hours, limited personal freedom, and constant readiness for deployment. The psychological burden of being away from family, living in isolated or challenging environments, and coping with the uncertainty of sudden transfers or duties adds to this strain. Additionally, the toll of continuous combat training further contributes to mental fatigue. Despite the absence of active conflict or the challenges of hard area postings, the demanding nature of military life at peace stations can significantly impact the overall well-being of personnel.

70. Undisputably, even when not on the front lines or in hard areas, soldiers are aware that the threat is never far away. This environment, where danger is a constant reality for their peers and could become their own at any moment, creates a persistent state of mental and emotional strain that cannot be overlooked. Thus, military service, whether in peace locations or operational zones, inherently carries stress that may predispose Force personnel to medical conditions such as hypertension.

71. Moreover, it must be noted that lifestyle varies from individual to individual. Therefore, a mere statement that a disease is a lifestyle disorder cannot be a sufficient reason to deny the grant of Disability Pension, unless the Medical Board has duly examined and recorded particulars relevant to the individual concerned.

73. A reading of the above reinforces that disability pension cannot be denied solely on the ground that the onset of the disability occurred while the Force personnel were posted at Peace Station. Furthermore, it is evident that when Force personnel have rendered prolonged military service, there exists a substantial onus on the RMB to establish that the hypertension is not attributable to or aggravated by military service."

(Emphasis Supplied)"

32. It is also observed that SLP(C) No. 30497/2025 filed by the Union of India against specific case of Col. Balbir Singh (Retd.) has been dismissed vide order dated 14.11.2025 and SLP(C) No. 17763-17764/2025 filed by the Union of India against Gawas Anil Madso is pending, however, there is no stay of the said judgment.

33. Moreover, there is no note made in the applicant's medical documents that he was suffering from any disease at the time of joining the service. There is no record to show that the applicant has suffered the disability due to hereditary or unhealthy lifestyle nor is there any family history of the applicant placed on record. We are, therefore, of the considered view that in these circumstances in view of the settled law and provisions on the point of attributability/aggravation, the disability suffered by the applicant has to be held/ to be attributable to and aggravated by the military service.

34. The applicant had undergone prolonged exposure to a field and various peace areas throughout the service and it is also pertinent to note that the applicant contracted the disability 'Primary Hypertension' @ 30% in March, 2016, i.e., after 36 years of long service and hence the accumulated stress and strain of 36

years long service as a contributing factor for the onset of the disability of Primary Hypertension, cannot be overlooked and it also bears a direct causal connection with service conditions.

35. In view of the aforesaid considerations and parameters, the applicant's claim for entitlement of the disability element of the disability pension for the disabilities; **'Type – II Diabetes Mellitus'** and **'Primary Hypertension'** is allowed. The office of DGAFMS, MoD issued letter no. ***16036/RMB/IMB/DGAFMS/MA (pens) dated 14.12.2009*** has enumerated the correct method of computing composite disabilities in case when there are two or more disabilities due to service. The relevant extract of the above letter is reproduced as under: -

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2. As per the present laid down policy whenever there are two or more disabilities due to service, the compensation will be based on the composite assessment of the degree of disablement. When separate disabilities have entirely different functional effects, the composite assessment is taken as the arithmetical sum of their separate assessments. But where the functional effects of the disabilities overlap, the composite assessment will

be reduced in proportion to the degree of overlapping.

3. It has been observed by this office during perusal of RMB/MB proceedings conducted at various hospitals of the armed forces, that on several instances the members of the armed forces having two of more disabilities having similar assessment for individual disabilities have been given a composite assessment which have a wide variance between different Medical Boards thus defying fairness and uniformity. Particularly those cases pertaining to the former policy as mentioned in Para 2 above, where the separate disabilities having different functional effects and the composite assessment is taken as the arithmetic sum of their separate assessments it has been found that members have been over assessed by the medical boards which is not commensurate with the overall functional ability of the individual.

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36. Therefore, the correct calculation of the composite disability in this case is as follows:

Disability	**Assessment**	**Net Assessment**
PIVD	20%	20% (already conceded by the respondents)
Diabetes Mellitus	20%	16%
Primary Hypertension	30%	15%

Calculation:

Disability 1 – PIVD = **20%**

Disability 2 – Type – II Diabetes Mellitus (100-20) = 80*20/100 = **16%**

Disability 3 – Primary Hypertension (80-30) = 50*30/100 = **15%**

Composite Assessment = 20 + 16 + 15 = 51%

The rounding off of the composite assessment of 51% will be 75%.

CONCLUSION

37. In view of the aforesaid judicial pronouncements and the parameters referred to above, OA 1178/2019 is allowed. The respondents are thus directed to grant disability element of disability pension to the applicant @ 51% for life, duly rounded off to 75% for life, from the next date of discharge i.e., 01.02.2019 in terms of the judicial pronouncement of the Hon'ble Supreme Court in the case of ***Union of India*** Vs. ***Ram Avtar*** (Civil Appeal No. 418/2012) decided on 10.12.2014.

38. Accordingly, the respondents are directed to calculate, sanction and issue necessary PPO to the applicant within three months from the date of receipt of copy of this order, failing which, the applicant shall be entitled to interest @ 6% per annum till the date of payment.

39. There is no order as to costs.

Pronounced in the open Court on this 9th day of April, 2026.

[REAR ADMIRAL DHIREN VIG]
MEMBER (A)

[JUSTICE ANU MALHOTRA]
MEMBER (J)

Staff/P