

F.No. 16(3)/2023/D(Pen/Pol)/Vol-II
Government of India
Ministry of Defense
Department of Ex-Servicemen Welfare
D(Pension/Policy)

New Delhi dated 21.09.2023

To

The Chief of the Defence Staff
The Chief of the Army Staff
The Chief of the Naval Staff
The Chief of the Air Staff

Subject : Entitlement Rules for Casualty Pensionary Awards to the Armed Forces Personnel –
2023 and Guide to Medical Officers-2023 – reg.

Sir,

I am directed to say that the President is pleased to decide that with effect from 21st September, 2023 and in supersession of all previous orders/rules on the subject, the Entitlement Rules-2023 and Guide to Medical Officers-2023 set out in Appendix-I and Appendix-II respectively to this letter shall apply in cases of disablement or death of service personnel.

2. This issues with the concurrence of Ministry of Defence (Finance) vide their I.D Note No. 10(03)/2023/Fin/Pen dated 20.09.2023.

yours faithfully



(B L Meena)

Under Secretary to the Govt. of India

Copy to :-

1. The Secretary (Def/Fin)
2. The CGDA
3. DGAFMS
4. The PCDA(P), Prayagraj
5. The PCDA (N), Mumbai
6. The Jt. CDA (AF), Subroto Park, New Delhi
7. The Director of Audit
8. AGPS/AHQ
9. DPP&R, Air HQ/DPA, Air Hqrs,
10. DPA, Naval Hqrs.

**ENTITLEMENT RULES FOR CASUALTY PENSION AND DISABILITY COMPENSATION
AWARDS TO ARMED FORCES PERSONNEL, 2023**

1. **Title.** These Rules shall be called the Entitlement Rules for Casualty Pension and Disability Compensation Awards to Armed Forces Personnel, 2023 and supersedes the Entitlement Rules for Casualty Pensionary Awards to Armed Force Personnel, 2008.
2. (i) These Rules shall be read in conjunction with the following documents as amended from time to time: -
 - (a) Pension Regulations for the Army, 2008.
 - (b) Navy (Pension) Regulations, 1964.
 - (c) Pension Regulations for the Air Force, 1961.
 - (d) Guide to Medical Officers (Military Pension), 2023 and subsequent amendments, if any.
 - (e) Government of India, Ministry of Defence policy letters on the subject issued from time to time.
- (ii) **Superseding Clause.** These Rules shall supersede all previous Entitlement Rules for Casualty Pensionary Awards to Armed Forces Personnel. Where any provision in these rules is found contrary to the provisions of any previously existing rules, regulations or policies, on the subject of Casualty Pensionary Awards, the provisions given in these rules shall take precedence.
3. **Extent of Application.**
 - (a) These Rules shall apply to all Officers, JCOs, WOs, OR and equivalent ranks in other services including officers, JCOs, WOs and OR of the Territorial Army, when embodied, called out or attached as the case may be.
 - (b) These Rules do not apply in cases where disablement or death, on which the claim to casualty pensionary awards is based, took place
 - (i) During the period 3rd September, 1939 to 31st March, 1948, which will be dealt with in accordance with the entitlement criteria laid down in **Annexure I**; and
 - (ii) During the period of emergency post-1948 which will be dealt with in accordance with **Annexure II** to these Rules.
 - (c) Cases of death/ disablement of Cadets (Direct), due to causes attributable to or aggravated by military training shall be governed under the provisions contained in the Ministry of Defence letter No 1(5)/ 93/ D (Pen – C) dated 16th April, 1996, amended from time to time in so far as entitlement of ex-gratia is concerned. However, the claims for ex-gratia award shall be governed in accordance with these Rules. A copy of the letter dated 16th April 1996 is appended as **Annexure III** to these Rules.

4. **Definitions** : Unless the context otherwise dictates, the following terms shall mean as under: -

(a) **Categories of Disabilities.** For the purpose of determining the casualty pension and disability compensation for death or disability which is attributable to or aggravated by military service, the circumstances shall be broadly classified from Category A – E as specified in Paragraph 4.1 of Government of India, Ministry of Defence Letter No 1 (2)/ 97/ D (Pen – C) dated 31 Jan 2001.

(b) **Disability.** 'Disability' means a condition of a person resulting in long term physical, mental, intellectual or sensory impairment which in interaction with barriers, hinders full and effective participation in society, equally with others. In respect of Armed Forces personnel, a 'Disability' also means a functional impairment that inhibits an individual from effectively discharging duties of a military nature or to be provided an alternate employment within the service, even though the individual may otherwise be fit to participate normally in civil society. Two such Illustrations (though not an exhaustive list of the same) could be as given below: -

(i) Amputation of the index finger of the dominant arm, thereby precluding operation of the trigger of a personal weapon.

(ii) Personnel affected with seizure, who cannot be issued weapons or detailed on sentry duties.

(c) **Entitlement.** Entitlement is the determination by the Competent/ Appellate Authority, after considering both medical and non-medical evidence, as to whether or not a wound. Injury or any bodily disability has been influenced in its onset or course by conditions of military service or is a War Injury. Disabilities that fall under Categories 'B', 'C', 'D' or 'E' are called "Accepted Disabilities" and those that fall under Category 'A' are 'Rejected Disabilities'.

(d) **Assessment.** The term "assessment" defines the process of evaluating the functional impairment suffered by an individual following a disability or disabilities in terms of percentage, for the purpose of calculating disability compensation. Assessment shall be determined by the competent medical authority on the basis of a physical examination of the individual.

(e) **Disability Pension.** A Disability Pension is a monthly composite pension comprising of a Service Element and Disability Element, each calculated separately, as a defined percentage of the last reckonable emoluments. There shall be no condition of minimum qualifying service for earning Service Element.

(f) **Liberalized Disability Pension.** Liberalized Disability Pension is a monthly composite pension comprising of a Service Element and a Disability Element, each calculated separately, as a defined percentage of the last reckonable emoluments, where the aggregate of Service Element and Disability Element shall in no case be less than 80 per cent of the last reckonable emoluments.

(g) **War Injury Pension.** A War Injury Pension is a composite monthly pension comprising of a Service Element and a War Injury Element, each calculated separately, as a defined percentage of the last reckonable emoluments.

(h) **Invalid Pension.** Invalid Pension is a monthly pension equal to the Retiring Pension as on the date of invaliding out of service.

- (i) **Impairment Relief.** Impairment Relief is a monthly disability compensation, calculated as a defined percentage of the last reckonable emoluments, awarded to Armed Forces personnel who are retired or discharged from service voluntarily or otherwise with a disability sustained under circumstances accepted as Category 'B' or 'C' and assessed not less than 20 per cent. 'Impairment Relief' shall hereinafter replace the term 'Disability Element' in as far as disability compensation to Armed Forces personnel who are retired or discharged from service. This is not a pension and shall cease upon the demise of the recipient.
- (j) **Liberalized Impairment Relief.** Liberalized Impairment Relief is a monthly disability compensation, calculated as a defined percentage of the last reckonable emoluments, awarded to Armed Forces personnel who are retired or discharged from service voluntarily or otherwise with a disability sustained under circumstances accepted as Category 'D' and assessed not less than 20 per cent. 'Liberalized Impairment Relief' shall hereinafter replace the term 'Liberalized Disability Element' in as far as disability compensation to Armed Forces personnel who are retired or discharged from service. This is not a pension and shall cease upon the demise of the recipient.
- (k) **War Injury Relief.** War Injury Relief is a monthly disability compensation, calculated as a defined percentage of the last reckonable emoluments, awarded to Armed Forces personnel who are retired or discharged from service voluntarily or otherwise with a disability sustained under circumstances accepted as Category 'E' and assessed not less than 20 per cent. 'War Injury Relief' shall hereinafter replace the term 'War Injury Element' in as far as disability compensation to Armed Forces personnel who are retired or discharged from service. This is not a pension and shall cease upon the demise of the recipient.
- (l) **Constant Attendance Allowance.** A Constant Attendance Allowance is a monthly allowance (revised from time to time), paid in addition to Disability Pension/ Liberalized Disability Pension/ War injury Pension or Impairment Relief/ Liberalized Impairment Relief/ War injury Relief, only to Armed Forces personnel whose degree of impairment has been assessed at 100 per cent. This is not a pension and shall cease upon the demise of the recipient.
- (m) **Capitalized Impairment Relief/ Liberalized Impairment Relief/ War Injury Relief.** A Capitalized Impairment Relief/ Liberalized Impairment Relief/ War Injury Relief (to be hereinafter referred in short as 'Capitalized Impairment Relief' in these rules) is the commuted present value of the future payout of an accepted Impairment Relief/ Liberalized Impairment Relief/ War injury Relief calculated by adopting the current commutation tables. The provision of Broad Banding shall not apply for calculating the percentage of impairment for the award of 'Capitalized Impairment Relief'. The terms Capitalized Impairment Relief/ Liberalized Impairment Relief/ War Injury Relief shall replace the terms Lump-Sum Compensation in Lieu of Disability Element/ Liberalized Disability Element/ War injury Element.
- (n) **Special Family Pension.** Special Family Pension is a monthly pension, calculated as a defined percentage of the last reckonable emoluments, awarded to the Next-of-Kin of an Armed Forces personnel whose death occurs in circumstances accepted as Category 'B' or 'C'.
- (o) **Liberalized Family Pension.** Liberalized Family Pension is a monthly pension, calculated as a defined percentage of the last reckonable emoluments, awarded to the

Next-of-Kin of an Armed Forces personnel whose death occurs in circumstances accepted as Category 'D' or 'E'.

(p) **Ex-Gratia Lump Sum Compensation in Cases of Invalidment.** A one-time Ex-Gratia Lump-Sum Compensation is paid to Armed Forces personnel who are invalided from service on account of a disability held attributable to or aggravated by military service or a war injury, at a fixed rate (that is revised from time to time) for 100 per cent impairment, to be proportionally reduced for lesser degree of impairment up to a minimum of 20 per cent. The provision of Broad Banding shall not apply for calculating the percentage of impairment for the award of Ex-Gratia Lump Sum Compensation.

(q) **Ex-Gratia Lump-Sum Compensation to Next-of-Kin of Deceased Armed Forces Personnel.** An Ex-Gratia Lump-Sum Compensation is paid to the Next-of-Kin of Armed Forces personnel who die under circumstances clearly specified in the relevant policy letter on this subject (duly amended from time to time), at rates specified against each circumstance (duly amended from time to time). However, the aggregate of all Government relief provided for the same circumstance of death of the Armed Forces personnel, shall not exceed a the specified maximum amount of Ex-Gratia Lump-Sum Compensation payable (duly amended from time to time)

(r) **Monthly Ex-Gratia.** Monthly Ex-Gratia is paid to Cadets who are invalided from military training at a monthly rate that is revised from time to time. This is not a pension and shall cease upon the demise of the recipient.

(s) **Ex-Gratia Disability.** Ex-Gratia Disability Award is paid to Cadets who are invalided from military training with a disability held attributable to or aggravated by military training, in addition to Monthly Ex-Gratia, at a monthly rate (that is revised from time to time) for 100 per cent impairment to be proportionally reduced for lesser degree of impairment up to a minimum of 20 per cent. This is not a pension and shall cease upon the demise of the recipient. The provision of Broad Banding shall not apply for calculating the percentage of impairment for the award of Ex-Gratia Disability Award.

5. **Invaliding from Service.**

(a) Invaliding out of service is a condition precedent to considering an individual's case for the award of Disability Pension, subject to such disability being sustained under circumstances that is accepted by the Competent/ Appellate Authority as Category 'B' or 'C'.

(b) Liberalized Disability Pension or War Injury Pension may be awarded if the impairment has been sustained under the circumstances that is accepted by the Competent/ Appellate Authority, as Category 'D' or 'E' respectively.

(c) Armed Forces personnel who are invalided out of service with a disability sustained under circumstances that is accepted by the Competent/ Appellate Authority as Category 'A' are eligible for the award of Invalid Pension, subject to their completing 10 years reckonable service or being declared medically unfit for service both in the military as well as civil.

(d) Only those Armed Forces personnel who are placed in medical classification SHAPE – 5 and boarded out of service by a Competent/ Appellate Authority on the recommendations of an Invaliding Medical Board, before completing their terms of engagement, shall be treated as invalided out of service.

(e) JCOs/ WOs/ OR and equivalent rank in other services who are placed permanently in a medical category other than SHAPE – 1 or equivalent and are discharged because (i) no alternative employment suitable to their low medical category can be provided, or, (ii) they having been retained in alternative employment, are discharged before the completion of their engagement, shall be deemed to have been invalidated out of service.

(f) Retired officers who are not granted re-employment or JCOs/ WOs/ OR who are not granted extension of service, beyond their prescribed term of engagement, for not meeting the laid down medical standards, shall not be deemed to have been invalidated from service.

(g) Cadets whose training is terminated and who are boarded out on the orders of the Competent Authority, solely on account of a wound, injury or any medical condition shall also be deemed to have been invalidated from military training.

6. Retention in Service Despite Disability.

(a) Armed Forces personnel who are not invalidated out but retained in service despite a Disability or a War Injury, shall be eligible to be considered by the Competent/ Appellate Authority for the award of a 'Capitalized Impairment Relief' on the basis of a Retention cum Impairment Assessment Board, to be held immediately after the decision to retain the individual in service is taken, subject to the disability or war injury being assessed at 20 per cent or more 'For Life'.

(b) The percentage of impairment for the purpose of calculating the 'Capitalized Impairment Relief', shall be the actual percentage of impairment assessed by the Retention cum Impairment Assessment Board and the provision of Broad Banding of assessment shall not apply to such cases.

Illustration: The amount of 'Capitalized Impairment Relief' where an Armed Forces personnel who is retained in service despite the 'Accepted Disability' which is assessed at 40 per cent in Category B, and who is aged 40 years and was drawing a Basic Pay of ₹41,100 (₹35,900 + MSP ₹5200) per month on the date of sustaining the disability (injury/ disease), shall be as under:-

$$41,100 \times \frac{30}{100} \times \frac{40}{100} \times 12 \times 9.075 = \text{Rs}5,37,095, \text{ Where,}$$

$$\text{Impairment Relief for 100\%} = \frac{30}{100}$$

$$\text{Assessed impairment} = \frac{40}{100}$$

$$\text{No of Months in Year} = 12$$

$$\text{Commutation Factor} = 9.075$$

(c) 'Capitalized Impairment Relief', once paid, shall be treated as full and final settlement of all service liabilities with respect to that disability or war injury and the individual shall have no further claim for any disability compensation for the same disability or war injury or an option to return the lump-sum so paid to him/ her. Such disability or war injury shall also not qualify for the award of any pensionary benefit or relief subsequently.

(d) The medical classification awarded by a Retention cum Impairment Assessment Board shall also be 'For Life' and cannot be reviewed.

(e) Armed Forces personnel who forgo the 'Capitalized Impairment Relief' offered to them, at the time of their retention in service despite a disability, shall be eligible to be considered by the Competent/ Appellate Authority for the award of Impairment Relief/ Liberalized Impairment Relief/ War Injury Relief for that disability or war injury in respect of which the 'Capitalized Impairment Relief' was originally offered. Retention in service order will be a mandatory document either to admit Capitalized Impairment Relief at the time of retention in service or Impairment Relief/ Liberalized Impairment Relief /War Injury Relief in lieu of that at the time of discharge/retirement on completion of terms of engagement.

(f) Such Impairment Relief/ Liberalized Impairment Relief/ War injury Relief shall be paid in addition to their Retiring Pension/ Retiring Gratuity or Service Pension/ Service Gratuity, at the time of their retirement, release or discharge on fulfilling their terms of engagement, completion of tenure, attaining the age for retirement/ discharge or on taking Pre-Mature Retirement or discharge on own request.

(g) The entitlement and assessment having already been settled by the Competent/ Appellate Authority based on the Retention cum Impairment Assessment Board, Impairment Relief/ Liberalized Impairment Relief/ War injury Relief shall be paid on the basis of the same.

7. Medical Tests at Entry.

(a) The main purpose of medical tests at entry stage is to assess the fitness of the candidate for enrolment in service as per the standards laid down and revised from time to time, by the Army, Navy and Air Force, based on their requirements. Despite significant advancement in medical technology, it is not feasible at the stage of entry into service, to detect all diseases present in an individual like:-

- (i) Hidden, latent or clinical conditions.
- (ii) Certain hereditary or congenital disorders.
- (iii) Diseases related to age that manifest later in life.
- (iv) Certain constitutional and other congenital diseases which manifest later in life irrespective of service conditions.

(b) The mere fact that a disease has manifested during military service does not per se establish attributability to or aggravation by military service.

8. Causal Connection.

(a) Establishment by the Competent/ Appellate Authority, of a causal connection between the disability/ impairment or death of an Armed Forces personnel and military service is an essential pre-requisite for the award of Disability Pension, Impairment Relief, Capitalized Impairment Relief or Special Family Pension. Consequently, these awards are subject to adjudication of claims and are also eligible for two appeals against rejection. These casualties would ordinarily fall under Category 'B' or 'C'.

(b) Casualties that are accepted and confirmed by the Competent Authority as having been sustained under circumstances specified in Categories 'D' or 'E' are not subject to adjudication/ appeals. Liberalized Disability Pension, Liberalized Impairment Relief, War

Injury Pension, War injury Relief, or the appropriate 'Capitalized Impairment Relief' shall be paid directly by the Pension Sanctioning Authority, based on the casualty report and the percentage of assessment. In case of death of the Armed Forces personnel under Category 'D' or 'E', Liberalized Family Pension shall be paid to the Next-of-kin.

9. **Post Discharge Claims.**

(a) Cases in which a disease did not actually lead to the Armed Forces personnel's discharge from service but arose within seven years thereafter, may be recognized as **attributable** to service, if it can be established by the Competent Medical Authority that the impairment caused by the disease is a delayed manifestation of a pathological process set in motion by service conditions obtaining prior to discharge and that if the impairment had manifested during service, the individual would have been invalided out of service on this account. Such cases shall be eligible to be considered for the award of Impairment Relief/ Liberalized Impairment Relief/ War Injury Relief.

(b) Determination of entitlement and assessment of impairment in respect of Post Discharge Claims shall be on the basis of a Post Discharge Medical Board, to be sanctioned by the office of Directorate General of Armed Forces Medical Services.

(c) Where an invalided Armed Forces personnel in receipt of a Disability Pension, Liberalised Disability Pension or War Injury Pension dies subsequently, and it cannot, from a strictly medical point of view, be definitely established that the death was solely due to the disability in respect of which such pension was awarded: -

(i) The benefit of doubt in determining attributability for the award of Special Family Pension or Liberalised Family Pension, should go to the family of the deceased, if death occurs within seven years from the date of his/ her invaliding from service, unless there are other factors adversely affecting the claim; and

(ii) If death takes place more than seven years after the date of the individual's invalidment from service, the benefit of doubt shall go to the State.

(iii) In cases where an individual outlives a normal span of life, i.e., where death takes place at the age of 60 or above, the death should be held to be due to normal causes and not due to military service.

Notes:

(1) Death of an Armed Forces personnel receiving Disability/ Liberalized Disability/ War Injury Pension, whose disability has been accepted on the basis of aggravation, may also be accepted as due to military service under Rule 9 (c) above, if the last assessment of impairment was 50 per cent or above. If the last accepted assessment of impairment was less than 50 per cent, death should not be regarded as due to military service.

(2) For this purpose, the assessment of impairment shall be the actual assessment made by the medical board and no Broad Banding shall be applied.

(3) The above procedure will apply when death is clearly established as due to the disability in respect of which Disability Pension, Liberalised Disability Pension or War Injury Pension was awarded. If this is not the case, the identification of the cause of death with the disability will first be determined in accordance with the provisions of the Guide to Medical Officers. If the identity can be conceded thereunder, the procedure in the preceding sub-paragraph will be followed for determining the further point whether entitlement to Special Family Pension or Liberalised Family Pension can be conceded in a case where an impairment was aggravated by service.

(4) Impairment or Death occasioned by an injury Post retirement/ discharge shall not be eligible to be considered for any casualty pensionary award, as service factors are not responsible for the same.

10. **Duty.** For the purposes of these Rules, a person subject to the disciplinary code of the Armed Forces shall be treated on 'duty': -

- (a) When performing an official task or a task the failure to perform which would constitute an offence triable under the disciplinary code applicable to him/ her.
- (b) When moving from one place of duty to another place of duty, irrespective of the mode of transportation.
- (c) During the period of participation in recreation and other unit/ sports activities organized or approved by service authorities and during the period of traveling in relation thereto.

Notes:

- (1) Personnel of the Armed Forces participating in local/ national/ international sports tournaments as members of service teams or mountaineering expeditions or other adventure activities organized by service authorities, with the approval of Service HQs, shall be deemed to be 'on duty' for the purpose of these Rules.
- (2) Personnel of Armed Forces participating in sports tournaments or in privately organized mountaineering expeditions of indulging in other adventure activities as a hobby or interest, in their individual capacity, shall not be considered to be 'on duty' for the purposes of these Rules, even though prior permission of the competent service authorities may have been obtained by them.
- (3) Injuries sustained by personnel of the Armed Forces in impromptu games and sports which are organized by or with the approval of the local service authority and death or disability arising from such injuries will be regarded as having occurred 'on duty' for the purpose of these Rules.
- (4) The Personnel of the Armed Forces deputed for training at courses conducted by the Himalayan Mountaineering Institute, Darjeeling and other similar institutes shall be treated at par with personnel attending other authorized professional courses or exercise for the Defence Services for the purpose of grant of disability compensation/ family pension on account of disability/ death sustained during the courses.
- (d) When proceeding on leave/ valid out pass from his duty station to his leave station or returning to duty from his leave station on leave/ valid out pass.

Notes:

- (1) An Armed Forces personnel while travelling between his place of duty to leave station and vice-versa is to be treated on duty irrespective of whether he has availed railway warrant/ concession vouchers/ cash TA etc., or not for the journey. This would also include journey performed from leave station to duty station in case the individual return early.

- (2) The occurrence of injury should have taken place in reaching the leave station from duty station or vice-versa using the commonly available/ adopted route and mode of transport.
- (e) When travelling by a reasonable mode from one's official residence to and back from the appointment place of duty, irrespective of the mode of conveyance (whether private or provided by the Government).
- (f) Death or injury which occurs when an individual is not strictly 'on duty' e.g. on leave, including cases of death/ disability as a result of attack by or action against extremists or anti-social elements may also be considered attributable to service provided that it involved risk, which was due to is belonging to the Armed Forces and that the same was not a risk faced by a civilian. Death and disability due to personal enmity is not attributable.

Note: For the purpose of these Rules, leave shall include casual leave/ Study Leave. Leave shall not be treated as 'duty' except in situations mentioned above.

11. **Attributability.**

- (a) **Injuries.** In respect of accidents or injuries, the following rules shall be observed:

- (i) Injuries sustained when the individual is 'on duty', as defined, shall be treated as attributable to military service, provided a causal connection between the injury and military service is established.
- (ii) In cases of self-inflicted injuries while 'on-duty', Attributability shall not be conceded unless it is established that service factors were responsible for such action.

Note: Cases of suicide shall not be eligible to be considered for the award of any casualty pensionary award.

- (b) **Diseases:** For acceptance of a disease as attributable to military service, the following two conditions must be satisfied simultaneously: -

- (i) that the disease has arisen during the period of military service, and,
- (ii) that the disease has been caused by the conditions of employment in military service like active operations, high altitude, extreme cold/ hot climate, extreme physical exertion and other specified exposures for e.g. to infections, chemicals and ionizing radiation.

- (c) Diseases arising due to infection contracted in service and fulfilling above mentioned criteria, other than that transmitted through sexual contact, shall merit an entitlement of attributability. Where the disease may have been contracted prior to enrollment or during leave, the incubation period of the disease will be taken into consideration on the basis of its clinical course as determined by the Competent Medical Authority.

- (d) If nothing at all is known about the cause of the disease and the presumption of the entitlement is not rebutted, attributability should be conceded on the basis of the clinical picture and current scientific medical application based upon standard text books

prescribed by the Government Medical Colleges affiliated to IMA/ MCA and not merely on research articles.

(e) 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 therein shall be conceded as attributable to military service. This however, does not apply for known adverse effects of treatment/ drugs which are the standard of care and the individual has been made aware of the risk to benefit aspect of the treatment being offered.

12. Aggravation.

(a) An impairment shall be conceded as aggravated by military service if its onset is hastened or its subsequent course is worsened by specific conditions of military service, such as being posted in places of extreme climatic conditions or being exposed to environmental factors that adversely affect any pre-existing medical condition e.g, Fields, Operations, High Altitudes etc.,

(b) Extreme exertion caused by various military activity, impact of exceptional stress or strain of military service and conditions that inhibit an individual from following through on medical advice such as dietary restrictions are some conditions that merit a consideration of entitlement on the basis of aggravation of a pre-existing medical condition.

(c) The curative outcomes achieved through medical treatment in service hospitals and the sheltered appointments provided to the individual to prevent worsening of a medical condition shall also be taken into account while contemplating award of entitlement on the basis of aggravation. Where a pre-existing medical condition has shown improvement with treatment, aggravation shall not be conceded.

13. Competent Authorities.

(a) Attributability/ Aggravation.

(i) Injury Cases. The decision regarding whether an impairment caused by an injury is to be held attributable to military service, both in cases of invalidment or retirement/ discharge shall be taken by the Service HQ in respect of officers and cadets and by the Officer in Charge Records in case of JCOs/ WO/ OR based on an assessment of the circumstances leading to the injury and the rules, regulations and policies on the subject that are currently in force.

(ii) Disease Cases. The decision regarding whether an impairment caused by a disease is to be held attributable to or aggravated by military service, both in cases of invalidment or retirement/ discharge shall be taken by the Service HQ in respect of officers and cadets and the Officer in Charge Records in case of JCOs/ WO/ OR. The decision shall be taken on the basis of the findings of an Invaliding Medical Board, Retention cum Impairment Assessment Board or Release Medical Board, read in conjunction with the Guide to Medical Officers and duly accepted by the Competent/ Appellate Authority, as the case may be, based on rules, regulations and policies on the subject that are currently in force.

(b) Assessment.

(i) The assessment with regard to percentage of impairment in both injury and disease cases as recommended by the Invaliding Medical Board, Retention cum Impairment Assessment Board or Release Medical Board, read in conjunction with the Guide to Medical Officers and duly accepted by the Competent/ Appellate Authority, as the case may be, shall be treated as final and 'For Life', except in the cases of impairments that are not of a permanent nature, unless the individual himself requests for a one time review.

(ii) Where the impairment is due to more than one medical condition, a composite assessment of the degree of impairment shall be made by reference to the combined effect of all medical conditions in addition to separate assessment for each medical condition. In case of overlapping medical conditions, the composite assessment of impairment will not be the sum of individual medical conditions. After accounting for the percentage of the first medical condition, the percentage of every subsequent medical condition shall be calculated against the total after discounting its assessment from 100 per cent, or the remainder thereof. The composite assessment of impairment shall be the sum of the percentages of individual accepted medical conditions calculated in this discounted manner. This is based on the principle that no person can be more than 100 per cent disabled.

Illustration:

If an individual has three 'Accepted Disabilities' assessed as follows: -

Disability A = 30%

Disability B = 20%

Disability C = 10%

The net impairment is calculated as follows: -

$$30\% + (100-30\%) 20\% + (70-14) 10\%$$

$$30\% + 14\% + 5.6\% = 49.6\%$$

The total impairment will thus be Broad Banded to 50 per cent for the purpose of awarding Impairment Relief.

(c) **Re-Assessment of Disability.** There shall be no periodical review of the assessment of impairment determined by an Invaliding Medical Board, Retention cum Impairment Assessment Board or Release Medical Board, except those impairments which are not of a permanent nature. In such cases, there shall be only one re-assessment of the percentage by a Re-Assessment Medical Board. The percentage of disability assessed/ recommended by the Re-Assessment Medical Board shall be final and 'For Life', unless the individual himself asks for a one-time Review Medical Board.

14. Death Cases.

(a) **Due to Injury.** Decision regarding whether a death due to injury is to be held attributable to military service shall be taken by the Service HQ in respect of officers or cadets and the Officer in Charge Records in respect of JCOs/ WOs/ OR, as the case may be, based on the circumstances leading to the death due to injury and the rules, regulations and policies on the subject that are currently in force.

(b) Deaths due to an injury sustained post retirement or discharge from military service shall not be eligible for raising a claim for casualty pensionary award.

(c) **Due to Disease.** Decision regarding whether a death due to a disease is to be held attributable to or aggravated by military service shall be taken by the Service HQ in respect of officers or cadets and the Officer in Charge Records in respect of JCOs/ WOs/ OR, as the case may be, based on the medical opinion rendered by the Director General Armed Forces Medical Services or such medical authorities prescribed by him/ her.

15. **Exercise of Delegated Powers and Confirmation.**

(a) Powers of adjudication of claims for Casualty Pensionary Awards have been delegated to the respective Service HQ vide Government of India, Ministry of Defence letter No 4684/ DIR (PEN)/ 2001 dated 14 Aug 2001.

(b) Where in doubt, the medical opinion of the Director General Armed Forces Medical Services or such medical authorities prescribed by the him/ her may be obtained. In case of any variance, the decision of the Competent/ Appellate Authority shall be treated as final.

(c) Cases that are accepted for the award of casualty pensionary award shall be forwarded to the authority one level higher than the Competent Authority for scrutiny and confirmation.

16. **Category 'D' and 'E'.** Where death/ disability occurs under the circumstances that fall within Categories 'D' or 'E' the following procedure shall be followed: -

(a) The Service HQ is the Competent Authority to accept a casualty as having occurred under circumstances specified under Categories 'D' or 'E'.

(b) In such cases the award of Liberalized Disability Pension, War Injury Pension, Liberalized Impairment Relief, War Injury Relief and Liberalized Family Pension shall be decided by the Pension Sanctioning Authority based on the casualty report published by the Competent Authority concerned.

17. **Appeals.**

(a) **First Appeal.** A person who is not satisfied with the decision of the Competent Authority in rejecting their Initial Claim for Disability Pension, Capitalized Impairment Relief, Impairment Relief or Special Family Pension, may prefer a First Appeal through their respective record office, to the Chairman Appellate Committee for First Appeal, within six months from the date of issue of the Government Sanction Letter rejecting the initial claim, which would then be considered by. The decision of the Chairman Appellate Committee for First Appeal for upholding the First Appeal will be based on consensus amongst the members of the committee.

(b) **Second Appeal.** A person who is not satisfied with the decision of the Chairman Appellate Committee for First Appeal in rejecting their First Appeal for Disability Pension, Capitalized Impairment Relief, Impairment Relief or Special Family Pension, may prefer a Second Appeal through their respective record office, Chairman Second Appellate Committee on Pension, within six months from the date of issue of the Government Sanction Letter rejecting their First Appeal. The decision of the Chairman Second Appellate Committee on Pension for **both upholding or rejecting** the Second Appeal will be based

on consensus amongst the members of the committee. Cases where there is no consensus among the members of the Second Appellate Committee on Pension will be submitted by the Chairman of the committee to the Department of Ex-Servicemen Welfare, Ministry of Defence for examination and obtaining the final decision on the second appeal from the Hon'ble Raksha Rajya Mantri.

(c) No appeals are applicable in respect of casualty pension or disability awards related to Category 'D' or 'E' cases.

18. **Medical Boards Related to Casualty Pensionary Awards.** The following medical boards shall be held in respect of casualty pensionary awards to Armed Forces personnel: -

(a) **Invaliding Medical Board.** An Invaliding Medical Board shall be held in respect of Armed Forces personnel who are recommended by medical authority for invaliding out of service, solely on medical grounds. The following procedure shall be followed: -

(i) Invaliding Medical Board shall be held in the nearest Military Hospital where a Senior Specialist of the department concerned with the medical condition of the personnel being invalided is available.

(ii) The proceedings of an Invaliding Medical Board is subject to confirmation by: -

(aa) DGMS (Army/ Navy/ Air) in respect of officers.

(ab) Designated medical Staff officer at Area/ Sub Area Headquarters or equivalent appointment in the Navy and Air Force in respect of Personnel Below Officer Rank.

(iii) Competent Authority to approve invalidation out of service shall be as follows:-

(aa) **Officers and Cadets.** Adjutant General or equivalent appointment in Navy and Air Force in respect of officers (Non-appeal cases) and Raksha Rajya Mantri (Appeal cases).

(ab) **JCOs/ WOs/ OR.** Officer in Charge Records or equivalent appointments in the Navy and Air Force in respect of (Non-appeal cases) and Army Commander or equivalent appointment in Navy and Air Force (Appeal cases).

(b) **Retention cum Impairment Assessment Board.** A Retention cum Impairment Assessment Board shall be held in respect of Armed Force personnel who are placed in Low Medical Category 'For Life' to decide on their retention/ invaliding out of service and the award of disability compensation. The following procedure shall be followed: -

(i) Armed Forces Personnel whose medical condition is determined by a Reclassification Medical Board to have reached finality, or whose medical condition is subject to progressive deterioration or who are continued remained in permanent Low Medical Category over two reclassification cycles or four years, whichever is earlier, shall be classified Low Medical Category (For Life).

(ii) Such personnel shall be considered either for invaliding or retention in service by a Retention cum Impairment Assessment Board.

- (iii) Personnel who are recommended for invaliding shall be placed in SHAPE – 5 and assessed by the Competent Medical Authorities.
- (iv) Once their invalidation out of service is approved by the Competent Authority, they shall be considered for the award of Disability Pension, Liberalized Disability Pension, War Injury Pension or Invalid Pension, depending upon the Category of disability.
- (v) Personnel who are recommended to be retained in service despite a disability shall be considered by the Competent Authority for the same and if their retention is approved shall be issued a Retention in Service Order.
- (vi) On the authority of the Retention in Service Order the initial claim of such personnel shall be considered for the award of 'Capitalized Impairment Relief', depending upon the Category of disability and subject to the degree of impairment being not less than 20 per cent and in case the same is forgone, Impairment Relief/Liberalized Impairment Relief/War Injury Relief may be admitted at the time of discharge/retirement based on this Retention in Service Order.
- (vii) Retention cum Impairment Assessment Board shall be held in any Service hospital commanded by a Brigadier or equivalent in other services. The Presiding Officer of the Board shall be the Commandant of the Service Hospital.
- (viii) The findings of a Retention cum Impairment Assessment Board shall be approved along the respective medical chain. However, it shall be confirmed only by the Major General (Medical) or equivalent in other services in the respective Command Headquarters. Retention cum Impairment Medical Board shall not be confirmed by the Area/ Sub-Area Headquarters.
- (ix) Retention cum Impairment Assessment Board of officers of the rank of Colonel and above or equivalent in other services will be held in a hospital outside their Area of Responsibility.
- (x) Personnel whose claim is rejected on account of their impairment having been declared under Category 'A' (i.e held neither attributable to nor aggravated by military service) or assessed less than 20 per cent, may continue in service but shall not be eligible for any compensation for the impairment.
- (xi) Personnel placed in Low Medical Category (For Life) shall not be medically upgraded. The individual shall undergo Annual Medical Examination or Periodic Medical Board as applicable every year and shall be retained in the same medical classification, unless, based on specialist opinion a change in COPE (Army)/ SA (Navy)/ AG (Air Force) Code is envisaged.
- (xii) Personnel whose Retention cum Impairment Assessment Board has been held shall render a certificate accepting that their medical classification is 'For Life' and no upgrading or change in assessment is applicable in respect of that impairment and no aggravation in respect of the instant medical condition can be claimed on account of their being retained in service.
- (xiii) Where the award of Capitalized Impairment/ Liberalized Impairment/ War Injury Relief has been rejected by the Competent/ Appellate Authority, an individual

may prefer an appeal to the Chairman Appellate Committee for First Appeal or Chairman Second Appellate Committee for Pension, as the case may be.

(c) **Release Medical Board.** A Release Medical Board shall be held at the time of retirement, release or discharge of an Armed Forces personnel with a medical condition for which he/ she has been placed in a Low Medical Category (Temporarily/ Permanently/ For Life). Temporary and Permanent category under LMC will not be eligible for Impairment Relief/Liberalized Impairment Relief/War Injury Relief, however, LMC for life may be eligible for the same, subject to conduct of Impairment cum Assessment Medical Board in the past and issuance of Retention in Service Order and if the Armed Forces personnel has forgone Capitalized Impairment Relief. The Release Medical Board shall be held in a hospital outside their area of responsibility in respect of officers of the rank of Brigadier (equivalent in the Indian Navy and Air Force) and above and at the dependent Military Hospital in respect other personnel.

(d) **Post Discharge Medical Board.** A Post Discharge Medical Board is held where a Post Discharge Claim is allowed by the Director General of Armed Forces Medical Services. The following procedure is to be followed: -

(i) A Post Discharge Claim can only be preferred in respect of a disease that was not present at the time of an Armed Forces personnel's retirement, release or discharge from service.

(ii) It can be preferred within seven years from the date of invaliding (in respect of death cases) and retirement, release or discharge (in respect of disability cases).

(iii) It can be preferred only in respect of a disease that can be held attributable to military service.

(iv) In respect of death cases, a Post discharge Claim for Special Family Pension or Liberalized Family Pension can only be processed in respect of an individual who was already in receipt of Disability Pension, Liberalized Disability Pension or War Injury Pension.

(v) A Post Discharge Claim shall be forwarded to the office the Director General of Armed Forces Medical Services who shall scrutinize the case from the point of eligibility before sanctioning a Post Discharge Medical Board.

(vi) Post Discharge Medical Board shall be held at Base Hospital Delhi Cantonment and the proceedings shall be confirmed by the Director General Hospital Services or Senior Consultants (Medicine/ Surgery) in the office Directorate General of Armed Forces Medical Services.

(e) **Re-Assessment Medical Board.** Re-Assessment Medical Board is applicable only in respect of individuals who have been awarded Disability Pension, Liberalized Disability Pension, War Injury Pension, Impairment Relief or War Injury Relief in respect of an impairment whose assessment is limited only to a specified period. The following procedure shall be followed: -

(i) An individual who has been awarded a disability compensation for specified period only, shall report to the nearest Military Hospital for a Re-Assessment Medical Board before the expiry of the validity of the assessment.

- (ii) Since service factors cease to have an effect on an individual post retirement or discharge, any subsequent increase in percentage of assessment in respect of a disability held aggravated by military service at the time of invaliding, retirement or discharge cannot be linked to service conditions. However, percentage of assessment in attributable cases may be revised upward based on Re-Assessment Medical Board.
 - (iii) A disability claim that was untenable at the time of retirement/ discharge, on the grounds of being held Neither Attributable to nor Aggravated by military service or being assessed less than 20 per cent cannot be revived post retirement on the basis of a Re-Assessment Medical Board.
 - (iv) Re-Assessment Medical Board shall also not be applicable in respect of those personnel who have been paid Capitalized Impairment/ Liberalized Impairment/ War injury Relief on the basis of a Retention cum Impairment Assessment Board.
 - (v) A Re-Assessment Medical Board, where due, shall not require a sanction.
 - (vi) However, Re-assessment Medical Board that is overdue shall only be allowed on the basis of a Time-Bar Sanction
 - (vii) Where rate of disability compensation is required to be revised on the basis of a Re-Assessment Medical Board, the same shall be sanctioned only by the competent authority after due financial scrutiny.
 - (viii) Based on the sanction, Pension Sanctioning Authority shall issue a Corrigendum Pension Payment Order duly revising the disability compensation as per the new assessment.
 - (ix) Where a Re-Assessment Medical Board has reduced the assessment of an impairment less than 20 per cent, the disability compensation shall cease to be paid. However, Service Element or other pension that the individual may be eligible to may continue to be paid.
- (f) **One Time Review Medical Board.** A One Time Review Medical Board may be held on the request of an individual who is not satisfied with the assessment of the degree of his/ her impairment where the disability is held **attributable** to military service. The following procedure shall be followed: -
- (i) An individual with a disability held attributable to military service, may seek a One Time Review Medical Board to re-assess his/ her degree of impairment as determined by an Invaliding Medical Board, Retention cum Impairment Assessment Board, Release Medical Board or a Post Discharge Medical Board.
 - (ii) A One Time Review Medical Board shall be sanctioned by the office of the Director General Armed Forces Medical Services on the basis of an application made in this regard by the individual through his/ her record office.
 - (iii) An individual can exercise this option only once in his/ her lifetime.
 - (iv) A One Time Review Medical Board shall be held at Army hospital (Research and Referral).

(v) Any revision of assessment of impairment by the One Time Review Medical Board, shall be approved by the Competent Authority after due financial scrutiny before forwarding the same to the Pension Sanctioning Authority for issue a corrigendum Pension Payment Order.

(g) **Appeal Medical Board.** An Appeal Medical Board may be sanctioned by the office of the Director General of Armed Forces Medical Services while considering the First or Second Appeal of an individual, if in their opinion, the Invaliding Medical Board, Retention cum Impairment Assessment Board, Release Medical Board or a Post Discharge Medical Board has erred in its findings. The following procedure is to be followed: -

(i) During the consideration of an Appeal (First or Second) if the medical member of the appellate committee from the office of the Director General of Armed Forces Medical Services feels that the findings of the Medical Board placed on record is not correct, he/ she may sanction a First or Second Appeal Medical Board to physically examine the individual.

(ii) A First or Second Appeal Medical Board shall be held at Base Hospital Delhi Cantonment. The members of the Appeal Medical Board shall be detailed from the office of the Brigadier Armed Forces Medical Services (Pension).

(iii) The findings of the Appeal Medical Board shall be final and 'For Life; unless the individual exercises his/ her option for a One Time Review Medical Board, if not already exercised.

(iv) The Appellate Committees are not bound to sanction an Appeal Medical Board unless they find an inconsistency vis-à-vis the Guide to Medical Officers.

19. **Scope of Medical Boards.** All medical boards related to casualty pensionary awards shall limit their scope to the following: -

(a) Thoroughly evaluating the medical condition of the individual.

(b) Determining and specifying any disability.

(c) Assessing the degree of impairment caused by the disability.

(d) Noting detailed factors/ justification that support or refute any claim for entitlement of disability compensation.

20. Medical boards shall not opine on the element of 'entitlement', which shall be left to be determined by the Competent/ Appellate Authority based on these rules read in conjunction with the Guide to Medical Officers.

21. **Time Barred Cases.** The following time barred cases may be considered on the basis of a Time Bar Sanction accorded by the Competent Authority who has been delegated the powers to accord the same: -

(a) **Appeals.** Appeals that are submitted after more than six months, but less than five years, from the date of issue of the Government Sanction Letter rejecting an Initial Claim or a First Appeal. Award of casualty pensionary awards or disability compensation in respect of Time Barred Appeals, if accepted, shall be effective only from the date of the delayed appeal. Under No circumstances shall an appeal time barred beyond five years be considered by either Appellate Committees.

- (b) **Release Medical Boards.** A delay of two years from the date of retirement, release or discharge.
- (c) **Re-Assessment Medical Board.** A delay equal to the period of validity of original assessment or five years, whichever is earlier.
- (d) **Initial Claim for Award of all Forms of Casualty Pensionary Awards.** Claims delayed beyond five years.

WARTIME RULES

No. 106123/4/P.P.3(a)
 General Headquarters
 Adjutant General's Branch
 GHQ APO
 New Delhi, 25th November, 1946

To
 Headquarters All Commands, Divisions,
 Brigades, Areas and Sub Areas
 with sufficient copies for distribution to all medical officers,
 Instructions for Medical Officers called upon to Sign Death
 Certificates and for Medical Boards.

MEMORANDUM

1. New rules on entitlement to pensions were introduced for the Indian Army by A.I. (I) 43/45. Medical Boards will be held in accordance with these instructions which will be simplified or amended from time to time as may be found necessary. While not comprehensive, they are intended to be a guide so that medical officers may be enabled to give immediate effect to the alterations brought about by the new rules. Medical Officers should appreciate that not only has the old criteria been discarded but that the whole approach to the question of attributability has been changed and the changes explained below entail more accurate medical recording on their part and a more accurate appreciation of the various findings in each case.

2. Terms employed under the new rules - Hitherto the word "attributable" had an artificial meaning covering both "directly attributable" and "materially aggravated". In that sense, it has now been replaced by "due to" and "attributable" replace "directly attributable" as meaning "caused by".

The word "materially" and the words "to a material extent" have been omitted in reference to aggravation. Under the new rules worsening to any extent by service will be regarded as aggravation. The Ministry of Pensions test of the existence of aggravation in this sense will now apply to the Indian Army, namely there is held to be "aggravation" where effective service is found to have caused a degree of worsening in a previously existing condition resulting in discharge from service on account of that condition.

3. New method of approach to the question of entitlement- Though the principle that there must be a causal connection between the disability or cause of death and service is still reserved the question of supporting evidence is to be approached from a new angle. The Government of India will give full weight to two presumptions arising out of the fact that the man is opted for service during the present war in a certain medical category. These presumptions are:-

.....2/-

- (1) That at the time of acceptance he was fit for the kind of service demanded of a man in that medical category, and
- (2) That in the event of his subsequently being discharged from the service on medical grounds any deterioration in his health which has taken place is due to his service.

While the medical services are not directly concerned with the making of these artificial presumptions, in future they must bear them in mind, since, in cases which, in their opinion, should be regarded as not attributable to military service, it will be necessary to record evidence sufficient to rebut one or both of these presumptions.

Presumption (1) itself does not lead to any conclusion of entitlement but approach to Presumption (2) will be affected as pre-supposition (1) stands or falls. It is, therefore, necessary to record any evidence available which may affect Presumption (1). This may take the form of radiological or other evidence that the disease was of long standing or there may be evidence in the individual's medical history sheet or other medical documents. The history given by the individual on first admission to hospital may also be of importance.

Presumption (2) is the vital one. Unless there is contrary evidence attributability must be conceded. This contrary evidence may take the form of showing,

- (1) that no deterioration in health, persisting to date of discharge, occurred during service; or
- (2) that, where there has been persisting deterioration, the presumption that such deterioration is due to service is not well founded.

The mere fact that an individual has been invalided does not necessarily mean that his health has deteriorated during service. The disability may have been discovered soon after joining and the individual discharged in his own interest in order to prevent deterioration. In such a case there may even have been worsening during service, but if treatment given before discharge restored the individual to his normal condition so that his discharge was on grounds of expediency to prevent a recurrence, no lasting damage was inflicted by service and there is no ground for conceding attributability. Again an individual may be found to be so weak mentally that it is impossible to make him an efficient soldier, this does not establish that his condition has worsened during service but only that it is worse than was realised on enrolment.

On the other hand, where there has been deterioration attributability must be conceded under presumption (2) unless there is evidence indicating that the presumption is not well founded. There may be direct evidence of the contraction of disability otherwise than by service, e.g. by infection while

at home on leave, and even then the question of aggravating by subsequent service will have to be considered. The difficulty will be greatest in those diseases regarded as constitutional and naturally progressive. Deterioration must be accepted as due to service unless there is evidence to the contrary including as evidence a consensus of medical opinion regarding the particular disability or the group of disabilities to which it belongs. It will thus be seen that a claim to pension will not be rejected unless presumption (2) is shown to be ill founded by written or other reliable evidence or such a consensus of medical opinion as amounts to reliable evidence.

In other words, the Government of India must be satisfied that there are reasonable grounds before any case is rejected and it will be for the medical officers concerned with the case to put forward all the medical evidence available which may have a bearing on the final decision.

4. Procedure to be adopted by Medical Boards:- It is obvious that with the new approach to the question of attributability, the present method of completing the invaliding roll must be considerably altered. At present, there are not sufficient particulars recorded regarding many of those invalided from service on account of disease to allow of a correct decision on entitlement to pension under the new criteria. It should be realised that all cases will be subject to review and it may be necessary to reverse the decision in those cases recommended for rejection of the claim to pension where the supporting evidence is insufficient. Phrases such as "equally common in civil life" will no longer have any force and should not be used except in cases of diseases which run their course independently of external circumstances; see paragraph 6(c) below. Until it is found possible to issue a revised form of invaliding roll IAFY-1948, the procedure therefore will be as follows:-

- (1) On page 5 of the invaliding roll, the medical officer-in-charge of the case should first of all give a concise history of invaliding disability as complete as possible clearly specifying the station of origin, e.g. field service area or peace station. The duration of the disability and the circumstances in which it arose may have a vital bearing on the case. Such particulars may possibly be obtained from the individual documents. The medical notes made when the individual first fell ill are of special importance as not only do they frequently show the pathological state of the disease when it first came to notice enabling a deduction to be made as to its probable duration but they often contain a statement as to the history prior to that date. Such information may be of more value than statements made at the time of invalidment when the question of a disability pension has arisen. Where relevant a short note should be added regarding defects noted

on enrolment, family history, other illness during or prior to service. This all important history of the case should be followed by :

- (ii) The diagnosis of the disability, about which there should be no serious doubt and an exact description of the clinical conditions present. This description should not necessarily be detailed but should make clear any features likely to assist the board in forming an opinion on the question of attributability and on the assessment of disablement. Notes on laboratory, X-ray findings etc., should be included when necessary and specialists reports on the case may be of value. Where the medical officer-in-charge of the case has considered that the individual was non-co-operative or has retarded his cure or that he was malingering, a note to that effect should invariably be recorded for the information of the board.
- (iii) Finally, whether there was neglect, delay, faulty technique or lack of reasonable skill in service medical treatment, or the exigencies of service, before, during or after the treatment could be held to have caused or aggravated the condition, these should be recorded as on these grounds alone a presumption of aggravation through service may be made if deterioration thereby resulted.
- (iv) On page 6 of IAFY-1948. In addition the words "in the hope of obtaining pension or gratuity" should be deleted from question (8). Bearing in mind that decisions contrary to the opinion of the medical board may be given on review, the percentages of disablement should be carefully assessed in all cases and entered at question (5).

5. Death certificates.- IAFY-393 Part III, in which the medical officer records his opinion regarding attributability should likewise in future contain more details of the cause of death. As a rule, not only the immediate cause of death but also the underlying disease should be noted. In the case of infectious disease it may be relevant to note the incubation period of the particular disease, eg. when the individual may have contracted the disease while on leave or prior to enrolment. It is specially important

in death cases to note whether neglect, delay, faulty technique or lack of reasonable skill** in service medical treatment can be held responsible for untoward outcome, or the exigencies of service before, during or after the treatment can be held to have caused or hastened death. The presumption already referred to will apply equally in cases of death. It should be clearly stated whether the individual died overseas or in India in a hospital or at home as a result of disease contracted overseas, or whether he died in a peace station of disease contracted in such station.

**N.B.--Should a recognised complication of the normally accepted methods of treatment properly prescribe and administered, occur, then that complication is regarded as NOT attributable to service.

6. Notes on common diseases.-- It may be advisable at a later date in issue detailed guidance regarding certain diseases. In the meantime the following notes may in some cases, be helpful. They contain the ideas of the Ministry of Pensions formed from their experience in applying the new principles in the U.K. The Ministry of Pensions state that the position regarding psychoneurosis is not yet sufficiently clear to make a pronouncement so that medical officers should use their own discretion in expressing an opinion on attributability in such cases for the present.

(a) Common diseases known to be affected by exposure to weather.--Diseases such as Bronchitis, rheumatism and nephritis-- indeed most diseases of the respiratory system, joints and kidneys are affected by climatic conditions and here the man's condition has worsened during service, the presumption that this worsening was caused, or aggravated by service would be well founded, unless the service was of such short duration or the conditions of service were so good that it would be quite unreasonable to grant entitlement to pension.

(b) Common diseases known to be affected by stress and strain.-- If the individual has given reasonable service in a branch of the service where physical effort or other strain can be assumed the presumption that deterioration is due to service can be regarded as well founded. This refers particularly to pulmonary tuberculosis and certain heart conditions. It may be that in an exceptional case the man has been engaged on sedentary duties and the presumption would not then usually apply.

(c) Diseases which run their course independently of external circumstances.-- There are certain diseases which would have run the same course whether the member had been in the Force or not. Such cases if equally common in civil life will not be accepted as aggravated by war service unless it is clear that owing to the exigencies of his service the man did not receive medical treatment of a satisfactory character and standard or such treatment was so delayed as to be less effective than it should have been.

(d) Infectious diseases.-- Death or disablement resulting from infectious disease other than venereal disease contracted during service will be regarded as attributable to military service. Where the disease may have been contracted prior to enrolment or during leave, the question of determining the incubation period in a particular case will arise and an opinion on this point should be expressed.

(e) Venereal diseases.-- Presumption (2) is not regarded as applying in the case of venereal disease, having regard to the way in which the disease is normally acquired; similarly the question of onus of proof does not arise; Cases of venereal disease or later manifestations of sequelae thereof will, therefore, only be accepted as attributable.

(i) If the disease has been contracted in the course of duty e.g., by a doctor or medical orderly.

(ii) If, having contracted disease during service, the man after treatment has returned to full duty and has been subjected to such strain as has produced one of the after-effects of the disease sooner than would normally have been the case.

(iii) If, having contracted the disease prior to enrolment, the man has been subjected to such strain as has produced or hastened a later manifestation of the disease.

Note 1. --For the purposes of (b) and (c), the strain must be due to service and of such a degree as is unlikely to be met in civil life, and it must be clear that the later manifestation was in fact produced or hastened

by that strain. If, however, the man had reached an age when such a manifestation could be expected, the case is difficult for acceptance.

Note 2.-- A member engaged on clerical duties would not normally be subjected to any such strain, and it may be taken as axiomatic, that no sedentarily employed man could establish a claim to pension save in the most exceptional circumstances.

(iv) If the disease is due to heredity and the latter manifestation is produced or hastened by conditions of the man's service (the normal considerations as to giving the benefit of doubt apply).

(v) If the disease existed before enrolment and death results from treatment given with a view to making the man an efficient soldier.

(vi) If the disease was contracted during service and death results from faulty technique in treatment.

NOTE 1.--In case of disease contracted during service should the man advance the argument that owing to the exigencies of his service he did not receive treatment when he ought to have received it, such argument will be treated with reserve.

NOTE 2.-- "Faulty technique in treatment" implies the use of drugs obviously wrong or contra-indicated, an unreasonably low or high dosage, procedures not generally recognised as correct or the lack of proper precautions.

Medical Boards will always record their opinion with reasons in support, as to whether the disease is congenital or was contracted before or after enrolment.

The general principle underlying the provisions of this sub-para is that when the disease is either hereditary or contracted by sexual contact either before or during service, entitlement for the disease itself can never be granted. Such entitlement can only be given

for a later manifestation or sequela of the disease which has been precipitated or whose onset has been hastened by the stress of service in the Army.

(F) Service employment similar to civil employment.-- Where the man's employment in the service, e.g., a lorry driver, is the same as his pre-service civil employment, and it is clear that there has been deterioration during service, the similarity of employment is not a sufficient ground for rejecting a claim to pension on the plea that the risks to health were not increased by service. That would be equivalent to giving the same weight to the possibility of deterioration in civil life as to the fact that deterioration took place in the service. This argument cannot be maintained. Where, however, the disease is one that could not be influenced by employment as, e.g., a clerk, the case is different.

7. In conclusion, it is necessary to reiterate that where a medical officer considers that a case is not attributable to military service, the evidence on which the opinion is based must be clearly stated whether this takes the form of certain facts peculiar to the case or well known features regarding the disease in question.

8. G.H.Q. memoranda Nos 106123/1/AG 14(b), dated 20th July 1944 and 106123/3/P.P.3(a) dated 6th July 1945, are hereby cancelled.

CLASSIFICATION OF DISEASESA. Diseases affected by climatic conditions

1. Pulmonary tuberculosis
2. Pulmonary oedema
3. Pulmonary tuberculosis with pleural effusion
4. Tuberculosis(non-pulmonary)
5. Bronchitis
6. Pleurisy, Emphysema, Lung abscess; and Bronchiectasis
7. Lobar Pneumonia
8. Nephritis(acute and chronic)
9. Otitis media
10. Rheumatism(acute and chronic)
11. Arthritis
12. Myalgia
13. Lumbago
14. Local effects of severe cold climate-i.e., frost bite, trench foot and chilblains
15. Effects of hot climate-i.e., heat stroke and heat exhaustion

B. Diseases affected by stress and strain

1. Psychosis and Psychoneurosis
2. Hypertension(BP)
3. Pulmonary tuberculosis
4. Pulmonary tuberculosis with pleural effusion
5. Tuberculosis(non-pulmonary)
6. Mitral stenosis
7. Pericarditis and adherent pericardium
8. Endocarditis
9. Sub-acute bacterial endocarditis, including infective endocarditis
10. Myocarditis(acute and chronic)
11. Valvular diseases
12. Myocardial infarction, and other forms of IHD
13. Cerebral haemorrhage and cerebral infarction
14. Peptic ulcer

C. Diseases affected by dietary compulsions

1. Infective hepatitis(Jaundice)
2. Diseases of stomach and duodenum
3. Worm infestation and particularly guinea worm and round worm infections
4. Gastritis
5. Food poisoning, especially due to tinned food

.....2

ENTITLEMENT RULES FOR THE DISABILITY AND SPECIAL FAMILY
PENSIONARY AWARDS IN RESPECT OF ALL RANKS OF THE ARMED
FORCES DURING EMERGENCY

Period of Emergency	Government of India letter
8 Sep 62 to 9 Jan 68	- A/01927/AG/PS-4(a)/9948/Pen-C dated 26 Dec 62
3 Dec 71 to 31 Mar 72 25 Mar 71 to 31 Mar 72 (Op Cactus Lily)	- A/01927/AG/PS-4(a)/11130/Pen-C dated 16 Dec 71
15 Aug 71 to 31 Mar 72 (Naval personnel)	- FN/3948/1191/Pen-C dated 1 Feb 72

Entitlement to disability or family pensionary awards in respect of all ranks of the Armed Forces eligible for pension under the Military Rules, disablement or death, shall be accepted as due to service, if -

- (a) the disablement is due to a wound, injury or disease, which-
- (i) is attributable to service; or
 - (ii) existed before or arose during service and has been, or remains aggravated thereby.

- (b) the death was due to or hastened by -

- (i) a wound or injury or disease which was attributable to service; or
- (ii) the aggravation by service of a wound, injury or disease which existed before or arose during service.

2. In dealing with these cases, the benefit of reasonable doubt will be given to the claimant. The entitlement shall be denied only if it can be established beyond reasonable doubt that the conditions mentioned above are not fulfilled.

3. Where an injury or disease, which led to discharge or death during service, was not noted in a medical report or other appropriate enrolment papers prepared at the time of commencement of the individual's service, fulfilment of the conditions mentioned in para 1 above may be accepted unless there is a positive evidence to the contrary.

4. Where there is no note in contemporary official records of a material fact on which the claim is based, other reliable corroborative evidence of that fact may be accepted.

N.B. - "Service" means service in the Armed Forces during emergency rendered anywhere in India.

Special proforma should be attached to the IMB proceedings of all ranks to provide additional information vide NCAMS letter No. 16033/DS/MTMS/1489 dated 22 Jan 72 addressed to DS/MS

Gastric ulcer
Duodenal ulcer
Nutritional disorders

Diseases affected by training, marching prolonged standing etc.

1. Tetanus, erysipelas, septicaemia and pyaemia etc. resulting from injuries
2. Ankylosis and acquired deformities resulting from injuries
3. Post traumatic epilepsy and other mental changes resulting from head injuries
4. Internal derangements of knee joint
5. Deformities of feet
6. Osteoarthritis of spine and lower limb joints
7. Burns sustained through petrol, fire, kerosene oil etc. leading to scars and various deformities and disabilities
8. Hernia
9. Varicose veins

Environmental Diseases

1. Diseases contracted in the course of official duty of attending to a venereal or septicemic patient or while conducting a postmortem examination
2. Diseases contracted on account of handling infectious material, poisonous chemicals and radioactive substance

Diseases affected by altitude

1. High altitude pulmonary oedema and pulmonary hypertension
2. Acute mountain sickness
3. Psychosis, Psychoneurosis, suicide
4. Thrombosis

Diseases affected by service in Submarines and in diving

1. Acoustic trauma resulting from continuous noise and vibrations
2. Effects of exposure to high levels of toxic gases
3. Droplet infections
4. Neurosis and psychosomatic disorders
5. Effects of barotrauma
6. Decompression sickness
7. Dysbaric osteo-necrosis

Diseases affected by service in flying duties

1. Otitic barotrauma
2. Altitude decompression sickness
3. Hypoxia
4. Explosive decompression
5. Long duration G

Diseases not normally affected by service

1. Malignant diseases (Cancer and carcinoma)
2. Sarcoma (except in cases of sarcoma of bone with a history of injury, due to service, on the site of development of the growth)
3. Epithelioma
4. Rodent ulcer
5. Lympho-sarcoma
6. Lymphomas except of viral aetiology
7. Leukaemia (except radiation effect)
8. Pernicious anaemia (Addison's disease)
9. Osteitis deformans (Paget's disease)
10. Gout
11. Acromegaly
12. Cirrhosis of the liver - if alcoholic

Eyes

13. Error of refraction
14. Hypermetropia
15. Myopia
16. Astigmatism
17. Presbyopia
18. Glaucoma - acute or chronic - unless there is a history of injury due to service or of disease of the eye due to service.

No.1(5)/93/D(PEN-C),
Government of India/Bharat Sarkar
Ministry of Defence/Raksha Mantralaya,

New Delhi, dated April, 16, 1996.

To
The Chief of the Army Staff,
The Chief of the Naval Staff,
The Chief of the Air Staff,

Subject:-Scheme for grant of Ex-gratia Awards in cases of
Death/Disablement of Cadets(direct) due to causes
attributable to or aggravated by Military Training.

Sir,

I am directed to state that the President is pleased to sanction a scheme for grant of ex-gratia awards in respect of Cadets in the event of death/disablement due to causes attributable to or aggravated by the conditions of military training. The rates and other conditions for grant of these ex-gratia benefits shall be as laid down in the succeeding paragraphs.

2. Ex-Gratia Awards in cases of disablement : In cases of invalidment on medical grounds due to disabilities attributable to or aggravated by the conditions of military training, an ex-gratia award at the rate of Rs.375/- per month for life shall be admissible to the ex-cadets (except Service entry). In addition, a Disability Award on ex-gratia basis shall also be admissible to the ex-cadet at the rate of Rs.600/- per month for 100% disability, during the period of disablement. The amount of disability award shall be proportionately reduced when the degree of disablement is less than 100%. No disability award shall be payable in cases where the degree of disablement is less than 20% or the disablement has not been accepted as attributable to or aggravated by the conditions of military training.

3. Ex.gratia Awards in cases of Death : As per terms and conditions of recruitment, majority of the Cadets such as entries through IMA, Ex-NDA and direct entries etc., are required to be bachelors and they cannot marry during the pre-commission training. However, in cases of entries such as Technical graduate entry/post graduate entry/Short Service Commission(tech.and Non-tech), Entry

contd/-

through the Army Cadet College (ACC) etc., marriage prior to pre-commission training is not a bar. In the event of death of a Cadet due to causes attributable to military training, the following ex-gratia awards shall be payable to the Next of Kin of the deceased Cadet depending on his marital status:-

(i) On death of married Cadet during training, Ex-gratia Award at the rate of Rs.600/-per month shall be admissible to the widow/children of the deceased Cadet. This award shall be payable to the widow until her death or re-marriage (with a person other than the real brother of the deceased Cadet), whichever is earlier. After death or disqualification of the widow on account of re-marriage, the ex-gratia award shall be payable to the sons/unmarried daughters (in the order of seniority in age) till they attain the age of 25 years. In case of unmarried daughter(s), the payment of ex-gratia award shall be stopped on her/their getting married.

In the absence of eligible widow/children, ex-gratia award shall be paid to the dependent parents as per rates given in the para 3(ii) below.

(ii) In case of unmarried/widower cadet with no children, ex-gratia award at the rate of Rs.375/-per month shall be payable to the dependent parent(s) of the deceased Cadet for life. In the absence of parents, the ex-gratia award shall be payable to the dependent brother(s)/unmarried sister(s) in the order of seniority in age, till they attain the age of 25 years. In case of unmarried sister(s), the payment of ex-gratia award shall be stopped on her/their getting married.

(iii) The ex-gratia award shall be payable to only one member of the family at a time.

(iv) In the event of death of an ex-cadet in receipt of disability award under para 2 above, Ex-gratia Awards at the above rates shall be admissible to the family of the deceased cadet provided that the death is caused by the disability sustained during military training which was accepted as attributable to or aggravated by the conditions of military training.

contd/-

4. Constant Attendance Allowance (CAA) : When the degree of disability is assessed at 100% and is accepted as attributable to or aggravated by the conditions of military service, Constant Attendance Allowance at the rate of Rs.300/- p.m. shall be admissible to the ex-Cadet on the recommendation of the Invaliding Medical Board.
5. No ex-gratia award under these instructions shall be payable if the death/disablement is neither attributable to nor aggravated by the conditions of military service/training.
6. Other rules and procedure regarding assessment/re-assessment of disablement and acceptance of disability/death as attributable to or aggravated by conditions of military service/training in cases of cadets shall be the same as for regular Commissioned Officers of the Armed Forces. The procedure for sanction and conditions for grant of ex-gratia awards to the Next of Kin in case of deceased Cadets shall be same as in cases of casualties of regular Commissioned Officers due to attributable causes.
7. Awards under these instructions are being sanctioned purely on ex-gratia basis and the same shall not be treated as pension for any purpose. However, Dearness Relief shall be admissible on the Ex-gratia Awards sanctioned under para 2 & 3 of these instructions.
8. The provisions of this letter shall be applicable in cases of casualties occurring on or after 1.1.86.
9. This issues with the concurrence of the Finance Division of this Ministry vide their U.O.NO.607/Pen/96 dated 9.4.96.

Yours faithfully,

(P.K. JATIA)

DEPUTY SECRETARY TO THE GOVERNMENT OF INDIA.

Copy to:-

1. JS (Trg.&CO), JS (G), JS (N), JS (Air),
2. CGDA, New Delhi.

contd/-

3. CCDA (P), Allahabad.
4. CDA (PD), CDA (Navy), Bombay; CDA (Air Force), New Delhi and CDA (O) Pune, CDA (Air Force), Dehra Dun.
5. The Director General of Audit, Defence Services, New Delhi.
6. Army HQ/AG/PS-4.
7. Naval HQ/DPA.
8. Air HQ/DPP&R.
9. Director General of Resettlement.
10. Department of Pension & Pensioners' Welfare.
11. Department of Expenditure (EV Section).
12. Addl. FA (P)/DPA (Pen), Min. of Def (Fin/Pen).
13. D (Pen-A); D (Pen-C); D (Civ. II); D (GS-VI); D (Res); PG Coll, D (Air-III), D (Navy-I), D (GS-II).
14. Director of Public Relations.
15. Editor-in-Charge, Sainik Samachar,
16. D (Hindi-IV) -- for Hindi version.