



IN THE HIGH COURT OF KERALA AT ERNAKULAM

PRESENT

THE HONOURABLE MR. JUSTICE K. NATARAJAN

&

THE HONOURABLE MR. JUSTICE JOHNSON JOHN

TUESDAY, THE 26TH DAY OF MAY 2026 / 5TH JYAISHTA, 1948

WP(C) NO. 48547 OF 2025

AGAINST THE ORDER DATED 11.11.2022 IN OA NO.172 OF 2018 OF ARMED FORCES TRIBUNAL, REGIONAL BENCH, KOCHI

PETITIONERS/RESPONDENTS IN OA:

- 1 UNION OF INDIA, REPRESENTED BY ITS SECRETARY, MINISTRY OF DEFENCE, SOUTH BLOCK, NEW DELHI-, PIN - 110 011.
- 2 THE CHIEF OF THE ARMY STAFF, INTEGRATED HEADQUARTERS, MINISTRY OF DEFENCE (ARMY). DHQ PO, NEW DELHI-, PIN - 110 011.
- 3 OIC RECORDS, AOC RECORDS, C/O 56 APO, PIN - 900 453.
- 4 PCDA(P), DRAUPADI GHAT, PRAYAGRAJ (UP), PIN - 211 014.

BY ADV SRI.S.VAIDYANATHAN

RESPONDENTS/APPLICANT IN OA:

VALSALA S., WIDOW OF NO 6906255 EX SEP LATE SREEKANTAN NAIR V. KIZHAKPALAVILA VEEDU, CHERUKUNNAM, VARKALA P.O., THIRUVANANTHAPURAM DISTRICT, KERALA-, PIN - 695 141.

BY ADVS.
SRI.V.K.SATHYANATHAN
SHRI.VINOD K.C.
SMT.K.R.RENJU
SMT.RATI VARMA

THIS WRIT PETITION (CIVIL) HAVING BEEN FINALLY HEARD ON 22.05.2026, THE COURT ON 26.05.2026 DELIVERED THE FOLLOWING:



'CR'

K. NATARAJAN & JOHNSON JOHN, JJ.

W.P.(C). No. 48547 of 2025

Dated this the 26th day of May, 2026

J U D G M E N T

Johnson John, J.

This writ petition is filed by the Union of India challenging the order of the Armed Forces Tribunal, Regional Bench, Kochi granting disability pension to the deceased pensioner on the application of the widow.

2. The husband of the applicant, late Sreekandan Nair, was recruited in the Indian Army on 07.08.1973 and invalided out on 15.07.1979 due to the disease 'Schizophrenia'. The disability pension claim of late Sreekandan Nair was rejected and subsequently, his appeal to the Defence Ministry was also rejected and later, he died on 14.08.1994. The Tribunal found that the finding of the medical board that the disability 'Schizophrenia' is constitutional in origin, is not supported by any reasoning and therefore, the pensioner is entitled to get disability pension at 60% for two years.

3. Heard Sri. Vaidyanathan S., the learned Central Government Counsel appearing for the Union of India, and Smt. Rati Varma, the



learned counsel for the respondent.

4. The learned Central Government Counsel argued that the report of the Release Medical Board would show that the disability is neither attributable to nor aggravated by military service and the Tribunal has exceeded its jurisdiction by making its own conclusions over and above the report of the Release Medical Board.

5. *Per contra*, the learned counsel for the respondent argued that the onus of proving that the disability is not attributable to military service is on the authority, especially when an individual is physically fit at the time of enrolment and no note regarding adverse physical factor is made at the time of entering service and in this case, the Release Medical Board has not given any reason for the conclusion that the disability is constitutional in origin.

6. It is not in dispute that late Sreekandan Nair was enrolled in the army on 07.08.1973 and invalided out from service on 15.07.1979 in the low medical category 'EEE (Psychotic) for the diagnosis Schizophrenia-295 at 60% for two years. The learned counsel for the respondent argued that the authorities denied disability pension to the deceased ignoring the statutory presumptions under Rules 4, 5 and 14(a) (b), and (c) of the Entitlement Rules for Casualty Pensionary Awards, 1982 and Regulation 423 (a) and (c) of the Regulations for



Medical Services for Armed Forces, 1983 and therefore, the Tribunal is justified in granting disability pension by setting aside the findings of the statutory appellate authorities.

7. The learned Central Government Counsel argued that the opinion of the medical board was confirmed by the statutory appellate authorities and the Tribunal is not justified in invoking its jurisdiction by ignoring the long delay in filing the application. But, the learned counsel for the respondent cited the decision of the Honourable Supreme Court in ***Rajumon T.M v. Union of India and others*** [2025 SCC OnLine SC 1064], wherein the Honourable Supreme Court, while dealing with a case of disability due to Schizophrenia, held that the court must be cognizant of the debilitating effects of Schizophrenia which impairs cognitive capacity of the person, which naturally will affect the ability to properly advance his own cause relating to the cause and circumstance of the illness before the authority. In the said case, the disability was assessed at 30% for two years; but, in the present case, the medical board assessed the disability 'Schizophrenia' at 60% for two years.

8. In ***Veer Pal Singh v. Secretary, Ministry of Defence*** [(2013) 8 SCC 83], it was held as follows:

“12. In *Merriam Webster Dictionary* “schizophrenia” has been described as a psychotic disorder characterised by loss of contact with the environment, by



noticeable deterioration in the level of functioning in everyday life, and by disintegration of personality expressed as disorder of feeling, thought (as in delusions), perception (as in hallucinations), and behaviour — called also dementia praecox; schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history.

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

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

14. Some of the symptoms of schizophrenia are:

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

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

Delusions.—The person believes delusions even after other people prove that the beliefs are not true or logical. They may also believe that people on television are directing special messages to them, or that radio stations are



broadcasting their thoughts aloud to others. Sometimes they believe they are someone else, such as a famous historical figure. They may have paranoid delusions and believe that others are trying to harm them.

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

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

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

- (i) “Flat effect” (a person's face does not move or he or she talks in a dull or monotonous voice).
- (ii) Lack of pleasure in everyday life.
- (iii) Lack of ability to begin and sustain planned activities.
- (iv) Speaking little, even when forced to interact.

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

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



Hebephrenia.—Hebephrenia occurs at an earlier age than either the katatonic or the paranoid variety. Disordered thinking is the outstanding characteristic of this kind of schizophrenia. There is great incoherence of thought, periods of wild excitement occur and there are illusions and hallucinations. Delusions which are bizarre in nature, are frequently present. Often, there is impulsive and senseless conduct as though in response to their hallucination or delusions. Ultimately the whole personality may completely disintegrate.

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

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

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

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



plotting against him to ruin him. Disturbances of general sensation give rise to hallucinations, which are attributed to the effects of hypnotism, electricity, wireless telegraphy or atomic agencies. The patient gets very irritated and excited owing to these painful and disagreeable hallucinations and delusions.

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

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

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

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

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

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

Are the characteristic remissions and relapses expressions of endogenous processes, or are they responses to psychosocial variables, or both? *Some patients recover, apparently completely, when such recovery occurs without treatment we speak of spontaneous remission.* The term need not imply an



independent endogenous process; it is just as likely that the spontaneous remission is a response to non-deliberate but nonetheless favourable psychosocial stimuli other than specific therapeutic activity....” (p. 465)

(emphasis supplied)

9. It is well settled that when social security legislations are being interpreted, it always has to be interpreted liberally with a beneficial interpretation and has to be given the widest possible meaning which the language permits and if a word in the statute is capable of two meanings, i.e., one which would preserve the benefits and one which would not, then the former is to be adopted.

10. The provisions for grant of disability pension are in the nature of a beneficial scheme and in this case, the service man has not opted out of service on account of suffering from Schizophrenia. But, he was invalided out from army service by the authority after obtaining the opinion of the medical board and in such a situation, the onus of proving the disability and grounds of denying disability pension would lie heavily on the authority, especially in view of the statutory presumptions. Regulation 423(c) of the Regulations for Medical Services for Armed Forces, 1983 *inter alia* provides that a disease which has led to an individual's discharge or death will ordinarily be deemed to have arisen in service, if no note of it was made at the time of the individual's acceptance for service in the armed forces. However, if medical opinion



holds, for reasons to be stated that the disease could not have been detected on medical examination prior to acceptance for service, the disease will not be deemed to have arisen during service.

11. In the present case, even though it is stated in the report of the medical board that the disease is constitutional in origin, no reasoning has been given for arriving at such a finding. In **Rajumon** (supra), the Honourable Supreme Court held that if the opinion of the medical board is devoid of reasons, the act of the authority based on mere opinion *sans* reasons can certainly be questioned and such an act of the authority which denies any post discharge benefit will be rendered invalid in the eyes of law.

12. In **Union of India v. Parashotam Dass** (2025) 5 SCC 786, the Honourable Supreme Court held that where there is denial of fundamental right or jurisdictional error or error apparent on the face of record, the High Court can interfere by exercising the jurisdiction under Article 226 of the Constitution of India and that self-restraint by High Court in exercise of jurisdiction under Article 226 of the Constitution is distinct from putting embargo on High court in exercising such jurisdiction. In the said decision, the Honourable Supreme Court held thus in paragraph 30:

“30. How can courts countenance a scenario where even in the



aforesaid position, a party is left remediless? It would neither be legal nor appropriate for this Court to say something to the contrary or restrict the aforesaid observation enunciated in the Constitution Bench judgment in *S.N. Mukherjee* [*S.N. Mukherjee v. Union of India*, (1990) 4 SCC 594 : 1990 SCC (Cri) 669 : 1991 SCC (L&S) 242] case. We would loath to carve out any exceptions, including the ones enumerated by the learned Additional Solicitor General extracted aforesaid as irrespective of the nature of the matter, if there is a denial of a fundamental right under Part III of the Constitution or there is a jurisdictional error or error apparent on the face of the record, the High Court can exercise its jurisdiction. There appears to be a misconception that the High Court would reappraise the evidence, thereby making it into a second appeal, etc. We believe that the High Courts are quite conscious of the parameters within which the jurisdiction is to be exercised, and those principles, in turn, are also already enunciated by this Court.”

13. In the present case, the medical board has not stated any reasons for their finding that the disease is constitutional in origin and we find no jurisdictional error or error apparent on the face of the record in the order of the Armed Forces Tribunal warranting interference by this Court and therefore, this writ petition is liable to be dismissed.

In the result, this writ petition is dismissed.

sd/-
K. NATARAJAN,
JUDGE.

sd/-
JOHNSON JOHN,
JUDGE.



APPENDIX OF WP(C) NO. 48547 OF 2025

PETITIONERS' EXHIBITS:

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| Exhibit P1 | TRUE COPY OF ORIGINAL APPLICATION IN O.A. NO. 172/2018 OF THE ARMED FORCES TRIBUNAL ALONG WITH ANNEXURE A1 TO ANNEXURE A22 |
| Exhibit P2 | TRUE COPY OF REPLY STATEMENT FILED BY THE RESPONDENTS DATED 20-09-2018 ALONG WITH ANNEXURE R1 TO ANNEXURE R15 |
| Exhibit P3 | TRUE COPY OF ORDER DATED 11-11-2022 IN OA .NO. 172 OF 2018 OF THE ARMED FORCE TRIBUNAL, REGIONAL BENCH, KOCHI. |
| Exhibit P4 | TRUE COPY OF M.A. NO. 881 OF 2023, APPLICATION TO GRANT LEAVE TO FILE APPEAL |
| Exhibit P5 | TRUE COPY OF M.A. NO. 880 OF 2023 TO CONDONE THE DELAY OF 11 MONTHS AND 9 DAYS |
| Exhibit P6 | TRUE COPY OF ORDER DATED 01/01/2024 IN M.A. NO. 880 OF 2023. |
| Exhibit P7 | TRUE COPY OF ORDER DATED 01/01/2024 IN M.A. NO. 881 OF 2023. |

RESPONDENTS' EXHIBITS: NIL

/True Copy/

P.S to Judge.