

30/100
CENTRAL ADMINISTRATIVE TRIBUNAL
GUWAHATI BENCH
GUWAHATI-05

✓ (DESTRUCTION OF RECORD RULES, 1990)

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O.A/T.A No. 169/01.....

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SECTION OFFICER (Judl.)

Seali
6.12.17

FORM NO. 4
(See Rule 42)IN THE CENTRAL ADMINISTRATIVE TRIBUNAL
GUWAHATI BENCH ::::::: GUWAHATI

ORDER SHEET

Original APPLICATION NO169....OF 2001.

Applicant (s) Ashok. Kr. SonowalRespondent (s) U.O.I SonsAdvocate for Applicants (s) Mr. B.M.Chandhury, Smt. A.BhattacharyaAdvocate for Respondent (s) C.G.S.C.

Notes of the Registry

Date

Order of the Tribunal

This application is in form but not in time. Cognizance Petition is filed on filed vide M.F. No. C.P. for Rs. 30/- deposited in date IPO/BC No. 667792394

Dated..... 8/5/2001

Dy. Registrar

16.5.01

Heard Mr. A. Bhattacharya, learned counsel for the applicant. Notice issued to both the respondents to show cause as to why this application shall not be admitted. Mr. A. Deb Roy, learned Sr.C.G.S.C. accepted on behalf of the respondents.

Returnable by three weeks.

List on 13.6.2001 for admission.

I.C.Usha

Member

Vice-Chairman

bb

13.6.01

On the request of Mrs. A. Bhattacharya, learned counsel for the applicant, the matter is adjourned to 16-7-2001 for admission.

I.C.Usha

Member

Vice-Chairman

bb

16.7.01

NO representation stand out.

List on 17.7.2001 for admission.

I.C.Usha

Member

Vice-Chairman

bb

By
18.7.01

① Service report are still awaited.

(2)

17.7.01

Notices were already issued to the respondents to show cause. The application is accordingly admitted, call for the records.

List on 16-8-2001 for order.

Show Cause has not been filed.

3/2
14/8/01

bb

ICC Usha

Member

L
Vice-Chairman

16.8.01

Heard Mr. A. Bhattacharya, learned counsel for the applicant.

On the prayer of Mr. A. Deb Roy, learned Sr. C.G.S.C. for the respondents, 4 weeks time is granted to file written statement.

List on 14/9/01 for order.

No written statement has been filed.

3/2
13.9.01

bb

ICC Usha

Member

L
Vice-Chairman

14.9.2001

List again on 16.10.2001 to enable the respondents to file written statement.

ICC Usha

Member

L
Vice-Chairman

16.10.01

Smt. A. Bhattacharyya, learned coun-
sel for the applicant prays for early
hearing of the case on the ground that the
applicant is out of job. On the request
made by Mr. B.C. Pathak, Adl. C.G.S.C four
weeks time is granted to the respondents to
file written statement. List on 10.12.01
for hearing.

No W.O/s has been filed.

3/2
17.12.01

bb

Written statement filed -

On behalf of the
respondents, at page
36 to 119.

10.12

There is no Division Bench today
The case is adjourned to
11.11.2002.

D/10

A. K. Ray

10/12

3/2
10.1.02

Notes of the Registry	Date	Order of the Tribunal
	11.1.02	Written statement has already been filed. List on 29.1.02 for hearing. Again 5 days for filing of written statement. List on 13.2.02 for filing of written statement as a final chance. lm
	29.1.02	Pass over for the day. List on 30.1.2002 for hearing. IC (Usha)
	30.1.02	Member Heard counsel for the parties. Hearing concluded. Judgment delivered in open Court, kept in separate sheets. The application is allowed in terms of the order. No order as to costs. IC (Usha)
13.2. 2002 Copy of the Judgment has been sent to the Dpeee. for issuing the same to the applicant as well as to Dr. GSSC. for the Replies KS W/152/2002	pg	Member Vice-Chairman

Notes of the Registry	Date	Order of the Tribunal

CENTRAL ADMINISTRATIVE TRIBUNAL
GUWAHATI BENCH

Original Application No. 169 of 2001.

Date of Decision..... 30.1.2002.

Shri Ashok Kumar Sarma

Petitioner(s)

Mrs A. Bhattacharyya.

Advocate for the
Petitioner(s)

-Versus-

Union of India & Ors.

Respondent(s)

Sri A. Deb Roy, Sr.C.G.S.C.

Advocate for the
Respondent(s)

THE HON'BLE MR JUSTICE D.N.CHOWDHURY, VICE CHAIRMAN
THE H'N'BLE MR K.K.SHARMA, ADMINISTRATIVE MEMBER.

1. Whether Reporters of local papers may be allowed to see the judgment ?
2. To be referred to the Reporter or not ?
3. Whether their Lordships wish to see the fair copy of the Judgment ?
4. Whether the Judgment is to be circulated to the other Benches ?

Judgment delivered by Hon'ble : Vice-Chairman.

NC

L

X

CENTRAL ADMINISTRATIVE TRIBUNAL, GUWAHATI BENCH.

Original Application No. 169 of 2001.

Date of Order : This the 30th Day of January, 2002.

The Hon'ble Mr Justice D.N.Chowdhury, Vice-Chairman.

The Hon'ble Mr K.K.Sharma, Administrative Member.

Shri Ashok Kumar Sarma,
C/o Rahman Colony,
NEFA Gate Tinali,
Rowrich, Jorhat-5.

... . Applicant.

By Advocate Mrs A.Bhattacharyya.

- Versus -

1. The Union of India
represented by the Secretary
to the Govt. of India,
Ministry of Home Affairs,
New Delhi.

2. The Director General,
Assam Rifles, DGAR,
Laitumkhrah, Shillong.

3. The Commandant,
24 Assam Rifles,
Wokha, Nagaland.

... . Respondents.

By Sri A.Deb Roy, Sr.C.G.S.C.

O R D E R

CHOWDHURY J. (V.C)

This is an application under Section 19 of the
Administrative Tribunals Act 1985 assailing the legality
and validity of the order dated 9.12.99 issued by the
Director General, Assam Rifles, Shillong discharging
the applicant from service with effect from 30.4.2000
in the following circumstances.

2. The applicant was initially appointed as Lance
Naik Writer in the Assam Rifles. Till the impugned order
was passed he served in the said establishment for
28 years at different stations and at different places
of posting. The medical board recommended for sedentary

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of
duties in 1993 and had detected/having polycystic liver disease of the applicant. He was further brought before another medical board and the medical board placed him in the low medical category 'CEE' (Temp) for 6/12 months with effect from 14.1.1993 subject to approval of the higher authority, which was subsequently approved. He was again brought before medical board in 1995 and he was recommended and placed under Cat 'CEE' (permanent) for 2 years with effect from 22.9.95. He was again examined by the medical board and they did not find any change in the medical category. He was also taken to the Release Medical Board. In August 1999 the Release Medical Board opined for his release in CEE permanently. While things stood at this stage the applicant submitted an application on 30.10.99 to the Director General, Assam Rifles requesting for last leg posting on compassionate ground since his children were studying at higher classes in Headquarter AC and Assam Range area and there was none to look after the children. The said application was submitted through proper channel and the applicant had expressed his intention to proceed on voluntary retirement during March, 2000 as his health was not permitting him to continue in service upto superannuation. The said application was not processed instead by order dated 9.12.99 the applicant alongwith few others were discharged from service with effect from 30.4.2000. The legitimacy of the action of the respondents was challenged by the applicant by way of an application under Article 226 of the Constitution before the Hon'ble Gauhati High Court, which was registered and numbered as W.P.(C) No.62(K) of 2000. In the Gauhati High Court the Sr.C.G.S.C appearing

on behalf of the respondents took the plea of maintainability. It was contended that Assam Rifles was governed by Central Civil Service Rules and accordingly the Central Administrative Tribunal was the proper forum. The counsel for the applicant seriously objected to it. Considering ~~the~~ ^{the} and on hearing the parties the statement made in the affidavit in opposition the Hon'ble High Court held that proper forum for adjudication was the Central Administrative Tribunal. The High Court accordingly disposed of the Writ Petition giving liberty to the applicant to approach the Central Administrative Tribunal for appropriate remedy. Hence this application assailing the legitimacy of the order of release.

3. Here again the learned Sr.C.G.S.C Mr A.Deb Roy took the plea of maintainability and contended that Assam Rifles being an other Armed Forces within the meaning of Section 2(a) of the Administrative Tribunals Act. Mr Deb Roy contended that Assam Rifles is an Armed Force of the Union of India and applicant was working in the rank of Warrant Officer and initially recruited as Rifleman in Assam Rifles. Since the applicant/recruited under Section 4(1) of Assam Rifles Act 1941 and in view of the Notification dated 6.12.1962 issued under section 4(i) of Army Act, the Assam Rifles for all intents and purposes is an Armed Forces and therefore the Tribunal has no jurisdiction to entertain this application. Mr Deb Roy also referred to the decision of the Central Administrative Tribunal, Principal Bench rendered in the case of Ganesh Kumar vs. Union of India & others, disposed of on 24.1.2000.

4. We have given our anxious consideration on this matter. As per the statutory scheme discernible from

Assam Rifles Act 1941 read with the Assam Rifles Rules 1985 and other cognate acts, the members of the Assam Rifles are not subjected to the Administrative Tribunal Act but then it would not be appropriate for us to overlook the decision rendered by the High Court in the same case and that too in view of the firm stand taken by the Sr.C.G.S.C and the High Court. We accordingly not inclined to dismiss the application on the ground of maintainability. Mrs A.Bhattacharyya, learned counsel for the applicant referred to another medical board held at Jorhat at the instance of the Deputy Commissioner, Jorhat by medical expert which indicated that the applicant was fit for work. We are however, not inclined to reject the medical report of the medical board conducted by the Assam Rifles, on overall consideration, we of the opinion are that the respondents fell into error in totally overlooking the representation submitted by the applicant on 30.10.99 wherein he expressed his intention to proceed on voluntary retirement during March 2000. Since the applicant made that application as far back on 30.10.99 the respondents were duty bound to consider his representation and pass an order thereon instead proceeding with discharge/release. As per the statutory scheme prevailed a person is entitled for asking voluntary retirement. The respondents in the written statement did not dispute the receipt of the said representation but in the written statement it was mentioned that the said representation was not processed further as the case of the applicant's release was already under process. In the written statement the respondents also contended that applicant did not express his willingness to proceed

on voluntary retirement when he was brought before the release medical board. The release medical board was not the authority for giving him voluntary retirement. In our view there was an obligation to consider the said representation and pass an order thereon. In the instant case the respondents was not justified in just brushing aside the said application and grant the voluntary retirement. On that ground alone the impugned order of discharge/release is set aside so far the applicant is concerned and the respondents are directed to consider and dispose of the said representation dated 30.10.99 (Annexure-F of the application) as expeditiously as possible and preferably within a period of 2 months from the date of receipt copy of this order.

The application is accordingly allowed to the extent indicated. There shall, however be no order as to costs.

(C.Ushan)
(K.K.SHARMA)
ADMINISTRATIVE MEMBER

(D.N.CHOWDHURY)
VICE CHAIRMAN

केन्द्रीय प्रसासनिक अधिकरण
Central Administrative Tribunal
11 MAY 2001
गुवाहाटी न्यायपोट
Guwahati Bench

22/5/2001
12
Filed by
Ashok Kumar Sarma
through B. N. Choudhury
Advocate 915.

APPLICATION UNDER SECTION 19 OF THE ADMINISTRATIVE
TRIBUNALS ACT, 1985.

O.A-169/2001

For use in Tribunal's Office

Date of Filing 9.5.2001

N.S. 9/5/2001
Registrar

CAT, Guwahati.

IN THE CENTRAL ADMINISTRATIVE TRIBUNAL ADDITIONAL
BENCH AT GUWAHATI.

BETWEEN

ASHOK KUMAR SARMA

AND

1. THE UNION OF INDIA, AS REPRESENTED BY THE SECRETARY
TO THE GOVERNMENT OF INDIA, MINISTRY OF HOME, NEW DELHI.
2. THE DIRECTOR GENERAL, ASSAM RIFLES, DGAR,
Laithmukhra, Shillong, Meghalaya.

Contd...2

3. THE COMMANDANT

24 ASSAM RIFLES,

WOKHA, C/O.99APO

Nagaland

DETAILS OF THE APPLICATION

1. PARTICULAR OF THE APPLICANT :-

(i) Name of Applicant : Ashok Kumar Sarma

(ii) Name of Father : Late Ram Prasad Sarma

(iii) Designation & Office in
which employed. : Warrant Officer (Clerk)

24, AR, Wokha.

(iv) Office Address : 24, AR, Wokha.

(v) Address for service of

all Notices. : Ashok Kumar Sarma
C/o. Rahman Coloney
NEFA Gate Tinali
Rowrich, Jorhat-5

2. PARTICULARS OF THE RESPONDENT.(S):-

(i) Name of Respondents : (1) The Union of India
represented by the Secretary
to the Govt. of India, Home
Ministry, New Delhi.

(2) The Director General
Assam Rifles, DGAR,
Laithmukhra, Shillong.

(3) The Commandant
24 Assam Rifles,
Wokha, Nagaland.

3. PARTICULARS OF THE ORDER AGAINST WHICH APPLICATION IS MADE :-

The application is made against the following order :-

(i) Letter No.I.31021/24AR/99/Adm-III, dated 09-12-99 issued by the Director General, Assam Rifles, Shillong.

(ii) Subject in brief - Arbitrary & illegal action of the Respondents by issuing letter No.I.31021/24AR/99/Adm-III, dated 09-12-99 issued by the Director General, Assam Rifles, Shillong discharging the Applicant from service w.e.f. 30-04-2000.

4. JURISDICTION OF THE TRIBUNAL :-

The Applicant begs to state that the subject matter of the Order against which the Applicant wants redress is within the jurisdiction of the ~~Hon'~~ Hon'ble Tribunal in view of the Order dated 12-03-2001 passed in WP(C) No.62(k) of 2000 by the Hon'ble Gauhati High Court, Kohima Bench. The photostat copy of the said Order dated 12-03-2001 is appended herewith and marked as Annexure-A.

5. LIMITATION :-

The Applicant further begs to state that the instant application is with the limitation of the Hon'ble Central Administrative Tribunal in view of the Order dated 12-03-2001 passed in WP(C) No.62 (K) of 2000 ~~the maximum as the~~

by the Hon'ble High Court, Kohima Bench, and/or under Section 21 of the Administrative Tribunal Act, 1985.

6. FACTS OF THE CASE :-

I. That, the Petitioner is a permanent resident of Sarthua Village in Bhojpur District in the State of Bihar and working as Warrant Officer (Clerk) in the 24 Assam Rifles at Wokha. The Petitioner is a citizen of India, and as such he is entitled to all the rights and privileges guaranteed under the Constitution of India and the laws framed thereunder.

II. That, on the basis of an interview conducted by the Assam Rifles, the petitioner was selected and appointed and joined as Lance Naik Writer in the Assam Rifles. On 15-06-71 the Petitioner was allotted No.360434 H and posted at 11 Assam Rifles, Along. At the time of joining the post, the Petitioner was medically examined and found medically fit. The Petitioner served for more than 28 years in different stations and his place of postings are given below :-

<u>PERIOD OF POSTINGS</u>		<u>PLACE OF POSTING.</u>
15-06-71 to 15-04-81	---	11 Assam Rifles, Along.
15-04-81 to 01-10-81	---	2 CC AR, Shillong.
01-10-81 to 21-09-86	---	Mizoram Range, Aizwal.
21-09-86 to 24-04-92	---	21 AR Jwalamukhi, Manipur.
24-04-92 to 26-05-94	---	6 AR, Khonsa, Tirap, Arunachal Pradesh.
26-05-94 to 09-02-99	---	HQ AC Range/Assam Range, Jorhat.

Contd...5

<u>PERIOD OF POSITINGS</u>		<u>PLACE OF POSTING.</u>
09-02-99 to till date	---	24 AR, Wokha as Warrant Officer(Clerk).

III. That, the Petitioner begs to state that the Service of Assam Rifles is under the Administrative Control of Ministry of Home Affairs, Govt of India and the service conditions of the Assam Rifles are governed under the Central Civil Service Rules (hereinafter referred to as CCS Rules). However, for operational purpose, the service is governed by the Army Act and the Rules. Besides the above Acts and Rules, the respondents issues Record Offices Instructions and ARO's from time to time which applies to the Assam Rifles personnels. The Petitioner belong to Centrally controlled categories and the postings and promotions are controlled by 'A' and Records Branch of the Assam Rifles Directorate.

IV. That, for the first time the Petitioner was called for a Medical check up on 14-01-93 by a Medical Board of the respondents and the Petitioner was detected having Polycystic Liver Disease. In the said proceeding, the Petitioner was recommended to be observed in Cat 'CEE' (T-24) with advice. He was found fit for Sedentary duties. He was further brought before another Medical Board and after examination he was recommended to be placed in low Medical Category 'CEE' (Temp) for 6/12 months w.e.f. 14 Jan 93 subject to approval of the higher authority and the same was approved by the approving authority on 31-03-93.

A copy of the Medical Board proceeding dated 14-01-93 and opinion is annexed herewith and marked as Annexure-B.

V. That, on the basis of a summary and opinion of Wing Commander Pradip Kumar vide his opinion dated 22-09-95, the Petitioner was again brought before a Medical Board on 25-10-95 and his disability was Polycystic Liver Disease as was detected earlier. However, he was recommended and placed under Cat 'CEE' (Permanent) for 2 years w.e.f. 22-09-95 subject to the approval of the higher authority and the same was ^{not} _A approved by the authority.

A copy of the opinion and the Medical Board dated 25-10-95 is annexed herewith and marked as Annexure-C.

VI. That, on 25-08-98 a Medical Board was constituted on the basis of summary and opinion dated 07-07-98 by Sq.Ldr. Gunjar Piplani, Air Force Hospital and there was no change in the Medical Category of the Petitioner ~~as~~ and he was placed in Med.Cat. 'CEE' (Permanent) for 5 years w.e.f. 25-09-97 subject to the approval of the Higher authority. However, the approving authority remarked that approval not required as per ARC 2/90.

A copy of the Summary and Opinion and the Medical Board dated 25-08-98 is annexed herewith and marked as Annexure-D.

VII. That, by an opinion by Lt. Col. Vishyanayak CI. SPL (MED) of 165 MH dated 22-07-99, observed that the Petitioner is fit for release from service in LMC (Law Medical Category) 'CEE' (Permanent) and was brought before a Release Medical Board on 07-08-99. The Release Medical Board, on the ~~base~~ basis of the opinion of the aforesaid Officer, opined to be released the Petitioner in CEE (Perm). The said report was recommended by the O.C. of the Unit to be boarded out.

A copy of the opinion and the finding of the Release Medical Board is annexed herewith and marked as Annexure-E.

VIII. That, the Petitioner submitted an application dated 30-10-99 to the Directorate General Assam Rifles (Re6 Branch), Shillong requesting for Last Log posting on compassionate ground since his children are studying at higher classes in HQ AC & Assam Range area and there was none to look after the Petitioner's children there. The said application was submitted through proper channel and the Petitioner has expressed his intention to proceed on voluntary retirement during March, 2000 as his health does not permit to continue in service upto superannuation pension. However, the said application was not processed by the Commandant and the same is pending before the Commandant with ^{out} taking any action.

A copy of the application dated 30-10-1999 is annexed herewith and marked as Annexure-F.

IX. That, while the Petitioner was sincerely discharging his duties at Wokha, he got verbal information that instead of allowing him to apply for voluntary retirement, the respondents have decided to discharge the Petitioner alongwith some others on Medical Ground. On getting the information about the process of discharge, the Petitioner took immediate steps to get a copy of the order and in the last week of February, 2000, the Petitioner got hold of copy of an order dated 09-12-99 by which the Petitioner and few others were discharged from service w.e.f. 30-04-2000 on Medical Ground. The Petitioner got the copy of the said order from his own source. As per the letter, no leave is to be granted to any of the persons mentioned on the order, after receipt of the order. The said order further directed that under no circumstances the date of discharge will be amended and further payments were restricted to the amount admissible keeping one month's pay in credit to avoid debit balance, due to over payment to be recovered from the paying officer concerned. However, the Petitioner is not officially intimated about the order dated 09-12-99 till date.

A copy of the order dated 09-12-99 is annexed herewith and marked as Annexure-G.

X. That, the order dated 09-12-99 has discharged the Petitioner on Medical Ground and he was granted leave for 15 days i.e. from 18-3-2000 to 1-4-2000. The Petitioner was further examined by a Medical Board on 27-3-2000 at JDS Civil Hospital, Jorhat and after proper investigation, the Board was of the opinion that the Petitioner is found fit for work.

A copy of the Medical Board report dated 27-03-2000 is annexed herewith and marked as Annexure-H.

XI. That, the Petitioner begs to state that the service of the Petitioner is governed under the CCS Rules and as such any action by the respondents against the Petitioner ought to have been done as per the CCS Rules. The Record Office instructions and ARO's are not applicable in so far as the Petitioner is concerned and it is the CCS Rules that is applicable to the Petitioner.

XII. That, the Petitioner begs to state that the Petitioner served under the services of the respondents for more than 28 years and he is entitled to go on voluntary retirement under the Rules. However, instead of allowing the Petitioner to apply for Voluntary retirement, the respondents have decided to discharge the Petitioner on Medical Grounds on the pretext of some medical board recommendations and as such the action of the respondents are violative of principles of natural justice and administrative fair play in action.

XIII. That, the Petitioner begs to state that except 1993 Medical Board report, the Petitioner was placed under Medical Category 'CEE' (Permanent) since, 1995 and there was no changes till 1998, that is for the last 4 years and if the Petitioner is to be discharged on Medical Ground, the respondents ought to have taken action within that time, if at all it is necessary. For the last 4 years,

there was no charges and the Petitioner was placed under 'CEE' (Permanent) Category and as such the sudden decision in 1999 to discharge the Petitioner is not warranted under the law.

XIV. That, the Petitioner begs to state that for the purpose of determining the case of the Petitioner in the present context, the relevant provision is the CCS (Pension) Rules, 1972 and the respondents have failed to consider the case of the Petitioner in terms of the above provisions and as such the action of the respondents is arbitrary and discriminatory and violative of Articles 14 and 311 of the Constitution of India.

XV. That, the Petitioner begs to state that the respondent No.3 ought to have processed the application of the Petitioner dated 30-10-99, by which the Petitioner has expressed his intention for Last Leg of Posting at Jorhat from March, 2000. By not processing the Petitioner's application by the respondent No.3, the Petitioner was made to suffer and action of the respondent No.3 is malafide and violative of principles of natural justice.

XVI. That, the Petitioner begs to state that the opinion given by the Medical Board of the JDS Civil Hospital is very clear that the Petitioner is fit to work and the certificate being issued by a competent authority, the respondents should rely and take action in accordance with the recommendation of the Medical Board.

XVII. That, it is submitted that the family of the Petitioner is at Jorhat and his three sons are studying in Central Schools and the respondents ought to have considered the Petitioner's application dated 30-10-99 for Last Leg posting on compassionate grounds.

XVIII. That, it is submitted that the Respondent failed to consider the application of the Applicant dated 30-10-99 for Last Leg of Posting at Jorhat and he was forced to be discharged on Medical Ground. The action of the Respondents is malafide and without jurisdiction, ~~and he was forced~~
~~to~~

XIX. That, it is submitted that the action of the respondents in not communicating the order dated 09-12-2000 is the manifestation of the intention of the respondents to victimise the Petitioner and as such the action of the respondents is violative of administrative fair play in action.

XX. That, it is submitted that before passing the impugned order dated 09-12-99, no reasonable opportunity was afforded to the Petitioner to represent his case. The ~~process~~ procedure adopted by the respondents is unknown to law and as such the action of the respondents is ~~wrong~~ violative of principles of natural justice.

XXI. That, it is submitted that the impugned order

dated 09-12-99 is too vindictive and such an order is unknown in service jurisprudence. The impugned order has taken away the right of the Petitioner to go on leave, which otherwise he is entitled under the Rules and no scope was left to vary or modify the order. Such an order is unwarranted and not tenable either in law or on facts and it is a fit case where this Hon'ble Tribunal should interfere to protect the rights of the Petitioner guaranteed by law of the land.

XXII. That, this application is made bonafide and for the ends of justice.

7. RELIEF(S) SOUGHT :-

The humble Applicant prays that your honour would be graciously be pleased to admit the instant petition, call for the records, after hearing the respective parties be pleased to quash and set aside the Letter No.I.31021/24AR/99/Adm-III dated 09-12-99 passed by the Director General Assam Rifles, Shillong (Annexure-G) in respect of the Applicant Regimental No.c/360434 Shri Ashok Kumar Sharma, Warrant Officer (Clerk) and/or be pleased to pass such further order or orders as your honour may deem fit and proper in the facts and circumstances of the case.

8. INTERIM ORDER, IF PRAYED FOR :- Nil.

9. DETAILS OF THE REMEDIES EXHAUSTED :-

The applicant filed a petition dated 30-10-1999.

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to the Director General of Assam Rifles, Shillong. The Applicant also filed a Writ Petition in the Hon'ble Gauhati High Court, Kohima Bench being W.P.(C) No.62(K) of 2000. Wherein the Hon'ble High Court vide ~~xxx~~ it's Order dated 12-03-2001 has given. Liberty to the Applicant to approach the Central Administrative Tribunal for adjudication vide Annexure-A.

10. MATTERS NOT PENDING WITH ANY OTHER COURT ETC.:-

The Applicant declares that the matter regarding which the instant application has been made, is not pending before any Court of law or any other authority or any other Bench of the Tribunal.

11. PARTICULARS OF PAYMENT:-

INdian Post, Order of Rs.50/- being no.
66 792394 dt. 8.5.2001.

12. DETAILS OF INDEX :-

An index is containing the details of the documents to be relied upon is enclosed.

13. VERIFICATION :-

I, Sri Ashok Kumar Sarma, son of Late Ram Prasad Sarma, aged about 50 years, at present resident of C/o. Rahman Coloney, NEFA Gate Tinali, Rowrioh, Jorhat-5, Assam, do hereby solemnly affirm and verify that the

Contd...14

contents in para 1 to 13 are true to my personal knowledge and belief and that I have not suppressed any material facts, and in VERIFICATION Whereof I set my hand on ^{May} 9th day of April ~~2000~~ 2001.

Place : Guwahati

Ashok Kumar Sharma
(Ashok Kumar Sharma)

Date : 9.5.2001

Applicant

To,

The Deputy Registrar
Central Administrative Tribunal
Bench at Guwahati
Bhangagarh, Guwahati.

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LIST OF INDEX

Annexure-A = The Order dated 12-03-2001 passed in
Page 16 W.P.(C) No.62(K) of 2000 by the Hon'ble
High Court, Kohima Bench.

Annexure-B = A copy of the Medical Board proceeding
Page 18 dated 14-01-99 & opinion.

- do - C = A copy of the opinion of the Medical
Page 20 Board dated 25-10-99.

- do - D = Summary & Opinion of the Medical Board
Page 22 dated 25-08-98.

- do - E = A copy of the opinion and finding of the
Page 24 Release Medical Board.

- do - F = A copy of Application for Last Leg of
Page 29 Posting dated 30-10-99.

- do - G = Discharge/release Order dated 09-12-99.
Page 34

- do - H = A copy of the Medical Board Report
Page 35 dated 27-03-2000.

Date of application for the copy. Date fixed for notifying the party of requisite number for stamp and folios. Date of Deli- Date on which the copy was ready over to the applicant for delivery.

13/3/01	13/3/01	14/03/01	14/3/01	14/3/01
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IN THE GAUHATI HIGH COURT
(HIGH COURT OF ASSAM:NAGALAND:MEGHALAYA:MANIPUR:TRIPURA:
MIZORAM & ARUNACHAL PRADESH)

KOHIMA BENCH

W.P.(C) NO.62(K) OF 2000.

Ashok Kumar Sharma

.... Petitioner

- Vrs -

Union of India

.... Respondents.

P R E S E N T

THE HON'BLE MR.JUSTICE B.LAMPRE

For the petitioner

:- Mr.C.T.Jamir,
Advocate.

For the Respondent

:- Sr.C.G.S.C.

12.3.2001

O R D E R

Heard Mr.C.T.Jamir, learned counsel for the petitioner as well as Mr.K.Meruno, learned Sr.Central Government standing counsel for the respondents.

After hearing the parties at some length, learned Sr.CGSC has pointed out that the petitioner's service under the Assam Rifles is governed by Central Civil Service, 1965, and as such, the proper forum for the petitioner to approach is the Central Administrative Tribunal. Learned counsel further submits that the Assam Rifles' Service conditions are not governed by the Army Act as they are governed by the said Central Civil Service Rules.

Mr.C.T.Jamir, learned counsel for the petitioner submits that the impugned order dated 1-12-1999 is blatantly passed by the respondents under Army Act although it is not clearly stated under which Act the said impugned order was passed.

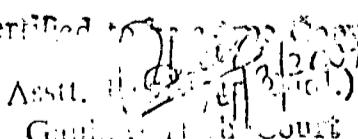
-- 2 --

In para 5 of the Affidavit-in-opposition it is stated that the petitioner was a member of the Force hence all rules and regulations applicable to the members of the Force was equally applicable to the petitioner. The learned counsel for the parties also submits that the service condition of the petitioner is governed by the Central Civil Service. 1965, however, for operational purpose, the service is governed by the Army Rules. In that case, I am of the view that the proper forum for adjudication is the Central Administrative Tribunal. Being in that position, the petitioner is at liberty to challenge the impugned order before the learned CAT whether the same was passed under the Central Civil Service Rules the question is left open to the CAT to decide.

In view of the above position, the petitioner is at liberty to approach the CAT within a period of two months from today, and any delay causing the pendency of this writ petition it shall be considered to have been condoned.

With the above directions the petition is disposed of.

S3/- JUDGE.

Certified
Asst. 
Gauhati High Court
Kohima Bench

Enclosed on 16 June 1982

MEDICAL BOARD PROCEEDINGS

(Categorisation/sick leave - All ranks)

1. Name 2. Service No. 3. Rank 4. Unit
 A. K. Sharma 5. Service 6. Arm/Corps/Trade
 5. Service 6. Arm/Corps/Trade
 AR 7. Age
 8. Address on leave, if applicable 9. Ceased duty on
 NA 29-11-92
 10. Authority for board 11. Date of board 12. Place of board
 ARME RULE 1988 14. Jun 93 13. Assam Rifles
 ARO 2/90

STATEMENT OF THE CASE PART - I

13. (a) Principal Disabilities 14. Date and place of
 POLYCYSTIC LIVER DISEASE origin
 (b) other disabilities 15. Give concisely the essential facts of the history of the
 disability.

Note :- Board subsequent to the first should record here the progress of the case since last appearance.

SUMMARY AND OPINION OF SGN LDR P. S. SINGH MEDICAL SPECIALIST
5 AIR FORCE HOSPITAL, C/O 99 AFO DATED 02 JUN 93

LDR P. S. SINGH

43 years old NCO was apparently all right till 20-8-92 when he developed high grade fever and pain in right hypochondrium. He was treated in civil with antibiotics and symptomatic measures for about 02 weeks and became afebrile but continued to have mild pain in rt hypochondrium. Hence he was admitted to this hospital on 30-11-92. He was empirically treated with antidiarrhoeal and antacid and became asymptomatic.

At present comfortable.

Clinically: Average build TPR - normal
 No pallor/ictus/abnormal lymphadenopathy.
 JVP + CVS/CHS/RB - NAD. Abd - Soft.
 Nontender. Liver enlarged, soft to firm and nontender.
 spleen not palpable.

Inv (1) Routine urinalysis & haemogram - NML.
 (2) Stool R/MS - NML.
 (3) Relevant biochemical parameters - NML.
 (4) USG Abd : \oplus Polycystic Liver Disease.

In view of above, he is recommended to be observed in cat CEC (T = 24) with advice.

(1) Fit for ordinary duties only.
 (2) Avoid alcoholic drinks.
 (3) IV 1 x 500 ml of 5% glucose after 24 hours.

31/4
 (P. S. Singh)
 SGN LDR
 Medical Specialist

In view of the above the individual is brought before medical board.

1. *Signature*
 2. *Rank*
 3. *AMO*

~~CONFIDENTIAL~~

OPINION OF THE BOARD

PART - II

1. Was the disability contracted in service ?

Yes, while on leave.

3. Is it directly attributable to conditions of service ?

Not attributable.

5. If not directly attributable to service, was it aggravated there by and if so, by what specific condition ?

Not aggravated.

2. Was it contracted in circumstance over which he had no control ?

Yes.

4. If so, by what specific condition ?

Not applicable.

6. Medical category recommended

CEE (Temp)

7. Period for which the above medical category is recommended : 6/12 Years.

8. What is the cat likely to be final : To be decided later on

9. Any specific restriction regarding employment : Sedentary duties.

10. Further treatment/investigation required : Observation (T-24), avoid alcohol.

11. Period of leave recommended (if any) : NA

12. Next board due on : 14 July 93

13. Instructions given to the individual by the President of the Board :

You are recommended to be placed in low med category (Temp) for 6/12 months/year's w.e.f. 14 July 93, subject to approval of higher authority.

After review

Signature of the individual

(S K Patiyar)
Lt Col

Guilab Chand
(Dr Gulab Chand)

ममता

APPROVING AUTHORITY

Place : Shimlong-II

APPROVING

(M. Mohapatra)

Date :

31 May 93

Signature

General

Head of the office

Head of the department

Head of the organization

Head of the institution

Head of the association

Head of the society

*General Officer
Medical Officer
Guru Nanak
Assam Rifles*

CONFIDENTIAL

क्रम प्रतिलिपि

Original True Copy

MEDICAL BOARD

(Rectorisation of all ranks)

1. Name A.K. Sharma place: Stn. M.I. Room NO AC Range (A)
 2. Service No. C/360434 Date of board: 25/10/95
 3. Rank Hav No. 4. Trade: Clk 5. Age: 45 6. yrs
 6. Unit: AC Range (A)
 7. (a) Principal disability: Polycystic Liver Disease (old)
 (b) Other disability: None
 (c) Previous medical cat with dts: Cat CSE (p) wof 14 Jul 93
 8. Place and date of last med bds: Unit M.I. Room 6 Assam Rifles on 20 Aug 93
 9. Present condition: No change since last board
 10. (a) Category now recommended: Cat CSE (Permanent)
 (b) What is the cat likely to be finally: To be decided later
 (c) Place and date of next re-dict: AC Range on 25/10/95
 (d) Any recommendation as the employment: As per A.R. 2/93

11. Orders given to the individual: None

You are placed/upgraded in medical category CSE

2 months/Years w.e.f. 22/9/95 subject to the approval of the higher med authority.

Signature of the individual

President

Members

1. Dr. D. Bhattacharya
 2. OR O ENGR

APPROVING AUTHORITY

APPROVED/NOT APPROVED

Station: Srinagar
 Dated: 14-10-95

Signature

Designation

SUMMARY AND OPINION OF WG CDR PRADEEP KUMAR COLLECTED SPECIMEN
NO. 5 AIR FORCE HOSPITAL C/O 99 A.F.O.

22/9/95

OPINION

An old case of polycystic disease of Liver in cat CEE (P) & is now due for review. He continues to get pain in R hypochondrium on excessive physical exertion.

O/E - Gen condition fair, TPR-Normal, No pallor, oedema, clubbing, lymphadenopathy, No oedema

Abdomen - soft, liver palpable 3cm, free & mildly tender, spleen not palpable, kidneys not billetable.
Other systems - NAD

Routine blood count & urine analysis are normal.

LFTs - SGOT 75 at RR, Tp-7.8 gms/dl (N= 4-10.0)

SGOT- 36 Tp- 20 & Sept-41 Tp, Nos A1, P1, N1, N2

USS Abdomen 14/9/95 - Large number of simple cysts of varying size, suggestive of Polycystic Liver.

• Clinical Polycystic - History of pain in R hypochondrium, weight loss.

To continue in cat CEE (Permanent)

SD/Anandxx

(Pradeep Kumar)

WG Cdr

CDR COL 99 A.F.O.

CDR COL 99 A.F.O.

In view of above the individual is suffering from Polycystic Liver.

{ Dr. D. Bhati }

S/C (CHS)

12 NO 1000 1995

ANNEXURE @ D

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Appendix IV to Army Rule-1988
(AFMST-15A)

Auth: HQ AC & Assam Range

Conv order No I.24016/Str-MIR/

ce-A/20089 dt 29 Aug 98

(RE-CATEGORISATON OF ALL RANKS)

1. Name A K Sharma Place Stn M I Room HQ AC & Assam Range

2. Service No C/360434 Date of Board 25 Aug 98

3. Rank Wx W/O 4. Trade Clk 5. Age 47 Yrs M

6. Unit HQ AC & Assam Range Assam Rifles

7. (a) Principal disability : poly cystic liver disease
 (b) Others disability : Nil
 (c) Previous med cat with CEE (Perm) : No comment

8. Place and date of last Med B : Stn M I Room on 25/10/97

9. Present condition : No other problem than above

10. (a) Category now recommended : CEE (Perm)
 (b) What is the cat likely to be finally : To be decided later
 (c) Place and date of next med board : Unit here on 25/9/98
 (d) Any recommendation as the category may be issued by the

11. Others given to the individual by the president of the Med board.

You are placed/upgraded in category CEE (Perm) on 25/9/98
 Months/Years wef 25/9/97 subject to the review
 of the higher med authority.

Intervening period upto the date of
 board i.e. 25 Aug 98 to be considered
 as CEE (Perm) Signature of the Individual

No. 516111 Rank Major

Name Major A K Sharma

President : A K Sharma

Members : 25.9.97

Dr. B. N. Chakraborty, SMC

Mr. S. K. Dasgupta, SMC

Station : Assam Rifles Signature : Major A K Sharma
 Dated : 25.9.98 Decision Date : 25.9.98

CONFIDENTIAL

SUMMARY AND OPINION DATED 7/7/93 BY SGN LDR SUNJAY DEEPANTRI GRADE 3
SPECIALIST MEDIC NO 9 AIR FORCE HOSPITAL C/O 99 A P O JIN REEFER
OF NC C/25214 DANE W/2 NAME A. K. DANE UNIT 110 AGC 6 AS
RANGE ASSISTANT DOCTOR C/O 99 A P O JIN REEFER

Disability: Only little liver disease

Diagnosed in 1983

Last reviewed in Sept 93

Medical category CTR (D)

He still gets epigastric pain on exertions

C/F: Averagely built, wt 55.5 kg

BP - 120/70 mmHg Pulse - 80/min regular

No epm pallor, clubbing, lymphadenopathy

Abd: Liver palpable 6 cm, no tenderness
spleen not palpable

respir: Clear

Other systems - NAD

Hematogram, Urinalysis and ECG are normal

USG Abd: Shows gallstones and multiple cysts in liver

In case of only cystic liver disease, no treatment is required
Recommended to undergo liver biopsy

Advantages and disadvantages

Dr. S. DEEPANTRI
LDR

Gen. Med. Dept. 110

In view of above findings I do not recommend

1. Liver Biopsy
2. CT scan
3. Liver or Biliary Biopsy
4. Liver Ultrasound

OPINION BY LT COL VISHVANAYAK CL SPL (MED) OF 165 ML DT 22 JUL 99

Disability : POLYCYSTIC LIVER DISEASE

Diagnosed : 1993

Med Cat : CRR (Perm) wef 1993

Last med board: 25 Aug 98

Now reported for release medical board Asymptomatic.

O/R: Averagely built, Nourished

Pulse- 80/Min regular

BP- 130/84 mmHg, Afebrile

No pallor/icterus/pedal oedema

Abdomen- Soft, non-tender, No splenomegaly/Ascites

Hepatomegaly 7 Cm

Lung- Clear

Heart- NAD clinically

INV - Hb- 13gm%, TLC-6600/ Cullen P₆₃ L₂₉ R₀₂ E₀₆

Urinalysis-NAD

1.FT-Bilirubin-

Total protein- 7 gm/dl Alb -3.8 gm/dl

Glob- 3.2 gm/dl

USG abdomen dt 20.07.99

Numerous cystic areas of varying sizes 2 mm to 6 mm.
Diameter all over. Relative sparing of (L) lobe, portal & biliary radicles not dilated
No cysts seen in pancreas, kidneys.

Fit for release from service in LMC CRR (Perm)

24/- x x x x x x

(Vishvanayak)

Lt Col

CL SPL (Med)

In view of above the indvl is brought before the release medical board.

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-2-

3. Did you suffer from any disability mentioned in question 2 or anything like it before joining Armed Forces ? If so, give details and dates. NO

4. Do you claim any disability due to service

Yes or No NO

5. Any & other information you wish to give about your health

NIL

I hereby declare that I have answered as fully as possible all the questions about my service and personal health and that information given is true to the best of my knowledge.

Signature of Indivs.

8/14/99

10/8/99

Signature of MO

(Dr. A K Bhatia)

PART - II

MEDICAL EXAMINATION

24/10/1999

EYES	R	L	CP
Distant vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With Glasses	<input type="checkbox"/> Write if weaving	<input type="checkbox"/>	<input type="checkbox"/>
Near vision	<u>N-5</u>		
Any evidence of trachoma or its complications or any other diseases	<u>NIL</u>		

EARS, NOSE AND THROAT

Hearing :

Hears	Hears	Wax
FW at	CV at	Present
R	600	Cms
L	600	Cms
Both ears	600	Cms

*Insert & 'YES' or 'NO'

Any evidence of otitis media (R Ear)

NIL

middle ear & eustachian tube

L Ear	R Ear
R Ear	L Ear
L Ear	R Ear
R Ear	L Ear

NIL

ocular Apparatus

CONFIDENTIAL

-3-

A. Audiology Record

NA

(As applicable)

UPPER LIMBS AND LOCOMOTOR SYSTEM:

Upper Limbs:

Fingers, hands, wrists, elbows, shoulders, girdles,
cervical and dorsal vertebrae

NAD

Locomotion:

(Hallux valgus/reddus, flat feet, joints, pelvis,
lumbar and sacral vertebrae, coccyx, varicose veins)

NAD

PHYSICAL CAPACITY:

(a) Height (cms) 168 Cms Weight (Kgs) 56 Kgs

(b) Urine examinations: NAD

Appearance Albamen Sugar Sp. Gravity

Clear ND 1012

(c) Physique: Good

(d) Genito-urinary and perineum Hydrocele, varicocele,
undescended testis, haemorrhoids) NAD

(e) Skin: Normal

(f) Endocrine conditions: NAD

(g) Cardiac vascular system heart size, sounds,
arterial walls: NAD

(h) Respiratory system: NAD

Chest measurement to nearest 1/2 cms)

Full expiration 84 cms

Range of expansion 05 cms

X-ray chest (When applicable) NA

(j) Central nervous system (Reflexes, tremors) NAD

(k) Abdomen (Hernia, muscle tone and organs): Old case of Polycystic Liver Disease in LMC CEE (Porm)

(l) Teeth and Gums:-

TEETH:

Total number of teeth 28 No of teeth defective 02
(Missing tooth to be indicated by a horizontal
line and unsaveable tooth by a cross through the appropriate
figure)

CONFIDENTIAL

Contd---4/-

Release Medical Board in respect of No. C/360434 WO A K Sharma

99

CONFIDENTIAL

-4-

Gums Healthy

Any other disease NIL

(i) Any abnormalities or conditions affecting physical capacity not already noted) NIL

MENTAL CAPACITY AND EMOTION STABILITY:

(a) Speech: Normal

(b) Evidence suggesting:

(i) Mental backwardness: NIL

(ii) Emotional instability: NIL

Final observations, findings and recommendations of Medical officer (Medical category and date of last medical board proceeding present medical category are to be specifically mentioned alongwith brief history):- Inovl was detected having Hepatomegaly in 92. He was diagnosed as case of polycystic Liver diseases in Jan 93. Placed in LMC CEE(Temp). Board held in unit Hosp, 6 Assam Rifles 14 J 93. He was first placed in LMC CEE(Perm) wef 14 Jul 93. Medical board held at unit hosp, 6 AR. LMB held at stn MIR AC & Assam Range. Now ~~xxxxxxxx~~ he has been opined to be released in CEE(Perm) vide opinion Lt Col Vishvanayak, Cl. Spl(Med) of 165 MR dated 22 Jul 93.

Whether attributable/aggravated to service or Not | Percentage of disablement

NO | 60 %

Signature of President :

Dr A Bandyopadhyay
Dr A Bandyopadhyay

Signature of Member 1.

Dr H C Bindra
Dr H C Bindra

2.

Subarna B S Bandyopadhyay
Subarna B S Bandyopadhyay

PART - III

(REMARKS OF THE UNIT)

Recommended to be boarded out

Dr Bandyopadhyay
Dr Bandyopadhyay
Commandant
Commandant

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ANNEXURE:-5.

From: SGQ43411 WO
Ashok Kumar Sharma
24 Assam Rifles
C/o. 99 APO

To : Directorate General Assam Rifles
(ReC Branch)
Shillong - 793 011
(Through Proper Channel)

LAST LEG POSTING ON COMPASSIONATE GROUND

Sir,

1. I have the honour to submit the following few lines for favour of your kind consideration please.
2. That Sir, I have already completed 28 years of service under your kind control and served in both hard and soft areas as and when I was considered for posting. It is a veritable fact to reflect here. That during my total service I have never requested for choice. That ~~mixing~~ my ~~task~~ posting. Presently, I am serving in 24 Assam Rifles. I intended to proceed on voluntary retirement during March, 2000 as my health does not permit to continue my service upto superanuation pension.
3. That Sir, my children are studying at higher classes in HQ AC & Assam Range are and there was none to look after my family and children there.
4. Under the circumstances stated above I request your good self to be kind enough to consider my case sympathetically and post me to the following places so that I can serve peacefully for the remaining small period before proceeding voluntary retirement.

(a) AR Dog Unit
(b) No 3 MGAR

5. For this act of your benevolence I shall remain ever grateful to you.

Yours faithfully,

Station : Field Sd/-
Dated. : 30 Oct.99 (360434H WO C1k Ashok Kumar Sharma)

From : 300424H WO
Ashok Kumar Sharma
24 Assam Rifles
C/O 99 APO

ANNEXURE - **E**

To : Directorate General Assam Rifles
(Rec Branch)
Shillong - 793 011
(Through Proper Channel)

LAST LEG POSTING ON COMPASSIONATE GROUND

Sir.

1. I have the honour to submit the following few lines for favour of your kind consideration please.

2. That sir, I have already completed 28 years of service under your kind control and served in both hard and soft areas as and when I was considered for posting. It is a veritable task to reflect here. That during my total service I have never made any choice posting. Presently I am serving in 24 Assam Rifles. I intended to proceed on voluntary retirement during the '94 but my health does not permit to continue my service up to superannuation pension.

3. That sir, my children are studying at higher educational institutions in AC & Assam Range area and there is no better place for my 2nd children there.

4. Under the circumstances stated above I request your kind self to be kind enough to consider my case sympathetically and grant me to the following place as that of my service posting. I do not want to make any claim for pension or gratuity.

(a) AR, Dibrugarh

(b) AR, Bokaro

5. For this act of your benevolence I shall remain ever grateful to you.

Yours faithfully,

Signature : **Sharma**

Dated : 11.10.99

SWORN TO C/o Ashok Kumar Sharma

ANNEXURE - G.

REGISTERED

Mahanideshalaya Assam Rifles
Directorate General Assam Rifles
Shillong-793011

Rele: 705108

I.31021/24AR/99/Adm-III/09 Dec.'99

24 Assam Rifles

C/o. 99 APO

Discharge/Release of Assam Rifles PERS on Medical Ground.

1. Reference Med.Br. ION No.VIII.11063/1/Med-25/99
dated 2 Dec.99.

2. Discharge/release from service on Medical Grounds in respect of the following indvl(s) has/have been approved from the date(s) mentioned against him/them. Necessary case may be please be published and pension papers fwd to this Dte NE Branch immediately :-

C/360434 WO.CIK A.K. SHARMA Date of SOS
30 Apr.2000(AN)

3. Please ensure that all formalities as per Govt. of India Hin of Finance letter No.F.25(15)/73 Main & part of 20 Jan.78 and ROI 1/90 are complied with.

4. Please ensure that no leave is granted to the above named indvl(s) after receipt of this letter. Under no circumstances the date of discharge issued will be amended. You are requested to ensure that further payments are restricted to the amount admissible keeping one month's pay in credit to avoid debit balance due to over-payment will be recovered from the paying offer concerned.

5. While pub the SOS cas. unit will ensure that particulars

- 2 -

of NOK(s) with home address are also pub therein after interrogating the indvl to ensure correctness. In case of any change, the same will imdtly be pub and all connected docus amended accordingly duly supported with necessary certs of NOK is most essential for issue of pension payment order by the PAO(AR).

6. Please fwd all connected docus within 15 days of receipt of this letter for finalisation of his/their IRLA/GPF/Pension/Gratuity ARGIS etc. by due date.

Sd/- illegible

Maj

JAG (Record)

For DG Assam Rifles.

Copy to :-

1. HQ NLR (3)
Assam Rifles C/o. 99 APO
2. DOC/UPAO/AGRIS/A/MED Br./Adm-I/II- for into and necry. action.
3. NE-III- for into and necessary action, Med. docus MED BD proceedings and relevant papers in respect of the pers as shown on the para 2 above are sent herewith.

(g) 2401251 Rfn/GD R.D. Shiko - 20 Apr.2000 (AN)

(h) 2401334 Rfn/GD Niru Kumar - do -

Sd/ illegible

PTO

(g) 2401351 Rfn/GD R.D. Shiko 30 Apr (2000) AN
H.D. Shiko
(h) 2401334 Rfn/GD Niru Kumar - do -
Niru Kumar

Tele : 705108

REGISTERED

Mahanideshalaya Assam Rifles
Directorate General Assam Rifles
Shillong - 793011

I. 31021/ 24AR/99/Adm-III/

Dec 99

24
8/0 99 APO
Assam Rifles

DISCHARGE/RELEASE OF ASSAM RIFLES PERS. ON MED. GROUNDS

Reference Med br ION No.VIII.11063/1/Med/25/99 dt 2 Dec 99.

2. Discharge/release from service on medical grounds in respect of the following indvl(s) has/have been approved from the date(s) mentioned against him/them. Necessary cas may please be published and pension papers fwd to this Dte NE Branch immediately :-

c/360434	WO/Clk A K Sharma	Date of SOS	30 Apr 2000(AN)
(a) 2400799	Rfn/GD Sudhakaran C	-do-	
(b) 2400842	Rfn/GD B D Sharma	-do-	
(c) 2400971	Rfn/GD N N Chauhan	9/mine)only	-do-
(d) 2401077	Rfn/GD K C Yadav	-do-	
	2401171 Rfn/GD Ram Singh	p. T. D.	-do-

3. Please ensure that all formalities as per Govt of India Min of Finance letter No.F.23(15)/73-Hain & Part of 20 Jan 78 and ROI 1/90 are complied with.

4. Please ensure that no leave is granted to the above named indvl(s) after receipt of this letter. Under no circumstances the date of discharge issued will be amended. You are requested to ensure that further payments are restricted to the amount admissible keeping one month's pay in credit to avoid debit balance due to over payment will be recovered from the paying Offr concerned.

5. While pub the SOS cas, unit will ensure that particulars of NOK(s) with home address are also pub therein after interrogating the indvl to ensure correctness, in case of any change, the same will imdly be pub and all connected docus amended accordingly duly supported with necessary parts of NOK is most essential for issue of pension payment order by the PRO(AR).

6. Please fwd all connected docus within 15 days of receipt of this letter for finalisation of his/their IRLA/GPF/Pension/Gratuity etc by due date.

(A Ganesan)

Maj

JAD(Record)

for DG Assam Rifles

Copy to :-

1. HQ
Assam Rifles, C/O 99 APO
2. DOC/UPAO/ARCIS/A/Med Br/Adm-I/II - for info and necessary action
3. NE-III - for info and necessary action. Med docus, Med Bd proceedings and relevant papers in respect of the pers as shown on the para 2 above are sent herewith

P T O

(g) 2401134 RED/OD 11 19 000000 - D
(h) 2401134 RED/OD 11 19 000000 - C

30 APR 2000 (AM)

and the *Georgian Encyclopedia*, 1977, vol. 1, pp. 304-305.

Score Eight Dad	
2000	
910	
610	
1400	
1100	
2000	

Medical board held at the direction of Deputy Commissioner of Jorhat
vide his memo no 796 dtd 22.3.2000 at J D S Civil Hospital on 27.3.2000
Medical board held with the following members present.

1. Dr. D.K. Borpujari. Supdt. J D S Civil Hospital, Jorhat.
2. Dr. M. Barrah. S.D.M.&H.O., JDS Civil Hospital, Jorhat.
3. Dr. B. Dutta, Sr.M.&H.O. J D S Civil Hospital, Jorhat.
4. Dr. A. Neog. M.&H.O.-1 J D S Civil Hospital, Jorhat.

Sri Ashok Kr. Sharmah, male 49 yrs. identification mark- one mole in cheek
left side.

Q. I.E. -- Pulse 80/min.

B.P. 130/86 mm of hg.

Oedema- nil.

Anaemia. nil.

Scrotum- nil. no engorged vein.

Examination

S/Y --- Abdomen- Liver 3 finger palpable of liver.

Spleen- not palpable.

Kidney- not palpable.

C N S- NAD.

Heart. NAD.

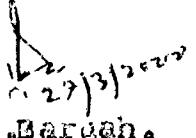
Investigation- Ultra sound scan shown Polycystic disease of liver.

Diagnosis- Polycystic disease of liver.

Opinion- Fit for work.


Dr. D.K. Borpujari.

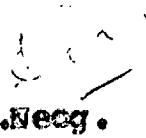
Supdt. JDS Civil Hospital, Jorhat.


Dr. M. Barrah.

S.D.M.&H.O. JDS Civil Hospital.


Dr. B. Dutta.

Sr.M.&H.O. JDS Civil Hospital.


Dr. A. Neog.

M.&H.O-1 JDS Civil Hospital.

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CENTRAL ADMINISTRATIVE TRIBUNAL	
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IN THE CENTRAL ADMINISTRATIVE TRIBUNAL
GUWAHATI BENCH : : : GUWAHATI

O.A NO 169 OF 2001

9/1/02

Shri AK Sharma

- Versus -

Union of India and Others.

- And -

In the matter of:

Written Statement submitted by
Respondents.

The respondents beg to submit the
Preliminary Objection of the case, which be
treated as a part of the Written Statement.

PRELIMINARY OBJECTION

That the instant application is not
maintainable as the applicant belongs to Armed
Forces in view of the provision to Section 2 of
the Administrative Tribunal's Act 1985 so this
Hon'ble Tribunal has no jurisdiction to
entertain the said original application. That
the Assam Rifles is an Armed Force of the
Union of India and applicant was working in
the rank of Warrant Officer and initially
recruited as rifleman in Assam Rifles in the
year 1971 and he after giving compulsory.

Military Training in Assam Rifles and was appointed as Rifleman in 11 Assam Rifles.

That the applicant was recruited under the provision of Section 4 (1) of Assam Rifles Act 1941 and at present the Army Act 1950 has been made applicable on the applicant vide Central Government Notification No SRO 318 dated 06 Dec 1962 issued under section 4 (1) of Army Act. That the said notification is issued for the forces by the Union of India.

That in the similar situation the Principal Bench of central Administrative Tribunal, New Delhi laid down in similar case. The original application of military personnel or persons belong to Armed Forces is not maintainable before the central Administrative Tribunal with these observations dismissed the original application as want of jurisdiction.

A true copy of the judgement order dated 24 Jan 2000 on F No 2858 of 27 Dec 1999 filed by Ganesh Kumar Vs UOI & Others in the CAT, Principal Bench, Delhi is enclosed herewith for ready reference of the Hon'ble CAT.

4. That in these circumstances this Hon'ble Tribunal has no jurisdiction to entertain or pass an order or direction etc, which is not within the jurisdiction in respect of present subject matter and present original application is liable to be dismissed at this stage.

WRITTEN STATEMENTS:

The Written Statements of the above noted respondents are as follows

1. That with regard to the statements made in Para 6 (I), the respondents beg to state that the averments made in this para are accepted to the extent as supported by the record and the petitioner may be put to strictest of proof.
2. That with regards to statements made in Para 6(II), the respondents beg to state that the applicant was enrolled in Assam Rifles on 15 Jan 1971 as a recruit writer and was posted to 11 Assam Rifles after completion of his Basic Training. Petitioner at the time of his enrollment was medically examined and found fit and was posted to various places as per the policy of posting.
3. That with regards to the statements made in Para 6(III), the respondents beg to state that Assam Rifles is a Para Military Force which is under the administrative control of Ministry of Home Affairs and the service conditions of the Assam Rifles personnel are governed by the Assam Rifles Act 1941, Central Civil Service Rules. That the Assam Rifles personnel are also governed by the Army Act 1950 and the Rules made there under when they are attached to or operation with the regular

Army. This has been done vide GOI Notification SRO 318 dated 06 Dec 1962. When the Army Act is applicable then Section 6,7,8 & 9 of Assam Rifles Act 1941 which deals with the offences are suspended. The Director General Assam Rifles has been empowered under Assam Rifles Rules, 1985 to issue such Orders and Instructions from time to time for smooth functioning of the force. The contention of the petitioner that the posting and promotion are controlled by A Branch are incorrect. The aspects of posting and promotion of the clerks are being dealt by Record Branch of this Directorate.

4. That with regards to the statements made in Para 6(IV), the respondents beg to state that the averments made in this para are incorrect. The petitioner was first medically examined when he developed high grade fever on 30 Aug 1992 by civil doctor. The petitioner was subsequently admitted in 5 Air Force Hospital on 30 Nov 1992. He was under treatment in the same hospital till 13 Jan 1993. When the applicant was discharged he was placed under temporary low medical category for six months. The applicant was diagnosed having suffering from HEPATOMEGLY. The medical proceedings were approved by the competent authority on 31 Mar 1993. The said board proceeding has stated that the disease

of the petitioner is not attributable to service.

5. That with regards to the statements made in Para 6(V), the respondents beg to state that the applicant was placed in permanent Medical Category on 14 Jul 1993. The applicant was again brought before the medical board on 25 Oct 1995, in accordance with ARO 2/90. By the said medical board the applicant was again placed in permanent medical category for two years with effect from 22 Sep 1995. The said board was also duly approved by the competent authority. In the said board which was held on 25 Oct 1995, the Classified Specialist (Medical) opined that the petitioner was still suffering from POLYCYSTIC disease of liver and there was no change in the condition since last board held in 1993. Hence in view of this the petitioner again placed in permanent medical category for another two years. The contention of the petitioner that the medical board proceeding was not approved is incorrect.

A true copy of the medical board dated 25 Oct 1995 is attached herewith and marked as Annexure I to this Written Statement.

6. That with regards to the statements made in Para 6(VI), the respondents beg to state that third medical board was held on 25 Aug

1998, under the authority of HQ AC & A Range convening order No I.24016/STW-MIR/68A/20089 dated 20 Aug 1998. The petitioner was again placed under medical category for two years with effect from 25 Sep 1997 vide this board. The medical specialist again opined that the case of POLYCYSTIC liver disease and individual to continue in low medical category permanently for two years. The said board proceedings were not required to be approved in accordance with ARO 2/90.

A true copy of ARO 2/90 is attached herewith and marked as Annexure -II.

A true copy of convening order No I.24016/STW-MIR/68A/20089 dated 20 Aug 1998 is attached herewith and marked as Annexure -III.

7. That with regards to the statements made in Para 6(VII), the respondents beg to state that the applicant was again brought before the medical board vide NLR(S) convening order No 15012/2/A-99/3517 dated 09 Jul 1999. That the petitioner was sent to military hospital and were examined by Lt Col Vishya Nayak Classified Specialist Medical on 22 Jul 1999. He on examination opined that the petitioner was fit to release from service in Low Medical category (Permanent). In pursuance to the said opinion, the applicant was brought before a release medical board held on 07 Aug 1999.

After medical examination by the said Board, the applicant was recommended to be boarded out by the Commandant. The release medical board was approved on 01 Dec 1999.

A True copy of the medical board proceeding is annexed herewith and marked as Annexure IV.

8. That with regards to the statements made in Para 6(VIII), the respondents beg to state that the applicant did submit an application dated 30 oct 99 wherein he requested for his last leg of posting. The said application was not processed further as the case of the petitioner release was already under process, hence, no action was taken on the said application.

9. That with regards to the statements made in Para 6(IX), the respondents beg to state that the applicant never expressed his willingness to go on voluntary retirement when he was brought before the release medical board. Hence the averment made by the applicant is misleading. Moreover, the applicant himself signed before the board and answered to questions given as part of personal statement of the applicant. The release medical board wherein he was asked to give information about his health condition, he expressed his willingness to go on release medical board. Thus, it is clear that the

applicant was informed well in advance about his release on medical ground. That the contention of the applicant that he came to know of his release of last week in the month of Feb 2000 is again misleading. The petitioner was informed on 23 Dec 99, by a signal that he was to proceed on release on Medical ground. In order to complete all the formalities of his release the applicant was sent on extra ordinary leave on 18 Mar 2000 to 01 Apr 2000.

A true copy of Signal is attached herewith and marked as Annexure-V.

19. That with regards to the statements made in Para 6(X), the respondents beg to state that the contention of the applicant that he was given relief is incorrect as he was sent on leave from 18 mar 2000 to 01 Apr 2000. The board proceedings submitted by the applicant on direction of DC, Jorhat also revealed the applicant is suffering from POLYCYSTIC disease of liver. That with reference to the contention of the board that the petitioner was fit for work, it is submitted that nature of duties in Armed Forces are peculiar as compared to civil therefore taking no cognizance of said report should be taken. The petitioner was enrolled as a combatant.

11. That with regards to the statements made in Para 6(XI), the respondents beg to state that the averments made by applicant appear to be misconceived and misleading as submitted above in Para 3 of the Written Statement that Assam Rifles Order and Record Office Instructions are issued under the orders of Director General Assam Rifles who have been empowered vide Rule 5 of Assam Rifles Rule, 1985 to issue such order and instruction for smooth functioning of the force. That the applicant has been discharged in accordance with ROI 1/90.

**A true copy of ROI 1/90 is
annexed herewith and marked as Annexure-VI.**

12. That with regard to Para 6(XII) the respondents beg to state that the applicant was fully aware that he is being released on medical ground. He should have applied for voluntary pension. The contention of the applicant that he was not given any opportunity to proceed on voluntary pension is incorrect.

13. That with regards to the statements made in Para 6(XIII), the respondents beg to state that the applicant was serving under HQ AC Range (now AC & A Range) located at Jorhat during the period of May 94 to Jan 99. That it is evident that the applicant was interested in serving at the same location

from his application dated 30 Oct 99, as it is relatively easy area compared to his last posting at 24 Assam Rifles which is located at Wokha, Nagaland. Furthermore, it was only on 22 Jul 99 that the classified Specialist has opined that the applicant is fit to be released and hence he was brought before the release medical board.

14. That with regards to the statements made in Para 6(XIV), the respondents beg to state that the applicant is an enrolled member of Assam Rifles and as such subject to the departmental rules in vogue in Assam Rifles. That his release on medical ground is in conformity of the departmental rules applicable to the entire force i.e. ROI 1/90 and as such there has been no violation of Articles 14 and 311 of the Constitution of India.

15. That with regards to the statements made in Para 6 (XV), the respondents beg to state that the contention of the applicant that the application of the individual dated 30 oct 99 ought to have been processed because he expressed intention of proceeding on voluntary pension in Mar 2000 is contrary to the policy on posting as laid down in Para 20 of DGAR letter No I.17011/16/97/Adm-I of 14 Jan 1997.

A true copy of DGAR letter No
17011/16/97/Adm-I dated 14 Jan 97 is
attached as Annexure VII.

That the application given by the applicant on 30 Oct 99, after having signed the release medical board on 18 Aug 99 (Attached as Annexure IV of this Written Statement) appears to be a deliberate attempt to circumvent the policy laid down.

16. That with regards to the statements made in Para 6(XVI), the respondents beg to state that the applicant has been reviewed by medical board at Jorhat on 27 Mar 2000, who have expressed their opinion that Sri Ashok Kumar Sharma was fit for work. It is evident that the scope of work as prevailing in Assam Rifles was deliberately withheld from the board by the petitioner with obvious malafide reasons.

17. That with regards to the statements made in Para 6(XVII), the respondents beg to state that the contention of the petitioner for considering his application dated 30 Oct 99 for last leg posting because of children education problem is contrary to Para 22 of SOP on posting issued vide DGAR letter No I.17011/16/97/Adm-I dated 14 Jan 1997.

18. That with regards to the statements made in Para 6(XVIII), the respondents beg to state that the contention of the applicant that he was not given an opportunity to go on voluntary pension is factually incorrect since he had not applied for voluntary pension at any stage of his service.

19. That with regards to the statements made in Para 6(XIX) the respondents beg to state that the applicant was informed vide Signal No A 5016 of 23 Dec 1999 (Attached as Annexure V of this Written Statement) about his release on medical ground and as such the statement of the applicant is incorrect.

The applicant was also well aware of the fact that he is proceeding on release medical board since 18 Aug 1999 as he signed part I of Appendix A while being produced for release medical board.

20. That with regards to the statements made in Para 6(XX), the respondents beg to state that the contention of the applicant not being afforded an opportunity to represent his case is factually incorrect as is evident from the question answered by him in Part I of the release medical board.

21. That with regards to the statements made in Para 6(XXI) the respondents beg to state that the applicant was granted extra ordinary leave from 18 Mar 2000 to 01 Apr 2000 and as such his contention of not being granted an opportunity to attend to his personal needs.
22. That with regards to the statements made in Para 6 (XXII) the respondents beg to offer no comments.
23. That with regards to the statements made in Para 7, 8,9,10,11,12,13 beg to offer no comments.

It is, therefore, prayed that your Lordships would be pleased to hear the parties, pursue the records and after hearing the parties and perusing the records, shall further be please to dismiss the application with cost.

VERIFICATION

I Major Sandeep Kumar, age 34 years, Son of Shri JP Sharma, working as Joist Assistant Director (Legal) in the Office of the Directorate general Assam Rifles being authorised to hereby verify and declare that the statements made in this written statement are true to my knowledge, information and belief and I have not suppressed any material fact.

And I sign this verification on this
04th day of January 2001.


 Declarant
 स. सहायक निदेशक (विवि)
 Joint / sst. Director (Legal)
 महानिदेशालय असम राइफल्स
 Central Rifles, Central Assam Rifles
 शिलांग 793011
 Shillong - 793011

CENTRAL ADMINISTRATIVE TRIBUNAL
PRINCIPAL BENCH

F. NO. 2858 dated 27/12/99

NEW DELHI, THIS THE 24TH DAY OF JANUARY, 2000.

HON'BLE MR. JUSTICE ASHOK AGARWAL, CHAIRMAN
HON'BLE MRS. SHANTA SHAstry, MEMBER(A)

Ganesh Kumar
S/o Shri Rulia Ram Rajput
C/360747-Hav/Clk
12, Assam Rifles
C/o 99 APO

(BY ADVOCATE SHRI R.K. SINGH) ...Applicant

1. vs.

Director General
Assam Rifles
Ministry of Home Affairs
Government of India
Shillong-793011.

2. ...Respondents
The Secretary
Ministry of Home Affairs
North Block
New Delhi-110011.

...Respondents

ORDER(ORAL)

JUSTICE ASHOK AGARWAL:

Applicant in the present case seeks appointment as Assistant Commandant with the Director General, Assam Rifles. Applicant, it is clear, is a member of 12 Assam Rifles which is a military organisation. Since applicant is a member of the military or the armed forces, the Tribunal under proviso to Section 2 of the Administrative Tribunals Act, 1985, has no jurisdiction to entertain this case. Present case, in the circumstances, is rejected for want of jurisdiction.

(ASHOK AGARWAL)
CHAIRMAN

(SHANTA SHAstry)
MEMBER(A)



VERIFIED TRUE COPY
Date/Dated.....
Section Officer
Central Administrative Tribunal
New Delhi
.....

16 51 CONFIDENTIAL

ANNEXURE I

APPENDIX IV to Army Rule

1908 (AMER.-151)

(19)

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MEDICAL BOARD

(Recommendation of all ranks)

1. Name A.K. sharma place Stp. H.I. Bikaner (AC Range) (AR)
 2. Service No. C/36434 Date of board 25/10/95
 3. Rank Hay 4. Trade Cik 5. Ago 45 yrs
 6. Unit 10 AC Range (AR)
 7. (a) Principal disability:- polycystic Liver disease (old)
 (b) Other disability NAI
 (c) Previous med. cat with dt. Cat CSE (P) w.e.f 14 Jul 93
 8. Place and date of last med. bd Unit H.I. Room 6 Agasan H.I. files on 20 Aug 93
 9. Present condition No change since last board
 10. (a) Category now recommended Cat CSE (Permanent)
 (b) What is the category to be finally To be decided later on
 (c) Place and date of next medical bd 10. AC Range on 25/10/97
 (d) Any recommendation as to employment As per AR 2/90
 11. Orders given to the individual by the commanding officer
 You are placed/upgraded in med. cat CSE 26/10/95 for
2 years/years w.e.f 22/9/95 subject to the
 approval of the higher med. authority.

Signature of the individual

President

Dr. A.K. Chakraborty

Members

1. Col. Medical Officer
DR. D. SINGH

2. DR. D. SINGH

APPROVING AUTHORITY

APPROVED NOT APPROVED

station Shillong
 metd 11/10/95

Signature
Designation

CONFIDENTIAL

ASSAM RIFLES ORDER

S2

MEDICAL BRANCH

ARO 2/90

ASSAM RIFLES MEDICAL EXAMINATION
(CATEGORISATION AND INVALIDATION)
RULES - 1988General

1. The rules under this order will be called Assam Rifles Medical Examination (Categorisation and Invalidation) Rules 1988.
2. It incorporates amendments upto 31 Oct '89.
3. This order shall apply to cadre officers and personnel of the Force.
4. This order is in force with effect from 02 Jul 1988.

Aim

5. The aim of this order is to lay down comprehensive procedure for the medical examination of cadre officers and personnel of the Force.
6. It supersedes all the previous orders and rules on medical examination procedures of the Force.

Definitions

7. In this order unless otherwise specified : -
 - (a) "Appendix" means an Appendix annexed to this order.
 - (b) "Battalion" means a unit of the Force constituted as a Battalion by the Central Government.
 - (c) "Cadre Officer" means member of the Assam Rifles officer appointed by the Central Govt.
 - (d) "Chief Medical Officer" means Chief Medical officer of the Force.
 - (e) "Commandant" means Commandant of Assam Rifles Battalion, Unit or Organisation.

(f) "Convening Authority" means an officer of the Force designated to be such for the purpose of sub-paras 2 of paras 9, 10, 11, 12 or 14 of this order as the case may be.

(g) "Deputy Director (Medical)" means the Deputy Director (Medical) of the Force.

(h) "Deputy Director General" means the Deputy Director General of the Force.

(j) "Deputy Inspector-General" means Deputy Inspector General of the Force.

(k) "Force" means the Assam Rifles.

(l) "Grade" means functional capacity of personnel of the Force and includes medical category 'A', 'B', 'C', 'D' and 'E';

(m) "Hospital" means hospital prescribed under Appendices I to VII of the Central Services (Medical Attendance) Rules, 1944;

(n) "Inspector-General" means Inspector-General of the Force;

(o) "Medical Officer" means Medical Officer of the Force;

(p) "personnel" means the persons appointed as Riflemen under section 5 of the Assam Rifles Act, 1941 (V of 1941);

(q) "Regimental Medical Officer" means the Regimental Medical Officer of the Force;

(r) "Senior Medical Officer" means Senior Medical Officer of the Force;

(s) "Service Hospital" means any hospital of Army, Navy and Air Forces;

(t) "SHAPE" means functional capacity and represents following factors for assessment of fitness of Cadre Officers:-

- (i) S - Psychological
- (ii) H - Hearing
- (iii) A - Appendages
- (iv) P - Physical Capacity
- (v) E - Eye Sight

Functional capacity of an officer under each factor shall be denoted by numerals 1 to 4 against each letter, indicating declining functional efficiency. The numerals shall be written next to the code letter, except that, where a Cadre officer is Grade I in all the factors, his category shall be denoted by writing SHAPE-1 instead of writing S1H1A1P1E1. General evaluation of these numerals are :-

1. Fit for all duties
2. Fit for all duties but may have limitation as to type of duties and areas of employability depending on whether the duties involve are severe stress or demand acuity of hearing/vision of both ears/eyes.
3. Excepting 'S' factor, fit for routine or sedentary duties but may have limitations of employability at high altitude (above 2,700 meters, extreme cold areas/hilly terrain and for long assignments,
4. permanently unfit for duties in the Force.

Elaboration of factors/grades under SHAPE classification are set in Appendix I;

(u) "Specialist" means a medical Officer who specialises himself in a particular discipline of medical science duly recognised by the Indian Medical Council and appointed as a specialist.

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8. Annual Medical Examination of Cadre Officers-(1) Annual Medical Examination of the Cadre Officers shall be carried out by Regimental Medical Officer/Senior Medical Officer of the respective Battalion in the form set out in Appendix II. Where the examining medical officer has reasons to believe that the Cadre Officer being examined does not fulfil the medical standards laid down in Appendix I, the said medical officer shall refer the Cadre Officer to a suitable and convenient hospital/service hospital with the approval of administrative authority for treatment and on the medical category recommended by the specialist, the Cadre Officer shall be brought before a medical board.

(2) The convening authority of the medical board, its composition and approving authority for the purpose of sub-para(1) above shall be as under:-

(a) Convening authority

(i) Cadre Officer serving in Battalions	Commandant
(ii) Cadre Officer serving in Ranges/Training Centre	Deputy Inspector General
(iii) Cadre Officer serving in Inspector-General Headquarters	Inspector General
(iv) Cadre Officer serving under Directorate General or Battalions directly under the control of Directorate General	By Director General
(v) Cadre Officer serving on deputation	Director General

(b) Composition of Medical Board

(1) Presiding Officer	Regimental Medical Officer/Senior Medical Officer.
-----------------------	--

Members

Two Medical Officers.

(c) Approving Authority of Board Proceedings

(i) Cadre Officer serving in Battalions, Training Centre and Ranges By respective Deputy Inspector

(ii) Cadre Officers serving in Organisations as shown in Convening auth. By the respective Clauses(iii) to (v) of sub-para 2(a)

9. Medical Board for Categorisation of Cadre Officers:-

(1) A medical board for categorisation of Cadre Officers shall be convened when a Cadre Officer is considered unfit to be in Category SHAPE-1 or when he is to be upgraded from a lower medical category. Whenever a convening authority is of the opinion that a Cadre Officer under his command is unfit to perform his duties in Category SHAPE-1 or being in a low medical category has improved and his category required upgrading, he shall after consultation with the Regimental Medical Officer or Senior Medical Officer, as the case may be, refer the person to the nearest hospital or service hospital and based on the specialist's opinion, a categorisation medical board shall be convened. When a Cadre Officer is placed in a classification lower than SHAPE-1 (whether temporary or permanent), he shall appear before a medical board for reclassification after the specified period of temporary category or after 2 years if he is placed in a permanent low medical classification. Cadre Officers will not have any action for review of their category permanent or temporary earlier than the period specified.

(2) The convening authority of the medical board, its composition and approving authority for the purpose of sub-para(1) above shall be as under :-

(a) Convening authority

(1) Cadre Officers serving in Battalions, Training Centre and Ranges Deputy Inspector General

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(ii) Cadre Officers serving in Zonal Inspector General HQ, Inspector General

(iii) Cadre Officers serving with Directorate General or Battalions directly placed under the Directorate General and those on deputation, Deputy Director General

(b) Composition of medical boards

Presiding Officer	Regimental Medical Officer/Senior Medical Officer
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Members	Two Medical Officers
---------	----------------------

(c) The approving authority of the board proceedings Shall be the Director-General.

(3) The proceedings of the medical categorisation shall be recorded in the form set out in Appendix III.

(4) The proceedings of the medical recategorisation shall be recorded in the form set out in Appendix IV.

10. Medical Board for invalidation of Cadre Officer

(1) A Medical board for invalidation of Cadre Officer shall be convened when an officer is considered medically unfit by specialists in service hospital for further service in the Force; he shall be brought before an invalidating medical board.

(2) The convening authority of the medical board, its composition and approving authority for the purpose of sub para(1) above shall be as under:

(a) Authority to convene invalidating medical board

Director-General

(b) Composition of invalidating medical board

Presiding Officer	Chief Medical Officer or Deputy Director(Medical)
-------------------	--

Members	2 senior Medical Officers/ Regimental Medical Officer
---------	--

(c) The approving authority of the board proceedings shall be the Administrative Ministry of the Central Government.

(3) The proceedings of the Invalidating Medical Board shall be recorded in the form set out in Appendix V.

Medical Board for Categorisation of Personnel

(1) A medical board for categorisation of personnel of Assam Rifles shall be convened when a person is considered unfit to be in category 'A' or when he is to be upgraded from a lower medical category. Whenever a medical officer is of the opinion that an individual under his medical cover is unfit to perform his duties in category 'A' or who is already in a low medical category and requires upgrading, he shall refer the person to the nearest service hospital or the hospital whichever is convenient and based on the specialist opinion, a categorisation medical board shall be convened. Approved medical categorise for Assam Rifles personnel shall be as set out in Appendix -VI.

(2) The convening authority of medical board, its composition and approving authority for the purpose of sub-para (1) above shall be as under :-

(a) Convening authority

(i) Personnel serving with Respective Deputy Battalions, Ranges and Inspector General Training Centres Inspector General

(ii) Personnel serving in Inspector General Zonal Inspector General HQ Inspector General

(iii) Personnel serving with Deputy Director Directorate General, Directorate General, Battalions under Directorate General and those on deputation

(b)

Composition of medical board

Presiding Officer Senior/Regimental Medical Officer
Members 2 Medical Officers

(c)

The approving authority of medical board proceedings shall be the Chief Medical Officer/Deputy Director (Medical).

(1) Medical Board for Invalidation of Personnel

A Medical board for invalidation shall be convened when a person is considered medically unfit by specialist serving in service hospital or other hospital for further service in the Force.

(2) The convening authority of medical board for invalidation, its composition and approving authority for the purpose of sub-para (1) above shall be as under :-

(a) Convening authority

- (i) Personnel serving in Respective Deputy with Battalion, Rangas and Inspector-General Training Centre.
- (ii) Personnel serving in Inspector-General Zonal Inspector General.
- (iii) Personnel serving in Deputy Director with Directorate General, General Battalions under Directorate General and those on deputation.

(b)

Composition of medical board

Presiding Officer: Regimental/Senior Medical Officer

Members

2 Medical Officers

(c)

The approving authority of the board proceedings shall be the Deputy Director-General.

13. Appeal (1) Any Cadre Officer or personnel aggrieved by an order of the Invalidating Medical Board may prefer an appeal against that order to the Central Government within a period of thirty days from the date of receipt of such order.

(2) No appeal shall be admitted if it is preferred after the expiry of the period specified in sub-para (1) above;

Provided that the Central Government may, if it is satisfied that the appellant was prevented by sufficient cause from filing the appeal within the specified period, shall allow it to be filed within a further period not exceeding thirty days.

(3) Every appeal under this rule shall be made by a petition in writing and shall be accompanied by a brief statement of the reasons for the order appealed against.

4. Review (1) On receipt of any appeal preferred by any Cadre Officer or personnel under rule 3, the appellate authority shall convene a review medical board to review the order of the Invalidating Medical Board within a period of thirty days from the date of receipt of such appeal.

(2) The convening authority of the review medical board its composition and approving authority for the purpose of sub para (1) above shall be as under :-

(a) Convening authority
for Cadre Officer

Administrative Ministry
of the Central Government

For personnel

Deputy Director-General

(b) Composition of review medical board

(i) For Cadre Officer

Chief Medical Officer/
Deputy Director(med)

Presiding Officer

2 Senior Medical Officer
Regimental Medical
Officers.

Members

(ii) For personnel

Presiding Officer

Regimental/Senior
Medical Officer

Members

2 Medical Officer

(c) The approving authority of the review medical board proceedings in the cases for Cadre Officer and for personnel shall be the Administrative Director-General respectively.

(3) Based on the findings of the review medical board, the appellate authority shall pass an appropriate order on the appeal and shall communicate the order to the appellant.

(4) Every order of the appellate authority confirming, modifying or reversing the order appealed against shall be final.

15. Disposal of Board Proceedings-

(1) After approval of the proceedings of review medical board for categorisation of Cadre Officers, one copy of the proceedings shall be retained with the Battalion, one copy shall be forwarded to the Inspector General and remaining two copies shall be forwarded to the Director-General.

(2) After approval of the proceedings of the medical board for categorisation of Cadre Officers, one copy of the proceedings shall be retained with the Battalion, one copy each shall be forwarded to the Inspector-General and the Inspector General, as the case may be, and two copies shall be forwarded to the Director-General.

(3) After approval of the proceedings of the medical board for categorisation of personnel, one copy of the proceedings shall be retained with the Battalions, and two copies shall be forwarded to the Director-General for record.

(4) After approval of the proceedings of the medical board for invalidation of Cadre Officers, one copy of the proceedings shall be retained with the Battalion and three copies shall be forwarded to the Director-General for record.

(5) After approval of the proceedings of the medical board for invalidation of personnel, one copy of the proceedings shall be retained with the Battalion and two copies shall be forwarded to the Director-General for record.

(6) After approval of the proceedings of the review medical board of Cadre Officers, one copy of the proceedings shall be retained with the Battalion and three copies shall be forwarded to the Director-General for record.

(7) After approval of the proceedings of the review medical board of personnel, one copy of the proceedings shall be retained with the Battalion and remaining two copies shall be reforwarded to the Director General for record.

16. Application of the Central Services (Medical Attendance) Rules

Save as otherwise provided in these rules, the Central Services (Medical Attendance) Rules, 1944 shall apply in regard to medical attendance to the Cadre Officers and personnel of the Force.

SPECIAL INSTRUCTIONS FOR MEDICAL BOARDS/RMOS REGARDING CATEGORISATION OF JCOS/OR

(a) The medical category of an individual can be down graded only by a duly constituted medical board. However, in the case of individuals placed in temporary low medical categories, upgradation of category or continuation of award of the existing low medical category, either on a temporary or a permanent basis, can be done by the officer-in-charge of medical board of troops, without constituting medical board.

(-1) *in case of JCOs OR in CH of CH of CH of CH*

(b) A temporary low medical category will be awarded to an individual only for 6 months, in the first instance, after which he will be reviewed. An individual cannot be kept in the same temporary low medical category for more than a year, if, at the end of one year, his category remains unchanged, that category should be awarded to him on a permanent basis.

(c) Before placing an individual in a temporary category, the medical board should carefully consider whether the individual is likely to show adequate improvement within the maximum permissible period of one year, to warrant his upgradation to the next higher category. If the medical board do not consider it likely, the individual should be awarded a permanent low medical category straightway.

(d) Persons placed in temporary low medical categories will be reviewed by RMO on expiry of the period for which temporary category was awarded, and shall take all actions for holding review medical board. Persons placed in permanent low medical categories will appear before medical boards every two years for review/recategorisation. However, if the officer-in-charge of troops (medical) feels at any time that the existing permanent low medical category of an individual needs further downgradation, he will arrange to bring him before a medical board immediately, irrespective of the time completed by the individual in the existing medical category.

(e) While placing a JCO/OR in a low medical category, the medical board will ensure compliance with following requirements :-

(i) They must clearly state in the board proceedings whether or not the disease/disability of the individual is attributable to service;

(ii) They will also ascertain whether it is aggravated by service conditions if not attributable to it or

(iii) if the disability is neither attributable nor aggravated by service conditions that also to be mentioned clearly by the board.

(f) Whenever an individual is invalidated out from service he should be invariably awarded medical category 'EEE' in part III of appendix V to this order.

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17. Guidelines for assessing the percentage of disability :-

Following can be adopted as guidelines only while assessing percentage of disability of various body organs:-

S/No	Description of Injury	Percentage of disability
<u>PART-I</u>		
1.	Loss of both hands or amputations at higher sites	100
2.	Loss of a hand and a foot	100
3.	Double amputation through leg or thigh, or amputation through leg or thigh on one side and loss of other foot.	100
4.	Loss of sight to such an extent as to render the claimant unable to perform any work for which eye-sight is essential	100
5.	Very severe facial disfigurement	100
6.	Absolute deafness	100

PART-II

Amputation cases : Upper limbs

1.	Amputation through shoulder Joint	90
2.	Amputation below shoulder with stump less than 8" from tip of acromion	80
3.	Amputation from 8" from tip of acromion to less than 4 $\frac{1}{2}$ " below tip of clecranonid	70
4.	Loss of a hand or of the thumb and four fingers of one hand or amputation from hand 4 $\frac{1}{2}$ " below tip of clecranon	60
5.	Loss of thumb	30
6.	Loss of thumb and its metacarpal bone	40
7.	Loss of four fingers of one hand	50

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8. Loss of three fingers of one hand 30
 9. Loss of two fingers of one hand 20
 10. Loss of terminal phalanx of thumb 20
Amputation cases : Lower limbs

11. Amputation of both foot resulting in end-bearing stumps 90
 12. Amputation through both feet proximal to metatarsophalangeal joint 80
 13. Loss of all tops of both feet through the metatarsophalangeal joint 40
 14. Loss of all toes of both feet proximal to proximal interphalangeal joint 30
 15. Loss of all toes of both feet distal to proximal interphalangeal joint 20
 16. Amputation at hip 90
 17. Amputation below hip with stumps not exceeding 5" in length measured from tip of greater trochanter 80
 18. Amputation below hip with stump exceeding 5" in length measured from tip of greater trochanter but not beyond middle thigh 70
 19. Amputation below middle thigh to 3 $\frac{1}{2}$ " below knee 60
 20. Amputation below knee with stump exceeding 3 $\frac{1}{2}$ " but not exceeding 5" 50
 21. Amputation below knee with stump exceeding 5" 40
 22. Amputation of one foot resulting in end-bearing 30
 23. Amputation through one foot proximal to the metatarsophalangeal joint 30
 24. Loss of all toes of one foot through the metatarsophalangeal joint 20

OTHER INJURIES

25. Loss of one eye, without complications, the other being normal 40
 26. Loss of vision of one eye, without complications or disfigurement of eye ball, the other being normal 30

LOSS OF -A FINGER(S) OF RIGHT OR LEFT HANDIndex Finger

27. Whole 14
 28. Two phalanges 11
 29. One phalanx 9
 30. Guillotine amputation of tip without loss of bone 5

Middle Finger

31. Whole 12
 32. Two phalanges 9
 33. One phalanx 7
 34. Guillotine amputation of tip without loss of bone 4

Ring or Little Finger

35. Whole 7
 36. Two phalanges 6
 37. One phalanx 5
 38. Guillotine amputation of tip without loss of bone. 2

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B. TOES OF RIGHT OR LEFT FOOT

Great Toe

39. Through metatarso-phalangeal joint

14

40. Part, with some loss of bone

3

Any other Toe

41. Through metatarso-phalangeal joint

3

42. Part, with some loss of bone

1

TWO TOES OF ONE FOOT,
EXCLUDING GREAT TOE

43. Through metatarso-phalangeal joint

5

44. Part, with some loss of bone

2

THREE TOES OF ONE FOOT,
EXCLUDING GREAT TOE

45. Through metatarso-phalangeal joint

6

46. Part, with some loss of bone

3

FOUR TOES OF ONE FOOT,
EXCLUDING GREAT TOE

47. Through metatarso-phalangeal joint

9

48. Part, with some loss of bone

3

18. List of diseases which can be contracted during/attributed to/aggravated by service conditions is given as per appendix VII to this order.

19. List of diseases normally not affected by service conditions is given at appendix VIII to this order.

Appendix I to ARO 2/90
(See para 7(t)4)

Elaboration of Factory/Grading under SHAWI classification

Definitions of the different factors under SHADE classification and the various grades under each factor to be awarded to officers depending upon their physical capacity are given below :-

(a) 'S' Factor (psychological)- This factor denotes psychological aspect and covers personality, mental acuity, emotional stability and psychiatric diseases.

Numerical Grading	Functional Capacity	Employability		
		1	2	3
S-1	Can withstand sever mental stress. May have fully recovered from a psychological condition with no likelihood of further breakdown.	Fit for all duties anywhere.		
S-2	Can withstand moderate stress. Fit for all duties in Had suffered from psychoneurosis, now fully stabilised. Likelihood of breakdown under altitude and combat, severe mental stress cannot be ruled out, but held in check by medication.	Fit for all duties anywhere except high altitude and combat during active hostilities, including counter insurgency.		
S-3	Has limited tolerance to stress. Has recently recovered from psychoneurosis or toxicconfusional states or acute psychotic reaction of temporary nature as a result of external causes unrelated to alcohol or drug addiction.	Fit for only sedentary duties carrying restricted responsibilities under strict supervision, in a field or peace area but only where hospitals with psychiatric facilities exist nearby. Not fit for high altitude and combat during active hostilities including counter insurgency.		
S-4	Has limited tolerance to stress, frequently	Fit for only sedentary duties carrying restricted responsibilities under strict supervision, in a field or peace area but only where hospitals with psychiatric facilities exist nearby. Not fit for high altitude and combat during active hostilities including counter insurgency.		
S-5	Has limited tolerance to stress, frequently	Fit for only sedentary duties carrying restricted responsibilities under strict supervision, in a field or peace area but only where hospitals with psychiatric facilities exist nearby. Not fit for high altitude and combat during active hostilities including counter insurgency.		

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* An Officer can be placed in grade S-3 only on a temporary basis for the maximum permissible period of 48 weeks. He cannot be awarded classification S.3, permanently. If on the expiry of 48 weeks in temporary S-3, it is found that he cannot be upgraded, the officer will be downgraded to classification S.5

S-4	On sick leave/in hospital	Temporarily unfit for force duties.
S-5	Mentally unstable on account of psychological/psychiatric disorders/psychopathic personality.	Permanently unfit for force duties.
(b) - 'H' Factor (Hearing). This factor covers auditory acuity. Ability to hear spoken voice or audible signal often against considerable background noise is important in certain trades and situations.		
H-1	Has excellent hearing in both ears viz., with back to the examiner can hear forced whisper at a distance of 6 mtrs. with each ear separately.	Fit for all duties anywhere
H-2	Has excellent hearing in one ear with impaired acuity, not requiring keen. In the other, partial or near complete viz., with back to the examiner, can hear forced whisper at 6 mtrs. with one ear (10 decibels) and conversational voice at 1.2 meters or less with the other ear (60 decibels).	Fit for duties anywhere
H-3	In partially deaf in both ears, viz., with back to the examiner, can hear conversational voice at 3 meters with both ears (40 decibels).	No limitations in physical capacity and fit for duties in peace or field areas, including combat duties during active hostilities including counter insurgency anywhere except as under :-

- (i) not fit for patrol, sniping or scout duties;
- (ii) not fit for duties which demand keen hearing acuity of both ears.

H-4 On sick leave/in hosp Temporarily unfit for force duties.

H-5 Hearing scuity below H-3 standard. Permanently unfit for force duties.

(c) 'A' Factor (Appendices)-This covers the functional efficiency of upper and lower limbs (including amputees, loss of fingers and toes), spine, shoulder girdle, pelvic girdle and associated joints and muscles. In the case of officers who may be placed in grade 2 or 3 of this factor, depending on whether their disability pertains to upper limbs or lower limbs, totally different employability restrictions will be applicable to them. Hence, the officer placed in grade 2 or 3 of this factor will be further divided into classification A-2(U)/A-3(U), if the disability is in the upper limbs and A-2(L)/A-3(L), if the disability is in the lower limbs. This will give a clear picture of an officer to the posting authorities to determine a suitable appointment for him.

A-1 Has full functional capacity. Fit for all duties though may be having minor impairments like the following.

(a) loss or disability of the terminal phalanx of any one of 5th 4th or 3rd fingers.

(b) loss of terminal phalanges of 3rd and 4th fingers of left hand in a right-handed person, provided he has good grip in the left hand also.

A-2 (i) A2 (U) Has moderate defects of function of Upper limbs, like-

(a) loss/disability/ disease of the index finger of the dominant hand:

Fit for duties anywhere in peace or field areas, except duties involving close combat under conditions of active hostilities including counter-insurgency.

(b) Loss of terminal 2 phalanges of 3rd and 4th fingers of right hand in a left handed person;

(c) any disease/disability in the left hand in a right handed individual.

(ii) A2(L)

Has a defect/disease or disability of a moderate nature in one limb below knee, is capable of marching upto 8 kilometers and standing for 2 hours.

Fit for all non-combat duties which do not involve crawling, running, jumping, long marching and hill climbing.

Note :- In the case of officers placed in classification A-2(L), each person's functional capability in terms of employability has to be assessed on the basis of his disability e.g. A person having classical symes operation with a good prosthesis is fit for crawling, running, long marching and hill climbing but NOT for jumping. An officer who is placed in this classification due to an injury disability/disease will be fit for duties anywhere except at hilly terrain (where he has to go up and down heights frequently).

A-3

(i) A3(U)

Has major disability or disease in one arm, like complete loss of hand including fingers, or amputation through wrist or through metacarpals, or a disease/disability of shoulder on one side.

Duties need not be of a sedentary nature but not fit for duties in combat or hilly terrain and extreme cold climate.

(ii) A3 (L)

Has a disease or disability above knee on one side, including pelvic girdle, should be able to walk upto 5 kms at his own pace.

Fit for sedentary duties only, Not fit for duties in combat, hilly terrain and extreme cold climate.

A-4

On sick leave/in hosp:

Temporary unfit for any force duties.

A-5- Severe derangement of functional capacity Permanently unfit for force duties.

(d) 'P' Factor (Physical Capacity). This covers general physical capacity or stamina as may be affected by medical/surgical condition not covered by other factors.

P-1 Has full functional fit for all duties, capacity and physical stamina but may have minor impairments.

P-2 Has moderate physical capacity and stamina. Suffered from constitutional/metabolic/affective disease/operative procedure but now well stabilised.

Fit for duties not requiring severe stress. May have restrictions in employability at high altitude (above 2,700 metres) hilly terrain and extreme cold areas.

P-3 Has major disablement with limited physical capacity and stamina.

Fit for sedentary duties not involving undue stress. May have to be employed in areas where appropriate specialist facilities are available. May have restrictions in employment in hilly terrain and extreme cold climate.

P-4 On sick leave/in hospital Temporarily unfit for force duties.

P-5 Gross limitations in physical capacity and stamina. Permanently unfit for force duties.

(e) 'E' Factor (Eye-sight). This covers visual acuity.

E-1 Good eye-sight, Fit for all duties anywhere. Better may have corrected vision with conventional spectacles myopia or manifest hypermetropia not to exceed 7 dioptres (i) 6/6 or 6/36 Worse (ii) 6/9 6/24 eye (iii) 6/12 6/12

(37)

(63)

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E-2 Moderate eye sight, 6/9 6/60 Fit for duties any where corrected vision with or except for those which conventional spectacles (Myopis or less demand good visual manifest hypermetropia if acuity in both eyes. No pin not to exceed 3.5 other limitation in physical dioptres). eye is capacity. aphakic or is absent.

E-3 Adequate eye sight for ordinary purpose. Fit for duties not requiring good visual standards. Corrected vision with conventional spectacles or contact lenses.

(i) 6/24 6/30
(ii) 6/19 or other eye completely blind or absent.

Notes: Bilateral aphakia and bilateral contact lenses wearing will be placed in this grade irrespective of their visual acuity as long as it is not below E-3 grade.

E-4 On sick leave/in susp Temporarily unfit for force duties.

E-5 Visual acuity below E-3 grade. Permanently unfit for force duties.

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APPENDIX I TO ARO 2
(See para 8)ANNUAL/PROMOTION/SPECIAL MEDICAL EXAMINATION REPORTCADRE OFFICERS

Auth for Board	Place	Date
Name	Trade	Date of birth and date of commission
Past medical History		Present Medical Category
1. <u>Physical Development</u>	<u>Chest Circumference</u>	
Height _____ cm	Weight _____ kg	Full exhalation _____ cms
		Range of expansion _____ cms

2. <u>CARDIOVASCULAR SYSTEM</u>	Bp Systolic/Diastolic _____
Heart Size _____	Condition of Arteries _____
Sound _____	Pulse Rate Per minute _____
Rhythm _____	Standing After exercise _____
+ECG	Return to normal _____

3. HEMOPOIETIC SYSTEM4. RESPIRATORY SYSTEM5. GENITO-URINARY SYSTEM

Urine: Albumin _____ Sugar _____ Other exam _____ Specific gravity _____

6. LIMBS AND LOCOMOTOR SYSTEM AND SPINE7. NERVOUS SYSTEM

Reflexes _____ Tremors _____ (a) Fingers _____ (b) Eye lids _____

8. DENTAL EXAMINATION

Teeth _____ Gums _____ Dental Points _____

9. GASTROINTESTINAL SYSTEM

* To be completed and signed by the officer before medically examined/board where required.

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10. EYES

R L OP

(a) Distant Vision

without glasses

with glasses

(b) Near Vision

without glasses

with glasses

11. MUSCLES

(a) Balance

(b) Cover test

(b) Fundi and Media

(d) Fields

(e) Evidence of Nystagmus

12. EARS LOOKING Vibrating Membrane Audiometer test

R Cms

L Cms

13. NOSE THROAT AND SINUSES

14. FINAL OBSERVATIONS NO MEDICAL CATEGORY

15. ANY ABNORMAL CONDITIONS NOT RECORDED ABOVE

Date: Signature: President/MO.

Unit/Ship/Station Member

Member

* where specified.

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APPENDIX III TO ARO 2/90
(See para 9)

MEDICAL BOARD PROCEEDINGS

(Categorisation/sick leave)

CADRE OFFICER/AR PERSONNEL

1. Name
2. Service No.
3. Rank
4. Unit
5. Service
6. Arm/Corps/Trade
7. Age
8. Address on leave,
in applicable
9. Ceased duty on
10. Authority
for Board
11. Date of
Board
12. Place of board

STATEMENT OF THE CASE - PART I

13. (a) Principal disabilities
13. (b) Other disabilities.
14. Date and place of
origin
15. Give concisely the essential facts of the History of the
disability.

Note - Board subsequent to the first should record here
the progress of the case since last appearance.

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OPINION OF THE BOARD

(Part 2)

1. Was the disability contracted in Service?
2. Was it contracted in circumstances over which he had no control?
3. Is it directly attributable to conditions of service?
4. If so, by what specific condition?
5. If not directly attributable to service, was it aggravated thereby and if so, by what specific condition?
6. Medical category recommended
7. Period for which the above medical category is recommended.
8. What is the category likely to be:
 - (a) 6 months from the date of board: _____
 - (b) Finally _____
9. Any specific restriction regarding employment
10. Further treatment/investigation required?
11. Period of leave recommended, if any.
12. Next Board due on
13. Instruction given to the individual by the President of the board.

You are placed in medical category _____ temporary/permanent for _____ months/years w.e.f. _____

Signature of the Individual

President

Member 1.

2.

Date

APPROVING AUTHORITY

APPROVED/NOT APPROVED/PERSUDED

Place:

Signature _____

Date: 1

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APPENDIX V TO ARO 2/90
(See para 10)

MEDICAL BOARD PROCEEDINGS INVALIDING CADRE OFFICER/ARMED
PERSONNEL

Official Authority for Board

place Date

Name

Service No. Rank/Rate Unit Date of birth

Service Arm/Corps/Branch/Trade Total
service hours/service
at float

Permanent Address

Identification Marks:-

i.

ii.

Field operational/Overseas Service: Giving
dates and places.

From

To

Place

From

To

Place

PART I
PERSONAL STATEMENT

(The questions should be answered in the individual's own words. This statement will be checked from official records as far as possible.

1. Give particulars of previous service in ARMY/NAVY AIR FORCE and state whether you were invalidated out of service
2. Give particulars of any disease, wounds or injuries from which you are suffering.

Illness, Wound, First started where treated Approximate
Injury date place dates and periods
treated

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 dates.

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4. Give details of any incidents during your service which you think caused or made your disability worse.

5. In case of wound or injury, state how they happened and whether or not (a) Medical board or court of inquiry was held (b) Injury reported was submitted.

6. Any other information you wish to give about your health.

I certify that I have answered as fully as possible all the question about my service and personal history and that the information given is true to the best of my knowledge.

Signature of witness.....Signature.....

Service No..... Date.....

(In case of illiterate persons thumb and fingers impression of left hand will be taken here)

PART II

STATEMENT OF CASE

(Not to be communicated to the individual)

Disabilities Date of origin Place and Unit where serving at the time

Clinical details :-

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

(i) Personal and relevant family history.

(ii) Specialist report, and

(iii) treatment.

(b) State present condition in detail

(c) In this statement and in answering questions in Part III the board will differentiate carefully between the individual's statement and the evidence recorded in the medical documents.

PART III
OPINION OF THE MEDICAL BOARD

(Not to be communicated to the individual)

Note: Clear and decisive answers should be filled in by the board. Expressions such as 'might', 'may', 'probably', should be avoided.

1. Does the disability/ies exist before entering service?

2. (a) In respect of each disability the Medical Board on the evidence before it will express its view as to whether:-

- (i) It is attributable to service during peace or under field service conditions; or
- (ii) it has been aggravated thereby and remains so; or
- (iii) it is not connected with service.

The board should state fully the reasons in regard to each disability on which its opinion is based.

(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.

(c) In respect of each disability shown as aggravated under E, 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 to (ii) is in the affirmative, whether effect of aggravation will persist for a material period.

(d) In the case of a disability under C, the board should state what exactly in their opinion is the cause thereof.

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3(a) Was the disability, attributable to the individual's own negligence or misconduct? If so, in what way.

(b) If not attributable, was it aggravated by negligence or misconduct? If so, in what way, and to what percentage of the total disablement?

(c) Has the individual refused to undergo operation/treatment? If so, individual's reasons will be recorded.

Note: In case of refusal of operation/treatment a certificate from individual will be attached.

(d) Has the effect of refusal been explained to and fully understood by him/her viz., a reduction in or the entire withholding of any disability per cent to which he/she might otherwise be entitled?

(e) Do the medical board consider it probable that the operation/treatment would have cured the disability or reduced its percentage?

(f) If the reply to (e) is in affirmative, what is the probable percentage to which the disablement could be reduced by operation/treatment?

(g) Do the medical board consider the operation to be severe and dangerous to life?

(h) Do the medical board consider the individual's refusal to submit to operation/treatment reasonable? Give reasons in support of the opinion, specifying the operation/treatment recommended.

4. What is present degree of disablement as compared with a healthy person of the same age and sex? (percentage will be expressed as Nil or as follows:-

(1-5%, 6-10%, 11-14%, 15-19% and thereafter in multiples of ten from 20% to 100%.

Disability as numbered in Part I, Part II, Part III and Part IV question 1 (part II) (Probable duration, Composite percentage of this degree of assessment of all disabilities)

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5. Is the individual in need of further treatment, and if so, of what nature and for how long is it likely to be required?

6. Does the individual require an attendant? If so, (i) whole or part time, (ii) permanently or temporarily, (iii) if temporarily, for how long?

7. Medical category awarded:

Signature of President:

*()

Member *()

Member *()

Place:

Date:

APPROVING AUTHORITY

signature

Designation: *()

CONFIRMING AUTHORITY

signature

Designation: *()

ACCEPTING AUTHORITY

Signature:

Designation:

Name in block capitals.

APPENDIX VI TO ARO 2/90
(See para 11)83-
94.

Medical Categories for Personnel. Medical category to be awarded to the personnel depending upon their physical fitness.

Medical Category	Physical capacity	Duties fit for	Remarks
A	Physically well developed. Capable of enduring severe physical and mental strain for prolonged period in any climate.	Fit for active service anywhere.	
B	No major defects and disability, able to undergo moderate physical exertion but not severe strain. No defect of locomotion.	Fit for duties in all areas except in high altitude.	
C	Has a major disability/ defect which does not interfere in performance of duties. Capable of undergoing limited physical exertion and strain.	Fit for sedentary duties.	
D	Temporary unfit due to hospitalisation or convalescing from illness.		
E	Permanently unfit for any form of duties in this force.		

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Appendix VII TO ARO 2/90
(see para)

A. LIST OF DISEASES WHICH CAN BE CONTRACTED DURING
SERVICE/ ATTRIBUTED TO SERVICE CONDITIONS

Diseases affected by climatic conditions.

- (i) Pulmonary Tuberculosis
- (ii) Pulmonary Oedema
- (iii) Pulmonary Tuberculosis with pleural effusion
- (iv) Tuberculosis-Non-pulmonary
- (v) Bronchitis
- (vi) Pleurisy, empyema, lung abscess and bronchiectasis
- (vii) Nephritis (acute and chronic)
- (viii) Lobar pneumonia
- (ix) Otitis Media
- (x) Rheumatism -acute
- (xi) Rheumatism - chronic
- (xii) Arthritis
- (xiii) Myalgia
- (xiv) Lumbago
- (xv) Frost-bite leading to amputation of limb/limbs.
- (xvi) Heat Stroke.

B. Diseases affected by stress and strain

- (i) Psychosis and psychonaurosis.
- (ii) Hyperesthesia
- (iii) Hypertension (B.p.)
- (iv) Pulmonary Tuberculosis.
- (v) Pulmonary Tuberculosis with pleural effusion.
- (vi) Tuberculosis - non-pulmonary.
- (vii) Mitral Stenosis.
- (viii) Pericarditis and adherent pericardium.
- (ix) Endo-carditis.
- (x) Sub acute bacterial endo-carditis, including infective endocarditis.

(xi) Myocarditis - acute or chronic.
 (xii) Valvular disease.

C. Diseases affected by dietary complications

(i) Infective hepatitis (Jaundice).
 (ii) Diseases of stomach and oesophagus.
 (iii) Worm infestations particularly Guinea worm and round infections.
 (iv) Gastritis.
 (v) Food poisoning, specially due to tinned food.
 (vi) Gastric ulcer.
 (vii) Duodenal ulcer.
 (viii) Nutritional Disorders.

D. Diseases affected by training, marching, etc.

(i) Tetanus, erysipelas, septicaemia and pyæmia, etc. resulting from injuries.
 (ii) Various venis.
 (iii) Ankylosis and acquired deformities resulting from injuries.
 (iv) Hernia
 (v) Post-traumatic epilepsy, and other mental changes resulting from skull injury.
 (vi) Internal derangement of knee joint.
 (vii) Burns sustained through petrol fire, kerosene oil, etc. leading to scars and various deformities and disabilities.
 (viii) Deformities of feet.

E. Environmental Diseases

(i) Diseases contracted in the course of official duty of attending to a venereal or septicaemic patient or conducting a post-mortem examination.
 (ii) Diseases contracted on account of handling poisonous Chemicals and radiation equipment.
 (iii) Any infectious disease contracted during service which may be grouped with environmental diseases.

(See para 21.)

DISEASES NOT NORMALLY AFFECTED BY SERVICE

- (i) Malignant disease : Cancer and Carcinoma.
- (ii) Sarcoma (except in cases of sarcoma of bone with a history of injury, due to service, on the site of development of the growth).
- (iii) Epithelioma.
- (iv) Rodent ulcer.
- (v) Lymphosarcoma
- (vi) Lymphadenoma (Hodgkin's disease).
- (vii) Leukaemia.
- (viii) Pernicious anaemia (Addison's anaemia).
- (ix) Osteitis deformans (Paget's disease).
- (x) Gout.
- (xi) Acromegaly.
- (xii) Corrhosis of the liver - if alcoholic.

EYES

- (xiii) Errors of refraction.
- (xiv) Hypermetropia.
- (xv) Myopia.
- (xvi) Astigmatism.
- (xvii) Presbyopia Glaucoma-acute or chronic, unless there is a history of injury due to service or of disease of the eye due to service.

A/VI-M/ARO-89

J S Dhillon
Lt Col
AD(A)

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(52) 87

OFFICE OF THE DEPUTY INSPECTOR GENERAL ASSAM RIFLES
HEADQUARTERS ARUNACHAL & ASSAM RANGE ASSAM RIFLES
C/O 99 APO

I.24016/Stn-MIR/98-A/ 2089

Dated : 20 Aug 98

CONVENING ORDER

1. A board of offrs composed as under will assemble at Stn MI Room, HQ Arunachal & Assam Range Assam Rifles on the date and time to be fixed by the presiding offr for conducting re-cast med to in x/o follo pers of this HQ :-

- (a) C/30p434 W/O A K Sharma
- (b) S/355987 Hav... H N Singh
- (c) 83103 Hav... Mehtabi Singh
- (d) S/354542 Lnk... B L Khan
- (e) E/390582 Rfn... K P S Chauhan
- (f) 2351135 Rfn... Beedha Ram
- (g) 114473 Rfn... E G Radhakrishnan
- (h) 139170 Rfn... Baleswar Thakur

Presiding officer - Dr I Hussain, CMO, (SG), HQ AC & Assam Range Assam Rifles,

Members 1. - Dr N S Chauhan, MO, 31 AR.
2. - Dr S A Khan, MO, 31 AR.

2. The board proceedings duly completed in all respects will be fwd to DC Assam Rifles (Med Branch) by 31 Aug 98 with copy to this HQ for our record.

(Nirmal Singh)

Comdt (SG)

DD(Adm)

for DIG Assam Rifles

19/8

1. Stn MI Room (Internal) - for info with ref to their HQ AC & Assam Range C/I No. IV.11011/3/Med-98/03 dt 18 Aug 93.

2. 31 Assam Rifles - Please info above bd members accordingly.

3. Office copy.

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RELEASE/DISCHARGE MEDICAL EXAMINATION REPORT
(LOW MEDICAL CATEGORY FOR S)

Place: 24 Assam Rifles

Dated: 07 Aug 99

Authority: M.R.(2) commanding order No. 13012/2/A-99/3517 dated 09 Jun 99

Name: Asok Kumar Bhakta

Service No 0/36042411

Rank W/Offr

Unit: 24 Assam Rifles

Date of enrolment in AI. 15-06-71

Total Service: 28 Years 01 Month and 22 days

Trade: Clerk

Date of Birth: 15-06-31

Married or single. Married

Identification Marks: (i)

Black mole on the Lt cheek

(ii) Black mole 1 '0' clock 1/4" away from Rt. Nipple.

DETAILS OF SERVICE

Date from	Country To	Field service	SPMC/HQ Peace station
15-06-71	15-04-81	12 AR	ASSAM RIFLES
15-04-81	01-10-81	2 CC AR	
01-10-81	21-09-88	Mizoram Range	
21-09-88	24-04-92	21 AR	
24-04-92	26-05-94	6 AR	
26-05-94	09-03-99	HQ AG R Reg/Assam Rifles	
09-03-99 (Permanent)	Till date	24 AR	

VILL: SANTHIA

TOD: SANTHIA

Distt: SHAHABAD

TO: KARAP

State: BIHAR

PART-I PERSONNEL STATEMENT

(The question should be answered in your own words. This statement will be checked from official records as far as possible).

- Give particulars of previous service in Army/Navy/Air Force and state whether you received a disability pension in respect of such service. **NIA**
- If you are suffering from any disease, wound or injuries, state what they are and also when and where they first started, the names of M.R./room/sick bays/SSO/Hospitals or other medical unit where treated with approximate date and periods for which treated.

Illness, wounds & First started	Where treated	Approximate date & periods treated
Injuries: Poly cystic Liver Disease	(Date & Place) Nov 92 GAR at Khonsa	SATH
		30 Nov 92 to 05 Jan 93
		BATH
		16 Jul 93 to 13 Aug 93
		SATH
		13 Sep 93 to 22 Sep 93
		LATH
		03 Jul 94 to 07 Jul 94
		154 GH
		03 Jul 94 to 14 Jul 94
		165 MI
		22 Jul 94 to -

Contd--2

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CONFIDENTIAL

-2-

3. Did you suffer from any disability mentioned in question 2 or anything like it before joining Armed Forces ? If so, give details and dates. **NO**

4. Do you claim any disability due to service

Yes or No **NO**

5. Any & other information you wish to give about your health

NIL

I hereby declare that I have answered as fully as possible all the questions about my service and personal health and that information given is true to the best of my knowledge.

Signature of Indvs

18/8/77

Signature of MO

(A. M. C. S. C. S.)

Major (Name)

Rank (Date)

21 August 1977

PART - II

MEDICAL EXAMINATION

EYES

R

L

CP

Distant vision

R

L

CP

Without glasses

6/18

6/18

CP-II

With Glasses

Write if weaving

6/6

CP

Near vision **N-5**

Any evidence of trachoma or its complications or any other diseases **NIL**

EARS, NOSE AND THROAT

Hearing :

Hears **Present** at **CV** at

Wax

Present Remove

R **600** Cms

NO

L **600** Cms

Both ears **600** Cms

*Insert & 'YES' or 'NO'

Any evidence of otitis media in **R Ear**:

NIL

Middle ear & eustachian tube

L Ear

Nil

R Ear

Nil

L Ear

Nil

R Ear

Nil

L Ear

Nil

Cochlear Apparatus

(44)
55

91

102

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-4-

Gums Healthy

Any other disease NIL

(i) Any abnormalities or conditions affecting physical capacity not already noted) NIL

MENTAL CAPACITY AND EMOTION STABILITY

(a) Speech Normal

(b) Evidence suggesting:

(i) Mental backwardness: NIL

(ii) Emotional instability: NIL

Final observations, findings and recommendations of Medical officer (Medical category and date of last medical board proceeding present medical category are to be specifically mentioned alongwith brief history): - Indvl was detected having Hepatomegaly in 92. He was diagnosed as case of polycystic Liver diseases in Jan 93. Placed in LMC CEE(Temp). Board held in unit Hosp, 6 Assam Rifles 14 J. 93. He was first placed in LMC CEE(Perm) wef 14 Jul 93. Medical board held at unit hosp, 6 AR. LMB held at st. MIR AC & Assam Range. Now ~~XXXXXX~~ he has been opined to be released in CEE(Perm) vide opinion Lt Col Vishvanayak, Cl. Spl(Med) of 165 NH dated 22 Jul 93.

Whether attributable/aggravated to service or Not Percentate of disablement

No

60 X

Signature of President :

Signature of Members 1.

(Dr. A. B. Bhattacharya
(Dr. H. C. Bishnu Ray)

2.

(Dr. B. C. Bishnu Ray)

PART - III

(REMARKS OF THE UNIT)

Recommended to be boarded out

~~I am Doctor
Bishnu Ray
Commander~~

CONFIDENTIAL

PRIORITY

From 24 AR

1/12/23

APPENDIX B

ANNEXURE

(57)

(59)

(88)

(248)

(30)

(103)

To 1 A/E Coy

A/C/C/Adm coy - by org

A 5016

discharge/release on medical ground (.) discharge/release on medical ground from service have been approved vide DGAR order Roman one pt 31021/24AR/99/Adm-III/ dec 09(.) date of SOS (.) 30 Apr 2000 (AN) (.) one (.) Adm coy (.) 360434 WO/Cik A K Sharma (.) 2400799 REN/OD Sudhakaran C (.) two (.) A coy (.) 2401077 REN/GD R. S. Today (.) three (.) C coy (.) 2401334 REN/OD Niru Kumar (.) four (.) D coy (.) 2400971 REN/GD H N Chauhan (.) 2401251 REN/GD N D Shikha (.) five (.) E coy (.) 2400032 REN/GD B D Sharma (.) 2401171 REN/OD Ram Singh (.) secondly (.) further payment may be restricted to avoid debit on final settlement (.) thirdly (.) no IVA will be given to Indvl and submit joint/single photographs 10/12 copies respectively for pub of final cas and deposit their field service books to DGAR (.) fourthly (.) despatch Indvl to BN HQ alongwith I/card and clearance cert duly countersigned by coy edc by Mar 20 (.) fifthly (.) bank address to be read by Rtn. sig (.) sixthly (.) no laxity in this regard will be accepted and take action accordingly (.) confirm -

Capt K B Singh Adj

Rec

23 Dec 99/

Capt
TUR

S/C S

22/12

(66)

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ANNEXURE VI

RECORD OFFICE INSTRUCTION NO 1/90
DISPOSAL OF PERMANENT LOW MEDICAL CATEGORY
ASSAM RIFLES (ICOS/ICOs/OS/S)

(11)
(93)

(53)
104

Introduction

1. Assam Rifles Medical Examination (Categorisation and Invalidation) Rules, 1980 have been issued by Govt of India, Ministry of Home Affairs under Notification No. F.45025/14/85-pers, II dated 11 May 80 which have been forwarded to all concerned vide this Dte letter No. A/V-a/101/367 dated 22 Jul 80.
2. The employment of permanent low medical category Assam Rifles personnel, at all times, is subject to the availability of suitable alternative appointments commensurate with their medical category and also to the proviso that their retention can be justified in the public interest. When such an appointment is not available or when their retention is not in the interest of the service, they will be discharged, irrespective of the length of service put in by them. Procedure as laid down in succeeding paras will be followed in all future cases.
3. A medical board for categorisation of a person shall be convened when he is considered unfit to be in category 'A' or when an individual is to be upgraded from a lower medical category. Whenever a medical officer is of the opinion that an individual under his medical cover is unfit to perform his duties in category 'A' or who is already in low medical category and required upgrading, he shall refer the person to the nearest service hospital or the hospital whichever is convenient and based on the specialist opinion, a categorisation/Recategorisation medical board shall be convened and the proceedings be recorded as per Appendix III and Appendix IV to ROME Rules 1980, (as applicable). In case diseases for which Assam Rifles persons are not entitled for treatment in service hospitals viz., Psychiatric, TB, Leprosy, Cancer and the specialist's opinion is not available, then in such circumstances if authorised medical officer thinks that the individual is unfit to remain his present medical category even then he will ask for convening of such medical board and board opinion duly approved will be final, in such cases for the medical category awarded.
4. The convening authority of medical board, its composition and approving authority for the purpose of categorisation medical board shall be as under :-

(a) Convening Authority

(i) Personnel serving with Bus/Ranger and ARTC	= Respective Deputy Inspector General
(ii) Personnel serving with Zonal Inspector General HQ	= Inspector General
(iii) Personnel serving with DGLR, Bus under DGLR and those on deputation	= Deputy Director General Assam Rifles.

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(b) Composition of Medical Board

(i) Presiding Officer - Senior/Regimental Medical Officer

(ii) members - 2(two) Medical Officers (One of the members can be a medical JCO).

(c) The approving authority of the medical board proceedings shall be the Deputy Director (Medical).

(d) In case two members are not available, then only one member will suffice but such member will be a Medical Officer only.

5. Medical Board for invalidation of personnel

(1) A medical board for invalidation shall be convened when a person is considered medically unfit by specialist in service hospital or other hospital for further service in the force.

(2) The convening authority of medical board for invalidation, its composition and approving authority for the purpose of Sub Rule (1) shall be as under:-

(a) Convening Authority

(i) Personnel serving with Regt/Rangers and ABTC - Inspector General

(ii) Personnel serving with Zonal Inspector General - Inspector General

(iii) Personnel serving with Directorate General and units under Directorate General

(b) Composition of Medical Board

(i) Presiding Officer - Regimental/Senior medical officer

(ii) members - 2(two) Medical Officers (One of the members can be a medical JCO)

(c) The approving authority of the board proceedings shall be the Deputy Director (Medical) and confirming authority will be Deputy Director General Service Rifles.

(d) In case two members are not available then only one member will suffice but such member will be a medical Officer only.

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6. Appeal

(a) Any personnel aggrieved by an order of the Invalidating Medical Board may prefer an appeal against that order to the Central Government within a period of thirty days from the date of receipt of such order.

(b) No appeal shall be admitted, if it is preferred after the expiry of the period specified in Sub-rule (a); provided that the Central Government may, if it is satisfied that the appellant was prevented by sufficient cause from filing the appeal within the specified period, shall allow it to file within a further period not exceeding thirty days.

(c) Every appeal under this rule shall be made by a petition in writing and shall be accompanied by a brief statement of the reasons for the order appealed against.

7.

Review :-

(a) On receipt of any appeal preferred by any personnel under para 6, the appellate authority shall convene a review medical board to review the order of the Invalidating Medical Board within a period of thirty days from the date of receipt of such appeal.

(b) The convening authority of the review medical board its composition and approving authority for the purpose of Sub-rule (a) shall be as under :-

(i) Convening authority - Deputy Director General, Review Medical Board

(ii) Presiding Officer - Regimental/Senior Medical Officer

Members - 2 (two) Medical Officers

(c) The approving authority of the review medical board proceedings shall be the Director General of Assam Rifles.

(d) Basing on the findings of review Medical Board the appellate authority shall pass an appropriate order on the appeal and shall communicate the order to the appellant.

(e) Every order of the appellate authority confirming modifying or reversing the order appealed against shall be final.

8.

Disposal of Board Proceedings

(a) After approval of the proceedings of the Medical board for categorisation of personnel, one copy of the proceedings shall be retained with the Directorate General Assam Rifles (Record Branch) for record.

(6)

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(b) After approval of the proceedings of the medical board for invalidation, one copy of the proceedings shall be retained with BN and two copies shall be forwarded to the Directorate General Assam Rifles (Record Branch).

(c) After approval of the proceedings of the review medical board of personnel, one copy of the proceedings shall be retained with the BN and two copies shall be forwarded to the Directorate General Assam Rifles for record.

9. The Unit/Range will prepare the following forms in quadruplicate for invalidation as per this Directorate letter No. VIII.11033/3/79/Med(26) dated 09 Jun 80 :-

- (a) Appendix 'A' to AF & file - 1980 (Specimen attached) for invalidation medical board or Appendix 'VII' for release/discharge in UC, in the case may be,
- (b) Form 'A' as per Appendix 'B' attached.
- (c) Form - 'B' if relevant
- (d) Form for fixing date of SOS
- (e) Leave certificate
- (f) No debit balance certificate
- (g) Disciplinary certificate
- (h) Willing/unwilling cert. (Not applicable to category 'BEE' personnel)
- (i) Brief history of the case including onset of the disease/injury, its progress and present condition duly written by the GMO/DO together with hospitalisation documents.

10 Cases where a person has been down graded permanently to a category lower than 'BEE' (i.e. 'CBE') their retention will be as under :-

(a) Personnel placed in category 'BEE' who can be gainfully employed in the interest of service and are mentally fit will continue to be retained till they are incapacitated for further service & subsequently released/discharged in UC.

(b) Personnel who are placed in category 'CBE' will be dealt with as under :-

(i) Those placed in permanent category 'CBE' (due to psychiatric disease) will be discharged under all circumstances irrespective of their length of service.

(ii) Those who have rendered 10 years or more of qualifying service and medical/surgical finality have been reached will be released/discharged from (as per Appendix V.A) service irrespective of their employability.

11 (iii) Those having less than 8 years of qualifying service and if they can be usefully employed on sedentary/other suitable duties and their retention is considered in the

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interest of public service, will be retained in service till they complete 10 years qualifying service. Such cases will be reviewed after they attain minimum qualifying service i.e. 10 years and necessary action taken accordingly for their release/discharge in low medical category (as per Appendix V A).

(iv) Personnel who have less than 8 years of qualifying service, will be discharged/released from service under relevant orders.

(c) Battle casualties except as provided for in para 18 (b) (i) above and attributable cases will continue to be retained in service till they become due on completion of normal retiring pension/incapacitated for further service whichever is earlier.

(d) When an individual in medical cat 'BEE' or 'CEE' that is other than cat 'EEE' (When he is to be invalidated out) is being discharged from service on medical grounds, his release medical examination will be carried out as per proforma given at Appendix V A to this ROI.

(e) The medical officer carrying out such medical examination will give his observation/remarks at the end in the appropriate para "Fit to be released" or unfit to be released in medical cat (Type of medical cat) as the case may be. (Type of medical cat)

(f) In case the medical officer does not find him fit to be released in his existing low medical category, then the individual will be brought before fresh recategory medical board and subsequent action taken as per the decision of this medical board.

11. Where the Medical Board has declared an individual is fit for further service of less laborious character than that which he had been doing, he should, provided he is willing to be so employed, be employed on lower post with the pay and allowances attached thereto vide Sub-rule (4) of Rule 30, CCS pension Rules. In case of non existence of lower post, he should be sent on invalid pension.

12. When an individual is placed in permanent low medical category 'BEE' or 'CEE', OC unit will take following action:-

(a) Inform this office by letter, citing reference to this ROI.

(b) Notify casualty regarding placing of the individual in permanent low medical category in part II orders showing 'SHAPE' Factors in the case of category 'CEE' personnel.

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(c) Publish necessary BO II in cases where continued retention in service, subject to fulfilment of laid down condition, is permitted, otherwise action for his release/discharge from service will be initiated.

13. "The invalidated person will invariably be discharged from service within six months from the date of approval of the medical board by DD(Med) HQ DGAR. He may be granted leave by the Bn/Unit Comdt as may be due to him under existing leave Rules. The period of such leave combined with the period of duty should not however, exceed six months in any case and the individual will be discharged from service accordingly".

14. *Revised 20/11/90* *Approved 20/11/90* *2/90*
MEDICAL TREATMENT PEC 1975

(a) *2/90* *Revised 20/11/90* *Approved 20/11/90* *2/90*
Tuberculosis/Leprosy : All confirmed cases of TB/Leprosy will be immediately boarded out of service. Before such a case is invalidated out, action will be taken to get him admitted in civil hospital for treatment so as to avoid the spread of disease and also to get him appropriate treatment in time. Such a disease will not be attributable to service.

(b) *2/90* *Revised 20/11/90* *Approved 20/11/90* *2/90*
Congenital disease/deforomity : If a congenital disease/defect is detected in a recruit during training period he should be referred to nearest MH for the opinion of the specialist concerned. The individual should be disposed of thereafter depending upon the type of disability/disease based on the opinion of the specialist. In case the disease is not likely to affect the efficiency of the soldier as per specialist's opinion, he may be retained in service. Otherwise he should be boarded out. The disability being congenital in nature will not be attributable to service. Cases of congenital heart disease and certain acquired heart disease in childhood (viz, Rheumatic valvular disease of heart) which escape detection during the time of recruitment, but detected later on manifested due to stress and strain of training, should invariably be boarded out after getting it confirmed from medical specialist or cardiologist preferably if available in nearest MH.

(c) *2/90* *Revised 20/11/90* *Approved 20/11/90* *2/90*
Other diseases : Cases like infectious hepatitis, meningitis, Fractures, Stress fractures, Injuries or other such disease will be dealt according to individual merits of the case. Each case should be treated and observed sufficiently (3-6 months) and the action taken depending upon the outcome of treatment. If the individual is cured completely, he will be retained in service. In case of residual defects, or persistent after effects of the disease interfering with his normal functioning as an efficient soldier, he will be boarded out of the service. The attributability to service of such disabilities may be considered according to the merit of the case. While discharging such an individual from service on medical grounds, the remarks "Effects of (name of the disease), unlikely to become an efficient soldier" will be endorsed in the board proceedings.

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(148) 10

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INSPECTED

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15. Individual suffering from TB/Tuberculosis/Cancer and mental illness can have prolonged treatment by remaining on leave upto a maximum period of 5 years. Therefore, cases will not be initially forwarded to this Dte for approval unless the Medic I no re certifies that there is no prospect of the individual becoming fit for further service after a reasonable period of treatment or the individual concerned is prepared to proceed on invalidation by giving an undertaking to the effect that he does not desire to avail of the privilege of continued treatment.

16. Since the above rule is cover majority of diseases and injuries under its scope, it will ensure that a certificate for the same is published in EOP IT presently and forwarded to this Dte with hospitalization and other relevant documents.

17. Under the provisions of Govt of India, Ministry of Home Affairs letter No. 25013/1/77-Estt(A) dated 26 Aug 1977, copy and under this Dte letter No. 1/147/107/Part dated 20 Dec 1980, personnel who have rendered 20 years of service are eligible to apply for voluntary retirement in which they will be eligible for 5 years a right to as per Rule 44A of CCS Pension Rules. This concession should be availed of by those who are found to be permanently incapacitated for further service, unless their invalidation would be more advantageous particularly where the injury/disease is attributable to or aggravated by service and covered under EOP rules.

18. Personnel being invalided out of service on medical grounds as well as individuals on low medical category, proceeding on voluntary/ordinary/invalid pension should be provided with concise notes written by the RMOS/SuOs prior to their despatch from the units to the pension depot, Shillong. This will enable the individuals to apprise the Doctors who they may consult after release, about their past medical history ailments. Such notes will contain the following:-

- (a) Salient clinical features including period of hospitalization/treatment.
- (b) Any specific advice regarding diet/activity restrictions.
- (c) Drug therapy, if any recommended and its duration, known drug reaction such as hypersensitivity to penicillin will be given and underlining.
- (d) Such other informations as may help the Doctors following up and treating the individual.

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19. In case of chronic ailments such as pulmonary Tuberculosis and Leprosy, drug schedules recommended will be clearly given in the notes.

20. Application of the Central Service (Medical Attendance) Rules :-

Save as otherwise provided in these rules, the Central Service (Medical Attendance) Rules, 1944 shall apply in regard to medical attendance to the personnel of the Force.

21. This supersedes FOI 2/83.

Ram Lal

(Ram Lal)
Col
DD (Records)
for DGAR

RESTRICTED

(66) 161-45
(19/1) 12

Appendix III to AFM Rules 1988

MEDICAL FORM TO BE USED
(Classification of sick leave - All ranks)

Name	2. Service No.	3. Rank	4. Unit
Service	5. At / Corps/Trade	7. Age	
Assy. Rifles			
Address of leave, if applicable.	8. Ceased duty on		
Authority for Board	11x Date of Board	12. Place of Board	

STATEMENT OF THE CASE - PART I

(a) Principal Disabilities

14. Date and place of
origin

(b) Other disabilities.

Give concisely the essential facts of the history of the disability.

Note 1 - Board subsequent to the first should record here the progress of the case since last appearance.

contd. . . . 2 . .

OPINION OF THE BOARD
(Part 2)

1. Was the disability contracted in Service?
2. Was it contracted in circumstances over which he had no control?
3. Is it directly attributable to conditions of service?
4. If so, by what specific condition?
5. If not directly attributable to service, was it aggravated thereby and if so, by what specific condition?
6. Medical category recommended
7. Period for which the above medical category is recommended.
8. What is the category likely to be:
 - (a) 6 months from the date of board
 - (b) Finally
9. Any specific restriction regarding employment.
10. Further treatment/investigation required.
11. Period of leave recommended if any.
12. Next Board due on
13. Instruction given to the individual by the President of the board.
You are placed in medical category temporary/permanent for months/years w.e.f.

Signature of the Individual

President

Member 1

2

APPROVING AUTHORITY

APPROVED/NOT APPROVED/PERSUED

Place

Signature

Date

Designation

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APPENDIX V

MEDICAL BOARD PROCEEDINGS INVALIDATING ALL RANKS

Authority for board

Place Date

Name

Service No Rank/Rate Unit/Ship Date of birth

NAVY/AIR FORCE Army/Corps/Branch/Trade Total service Total flying hours/service float

Present address

Identification marks:-

(i)

II (ii)

III (iii)

Field operational/overseas service: Giving dates and place

To Place From To Place

PART I

PERSONAL STATEMENT

questions should be answered in the individual's own words. Statement will be checked from official records, as far as possible. Particulars of previous service in NAVY/NAVY/AIR FORCE. State whether you were invalided out of service. Particulars of any disease, wounds or injuries from which you are suffering.

Wound, injury First started Date Place Where treated Approximate dates and period treated

You suffer from any disability mentioned in question 2 or something like it before joining the Armed Forces? If so give details and dates.

Details of any incidents during your service which you think made or made your disability worse.

In case of wound or injury, state how they happened, whether or not a Medical Board or Court of Inquiry was held. (b) Injury was submitted.

Other information you wish to give about your health.

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I certify that I have answered as fully as possible all the questions about my service and personal history and that the information given is true to the best of my knowledge.

Signature of witness Signature

Service No Rank Date

(In case of illiterate persons thumb and finger impressions of left hand will be taken here.)

PART II

STATEMENT OF CASE

(Not to be communicated to the individual)

1. Disabilities Date of origin (Place and unit where serving at the time)

2. Clinical details :-

Note :-

- (a) Give the salient facts of :-
 - (i) Personal and relevant family history
 - (ii) Specialist report ; and
 - (iii) Treatment
- (b) State present condition in detail.
- (c) In this statement and in answering questions in Part III the Board will differentiate carefully between the individual statement and the evidence recorded in the medical documents.

PART III

OPINION OF THE MEDICAL BOARD

(Not to be communicated to the individual)

Note :- Clear and decisive answers should be filled in by the Board. Expressions such as 'right', 'say', 'probably' should be avoided.

1. Did the disabilities exist before entering service?
2. (a) In respect of each disability the Medical Board on the evidence before it will express its views as to whether :
 - (i) It is attributable to service during peace or under field service conditions : or
 - (ii) It has been aggravated thereby and remains so : or
 - (iii) It is not connected with service.

The Board should state fully the reasons in regard to each disability on which its opinion is based.

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Disability | A | B | C

(b) In respect of each disability shown as ~~xxxx~~ attributable under 'A', the Board should state fully, the specific condition and period in service which caused the disability.

(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 effect of such aggravation still persists.

(iii) If the answer to (ii) is in the affirmative, whether the effect of aggravation will persist for a material period.

(d) In the case of disability under 'C', the Board should state what exactly in their opinion is the cause thereof.

3. (a) Was the disability attributable to the individual's own negligence or misconduct? If so, in what way?

(b) If not attributable, was it aggravated by negligence or misconduct? If so, in what way and to what percentage of the total disablement?

(c) Has the individual refused to undergo operation/treatment? If so, individual's reasons will be recorded.

Note :- In case of refusal of operation/treatment, a certificate from the individual will be attached.

(d) Has the effect of refusal been explained to and duly understood by him/her viz a reduction in, or the entire withdrawal of, any disability pension to which he/she might otherwise be entitled?

(e) Do the Medical Board consider it probable that the operation/treatment would have cured the disability or reduced its percentage?

(f) If the reply to (e) is in 'affirmative', what is the percentage to which the disablement could be reduced by operation/treatment?

(g) Do the Medical Board consider the operation to be safe, dangerous to life?

(h) Do the Medical Board consider the individual's refusal to submit to operation/treatment reasonable? Give reasons in support of the opinion specifying the operation/treatment recommended.

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CONFIDENTIAL

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4. What is present degree of disablement as compared with a healthy person of the same age and sex? (percentage will be expressed as Nil or as follows):

1-5%, 6-10%, 11-14%, 15-19% and thereafter by multiples of 5% from 20% to 100%.

Disableity (is numbered in Percentage) (Probable Duration Committee question 1, part II) of disablement of this degree of disablement

First month (1 month to 12 months)

Second month (12 months to 24 months)

Third month (24 months to 36 months)

5. Is the individual in need of further treatment and, if so, of what nature and for how long is its likely to be required?

6. Does the individual require hospitalization? If so, (i) whole part, time; (ii) permanent or temporary; (iii) if temporary, for how long?

7. Category awarded - EEE

Place :

Signature : Present

Date :

Signature : _____

Signature : _____

APPROVING AUTHORITY

Place : Date :

Signature :

Designation :

CONFIRMING AUTHORITY

Place : Date :

Signature :

Designation :

ACCEPTING AUTHORITY

Place : Date :

Signature :

Designation :

* Name in block capitals :

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RELEASE/DISCHARGE MEDICAL EXAMINATION REPORT
(LOW MEDICAL CATEGORY HERE)

Place Date Authority Name Service No Fank
Unit Service Trade Date of Birth Married or Single Total Service
Identification Marks 1)

DETAILS OF SERVICE

Date	Country	Field Service	Peace Station
From	To		

Address (Permanent)

PART I - PERSONAL STATEMENT

(The question should be answered in individual's own words. This statement will be checked from official records as far as possible)

1. Give particulars of previous service in Army/Navy/Air Force and state whether you received a disability pension in respect of such service.

.....

.....

2. If you are suffering from any diseases, wounds or injuries state what they are, and also when and where they first started, the names of M.I. Rooms/Sick Bays/SSQ/Hospitals or other medical unit, where treated with approximate dates and periods for which treated.

Illness, wound, Injury	First started (Date & place)	Where treated	Approximate Date & Periods treated

3. Did you suffer from any disability mentioned in question 2 or anything like it before joining Armed Forces? If so, give details and dates.

Contd. . . . 2/

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- 2 -

4. Do you claim any disability due to service
..... Yes or No

5. Any other information you wish to give about your health

I hereby declare that I have answered as fully as possible the questions about my service and personal health and that information given is true to the best of my knowledge.

Signature Signature of M.O.

PART II
MEDICAL EXAMINATION

EYES

Distant Vision | R | L | CP

Without Glasses | | |

With Glasses | | |

Near vision

Any evidence of trachoma or its complications or any other disease

EAR, NOSE AND THROAT

Hearing

Hears Hears Wax

FW at CV at Present Remove

R CMS

L CMS

Booth ears CMS CMS

* Insert 'Yes' or 'No'

Any evidence of Otitis media

Middle Ear Eustachian Tubes

R. Ear

L. Ear

Cochlear apparatus

R. Ear

L. Ear

Audiometry Record

(As applicable)

JK

109
(135)

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120

UPPER LIMBS AND LOCOMOTOR SYSTEM

Upper Limbs: Fingers, hands, wrists, elbows, shoulder girdles, cervical and dorsal vertebrae.

LOCOMOTION: (Hallux, valgus/rigidus, flat feet, joints, pelvis, lumbar and sacral vertebrae, coccyx, varicose veins)

PHYSICAL CAPACITY

(a) Height (cms) Weight (kgs)

(b) Urine examination :

Appearance	Albumen	Sugar	Sp. Gravity
------------	---------	-------	-------------

(c) Physique

(d) Genito-urinary and perineum (Hydrocele, varicocele, undescended testis, haemorrhoids).

(e) Skin

(f) Endocrine conditions.

(g) Cardiac vascular system (Heart size, sounds, arterial walls):

(h) Respiratory System:

Chest measurement (to nearest 1/2 cm)

Full expiration cms.

Range of expansion cms.

X-Ray chest (when applicable).

(j) Central nervous system (Reflexes, tremors).

(k) Abdomen (Hernia, muscle tone and organs).

(l) Teeth and Gums:

TEETH

Total Number of teeth No of teeth defective
(Missing tooth to be indicated by a horizontal line and unuseable tooth by a cross through the appropriate figure)

GUMS
Any other disease
(i) Any abnormalities or conditions affecting physical

capacity not already noted.

MENTAL CAPACITY AND EMOTIONAL STABILITY

(a) Speech.

(b) Evidence Suggesting :-

(i) Mental backwardness.

(ii) Emotional instability.

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115
Final observations, findings and recommendations of Medical Officer, (Medical Category and date of last medical board present medical category are to be specifically mentioned).

Signature of M.O.

Date _____

Unit/Station _____

PART III

REMARKS OF O.C. UNITS/SHIP

Signature

(MEDICAL BOARD PROCEEDINGS)
Recategorisation of all ranks

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Appendix 14
to ARME Rule 1988

1. Name : _____
2. Service No. _____
3. Rank : _____
4. Trade : _____
5. Unit : _____
6. Age : _____
7. (a) Principal Disability : _____
8. (b) Other disability : _____
9. (c) Previous medical category with date : _____
10. (d) Place and date of last board : _____
11. (e) Present condition/specialist opinion (as on reverse.)
(f) Category now recommended : _____
12. (g) What in the category likely to be finally : _____
13. (h) Place and date of next board : _____
14. (i) Any recommendation as to employment : _____
15. (j) Percentage of disability : _____

11. Orders given to the individual by the President of the Medical Board :

You are placed/upgraded/in medical category _____
for _____ months/years w.e.f. _____ subject to approval
of the higher authority.

Signature of the individual

President of the Medical Board

Member : 1. _____
2. _____

APPROVING AUTHORITY

APPROVED/NOT APPROVED

Station : _____
Date : _____

Signature : _____
Designation: _____

Fir
OL:
Dr.

FORM A

FORM 5 A

... OF APPLICATION FOR DISABILITY PENSION
and Name of applicant
and office address

Place :
Date :

(Signature of applicant)

(Signature of Head of Office)

Medical Categories for personnel. Medical category to be awarded to the personnel depending upon their physical capacity shall be as under :-

Medical Category	Physical capacity	Duties fit for	Remarks
A	Physically well developed.. capable of enduring severe physical and mental strain for prolonged period in any climate.	Fit for active service anywhere.	
B	NO major defects and disability. Able to undergo moderate physical exertion but not severe strain. No defect of locomotion.	Fit for duties in all areas except in high altitude.	
C	Has a major disability/ defect which does not interfere in performance of duties. Capable of undergoing limited physical exertion and strain.	Fit for sedentary duties.	
D	Temporary unfit due to hospitalisation or convalescing from illness.		
E	Permanently unfit for any form of duties in this force.		

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STANDARD OPERATING PROCEDURE
FOR POSTING JCOS AND JR.

APPENDIX E/F ANNEXURE-VII

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ASSAM RIFLES

1. Assam Rifles though functioning operationally under the Army and mostly deployed in NE States, is under the administrative control of Min of Home Affairs. The personnel, of Assam Rifles (both 'civs' and combatants) are governed under CCSR for all purposes. Both the 'civs' and combatants were on common roster till recently, and are posted to all the AR units; but a proper and comprehensive posting policy is non-existent. Also there was no fixed posting tenure which resulted in certain anomalies. Now, the Force is being combatised gradually for greater efficiency and to make it more congenial.

INTRODUCTION

2. As The Force is being totally combatised in a phased manner, there is a necessity to formalise a common and comprehensive posting policy in respect of all centrally controlled categories incl clerks (both 'civs' and combatants) and other 'civs' staff members.

AIM

3. The aim of this Directorate General's Policy Instruction (DGPI) is to lay down the policy to be followed in regulating the postings of all centrally controlled categories including clerks (both 'civs' and combatants) and other 'civs' staff.

Centrally Controlled Categories

4. The under-mentioned Cats/Trades are being treated as centrally controlled. Their postings and promotions are controlled by 'A' Branch and Records Branch of this Directorate:-

- (a) Clerks/Writers.
- (b) Stenos/PAs.
- (c) Engr Trades.
- (d) EME Trades.
- (e) Medical Trades.
- (f) Signals Trades.
- 2 (g) Other tradesmen cats.
- (h) All 'Civs'.

Normal Tenure

5. The normal tenure laid down for centrally controlled cats will be as under :-

(a) Clerks/Writers/Stenos/PAs

(i) Units (Soft)	-	4 Yrs 3 yrs. D.G.R. 3.10.11/16/77/ANW-5 dt. 01 Sep 98
(ii) Units (Hard)	-	3 Yrs

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(iii) Range HQ	-	4 Yrs
(iv) HQ IGAR (N)	-	4 Yrs
(v) ARTO&S	-	4 Yrs (extendable by 1 Yr)
(vi) HQ DBAR	-	4 Yrs do
(vii) MGAR/Wkaps/ ARSU/AMTO/1CC & DUAR	-	4 Yrs

(b) Other Tech Trades - Civs/combatants

(i) Units (Soft)	-	4 (extendable to 5 yrs)
(ii) Units (Hard)	-	3 do - 4 years
(iii) Rgs HQ	-	4 do
(iv) HQ IGAR (N)	-	4 do
(v) ARTO&S	-	3 (extendable to 4 yrs)
(vi) HQ DBAR	-	5 yrs
(vii) Other Units	-	4 yrs

6. For the purpose of regulating turnover of pers between the Units/Fms, the stations have been classified as Hard/Soft. The details of classification are attached as Appendix 'A'. As far as possible and depending upon the availability of suitable vacancies personnel will be rotated between hard and soft at the ratio of 1:1. Normally postings will be ordered during Dec/Jan to co-ordinate with the academic session.

Extension of Tenure

7. Tenure of duty enumerated above will not be extended in any case. However, in exceptional cases, in the interest of organisations or on extreme compassionate grounds (medical treatment for terminal diseases such as Cancer, TB for self, wife or dependents) may be considered and extension gtd for one year in two spells of six months each.

8. Request for extn supported by proof, duly recommended by CO, BN and DIG in the chain of comd should reach Records Branch/ A Branch six months prior to completion of the existing tenure as per performance attached as Appx 'B'. If extn for another six months is reqd (second spell), request for the same should reach the Record Branch/ A Branch this HQ well before the expiry of the first spell of extn already granted.

9. Requests received for extn of tenure after issue of posting order will not be entertained at any cost.

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Cancellation/Diversion/Deferment

10. Request for cancellation, diversion or deferment will not be entertained once the posting is already issued as it will effect the whole planning and chain postings. As such, request for choice postings, if any should reach the Records Branch/ A Branch of this HQ well before completion of the present tenure, so that the feasibility can be examined.

Premature Posting

11. No premature posting will be issued by Records Branch/ A Branch of this HQ except in the following circumstances:-

- (a) Adjustment of surplus/deficiencies.
- (b) Adjustment of rank structure on promotion.
- (c) On Remusterering to other trades.
- (d) On disciplinary grounds if such postings are in the public interest.
- (e) On compassionate grounds on individuals request.
- (f) For new raisings.
- (g) For instructional duties.

12. Where such premature postings are issued request for cancellation or for a particular choice station will not be entertained. However, premature posting at para 11 (d) will be issued only on receipt of specific request/recommendation from the Commanders in chain giving reasons as to why the move is necessary in the interest of the Organisation. If satisfied and approved by the DB/DDG, posting will be issued to move forthwith.

Posting of Personnel Trained on Specialised Equipment

13. The Force is in possession of certain Specialised Equipments, especially in the Medical Branch. These equipments are held by few selected units. As such personnel trained on these equipments will be rotated between units holding similar equipments.

Posting of Instructors to ARTC&S

14. Postings of instructors to ARTC&S will be regulated as per the instructions contained in ROI 6/91. The qualitative requirements laid down therein will be strictly adhered to while selecting personnel for instructional duties.

15. Posting of instructors for Technical Trades will be done out of the panel maintained by Records Branch of this HQ. The qualitative requirements laid down in ROI 6/91 will, also be applied in this case.

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Posting Out of Pers on Disciplinary Grounds

16. No individual will be posted out from one unit to another on disciplinary grounds or on inefficiency. They should be dealt with under appropriate rules and regulations instead of approaching this Dte to post out such pers to other units.

Posting of Husband and Wife to Same Unit/Station

17. As far as practicable or administratively possible, efforts will be made to post a husband and his wife serving with this Force to the same station if not possible to post them together in one unit. This will not be taken as an excuse to be posted to soft areas as husband and wife would have to maintain the ratio of 1:1 as stated in para 6 above. In such cases the decision taken by this Dte will be final.

Posting of Low Medical Category Pers

18. Since all the Battalions of Assam Rifles are technically located in peace stations, it is not feasible to post out low medical cat personnel to other units, unless medical auth recommend to avoid aggravation of the disability. Personnel placed in low medical category may be suitably employed in the Bns under sheltered appointments commensurate with their disability. On attainment of minimum service for pension such personnel depending on their suitability for retention may be considered for boarding out on medical grounds or compulsory/voluntary retirement in the interest of the Force.

COMPASSIONATE POSTING

19. An individual can avail the facility of a compassionate posting only once in his entire service including last leg posting. Request for such posting should reach this Dte (Records Branch/ A Branch) well before completion of the present tenure. Request for compassionate posting received after issue of normal posting will not be entertained.

20. Tenure of compassionate posting will be for two years which will not be extended except due to extreme compassionate grounds for continuing the treatment for terminal diseases like TB, Cancer, AIDS etc.

21. The applications for compassionate posting should be submitted to this Dte through Fm HQ concerned with the recommendations of CO Bns. Before submitting applications for compassionate posting, the reasons advanced by the individual should be scrutinised thoroughly and got verified from the auth concerned where it is felt necessary. Where such verification is carried out, verification report received from the auth concerned be attached with the applications. It will also be ensured that genuine and most deserving cases are only forwarded to this Dte for consideration.

22. Following reasons/grounds advanced by the individuals ~~REASONABLE~~ for posting on compassionate grounds being common to all -

- (a) For looking after the landed/ancestral property.
- (b) Children Education.

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- (c) For looking after old parents.
- (d) For medical treatment of dependents.

23. However, utmost priority will be given for such cases where compassionate posting is requested for treatment of terminal diseases like TB, Cancer, AIDS etc.

24. Since there is no inter unit postings to BD JCDs/OR, their cases will be considered for attachment for two years on compassionate grounds.

Compliance of Posting Orders

25. Posting orders issued by this Dte will be carried out on due dates as mentioned in the posting orders without any representation. If the posting is one to one move it will be carried out simultaneously. Posting order will invariably specify when a particular posting order is on relief. Request for deferment of the posting due to the following reasons will not be entertained.

- (a) Holding key appointments such as PRI Clerk, Engr Clerk, entrusted with an important Job or is trained on computer.
- (b) School going Children.
- (c) Comdt is away on lve/temp duty.
- (d) Deficiency in unit.
- (e) Handing/Taking over is not completed.
- (f) Indvl has submitted representations for cancellation/change of posting.

26. The above reasons will not be accepted as valid for delaying the postings. As the units are well aware of completion of tenure of their pers, they must select/train relief well in advance so that a pers posted out can hand over his charge and move on due date. Where no reply to the representation made by the indvl is received before the date of move, move of indvl will not be withheld.

27. Personnel under posting will not be sent on leave without the concurrence of his new unit. On receipt of concurrence indvl will be sent on leave-cum-posting.

28. ~~INDIVIDUALS BEING POSITIONED IN A NEW UNIT WILL NOT BE ASSIGNED PERIODICALLY TO UNITS WHICH ARE NOT RELATED WITH MOVE IN/OUT.~~

29. After carrying out the posting a confirmation report as per Appx 'C' will be sent to this Dte (Records Branch/ A Branch).

30. Personnel bringing pressure by writing to Officers/Staff posted in this Dte or visiting this Dte without prior permission or auth. will be liable for disciplinary action.

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34. All Fmn HQ/Units will ensure that the instructions contained in this DGPI will be strictly adhered to. Fmn Cdrs during their visits to units under comd will look into this aspect and ensure that all postings issued are carried out on due dates.

32. This instruction supersedes all previous orders/instructions on the subject.

Place : Shillong - 793011

Date : 14 Jan 1997

No. I, 17011/16/97/Adm-I

(R P P Kurup)
Colonel
DD (Records)
for DDG Assam Rifles

BR	BR	BR	BR
BR	BR	BR	BR
BR	BR	BR	BR
BR	BR	BR	BR
BR	BR	BR	BR

Distribution

✓ List 'A', 'B', 'C', 'D' & 'E'

Internal

1. Record (Cord)
2. Adm-II and Adm-III

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BR	