

**ARMED FORCES TRIBUNAL, REGIONAL BENCH,
LUCKNOW**

AFR

(Court No. 1)

Original Application No. 174 of 2011

Monday, this the 03rd day of July, 2017

**“Hon’ble Mr. Justice D.P. Singh, Member (J)
Hon’ble Air Marshal Anil Chopra, Member (A)”**

No 14392974L Ex Nk Chandra Bhushan Singh s/o Narayan Singh resident of village and post office-Dharupur, Tehsil-Bikramganj, District-Rohtash.

Ld. Counsel for the applicant : Shri Rohit Kumar, Advocate

Versus

1. Raksha Mantri Appellate Committee through Secretary Ministry of Defence, DHQ, PO-New Delhi-110011.
2. Additional Director General DV, Adjutant General’s Branch (AGPS-4-IMP-II) Army Headquarters, DHQ, PO: New Delhi.
3. Commandant-cum-Chief Records Officer Arty Centre and Records Secunderabad.
4. Principal Controller of Defence Accounts (Pensions) Draupadi Ghat, Allahabad.

.....Respondents.

Ld. Counsel for the respondents : Shri **Amit Sharma**, Advocate
assisted by Salen Xaxa, OIC Legal
Cell

ORDER (Oral)

1. This petition under Section 14 of the Armed Forces Tribunal Act, 2007 has been filed for a direction to the respondents to grant disability

pension to the applicant being discharged from Army on account of disability caused due to "REITERS DISEASE" on account of squalae of sexually transmitted urethritis due to sexual exposure.

2. We have heard Shri Rohit Kumar, Ld. Counsel for the applicant and Shri Amit Sharma, Ld. Counsel for the respondents assisted by Maj Salen Xaxa, OIC Legal and perused the records.

3. The applicant was enrolled in the Indian Army on 31.10.1985. (In date chart the applicant has indicated date of enrolment as 31.11.1985 which has yet not been corrected by the applicant by moving appropriate application). The applicant served in various sectors of the Indian Army and was promoted to the rank of L/Nk and thereafter to the rank of Nk. It is submitted by Ld. Counsel for the applicant that while serving at different places, the applicant suffered from Reiter's disease. Invaliding Medical Board (IMB) was held at Babina on 31.07.2003. According the IMB report, the applicant suffered sexually transmitted disease. Keeping in view the opinion of the IMB, applicant was discharged from service. From the pleadings and facts on record, it is borne out that the applicant was suffering from sexually transmitted disease, i.e venereal disease from the year 1997, but he was allowed to continue to serve for six years in the Army which seems to be not understandable. A person suffering from such disease should not have been kept in service in the Army which may cause problems to fellow army men.

4. Being aggrieved with the impugned order of discharge, the applicant preferred first appeal under section 25 of the Causality

Entitlement Rules, 1982 on 07.05.2004 which was rejected on 24.03.2006. The second appeal preferred by the applicant on 30.06.2006 too was rejected on 02.03.2007. Thereafter the applicant preferred applicant under Right to Information Act, 2005 for certain records followed by statutory final appeal on 31.05.2010, which according to Ld. Counsel for the applicant has been rejected on 09.09.2010.

5. Submission of Ld. Counsel for the applicant is that the applicant has served in the Army for about 18 years and during course of employment he suffered from medical ailment resulting into discharge from service which according to Ld. Counsel for the applicant is at premature stage and the applicant is entitled to disability pension. The Medical Board has assessed disability of 20% for life, thus, the applicant has not only prayed for disability but also its rounding off. It is the argument of Ld. Counsel for the applicant that at the entry level the applicant was not suffering from any disease and whatever medical ailment he suffered was during course of service in the Army and same is recorded in the report of the IMB, hence the applicant is entitled for disability pension. Ld. Counsel for the applicant also referred to the Apex Court judgment in the case of ***Dharamavir Singh vs. Union of India*** reported in (2013) 7 Supreme Court Cases 316.

6. In response to arguments of Ld. Counsel for the applicant, Shri Amit Sharma, Ld. Counsel for the respondents submits that the disease suffered by the applicant has not concern with military service nor it is attributable to or aggravated by military service, hence the applicant is not entitled for disability pension. It is also argued that the

applicant has failed to maintain character required for a person serving in the Indian Army. Applicant's illicit relationship seems to be the cause of medical ailment for with in no way the Government is liable to compensate the applicant in for the form of disability pension.

7. Ld. Counsels appearing for the parties have relied upon Regulation 173 of the Pension Regulations for the Armed Forces while arguing with regard to entitlement for disability pension. Regulation 173 of Pension Regulations for the Armed Forces is reproduced as under:-

“173. Unless otherwise specifically provided, a disability pension may be granted to an individual who is invalided from service on account of a disability which is attributable to or aggravated by military service and is assessed at 20 per cent or over.

The question whether a disability is attributable to or aggravated by military service shall be determined under the rules in Appendix II.”

Appendix II to Regulation 173 contains classification of diseases for which a person may be granted disability pension. It also contains diseases affected by climatic conditions as argued by Ld Counsel for the applicant. Annexure-III of Appendix-II of the Pension Regulations (supra) is reproduced as under:-

“ANNEXURE III TO APPENDIX II

Classification of Diseases

1. *Pulmonary Tuberculosis.*
2. *Pulmonary oedema.*
3. *Pulmonary Tuberculosis with pleural effusion.*
4. *Tuberculosis-Non-Pulmonary.*
5. *Bronchitis.*
6. *Pleurisy, empyema, lung abscess, and Bronchiectasis.*
7. *Lobar Pneumonia.*
8. *Nephritis (acute and chronic).*
9. *Otitis Media.*

10. *Rheumatism (acute and chronic).*
11. *Arthritis.*
12. *Myalgia.*
13. *Lumbago.*
14. *Local effects of severe cold climate-i.e., frost bite, trench foot and chilblains.*
15. *Effects of hot climate-i.e., heat stroke and heat exhaustion.*

DISEASES AFFECTED BY STRESS AND STRAIN.

1. *Psychosis and Psychoneurosis.*
2. *Hypertension (BP).*
3. *Pulmonary Tuberculosis with pleural effusion.*
4. *Tuberculosis (Non-pulmonary).*
5. *Mitral Stenosis.*
6. *Pericarditis and adherent pericardium.*
7. *Endocarditis.*
8. *Sub-acute bacterial endo-carditis, including ineffective endo-carditis.*
9. *Myocarditis (acute and chronic).*
10. *Valvular disease.*
11. *Myocardial infarction, and other forms of IHD.*
12. *Cerebral haemorrhage and cerebral infarction.*
13. *Peptic ulcer.*

DISEASES AFFECTED BY DIETARY COMPULSIONS.

1. *Infective hepatitis (Jaundice).*
2. *Diseases of stomach and duodenum.*
3. *Worm infestation and particularly guinea worm and round worm infections.*
4. *Gastritis.*
5. *Food poisoning, especially due to tinned food.*
6. *Gastric ulcer.*
7. *Duodenal ulcer.*
8. *Nutritional disorders.*

DISEASES AFFECTED BY TRAINING, MARCHING, PROLONGED STANDING ETC.

1. *Tetanus, erysipelas, septicaemia and pyaemia etc. Resulting from injuries.*
2. *Ankylosis and acquired deformities resulting from injuries.*
3. *Post traumatic epilepsy and other mental changes resulting from head injuries.*
4. *Internal derangement of knee joint.*
5. *Deformities of feet.*
6. *Osteoarthritis of spine and lower limb joints.*

7. *Burns sustained through petrol, fire, kerosene oil etc. Leading to scars and various deformities and disabilities.*
8. *Hernia.*
9. *Varicose veins.*

ENVIRONMENTAL DISEASES

1. *Diseases contracted in the course of official duty of attending to a Venereal or septicaemic patient or while conducting a post-mortem examination.*
2. *Diseases contracted on account of handling infectious material, poisonous chemicals and radioactive substance.*

DISEASES AFFECTED BY ALTITUDE

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

DISEASES AFFECTED BY SERVICE IN SUMARINES AND IN DIVING.

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

DISEASES AFFECTED BY SERVICE IN FLYING DUTIES

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

DISEASES NOT NORMALLY AFFECTED BY SERVICE

1. *Malignant disease (Cancer and Carcinoma).*
2. *Sarcoma (except in cases of sarcoma of bone with a history of injury due to service, on the site of development of the growth).*
3. *Epithelioma.*
4. *Rodent ulcer.*
5. *Lymphosarcoma.*

6. *Lymphadenoma except of viral aetiology.*
7. *Leukaemia (except radiation effect).*
8. *Pernicious anaemia (Addison's disease).*
9. *Osteitis deformans (Paget's disease).*
10. *Gout.*
11. *Acromegaly.*
12. *Cirrhosis of the liver-if alcoholic,*

EYES

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

8. Though we are of the view that the diseases referred in Appendix II may not be relevant in all cases to decide the medical disability attributable to or aggravated by military service, but unless established otherwise, Appendix II seems to cover the field. A plain reading of Appendix II reveals that it does not contain disease which is sexually transmitted on account of sexual relationship with a lady. Even diseases suffered from climatic conditions do not contain such disease from which the petitioner is suffering. The petitioner has also not pleaded on record that he might have suffered from such sexually transmitted disease during course of military service and it might have been aggravated by military service. Accordingly, we are of the view that the disease from which the applicant is suffering does not fall within the category because of which he may be given disability pension.

9. Coming to the next limb of argument advanced by Ld. Counsel for the applicant that the judgment of Hon'ble Supreme Court in the case of **Dharamvir Singh** (supra) followed by other judgments Hon'ble the Supreme Court has held that in case a person is not suffering from

medical disability at the entry level and enrolled in SHAPE-I medical category he/she shall be entitled for disability pension. Of course arguments advanced by Ld. Counsel for the applicant seems to be correct in case a liberal interpretation is given without lifting the wheel with regard to case because law causation. In para 27 of the judgment of **Dharamvir Singh** (supra) Hon'ble the Supreme Court has given instances of certain diseases which may ordinarily escape attention at the enrolment/entry level. For conveyance sake para 27 is reproduced as under:-

“27. Para 7 talks of evidentiary value attached to the record of a member's condition at the commencement of service; e.g. pre-enrolment history of an injury, or disease like epilepsy, mental disorder etc. Further, guidelines have been laid down at paragraphs 8 and 9, as quoted below:

7. Evidentiary value is attached to the record of a member's condition at the commencement of service, and such record has, therefore, to be accepted unless any different conclusion has been reached due to the inaccuracy of the record in a particular case or otherwise. Accordingly, if the disease leading to member's invalidation out of service or death while in service, was not noted in a medical report at the commencement of service, the inference would be that the disease arose during the period of member's military service. It may be that the inaccuracy or incompleteness of service record on entry in service was due to a non-disclosure of the essential facts by the member, e.g., pre-enrolment history of an injury or disease like epilepsy, mental disorder etc. It may also be that owing to latency or obscurity of the symptoms, a disability escaped detection on enrolment. Such lack of recognition may affect the medical categorization of the member on enrolment and/or cause him to perform duties harmful to his condition. Again, there may occasionally be direct evidence of the contraction of a disability, otherwise than by service. In all such cases, though the disease cannot be considered to have been caused by service, the question of aggravation by subsequent service conditions will need examination.

The following are some of the diseases which ordinarily escape detection on enrolment:

(a) Certain congenital abnormalities which are latent and only discoverable on full investigations, e.g. congenital defect of spine, spina bifida, sacralization,

(b) Certain familial and hereditary diseases, e.g., haemophilia, congenital syphilis, haemoglobinopathy.

(c) Certain diseases of the heart and blood vessels, e.g., coronary atherosclerosis, rheumatic fever.

(d) Diseases which may be undetectable by physical examination on enrolment, unless adequate history is given at the time by the member, e.g., gastric and duodenal ulcers, epilepsy, mental disorders, hiv infections.

(e) Relapsing forms of mental disorders which have intervals of normality.

(f) Diseases which have periodic attacks e.g., bronchial asthma, epilepsy, csom etc.

8. The question whether the invalidation or death of a member has resulted from service conditions, has to be judged in the light of the record of the member's condition on enrolment as noted in service documents and of all other available evidence both direct and indirect.

In addition to any documentary evidence relative to the member's condition to entering the service and during service, the member must carefully and closely questioned on the circumstances which led to the advent of his disease, the duration, the family history, his pre-service history, etc. so that all evidence in support or against the claim is elucidated. Presidents of Medical Boards should make this their personal responsibility and ensure that opinions on attributability, aggravation or otherwise are supported by cogent reasons; the approving authority should also be satisfied that this question has been dealt with in such a way as to leave no reasonable doubt.

9. On the question whether any persisting deterioration has occurred, it is to be remembered that invalidation from service does not necessarily

imply that the member's health has deteriorated during service. The disability may have been discovered soon after joining and the member discharged in his own interest in order to prevent deterioration. In such cases, there may even have been a temporary worsening during service, but if the treatment given before discharge was on grounds of expediency to prevent a recurrence, no lasting damage was inflicted by service and there would be no ground for admitting entitlement. Again a member may have been invalided from service because he is found so weak mentally that it is impossible to make him an efficient soldier. This would not mean that his condition has worsened during service, but only that it is worse than was realized on enrolment in the army. To sum up, in each case the question whether any persisting deterioration on the available evidence which will vary according to the type of the disability, the consensus of medical opinion relating to the particular condition and the clinical history."

10. A plain reading of para 27 indicates that the sexually transmitted disease has not been taken into account by their Lordship of Hon'ble Supreme Court rather it has been held by their Lordship in para 27 (8) that whether the invalidation or disability under military law is to be judged in the light of record of the member's condition and along with other evidence both direct or indirect, the member must be careful and closely questioned on the circumstances which led to the advent of his disease. The attributability, aggravation of otherwise must be supported by cogent reasons and the approving authority should also be satisfied that this question has been dealt with in such a way as to leave no reasonable doubt.

Keeping in view the aforesaid observations of Hon'ble Supreme Court taken up in the context of the present case, we do not find any pleading brought on record by the applicant that how and under what circumstances he has suffered from sexually transmitted disease.

Ld. Counsel for the applicant has failed to invite attention of the Tribunal towards any material on record which may justify his argument that the applicant suffered because of military service and the disease was aggravated because of military service. So far as argument and pleading on record based on climatic condition is concerned, that too in the teeth of judgment of ***Dharamvir Singh*** (supra) seems to be unfounded. Certain climatic conditions given in ***Appendix II*** and observations made by Hon'ble the Supreme Court with regard to certain diseases which may be detected at the time of enrolment does not indicate that a sexually transmitted disease may fall in such category. Of course in para 27 of the decision of ***Dharamvir Singh*** (supra), the Hon'ble Supreme Court has taken note of HIV Infection, but that is not possible for the reason that the applicant has served for about 18 years and the fact that the applicant was suffering from sexually transmitted disease seems to be detected after a long period of time which he could not be held to be suffering at the time of enrolment, but side by side it must be established that it is because of military service and also aggravated by military service. In para 32 of the case of ***Dharamvir Singh*** (supra) Hon'ble the Supreme Court has considered the Entitlement General Principles Rules with regard to grant of disability pension. Their Lordships held that pension sanctioning authority should not pass mechanical order and medical opinion must be well founded. In para 29 of the case (supra) the Hon'ble Supreme Court has summed up the conditions required to be fulfilled for payment of disability pension. For convenience sake, para 29 (29.1 to 29.7) is reproduced as under:

“29. A conjoint reading of various provisions, reproduced above, makes it clear that:

29.1. Disability pension to be granted to an individual who is invalidated from service on account of a disability which is attributable to or aggravated by military service in non-battle casualty and is assessed at 20% or over. The question whether a disability is attributable or aggravated by military service to be determined under Entitlement Rules for Casualty Pensionary Awards, 1982” of Appendix-II (Regulation 173).

29.2. A member is to be presumed in sound physical and mental condition upon entering service if there is no note or record at the time of entrance. In the event of his subsequently being discharged from service on medical grounds any deterioration in his health is to be presumed due to service. [Rule 5 r/w Rule 14(b)].

29.3. Onus of proof is not on the claimant (employee), the corollary is that onus of proof that the condition for non-entitlement is with the employer. A claimant has a right to derive benefit of any reasonable doubt and is entitled for pensionary benefit more liberally. (Rule 9).

29.4. If a disease is accepted to have been as having arisen in service, it must also be established that the conditions of military service determined or contributed to the onset of the disease and that the conditions were due to the circumstances of duty in military service. [Rule 14(c)].

29.5. If no note of any disability or disease was made at the time of individual's acceptance for military service, a disease which has led to an individual's discharge or death will be deemed to have arisen in service. [14(b)].

29.6. If medical opinion holds that the disease could not have been detected on medical examination prior to the acceptance for service and that disease will not be deemed to have arisen during service, the Medical Board is required to state the reasons. [14(b)]; and

29.7. It is mandatory for the Medical Board to follow the guidelines laid down in Chapter-II of the “Guide to Medical (Military Pension), 2002 “Entitlement : General Principles”, including paragraph 7,8 and 9 as referred to above”.

11. A plain reading of para-29, particularly para 29.3 shows that onus of proof is initially on the claimant but later on the employer with regard to any entitlement. The claimant will have to derive benefit with reasonable doubt. Major Salen Xaxa invited attention of the Tribunal to the observation of Hon'ble Supreme Court and submitted that once medical opinion shows that the disease is not attributable to military service and also not aggravated because of it, then the burden shall shift on the applicant to make out his case that he was suffering from such disease because of military service. The applicant has discharged this burden with pleading that it is because of climatic conditions and while the applicant remained posted at different places, he suffered sexually transmitted disease. But this argument and pleading seems to extent no help to the applicant for the reasons discussed hereinabove.

12. Attention has been invited to Medical Board opinion which has used the words "**Reiters disease**". In the remark column it is mentioned that it is sexually transmitted disease 'Urethra' due to sexual exposure. Ordinarily, we feel that such type of disease is caused by sexual exposure on account of illicit relationship. No where the applicant has pleaded that the disease which he is suffering is because of co-habitation with his own wife. Accordingly, we feel that in the present case the disease suffered by the applicant is because of illicit relationship.

13. So far as burden of proof is concerned, Section 101 of the Indian Evidence Act provides that burden of proof shall be on such person asserts in Court/give judgment as to any legal right or legal dependant on the existence of fact which he asserts must prove that those facts

exist. Further Section 102 of the Indian Evidence Act provides that burden of proof in a suit or proceeding lies on that person who fails if no evidence at all was given on either side. Section 103 of the Indian Evidence Act further provides that the burden of proof as to any particular fact lies on the person who wishes the Court to believe in its existence unless it is provided by any law that the proof of that fact shall lie on any particular person. For convenience sake, Sections 101, 102 and 103 of the Indian Evidence Act are reproduced as under:-

“101. Burden of proof.- *Whoever desires any Court to give judgment as to any legal right or liability dependent on the existence of facts which he asserts, must prove that those facts exist.*

When a person is bound to prove the existence of any fact, it is said that the burden of proof lies on that person.

x x x x x

“102. On whom burden of proof lies.- The burden of proof in a suit or proceedings lies on that person who would fail if no evidence at all were given on either side.

x x x x x

“103. Burden of proof as to particular fact.- The burden of proof as to any particular fact lies on that person who wishes the Court to believe in its existence, unless it is provided by any law that the proof of that fact shall lie on any particular person.

14. A combined reading of aforesaid Sections of the Indian Evidence Act makes it evident that since the applicant has come forward with the case that he suffered from sexually transmitted disease because of military service and was aggravated by military service, seeking benefit of Regulation 173 of the Pension Regulations for the Armed Forces, the burden shall be on the applicant to establish this fact which he seems to have failed to establish. Merely pleading that the applicant suffered

from such disease because of transfer to various places and climatic conditions does not fulfill the requirements keeping in view the description of diseases given in Appendix II of the Pension Regulations for the Armed Forces (supra).

15. Sub-Section (4) of Section 14 of the Armed Forces Tribunal Act, 2007 provides that the Indian Evidence Act shall be attracted. Otherwise also, the principle underlying the provisions contained in the Indian Evidence Act may be made applicable in case such a question crops up to decide point of law. We are of the view that the applicant has failed to discharge his obligations. Otherwise also, in view of the mandate enunciated in the case of ***Dharamvir Singh*** (supra) by Hon'ble the Supreme Court, in case we look into the matter, the disease, i.e. sexually transmitted disease caused because of sexual exposure, has got remotest link with the Army. It is well settled proposition of law that there must be some connection with the Army service in case a person claims disability pension under Regulation 173 (supra). Connection with military service is based on the fact that it should have been established by the petitioner, which he has failed to discharge. In the case reported as ***Mahesh Kumar vs. Vinod Kumar***, 2012 (4) SCC 387, Hon'ble Supreme Court while considering the provisions contained in Sections 101 to 104 of the Indian Evidence Act with regard to will held that onus shall be on the propounder to establish that he had read out and signed the will in presence of attesting witnesses co-relating to it. Thus, the onus lies on the applicant to establish that he suffered the disease during military service. Similar law seems to have been reiterated by the Hon'ble Supreme Court in a

number of cases, to mention a few, i.e. ***Meenakashiammal vs. Chandrasekaran***, (2005) 1 SCC 280, ***S.R.Srinivasa vs. S. Pandmavathamma***, (2010) 5 SCC 274 and ***Gurdayal Kaur vs Kartar Kaur***, (1998) 4 SCC 384.

16. While parting with the case, we would like to add a few words. Ordinarily, a person suffers from sexually transmitted disease on account of sexual exposure on account of illicit relations. Illicit relations with another lady except with the wife in Army parlance is called, “stealing affection of brother officer’s wife”. In the present case, whether the applicant was involved with sexual exposure with brother officer’ wife or some outside lady, but the fact remains that such disease ordinarily, unless proved otherwise, seems to make out a case that the applicant is a person having loose character and could not maintain dignity in his own matrimonial life.

17. While discussing masculinity and manliness, Mahatama Gandhi said it constitutes not in bluff, bravado or loneliness. It consists in daring to do the right thing and facing consequences whether it is in matters social, political or other. It consists in deeds not words.

According to Mahatama Gandhi, the Seven Deadly Sins are, Wealth without work, Pleasure without conscience, Science without humanity, Knowledge without character, Politics without principle, Commerce without morality, and Worship without sacrifice.

While considering civilization as a tool for the unity and means to strengthen social fabric as foundation of happiness, Tagore said, “Civilisation cannot merely be a growing totality of happenings that by

chance have assumed a particular shape and tendency which we consider to be excellent. It must be the expression of some guiding moral force which we have evolved in our society for the object of attaining perfection.”

Former President of America, Abraham Lincoln said that character is shadow of tree which provides virtual shelter to people to stand underneath to save them from the scorching sun. President Lincoln once said, “Character is like a tree and reputation like a shadow. The shadow is what we think of it; the tree is the real thing”.

18. It is well settled that fundamental right guaranteed in the Constitution (Part-III) is a positive concept. It is to help those who suffer wrong but not those who commit wrong. Country may suffer with ill consequences in case for commission of wrong a person is benefitted from the funds of public exchequer.

19. The purpose of maintaining character by those who bear the responsibility to save and protect the nation from external aggression and internal development or for socio-economic development of the country is of prime importance and necessity because it is they who shoulder nations overall progress and safety. They are torch bearers to lead the society, and members of the Armed forces are one of them. The Constitution protects the dignity and quality of life which include persons having impeccable character and not persons who have no character, dignity or quality to serve the nation or lead the society.

20. A person who loses character, suffering from a disease because of some unwarranted thing in personal life, cannot be compensated by

the funds of public exchequer. By rendering services in the Armed Forces, a person serves the nation and he/she is not expected to be benefited from public exchequer because of his/her misconduct, directly or indirectly. The Government and the Courts are custodians of law and they are assigned the duty to protect fundamental rights of the citizens whether it is source of livelihood, dignity or quality of life or other facets of dignified life. (See *Kapila Hingorani vs. State of Bihar*, (2003) 6 SCC 1). In any case, under Part-III of the Constitution of India, or the statutory provision (supra), the applicant has no cause to claim financial aid from the funds of public exchequer. It shall be travesty of justice in case person having loose character is granted financial help on account of some beneficial provision.

21. In view of the above, we do not find any merit in the case.

22. O.A. lacks merits and is **dismissed** accordingly.

No order as to costs.

(Air Marshal Anil Chopra)
Member (A)

(Justice D.P. Singh)
Member (J)

Dated: July 3, 2017

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