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* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

\+ W.P.(C) 18181/2025, CM APPLs. 75193/2025 & 75194/2025

UNION OF INDIA & ORS. .....Petitioners

Through: Mr. Jitesh Vikram Srivastava, Sr. PC Mr. Prajesh Vikram Srivastava, Adv. for UOI with Sgt. Manish Kumar Singh and Sgt. Mrityunjay, Legal Cell (Air Force)

versus

GP CAPT SHASHI KANT MISHRA (RETD) (L9406-F) .....Respondent

Through:

CORAM:
HON'BLE MR. JUSTICE C. HARI SHANKAR
HON'BLE MR. JUSTICE OM PRAKASH SHUKLA

JUDGMENT (ORAL)

% 01.12.2025

C. HARI SHANKAR, J.

1. This petition assails orders dated 27 February 2024 passed by the Armed Forces Tribunal[1] in OA 97/2022 whereby the respondent's application for grant of disability pension on the ground that he suffers from Coronary Artery Disease ASMI DVD (LAD and LCX) P/PCI to LAD.Normal LV Function[2] and Primary Hypertension composite 51% rounded off to 75%, has been allowed by the AFT.

2. The issue is covered by a recent decision rendered by us in ***UOI***

[1] "the AFT", hereinafter
[2] "CAD", hereinafter

v Ex Sub Gawas Anil Madso[3].

3. Nonetheless, we have heard Mr. Jitesh Vikram Srivastava, SPC for the petitioners, and have perused the record.

4. The respondent was released in Low Medical Category on his being found to be suffering from CAD and Primary Hypertension. From the record, including the proceedings of the Release Medical Board[4], the following facts emerged:

(i) The respondent had served in the Air Force for over 33 years before he was diagnosed as suffering from CAD and Primary Hypertension.

(ii) The respondent, in his self-declaration, specifically declared that he had not been suffering from CAD and Primary Hypertension prior to joining the Air Force. The declaration reads thus:

> 2.(a) Did you suffer from any disability before joining the Armed Forces? If so give details and dates. NO

The correctness of this declaration is not doubted either by the RMB or by the petitioner before the AFT or before this Court.

(iii) The reason regarding the CAD and primary hypertension

[3] **318 (2025) DLT 711**
[4] "RMB", hereinafter

suffered by the respondent has not been attributable to military service, as entered by the RMB reads thus:

> "Coronary Artery Disease ASMI DVD (LAD and LCX) P / PCI to LAD. Normal LV Function 125.1: The onset of disability was in peace area and individual continued to serve in peace station after the onset, till retirement. The 14 days charter of duties placed on file does not reveal exposure to exceptional physical, mental or emotional service related stress. He was managed appropriately at service hospitals and there was no service related worsening. Hence, disability is conceded as NANA by service in terms of para 47, Chapter VI, GMO 2002, amended 2008.
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> Primary Hypertension: It is a life style disorder. Onset of disability is in peace area, there is no close association with Field/CI-OPS/HAA, and there is no delay in diagnosis/treatment. Hence, not connected with military service, vide Para 43 of Chapter VI of GMO 2008 (Mil Pens)."

(iv) We have already held, in our judgment in ***Gawas Anil Madso***, that where the applicant was not suffering from the ailment at the time of entry into service, the RMB is required to positively identify the cause for the ailment, to justify a finding that it is not attributable to military service. The Commanding Officer's certificate specifically states that the respondent was not responsible, owing to any act or omission of his, for the ailment from which he was suffering. The entry in that regard reads as under:

2. (a) Was the disease/disability attributable to the individual's own negligence or misconduct? If Yes, in what way? No.

(v) Regarding para 43 of the Chapter VI of the GMO 2008, we have, in our judgment in ***UOI v WO Binod Kumar Sah (Retd[5])***, observed thus:

> "12. Para 43 of the Chapter VI of the GMO 2008, vivisected into its individual components, specifies that, while dealing with hypertension
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> (i) the RMB is required to determine whether the hypertension is primary or secondary,
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> (ii) if the hypertension is secondary, entitlement consideration should be directed to the underlying disease process,
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> (iii) where disablement for essential hypertension appears to have arisen to, or become worse in, service, it has to be considered whether service compulsion caused aggravation,
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> (iv) in cases where the disease has been reported after long and frequent spells of service in Field/HAA/Active Operational Areas, the case could be explained by variable response exhibited by different individuals to stressful situations and
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> (v) primary hypertension would be considered aggravated if it occurred while the officer was serving in field areas, HAA, CIOPS areas or prolonged afloat service."

(vi) Regarding para 47 of Chapter VI of the GMO 2008, we have, in our judgment in ***Union of India v. Dharmendra Prasad[6]*** observed thus:

> " 10.2 We have seen para 47 of the 2008 Guidelines, which read as under:—

[5] **2025 SCC OnLine Del 2355**
[6] **2025 SCC OnLine Del 2549**

47. Ischaemic Heart Disease (IHD). IHD is a spectrum of clinical disorders which includes asymptomatic IHD, chronic stable angina, unstable angina, acute myocardial infarction and sudden cardiac death (SCD) occurring as a result of the process of atherosclerosis. Plaque fissuring and rupture is followed by deposition of thrombus on the atheromatous plaque and a variable degree of occlusion of the coronary artery. A total occlusion results in myocardial infarction in the territory of the artery occluded. Prolonged stress and strain hastens atherosclerosis by triggering of neurohormonal mechanism and autonomic storms. It is now well established that autonomic nervous system disturbances precipitated by emotions, stress and strain, through the agency of catecholamines affect the lipid response, blood pressure, increased platelet aggregation, heart rate and produce ECG abnormality and arrhythmias.

The service in field and high altitude areas apart from physical hardship imposes considerable mental stress of solitude and separation from family leaving the individual tense and anxious as quite often separation entails running of separate establishment, financial crisis, disturbance of child education and lack of security for family. Apart from this, compulsory group living restricts his freedom of activity. These factors jointly and severally can become a chronic source of mental stress and strain precipitating an attack of IHD. IHD arising in while serving in Field area/HAA/CI Ops area or during OPS in an indl who was previously in SHAPE-I will be considered as attributable to mil service.

Entitlement in Ischemic heart disease will be decided as follows:—

(a) Attributability will be conceded where : A myocardial infarction arises during service in close time relationship to a service compulsion involving severe trauma or exceptional mental, emotional or physical strain, provided that the interval between the incident and the development of symptoms is approximately 24 to 48 hours. IHD arising in while serving in Field area/HAA/CI Ops area or during OPS in an indl who was

previously in SHAPE-I will be considered as attributable to mil service.

Attributability will also be conceded when the underlying disease is either embolus or thrombus arising out of trauma in case of boxers and surgery, infectious diseases. E.g. Infective endocarditis, exposure to HAA, extreme heat.

(b) Aggravation will be conceded in cases in which there is evidence of:—

IHD occurring in a setting of hypertension, diabetes and vasculitis, entitlement can be judged on its own merits and only aggravation will be conceded in these cases. Also aggravation may be conceded in persons having been diagnosed as IHD are required to perform duties in high altitude areas, field areas, counter insurgency areas, ships and submarines due to service compulsions.

There would be cases where neither immediate nor prolonged exceptional stress and strain of service is evident. In such cases the disease may be assumed to be the result of biological factors, heredity and way of life such as indulging in risk factors e.g. smoking. Neither attributability nor aggravation can be conceded in such cases."

(vii) The RMB has certified the respondent as suffering from 51% disability on account of CAD and primary hypertension, for life.

5. Thus, we find that even the specialist who examined the respondent did not arrive at any conclusion that the CAD and Primary Hypertension from which the respondent suffered was not attributable to military service.

6. In such circumstances, we have held in the decision in ***Ex Sub***

Gawas Anil Madso that the respondent would be entitled to disability pension.

7. We do not deem it necessary to reproduce our findings in the said decision, so as not to burden this judgment.

8. We have also been conscious of the fact that we are exercising *certiorari* jurisdiction over the decision of the AFT and are not sitting in appeal over the said decision.

9. The parameters of *certiorari* jurisdiction are delineated in the following passages of ***Syed Yakoob v K.S. Radhakrishnan***[7]**:**

> "7. The question about the limits of the jurisdiction of High Courts in issuing a writ of certiorari under Article 226 has been frequently considered by this Court and the true legal position in that behalf is no longer in doubt. *A writ of certiorari can be issued for correcting errors of jurisdiction committed by inferior courts or tribunals: these are cases where orders are passed by inferior courts or tribunals without jurisdiction, or is in excess of it, or as a result of failure to exercise jurisdiction. A writ can similarly be issued where in exercise of jurisdiction conferred on it, the Court or Tribunal acts illegally or properly, as for instance, it decides a question without giving an opportunity, be heard to the party affected by the order, or where the procedure adopted in dealing with the dispute is opposed to principles of natural justice. There is, however, no doubt that the jurisdiction to issue a writ of certiorari is a supervisory jurisdiction and the Court exercising it is not entitled to act as an appellate Court.* This limitation necessarily means that findings of fact reached by the inferior Court or Tribunal as result of the appreciation of evidence cannot be reopened or questioned in writ proceedings. *An error of law which is apparent on the face of the record can be corrected by a writ, but not an error of fact, however grave it may appear to be. In regard to a finding of fact recorded by the Tribunal, a writ of*

[7] **AIR 1964 SC 477**

certiorari can be issued if it is shown that in recording the said finding, the Tribunal had erroneously refused to admit admissible and material evidence, or had erroneously admitted inadmissible evidence which has influenced the impugned finding. Similarly, if a finding of fact is based on no evidence, that would be regarded as an error of law which can be corrected by a writ of certiorari. In dealing with this category of cases, however, we must always bear in mind that a finding of fact recorded by the Tribunal cannot be challenged in proceedings for a writ of certiorari on the ground that the relevant and material evidence adduced before the Tribunal was insufficient or inadequate to sustain the impugned finding. The adequacy or sufficiency of evidence led on a point and the inference of fact to be drawn from the said finding are within the exclusive jurisdiction of the Tribunal, and the said points cannot be agitated before a writ Court. It is within these limits that the jurisdiction conferred on the High Courts under Article 226 to issue a writ of certiorari can be legitimately exercised (*vide* ***Hari Vishnu Kamath v Syed Ahmad Ishaque***[8]***, Nagandra Nath Bora v Commissioner of Hills Division and Appeals Assam***[9] *and* ***Kaushalya Devi v Bachittar Singh***[10].

8. It is, of course, not easy to define or adequately describe what an error of law apparent on the face of the record means. *What can be corrected by a writ has to be an error of law; hut it must be such an error of law as can be regarded as one which is apparent on the face of the record. Where it is manifest or clear that the conclusion of law recorded by an inferior Court or Tribunal is based on an obvious mis-interpretation of the relevant statutory provision, or sometimes in ignorance of it, or may be, even in disregard of it, or is expressly founded on reasons which are wrong in law, the said conclusion can be corrected by a writ of certiorari. In all these cases, the impugned conclusion should be so plainly inconsistent with the relevant statutory provision that no difficulty is experienced by the High Court in holding that the said error of law is apparent on the face of the record*. It may also be that in some cases, the impugned error of law may not be obvious or patent on the face of the record as such and the Court may need an argument to discover the said error; but *there can be no doubt that what can be corrected by a writ of certiorari is an error of law and the said error must, on the whole, be of such a character as would satisfy the test that it is an error of law apparent on the face of the record*. If a statutory provision is reasonably capable of two constructions and one construction has been adopted by the inferior

[8] (1954) 2 SCC 881
[9] AIR 1958 SC 398
[10] AIR 1960 SC 1168

> Court or Tribunal, its conclusion may not necessarily or always be open to correction by a writ of certiorari. In our opinion, it is neither possible nor desirable to attempt either to define or to describe adequately all cases of errors which can be appropriately described as errors of law apparent on the face of the record. Whether or not an impugned error is an error of law and an error of law which is apparent on the face of the record, must always depend upon the facts and circumstances of each case and upon the nature and scope of the legal provision which is alleged to have been misconstrued or contravened."
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> (Emphasis supplied)

10. Within the limited parameters of the *certiorari* jurisdiction and keeping in view the facts of the case outlined hereinabove, we find no cause to interfere with the impugned judgment of the AFT, which is affirmed in its entirety.

11. In addition, we find that our view stands fortified by paras 45.1, 46 and 47 of the judgment of the Supreme Court, rendered on 23 April 2025 in ***Bijender Singh v UOI***[11], which may be reproduced thus:

> "45.1. Thus, this Court held that essence of the Rules is that a member of the armed forces is presumed to be in sound physical and mental condition at the time of his entry into the service if there is no note or record to the contrary made at the time of such entry. In the event of subsequent discharge from service on medical ground, any deterioration in health would be presumed to be due to military service. The burden would be on the employer to rebut the presumption that the disability suffered by the member was neither attributable to nor aggravated by military service. If the Medical Board is of the opinion that the disease suffered by the member could not have been detected at the time of entry into service, the Medical Board has to give reasons for saying so. This Court highlighted that the provision for payment of disability pension is a beneficial one which ought to be interpreted liberally. A soldier cannot be asked to prove that the disease was contracted by him on account of military service or was aggravated by the same. The very fact that upon proper physical and other tests, the member was

[11] **2025 SCC OnLine SC 895**

found fit to serve in the army would give rise to a presumption that he was disease free at the time of his entry into service. For the employer to say that such a disease was neither attributable to nor aggravated by military service, the least that is required to be done is to furnish reasons for taking such a view.

46. Referring back to the impugned order dated 26.02.2016, we find that the Tribunal simply went by the remarks of the Invaliding Medical Board and Re-Survey Medical Boards to hold that since the disability of the appellant was less than 20%, he would not be entitled to the disability element of the disability pension. Tribunal did not examine the issue as to whether the disability was attributable to or aggravated by military service. In the instant case neither has it been mentioned by the Invaliding Medical Board nor by the Re-Survey Medical Boards that the disease for which the appellant was invalided out of service could not be detected at the time of entry into military service. As a matter of fact, the Invaliding Medical Board was quite categorical that no disability of the appellant existed before entering service. As would be evident from the aforesaid decisions of this Court, the law has by now crystalized that if there is no note or report of the Medical Board at the time of entry into service that the member suffered from any particular disease, the presumption would be that the member got afflicted by the said disease because of military service. Therefore the burden of proving that the disease is not attributable to or aggravated by military service rest entirely on the employer. Further, any disease or disability for which a member of the armed forces is invalided out of service would have to be assumed to be above 20% and attract grant of 50% disability pension.

47. Thus having regard to the discussions made above, we are of the considered view that the impugned orders of the Tribunal are wholly unsustainable in law. That being the position, impugned orders dated 22.01.2018 and 26.02.2016 are hereby set aside. Consequently, respondents are directed to grant the disability element of disability pension to the appellant at the rate of 50% with effect from 01.01.1996 onwards for life. The arrears shall carry interest at the rate of 6% per annum till payment. The above directions shall be carried out by the respondents within three months from today."

12. The present petition is, accordingly, dismissed in *limine*.

13. Compliance with the impugned judgement of the AFT, if not already ensured, be ensured within a period of twelve weeks from today.

C. HARI SHANKAR, J.

OM PRAKASH SHUKLA, J.

DECEMBER 1, 2025/*aky*