2025 INSC 644

R E P O R T A B L E

IN THE SUPREME COURT OF INDIA
CIVIL APPELLATE JURISDICTION

CIVIL APPEAL No.998 OF 2025
(@ DIARY NO. 20836 OF 2022)

RAJUMON T.M. **…APPELLANT (S)**

VERSUS

UNION OF INDIA & ORS. **…RESPONDENT(S)**

J U D G M E N T

NONGMEIKAPAM KOTISWAR SINGH, J.

The present appeal has been preferred against the judgment and final order dated 17.01.2013 passed by the Armed Forces Tribunal, Regional Bench, Kochi in OA No.100 of 2011 by which the claim of the appellant for grant of disabilities pension was denied to the appellant.

2. Only the relevant facts in brief for the purpose of deciding this appeal may be adverted to.

3. The appellant, Rajumon T.M. No.13978552W was enrolled in the Indian Army on 17.11.1988 as a sepoy and after serving more than 9 (nine)

years he was discharged from service on being diagnosed with Schizophrenia. His discharge on medical invalidation was based on the opinion of the Invalidating Medical Board held on 30 March, 1998 at the Command Hospital, Western Command, Chandimandir which found that the onset of the invalidating disease was in August 1993 during which period the appellant had served in a peace station and that the disability was neither attributable to nor aggravated by military service and the said disease of the appellant was constitutional in nature and not connected with the service. The disability was assessed at 30 percent for two years. Accordingly, the appellant's claim for disability pension was rejected by the CCDA (Pension), Allahabad vide letter dated 04.01.1999 which was communicated to the appellant by the AMC Records vide letter dated 15.01.1999.

4. The said rejection was challenged before the first appellate committee which was dismissed. The appellant, thereafter, made an unsuccessful attempt for redressal of his grievances through a Member of the Parliament. The appellant was informed by the Ministry of Defence vide communication dated 07.11.2009 that the matter had already been considered and his appeal against rejection of disability pension claim was turned down earlier by the competent authority. He was also informed that he had not preferred the second appeal after his first appeal was dismissed.

5. Being aggrieved by the rejection of his claim for disability pension, the appellant unsuccessfully approached the Armed Forces Tribunal, Original Bench at Kochi in OA No.100 of 2011 which was heard with other applicants seeking similar reliefs.

6. Before the Armed Forces Tribunal it was pleaded by the appellant that he had been found medically fit at the time of enrolment and nothing adverse was noted at that point of time and the appellant became afflicted with the said disease during his service which had nothing to do with the family conditions and since the said disease developed in course of his service, he was entitled to the disability pension.

7. The respondents contested the claim of the appellant before the Armed Forces Tribunal by contending that the appellant had been posted at peace station at the time of onset of the disease and being deployed in peace stations, and it could not have contributed to the said illness nor can the service said to have aggravated the disease, which was confirmed by the Medical Board on examination of the appellant as mentioned above. Further, it was contended that nothing was brought on record to contradict the finding of the Medical Board and as such the claim of the appellant could not be entertained.

8. In support of the claim of the respondents, a number of decisions of this Court were relied upon namely; ***Union of India & Ors. vs. Keshar Singh,***

(2007) 12 SCC 675; Union of India & Ors. vs. Surinder Singh Rathore, (2008) 5 SCC 747; Secretary, Ministry of Defence and Ors. vs. A.V.Damodaran (Dead) through LRs. and others, (2009) 9 SCC 140; Union of India & Ors. vs. Jujhar Singh, (2011) 7 SCC 735; Union of India and Anr. vs. Talwinder Singh, (2012) 5 SCC 480, No. 14666828M EX CFN Narsingh Yadav vs. Union of India & Ors. (2019) 9 SCC 667, and the decision of Kerala High Court in ***Baby vs. Union of India, 2003 (3) KLT 362 (FB).***

9. The Tribunal, on consideration of the aforesaid decisions and relevant Rules made the following observations in para 17 of the impugned judgment, which are reproduced herebelow:-

> "17. The legal portion as emerged out from the aforesaid decisions is shortlisted as follows :
>
> (i) The disability pension is payable only when the disability has occurred due to wound, injury or disease which is attributable to military service or existed before or arose during military service and has been and remains aggravated during the military service and recorded as such by the service medical authorities.
>
> (ii) The opinion of the Medical Board should be given primacy in deciding cases of disability pension. In case the Medical Authorities record the specific finding that the disability was neither attributable to nor aggravated by the military service, the court should not ignore such a finding for the reason that Medical Board is specialised authority composed of expert medical doctors and it is a final authority to give opinion regarding attributability and aggravation of the disability due to the military

service and the conditions of service resulting in the disablement of the individual. As such, the opinion of the Medical Board must be given due weight, value and credence.

(iii) When an individual is physically fit at the time of enrolment and no note regarding adverse physical factor is made at the time of entry into service and if the individual is discharged before the completion of full tenure on account of his physical disability, the initial onus of proving that the disability is not attributable to the Military Service shall be on the authority. However, in the cases where it is found on perusal of the available evidence that the individual had withheld relevant information or that the service conditions were not such as could have resulted in physical disability, the onus shall shift to the claimant.

(iv) The disease which has led to the individuals discharge will ordinarily be deemed to have arisen in the course of service if no note of it was made at the time of individual's acceptance for military service. However, the above deeming fiction is not available to the individual if the medical opinion, for the reasons to be recorded, hold the disease could not have been detected on medical examination prior to the claimant's acceptance to the service.

(v) A person claiming disability pension must establish that the disease or injury suffered by him bears a causal connection with the military service.

(vi) The direct and circumstantial evidence of the case is to be taken into account and the benefit of doubt if any is to be given to the individual.

(vii) A liberal approach is to be adopted in the matter of services rendered in the field areas.

10. By adopting the aforesaid principles derived from the decisions relied upon, the Tribunal rejected the claim of the appellant as follows :

> "20. As regards the claim for disability pension by Rajumon.T.M., (the applicant in OA No.100 of 2011), it is on record that the onset of the disease was in August/September 1993, during which period he was serving at Nasirabad, which is a peace station. It is also on record that the applicant had never served any operational area, high altitude or snow bound area. The Medical Board has opined that the disability of the applicant was a constitutional personality disorder. In our considered view, the disability did not occur to the applicant due to the conditions of the service. Therefore, the opinion of the Medical Board based on the applicant's physical and clinical examination, his past history and apparent symptoms, is liable to be relied upon, and accordingly, it is held that the disability of the applicant was neither attributable to nor aggravated by military service."

11. We have heard the parties and gone through the records.

12. We are in agreement with the legal propositions emanating out of the decisions of this Court as culled out by the Tribunal as reproduced above. However, while applying the same in the facts of the present case, we find certain distinguishing features in the present case which persuaded us to arrive at a different conclusion from that of the Tribunal.

13. This Court in the aforesaid decisions of ***Keshar Singh*** *(supra*); ***Surinder Singh Rathore*** *(supra); **A.V.Damodaran** (supra); **Jujhar Singh** (supra); **Talwinder Singh** (supra)* had examined Regulation 173 of the Pension Regulations for the Army, 1961, which deals with the primary conditions of grant of disability pension which provide, *inter alia*, that the disability pension would be granted if it is attributable to or aggravated by the

military service. The said Regulation 173 is accordingly reproduced herein as below:

> "173. Primary conditions for the grant of disability pension. — *Unless otherwise specifically provided a disability pension may be granted to an individual who is invalided from service on account of a disability which is attributable to or aggravated by military service and is assessed at 20 per cent or above.*

14. The question as to whether the disability is attributable to or aggravated by military service is to be determined as per Appendix II to the said Regulations.

Relevant portions in Appendix II read as follows:

> "2. Disablement or death shall be accepted as due to military service provided it is certified that—
>
> (a) The disablement is due to wound, injury or disease which—
>
> (i) is attributable to military service; or
>
> (ii) existed before or arose during military service and has been and remains aggravated thereby;
>
> (b) the death was due to or hastened by—
>
> (i) a wound, injury or disease which was attributable to military service, or
>
> (ii) the aggravation by military service of a wound, injury or disease which existed before or arose during military service.
>
> Note.—The rule also covers cases of death after discharge/invaliding from service.
>
> 3. There must be a causal connection between disablement or death and military service for attributability or aggravation to be conceded.
>
> 4. In deciding on the issue of entitlement all the evidence, both direct and circumstantial, will be taken into account and the benefit or reasonable doubt will be

> given to the claimant. This benefit will be given more liberally to the claimant in field service case."

15. Thus, the aforesaid Regulation 173 read with Appendix II makes it very clear that disability must be attributable to or aggravated by military service for purposes of grant of disability pension and what amounts to disability has been elaborated in Appendix II of the Regulations as quoted above. The Appendix II clarifies that there must be a casual connection between the disablement or death and military service for attributability to be considered.

Clause 4 of the aforesaid Appendix II further provides that in deciding on the issue of entitlement, all the evidence, both direct and circumstantial, will be taken into account and the benefit or reasonable doubt will be given to the claimant and this benefit will be given more liberally to the claimant in field service case.

16. As to how a disability can be attributed to service has been further explained clearly in Regulation 423 of the Regulations for Medical Services for Armed Forces 1983, which has been also referred to by the Tribunal and by this Court in the above-mentioned cases, which is reproduced herein below for easy reference:

> "***423. Attributability to service***.—*(a) For the purpose of determining whether the cause of a disability or death is or is 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 service/active service area or under normal peace conditions. It is, however,*

essential to establish whether the disability or death bore a casual connection with the service conditions. All evidence, 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 carry the 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 favour, 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 doubt could be given more liberally to the individual, in cases occurring in field service/active service areas.

(b) The cause of a disability or death resulting from wound or injury, will be regarded as attributable to service if the wound/injury was sustained during the actual performance of 'duty' in armed forces. 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 disability 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 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, insofar as it relates to the actual cause 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 attributed to service 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) AFMS F-81 in all cases other than those due to injuries.

(ii) IAFY-2006 in all cases of injuries other than battle 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 ADMS (Army)/DMS (Navy)/DMS (Air)."

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.

4. 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.

5. However, if the 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.

6. The question, whether a disability or death 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 certificate. *The Medical Board/medical officer will specify reasons for their/his opinion*.

7. The opinion of the Medical Board/medical officer, insofar as it relates to the actual cause of the disability or death and the circumstances in which it originated will be regarded as *final*.

8. The question whether the cause and the attendant circumstances can be attributed to service will, however, be decided by the pension sanctioning authority.

9. 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) AFMS F-81 : in all cases other than those due to injuries.

(ii) IAFY 2006 : in all cases of injuries other than battle injuries.

18. Having kept the aforesaid aspects in mind, we have examined the records, more particularly the original records of the Medical Board Proceedings produced before us, a copy of which is also annexed as Annexure R-5 to the counter affidavit filed on behalf of the respondents.

A careful perusal of the aforesaid medical proceedings reveals the following :

(i) The details of the field/operational service have been mentioned in the said proceedings of the Medical Board (as per Form AFMSF-16) as peace stations as follows:

Field Operational/Overseas service: Giving dates and places				
From	To	Place	Peace	Field
17 Nov 88	21 May 90	AMC C & S LKC	Peace	--

22 May 90	01 May 94	MH Nasirabad	Peace	--
05 May 94	10 Dec 96	323 Pa Amb	Peace	--
11 Dec 96	To date	MH Patiala	Peace	--

It is to be noted that under Regulation 423 (a) referred to above, it is mentioned that for the purpose of determining whether the cause of disability is attributable to the service, it is immaterial that the cause giving rise to the disability occurred in an area declared to be field service/active service area or under normal peace conditions.

(ii) In para 2 of Part I of the said Form, the particulars of the disease from which the appellant was suffering from are mentioned as follows:

PART I			
Illness, wound, injury	First Started Date Place	Where treated	Approximate treated dates and periods treated
SCHIZOPHRENIA (295)	20.09.93 Nasirabad	Ahmedabad	September 93 to January 94

(iii) In para 3 and para 4 of Part I of the Form, the following entries have been made about the negative answers to the queries:

3.	Did you suffer from any disability mentioned in question 2 or anything like it before joining the Armed forces? If so, give details and date.	No
4.	Give details of any incidents during your service which you think caused or made your di8sability worse.	No

(iv) Coming to para 5 and para 6 of Part I of the Form, the following entries have been made:

5.	In case of wound or injury state how they happened and whether or not (a)Medical Board or Court of Injury was held (b) Injury Reported was submitted	No
6.	Any other information you wish to give about your health	No

The aforesaid entries are, therefore, a clear acknowledgement of the fact that the appellant was not suffering from the disease of Schizophrenia when he entered the service. Thus, it would be deemed that this disease arose while in service as provided under Regulation 423 (e). In fact, the absence of finding that the appellant was suffering from the disease before entering service is confirmed by the subsequent entries made in Parts II and III of the Form as regards his past medical history.

(v) Coming to Part II of the Medical Board proceedings of Form AFMSF-16, the following entries have been made:

PART II		
Disabilities	**Date of Origin**	**Place and unit where serving at the time**

Schizophrenia (Old) I MB	20.09.93	MH Nasirabad

2. Clinical details:

Note: (a) Give the salient facts of: -

(i) Personal and relevant family history - (Blank)
(ii) Specialist report and - (Blank)
(iii) Treatment - (Blank)

(b) State present condition in detail - (Blank)

(c) In this statement and in answering question in Part-III the Board will differentiate carefully between the individual's statement and the evidence recorded in the medical documents - (Blank)

It may be noted that the aforesaid entries in Part II are devoid of any details, and these have been left blank in the Form, though these are required to be mentioned in the Form. It thus clearly shows that the medical history of the appellant is not recorded. Hence, it can be said that the Medical Board had not considered the medical history of the appellant before coming to the conclusion that the disease the appellant was suffering from is constitutional and did not arise during service.

(vii) Coming to Part III of the Form AFMSF-16, the following entries are made:

PARTI III	
1.	Did the disability/ies exist before entering service? (Blank)

2.	(a) In respect of each disability the Medical Board on the evidence before & will express its views as to whether: (i) It is attributable to service during peace or under field service conditions: (ii) It has been aggravated thereby and remains so: or (i) & - (iii) - Yes, (ii) NO (i) & (iii) - No it is connected with service (iii) It is not connected with service (ii) Yes, it is not connected with service

The Board should state fully the reasons in regard to each disability on which its opinion is based. *(Emphasis added)*

Disability	A	B	C
Schizophrenia (Old) 1 MB	No	No	Yes

	(b) In respect of each disability shown as attributable under A, the Board should state fully, the specific condition and period in service which caused the disability.	NA
	(c) in respect of each disability shown as aggravated under B, the Board should state fully i. The specific condition and period in service which aggravated the disability. ii. Whether the effects of such aggravation still persist iii. If the answer (ii) is the affirmative, whether effect of aggravation ill persist for a material period.	NA
	(d) In the case of a disability under 'C' the Board should state what exactly in their opinion in the cause thereof.	CONSTITUTIONAL PERSONALITY DISORDER

<table>
<tr><td>3.</td><td>(a)Was the disability attributable to the individual's own negligence or misconduct? If so, in what way?</td><td>No</td></tr>
<tr><td></td><td>(b) If not attributable, was it aggravated by negligence or misconduct? If so, in what way and to what percentage of the total disablement?</td><td>No</td></tr>
<tr><td></td><td>(c) Has the individual refused to undergo operation/treatment? If so, individual's reasons will be recorded.</td><td>No</td></tr>
<tr><td>4.</td><td colspan="2">What is present degree of disablement as compared with a healthy person of the same age and sex?
<table>
<tr><td>Disability (As numbered in question I, Part II)</td><td>Percentage of disablement</td><td>Probable duration of this degree of disablement</td><td>Composite assessment (all disabilities)</td></tr>
<tr><td>Schizophrenia (Old) 1 MB</td><td>30% (Thirty percent)</td><td>02 years (Two Years)</td><td>30 % (Thirty percent)</td></tr>
</table></td></tr>
</table>

19. Perusal of the aforesaid entries made in Part III of the Form AFMSF-16 reveals that no reasons have been assigned at all as regards the nature of disability on which the opinion of the Medical Board is based that the appellant was suffering from constitutional personality disorder, though it has been specifically mentioned therein that the Medical Board should state fully the reasons with regard to the disability on which the opinion of the Medical Board is based.

20. In our opinion, the requirement to give reasons by the Medical Board is crucial, critical, decisive and necessary for the purpose of granting or denying

disability pension and it is not a mere formality, but a necessary material on the basis of which the pension sanctioning authority has to decide about the grant or refusal of disability pension.

21. As noticed above, it has been specifically provided under Clause (d) of Regulation 423 as quoted that the question as to whether the disability is attributable to or aggravated by service or not, will be decided as regards its medical aspects by the Medical Board and the Medical Board *will specify reasons* for their opinion and the question whether the cause and attendant circumstances can be attributed to service will be decided by the pension sanctioning authority.

22. Thus, this requirement to give reasons by the Medical Board about their opinion is in our view absolutely necessary as also required under Regulation 423(d) for the reason that the fate of the future career of the serviceman is going to be decided by the opinion of the Medical Board, which is to be treated as final as regards the cause of disability and the circumstances in which the disability originated. The continuation of the service of the concerned serviceman and as to whether he will be entitled to disability pension is dependent on the opinion of the Medical Board which is also to be treated as the final one.

23. Hence, the rules mandate giving of reasons by the Medical Board while rendering its opinion. The reasons given by the Medical Board would obviously be the basis for determination by the competent authority whether the serviceman would be discharged from service and whether he would get disability pension.

24. Accordingly, in our opinion, if the serviceman is discharged from service or denied the disability pension on the basis of a medical opinion which is devoid of reasons, it would strike at the root of the action taken by the authority and such action cannot be sustained in law.

25. We, therefore, hold that if any action is taken by the authority for the discharge of a serviceman and the serviceman is denied disability pension on the basis of a report of the Medical Board wherein no reasons have been disclosed for the opinion so given, such an action of the authority will be unsustainable in law.

26. In the present case, as noticed from the entries made in Part III of Form AFSMF-16, no reasons have been given by the Medical Board for their opinion that the appellant was suffering from Schizophrenia which is of a constitutional personality disorder and all the relevant columns have been left blank.

In our view, the finding given in Para 2(d) of Part II by the Medical Board is merely an opinion or conclusion without assigning any reasons as to how the Medical Board has come to the aforesaid conclusion that the disability of the appellant is a constitutional personality disorder. There is a difference between the "conclusion" or "opinion", and "reasons" to support such a conclusion or opinion. The reasons have to be separately mentioned for the conclusion arrived at by the Medical Board. The bare conclusion arrived by the Medical Board cannot treated as the reasons for discharge of the serviceman and denial of invalid pension within the meaning of the Regulations referred to above.

27. When we refer to the entries made under Part II of Form AFSMF-16, it is also noticed that said Part II too is devoid of clinical details as regards personal and relevant family history, specialist report and treatment. Therefore, we are of the view that in absence of the said particulars which are required to be recorded or mentioned which would reveal the medical history of the appellant, the opinion given by the Medical Board in Part III of the Form AFMSF-16 that the disease is a constitutional personality disorder cannot be sustained being violative of the mandate contained in Regulation 423 (d) of the Regulation. In legal terms, the opinion of the Medical Board not being based on any reason or material is to be treated as *arbitrary***.** In absence of the ground and materials to arrive at a particular conclusion, such

a decision of the Medical Board would be considered as having arrived at without application of mind.

28. It is to be noted that it has been provided under Regulation 423(d) referred to above that whether the cause and the attending circumstances can be attributed to service will be decided by the pension sanction authority. In the present case, the pension sanction authority has declined to grant the disability pension based on the opinion of the Medical Board by recording that the appellant has been invalidated out of the service on account of a constitutional personality disorder, as also evident from the rejection of appeal vide order dated 22.05.2000 passed by First Appellate Committee.

29. We are mindful of the fact that we are dealing with the case of disability due to Schizophrenia which impairs the cognitive capacity of the person, which naturally will affect the ability of the appellant to properly advance his own cause relating to the cause and circumstance of the illness before the authority. This Court has been cognizant of the debilitating effects of Schizophrenia in ***Veer Pal Singh v. Ministry of Defence, (2013) 8 SCC 83*** in the following words:

> *"12. In Merriam Webster Dictionary "schizophrenia" has been described as a psychotic disorder characterised by loss of contact with the environment, by noticeable deterioration in the level of functioning in everyday life, and by disintegration of personality expressed as disorder of feeling, thought (as in delusions), perception (as in hallucinations), and behaviour — called also dementia praecox; schizophrenia is a chronic,*

severe, and disabling brain disorder that has affected people throughout history.

13. The National Institute of Mental Health, USA has described "schizophrenia" in the following words:

> *"Schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history. People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can terrify people with the illness and make them withdrawn or extremely agitated. People with schizophrenia may not make sense when they talk. They may sit for hours without moving or talking. Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking. Families and society are affected by schizophrenia too. Many people with schizophrenia have difficulty holding a job or caring for themselves, so they rely on others for help. Treatment helps relieve many symptoms of schizophrenia, but most people who have the disorder cope with symptoms throughout their lives. However, many people with schizophrenia can lead rewarding and meaningful lives in their communities."*

14. Some of the symptoms of schizophrenia are:

14.1.Positive symptoms: Positive symptoms are psychotic behaviour not seen in healthy people. People with positive symptoms often "lose touch" with reality. These symptoms can come and go. Sometimes they are severe and at other times hardly noticeable, depending on whether the individual is receiving treatment. They include the following:

Hallucinations.—"Voices" are the most common type of hallucination in schizophrenia. Hallucinations include seeing people or objects that are not there, smelling odours that no one else detects, and feeling things like invisible fingers touching their bodies when no one is near.

Delusions.—The person believes delusions even after other people prove that the beliefs are not true or logical. They may also believe that people on television are directing special messages to them, or that radio stations are broadcasting their thoughts aloud to others. Sometimes they believe they are someone else, such as a famous historical figure. They may have paranoid delusions and believe that others are trying to harm them.

Thought disorders.—are unusual or dysfunctional ways of thinking. One form of thought disorder is called "disorganised thinking". This is when a person has trouble organising his or her thoughts or connecting them logically, a person with a thought disorder might make up meaningless words, or "neologisms".

Movement disorders.—may appear as agitated body movements. A person with a movement disorder may repeat certain motions over and over. In the other extreme, a person may become catatonic. Catatonia is a state in which a person does not move and does not respond to others. Catatonia is rare today, but it was more common when treatment for schizophrenia was not available.

14.2.Negative symptoms: Negative symptoms are associated with disruptions to normal emotions and behaviours. These symptoms are harder to recognise as part of the disorder and can be mistaken for depression or other conditions. These symptoms include the following:

(i) "Flat effect" (a person's face does not move or he or she talks in a dull or monotonous voice).

(ii) Lack of pleasure in everyday life.

(iii) Lack of ability to begin and sustain planned activities.

(iv) Speaking little, even when forced to interact.

15. In Modi's Medical Jurisprudence and Toxicology (24th Edn., 2011) the following varieties of schizophrenia have been noticed:

Simple Schizophrenia.—The illness begins in early adolescence. There is a gradual loss of interest in the outside world, from which the person withdraws. There is an all round impairment of mental faculties and he emotionally becomes flat and apathetic. He loses interest in his best friends who are few in number and gives up his hobbies. He has conflicts about sex, particularly masturbation. He loses all ambition and drifts along in life, swelling the rank of chronically unemployed. Complete disintegration of personality does not occur, but when it does, it occurs after a number of years.

Hebephrenia.—Hebephrenia occurs at an earlier age than either the katatonic or the paranoid variety. Disordered thinking is the outstanding characteristic of this kind of schizophrenia. There is great incoherence of thought, periods of wild excitement occur and there are illusions and

hallucinations. Delusions which are bizarre in nature, are frequently present. Often, there is impulsive and senseless conduct as though in response to their hallucination or delusions. Ultimately the whole personality may completely disintegrate.

Katatonia.—Katatonia is the condition in which the period of excitement alternates with that of katatonic stupor. The patient is in a state of wild excitement, is destructive, violent and abusive. He may impulsively assault anyone without the slightest provocation. Homicidal or suicidal attempts may be made. Auditory hallucinations frequently occur, which may be responsible for their violent behaviour. Sometimes, they destroy themselves because they hear God's voice commanding them to destroy themselves. This phase may last from a few hours to a few days or weeks, followed by stage of stupor.

The katatonic stupor begins with a lack of interest, lack of concentration and general apathy. He is negative, refuses to take food or medicines and to carry out his daily routine activities like brushing his teeth, taking bath or change his clothes…. The activities are so very limited that he may confine himself in one place and assume one posture however uncomfortable, for hours together without getting fatigued. His face is expressionless and his gaze vacant…. They may understand clearly everything that is going on around them, and sometime without warning and without any apparent cause, they suddenly attack any person standing nearby.

Paranoid Schizophrenia, paranoia and paraphrenia.—Paranoia is now regarded as a mild form of paranoid schizophrenia. The main characteristic of this illness is a well-elaborated delusional system in a personality that is otherwise well preserved. The delusions are of a persecutory type. The true nature of the illness may go unrecognised for a long time because the personality is well preserved, and some of these paranoiacs may pass off as social reformers or founders of queer pseudo-religious sects. The classical picture is rare and generally takes a chronic course.

Paranoid schizophrenia, in the vast majority of cases, starts in the fourth decade and develops insidiously. Suspiciousness is the characteristic symptom of the early stage. Ideas of reference occur, which gradually develop into delusions of persecution. Auditory hallucinations follow which in the beginning, start as sounds or noises in the ears, but become fixed and definite, to lead the patient to believe that he is persecuted by some unknown person or some superhuman

agency. He believes that his food is being poisoned, some noxious gases are blown into his room and people are plotting against him to ruin him. Disturbances of general sensation give rise to hallucinations, which are attributed to the effects of hypnotism, electricity, wireless telegraphy or atomic agencies. The patient gets very irritated and excited owing to these painful and disagreeable hallucinations and delusions.

Since so many people are against him and are interested in his ruin, he comes to believe that he must be a very important man. The nature of delusions thus, may change from persecutory to grandiose type. He entertains delusions of grandeur, power and wealth, and generally conducts himself in a haughty and overbearing manner. The patient usually retains his money and orientation and does not show signs of insanity, until the conversation is directed to the particular type of delusion from which he is suffering. When delusions affect his behaviour, he is often a source of danger to himself and others.

The name paraphrenia has been given to those suffering from paranoid psychosis who, in spite of various hallucinations and more or less systemised delusions, retain their personality in a relatively intact state. Generally, paraphrenia begins later in life than the other paranoid psychosis.

Schizo-affective psychosis.—Schizo-affective psychosis is an atypical type of schizophrenia, in which there are moods or affect disturbances unlike other varieties of schizophrenia, where there is blunting or flattening of affect. Attacks of elation or depression, unmotivated rage, anxiety and panic occur in this form of schizophrenic illness.

Pseudo-neurotic schizophrenia.—Schizophrenia may start with overwhelmingly neurotic symptoms, which are so prominent that in the early stages, it may be diagnosed as neurosis. When schizophrenia begins in an obsessional personality, it may for a long time remain disguised as an apparently obsessional illness.

16. F.C. Redlich and Daniel X. Freedman in their book titled The Theory and Practice of Psychiatry (1966 Edn.) observed:

"Some schizophrenic reactions, which we call psychoses, may be relatively mild and transient; others may not interfere too seriously with many aspects of everyday living…. (p. 252)

Are the characteristic remissions and relapses expressions of endogenous processes, or are they responses to psychosocial variables, or both? Some patients recover, apparently completely, when such recovery occurs without treatment we

> *speak of spontaneous remission. The term need not imply an independent endogenous process; it is just as likely that the spontaneous remission is a response to non-deliberate but nonetheless favourable psychosocial stimuli other than specific therapeutic activity…." (p. 465)*
>
> *(emphasis supplied)*

30. We must appreciate the fact that the provisions for grant of disability pension are in the nature of a beneficial scheme intended to provide succour to servicemen in hard times who have been discharged from service after having served the nation with dedication. Accordingly, a liberal approach must be adopted while construing such beneficial provisions. This approach has also been underscored by this Court in ***Maniben Maganbhai Bhariya v. Distt. Development Officer, Dahod, (2022) 16 SCC 343,*** *albeit*, in the context of the Payment of Gratuity Act, 1972 as applicable to Anganwadi workers, the principles of which, in our opinion, are equally applicable in the present case dealing with disability pension. In the said case it was observed as follows:

> ***"55****. When social security legislations are being interpreted, it always has to be interpreted liberally with a beneficial interpretation and has to be given the widest possible meaning which the language permits, known as beneficial interpretation. When a statute is meant for the benefit of a particular class and if a word in the statute is capable of two meanings i.e. one which would preserve the benefits and one which would not, then the former is to be adopted."*

31. Under these circumstances, a much more liberal view ought to be adopted while dealing with the cases of discharge of servicemen from service

on account of suffering from Schizophrenia as they may face several impediments and difficulties in proving the casual connection of the said disease with the military service.

32. It is also to be noted that this is not a case where the appellant had applied for discharge of service on account of suffering from Schizophrenia. It was the authority themselves who after observing his condition decided to discharge the appellant from service after obtaining the opinion of the Medical Board. In such a situation, where the serviceman himself had not applied for discharge, but has been discharged by the authority, the onus of proving the disability and grounds of denying disability pension would lie heavily on the authority. Since it is the statutory requirement that the opinion of the Medical Board is to be the basis of the discharge, in our view, if the opinion of Medical Board is devoid of reasons, the act of the authority based on mere opinion *sans* reasons can certainly be questioned.

According to us, if the decision of the authority to discharge a serviceman is based on a medical report which is devoid of reasons, which are required to be given as also mandated by rules as discussed above, such an act of the authority specially when it denies any post discharge benefit will be rendered invalid in the eyes of law.

In such cases, it can be said that the authorities have failed to discharge the burden of establishing that the employee deserved to be discharged from service on account of such illness without any benefit of pension and such action has to be considered arbitrary and liable to be interfered with.

33. Assigning reasons for the opinion of the Medical Board in the present case also becomes imperative and salutary for the reason that while the appellant had pleaded that at the time of entry in the service, this disease was not detected, but only after about 5 (five) years of service and hence, as per rules also, it will be deemed that it arose while in service, the Medical Board gave the opinion that it was a constitutional personality disorder. The opinion of the Medical Board is, thus, inconsistent with the plea of the appellant. Hence, it was incumbent upon the Medical Board to assign reasons as to why the disease is to be treated as a constitutional personality disorder which could not be detected at the time of entry in service and as the onset of the disease was only in 1993, which is after about 5 (five) years of entry in service. Without there being any reasons given by the Medical Board for their opinion that it was a constitutional personality disorder, we are afraid, it would be unfair to the appellant that such an opinion of the Medical Board is to be taken as final and binding to deprive any service benefit to the appellant.

We have also noted that in the entire original record produced before us, there is no material for coming to the conclusion that the appellant was suffering from Schizophrenia which is in the nature of constitutional personal disorder.

34. Thus, in the facts and circumstances discussed above, we are of the view that while there cannot be any dispute about the correctness of the legal principles enunciated by this Court in the above-mentioned cases of ***Keshar Singh*** *(supra)*, ***Surinder Singh Rathore*** *(supra)*, ***A.V.Damodaran*** *(supra)*; ***Jujhar Singh*** *(supra)* and ***Talwinder Singh*** *(supra)*, we would hasten to add that the opinion of the Medical Board which is to be treated as final and binding as per aforesaid Regulations, has to be supported by reasons for arriving at the conclusion about the nature of medical disability, before the same can be acted upon for the purpose of discharge of a serviceman and denial of disability pension as otherwise, a valuable right of a serviceman to get retiral benefits who has rendered long years of service for the nation would be unjustly deprived.

35. It may also be noted that in ***A.V. Damodaran*** (supra) where this Court had dealt with the discharge due to Schizophrenia, the Medical Board had given detailed reasons for their opinion as mentioned in Para 4 of the aforesaid decision, which is not the case in other cited cases and also in the present case.

The issue of giving reasons for the opinion of the Medical Board has not been discussed in these cited cases.

36. Accordingly, we hold that the order of discharge of the appellant and denial of disability pension to him based on a medical opinion without providing full reasons to support the opinion cannot be said to be valid.

37. The question which would arise for consideration now is whether we should remit the matter to the Medical Board at this stage for reconsideration in the light of our observations made above. We, however, feel that adopting the aforesaid course of action at this stage after about 27 (twenty-seven) years of the appellant being invalided from service on 18.05.1998, would not be in the interest of justice.

38. Resultantly, while we do not disturb the order of discharge of the appellant from service on the ground of medical invalidity due to Schizophrenia, we direct the respondents that the appellant be granted disability pension with immediate effect with all attending benefits, as per rules. However, the appellant will not be entitled to any arrears of invalid pension, except for the last three years.

39. For the reasons discussed above, the appeal stands allowed. Consequently, the impugned order of rejection of disability pension dated 04.01.1999 passed by the Principal Controller of Defence Account (Pension),

Allahabad, order passed by the First Appellate Committee on 22.05.2000, and order dated 17.01.2013 passed by the Armed Forces Tribunal, Regional Bench, Kochi, in OA No.100 of 2011 are set aside with the above directions.

…….J.
(ABHAY S. OKA)

…..……..……J.
(NONGMEIKAPAM KOTISWAR SINGH)

NEW DELHI;
MAY 07, 2025.