

**MEDICAL EXAMINATION AND CATEGORISATION OF SERVING JCOs/OR**

1200. The objective of Medical Examination (ME) is to detect disease at an early stage when it may be latent and institute timely preventive and curative measures to promote positive health. It is the unit and individual who will be responsible to get his medical examination carried out by the Authorised Medical Attendant (AMA). For routine investigations, they will be dependent on the nearest Field Ambulance/ Hospital.

1201. Medical examination for JCOs/ OR will be carried out once in a year, two months before the initiation of ACR and in the month of Mar to Jun for those individuals for whom there is no ACR applicable.

1202. All JCOs/ OR will be required to undergo the following medical examinations:-

- (a) Annual Medical Examination (AME).
- (b) **Periodic Medical Examination (PME)**. Applicable for JCOs only, at the age of 41 years i.e. on completion of 40 years of age or within one year of promotion to the rank of Naib Subedar whichever is earlier.
- (c) **Medical Examination Prior to Release**. To be conducted as per Army Order 3/89.

1203. The board proceedings of Periodic Medical Examination will be recorded in AFMSF- 3 in triplicate and will be approved by ADMS Div/ DDMS Area/ Corps. After approval all the copies will be sent back to the unit for further distribution are as under:-

- (a) Record Office - 01 copy.
- (b) Unit concerned - 01 copy.
- (c) Field Service Documents - 01 copy.

1204. If it is necessary to downgrade an individual to low medical category, the proceedings are to be recorded in AFMSF-15 in duplicate by Medical Board/ Authorised Medical Attendant.

1205. **Medical Categorisation of Serving JCOs/ OR.**

- (a) Serving JCOs/ OR will be medically categorised in accordance with the physical standards and instructions given in **Appendix AAG** of ROI. Medically fit JCOs/ OR in all respects covering every factor of SHAPE will be in Medical Category SHAPE-1.

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(b) All personnel who are placed in categories '2' for any of the SHAPE factor, whether temporary or permanent are fit for employment on suitable duties. However, while deciding the employability of such personnel, any specific restriction laid down by medical authorities will be kept in view.

(c) Category '3' embraces all personnel who are not fit for active service with units/ formation Headquarters involved in actual fighting, but are fit for such duties, which do not involve severe stress and strain.

(d) JCOs/ OR are deemed to be placed in medical category 4 of SHAPE profile when admitted to a Military Hospital or discharge there from on sick leave or annual leave granted in lieu of sick leave. No JCOs/ OR will therefore, be allowed to resume duty unless re-examined and passed 'FIT' by medical authorities on expiry of the period of sick leave or annual leave granted in lieu of sick leave. The sick leave will be granted in accordance with Para 427 (a) of RMSAF-1983.

(e) Personnel placed in category '5' i.e. those who are permanently unfit for military duty will be brought before an invaliding medical board and disposal will be given as per Para 427 (b) and (c) of RMSAF-1983. Such cases should be dealt with as expeditiously as possible.

(f) After categorisation, all individuals in categories '2' and '3' of SHAPE factor will be returned to their respective units/ formations or Regiment/ Corps Centre/ Depot, depending upon the employability restrictions recommended by the medical board.

(g) In the case of units located in field/ operational/ high altitude area, each case will be examined by the Commanding Officer Unit in consultation with Medical Officer, who will make specific recommendations on the employability of the individual in those areas after taking into account the disability, employability restrictions recommended and the duties on which he will be employed.

(h) Commanding Officers will assist medical officer in maintaining accurate medical standards of all personnel serving under their command by keeping a constant watch on their medical categorisation. They are responsible to ensure that:-

(i) The medical category of those placed in temporary low medical category is re-assessed on completion of the prescribed period.

(ii) The medical category of those placed in permanent low medical category is re-assessed every two year except in cases where the authorised Medical Attendant considers that the existing medical category of an individual is to be downgraded. In such cases, the individual will be brought before a duly constituted medical board immediately.

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(iii) 15 days before the scheduled date of re-categorisation medical board, the unit will send the individual to the Regimental Medical Officer alongwith unit copy of AFMSF-15/15A.

(iv) The RMO will scrutinise the AFMSF-15/15A in consultation with concerned specialist, if necessary and decide as to whether the hospital Auth would be able to decide the category of the individual on the basis of his available AFMSF-15/15A.

(v) In case of Regimental Medical Officer considered the perusal of the old hospital document inescapable he will inform about it to the unit of the individual who will then write to Records The Madras Regt and procure the hospitalisation documents expeditiously before referring the individual for re-categorisation to the hospital alongwith old hospitalisation documents.

(vi) If old hospital documents are not required, unit will send the individual to hospital on due date alongwith the unit copy of AFMSF-15/15A for his re-categorisation medical board.

**Auth:-** Army Order 3/2001.

**Preparation of AFMSF-15/ 15A (Medical Board Proceedings)**

1206. AFMSF 15/ 15A (Medical Board Proceedings) is to be prepared in duplicate by medical board/ medical authorities. One copy of the same will be sent to the individual's unit and the other one to Records The Madras Regt. Therefore, necessity of sending AFMSF-15/ 15A in support of the Part II Order regarding medical categorisation of the individual by the unit to the Record Office alongwith Part II Order no longer exists. Similarly, AFMSF-15/ 15A will not be called for from Record Office when the individual become due for re-categorisation. The re-categorisation will be completed based on the unit copy by due date.

1207. The cases which are inordinately delayed for review of medical re-categorisation will be referred to the Regts for initiation of the case to DDMS for condonation of the delay in terms of IHQ of MoD (Army) letter No 76086/DGMS-5(A) dt 11 Feb 2005.

1208. An individual will not be placed in the same low medical category temporarily for more than one year. In case any individual is placed/ continued in the same low medical category for more than one year, the matter will be referred to the ADMS/ DDMS of the Area/ Division/ Corps concerned by the Record Office giving the following information:-

- (a) Particulars of the individual (Army No, Rank and Name).
- (b) Date of last review.
- (c) Name of hospital where re-categorisation medical board was held.

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- (d) Diagnosis (if possible).
- (e) Date of initial medical board where the individual was downgraded to lower medical category (state medical category SHAPE-2 or SHAPE-3).
- (f) Name of the hospital where the subsequent medical board was held.
- (g) Date on which the individual is due for next medical board.

**Action/ Disposal of Permanent Low Medical Category Personnel**

1209. The discharge of personnel placed in permanent low medical category will be carried out in accordance with IHQ of MoD (Army) letter No B/10122/ LMC/MP-3 (PBOR) dt 15 Mar 2000. However, general policy and procedure with regard to disposal of permanent low medical category personnel is given in the succeeding Paras.

1210. The employment of permanent low medical category personnel at all times is subject to the availability of suitable alternative appointments commensurate with their medical category and also to the provision that this can be justified in the public interest and that their retention will not exceed the sanctioned strength of the Regiment. When such an appointment is not available or when their retention is either not considered necessary in the interest of the service or it exceeds the sanctioned strength of the Regiment/ Corps, sheltered appointment will be formally withdrawn with effect from the date of approval for discharge by the competent auth. Discharge of the individual will be carried out within six months of the date of approval.

**Auth:-** IHQ of MoD (Army) letter No B/10122/LMC/MP3 (PBOR) dt 15 Mar 2000, B/10201/Vol-VI/MP-3 (PBOR) dt 30 Sep 2010, 76086/Re-CI/Policy/DGMS-5A dt 22 Nov 2017 and A/60091/LMC/Inf-6 (Pers) dt 27 Jul 2018.

1211. Ordinarily, permanent low medical category personnel will be retained till completion of 15 years of service in the case of JCOs and 10 years of OR (including NCOs). However, such personnel may continue to be retained in service beyond the above period until they become due for discharge in the normal manner subject to their willingness and the fulfillment of the stipulations laid down in the preceeding Paras.

1212. All personnel retained in service, will, under all circumstances, be discharged on completion of their engagement period/ retirement service limits. For this purpose NCOs and JCOs will be treated as under:-

- (a) NCOs will be discharged on completion on the retiring service limits appropriate to their ranks as opposed to the extended limits laid down in AO 13/77. However, their retention beyond the contractual period of engagement will be regulated under the provisions of Paras 144 to 146 of Regulation for the Army (Revised Edition) 1987.
- (b) JCOs will be discharged on completion of the normal retiring service limits as opposed to the extended service limits laid down in AO 13/77.

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1213. As soon as a JCO and OR is placed in permanent medical category other than SHAPE-1 or transferred from one permanent low medical category to another, the following action will be taken by unit/ formations:-

- (a) Publish the occurrence in POR/ Part II Order.
- (b) Simultaneously submit willingness/ unwillingness of the individual, separately, to continue service and recommendations of OC unit regarding his retention against sheltered appointment/ withdrawal of sheltered appointment to Record Office on the form given at **Appendix AAH and AAJ** of ROI for approval of Head of Arms/ Officer-in-Charge Records. Instructions contained in Integrated HQ of MoD (Army) letter No B/10122/LMC/MP3 (PBOR) dt 15 Mar 2000 will be complied with.

1214. On receipt of the above documents, Record Office will obtain approval of Officer-in-Charge Records and publish Record Office Part II Order for retention of the individual in service against suitable sheltered appointment.

1215. Issue of instructions for discharge in respect of those who cannot be provided sheltered appointment. In such cases Record Office will forward all the relevant medical documents of the individual held with Sheet Roll to Unit/ Formation concerned for arranging Release Medical Board after obtaining approval of Head of Arms in case of Battle Casualty.

1216. After issue of release orders by Record Office in respect of permanent low medical category personnel, their medical category will not be raised at the time of release medical board.

1217. Whenever permanent low medical category personnel are being referred to hospital for Release Medical Board, OsC/COs unit should invariably bring the following facts to the notice of hospital authorities concerned:-

- (a) They will not be recommended for sick leave.
- (b) Their low medical category is not to be upgraded.

1218. There is no objection to permanent low medical category personnel being referred to hospital authorities for upgradation of their permanent low medical category in the normal manner. This should however, not be done after release orders of such personnel have been issued by Record Office

1219. Immediately on receipt of instructions regarding discharge from Record Office, the following action will be taken by unit/ formation:-

- (a) Individual will not be dispatched on annual leave/ course/ temporary duty.

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(b) Individual will be served with Show Cause Notice (under the signature of OC Unit) to show cause, if any against his contemplated discharge. Facts brought out by the individual in his reply to show cause notice will be considered and when it is finally decided that he is to be discharged, will be referred to Military Hospital for release medical board. The show cause notice and reply of the individual thereto will be attached to IAFY-1948A of the individual concerned and sent to Record The Madras Regiment alongwith other release documents.

(c) Discharge will be sanctioned by the Commanding Officer on IAFY-1948A/ AFMSF-15 under the Army Rule 13 (2) as under:-

“Being placed in permanent low medical category lower than SHAPE-1 and no suitable alternative employment could be found”.

(d) While referring the case to Military Hospital, it will be specifically brought to their notice that the individual has been sent for release medical board and not for normal medical examination. Military Hospital will also be apprised of the necessity of holding speedy release medical board in accordance with Integrated HQ of MoD (Army) letter No 08298/DGMS-5A dt 06 Oct 89 and the matter pursued vigorously till the release medical board proceedings are received duly completed and approved by the competent medical Auth.

(e) **Despatch the Individuals to The Madras Regimental Centre (Depot Coy) for carrying out Discharge.** The Release Medical Board papers/ Proceedings, Show Cause Notice, reply to Show Cause Notice and all other service/ discharge documents will be sent to Record The Madras Regiment by fastest means to reach there before arrival of the individual at Depot Coy, The Madras Regimental Centre.

1220. It has been clarified by Integrated HQ after obtaining the considered view of JAG Department and AG/ Org 1 (Pers) that the holding of release medical board in respect of personnel who have refused to accept Show Cause Notice or sign the release medical board/ discharge papers in absentia in special circumstances is legal, binding and in order. The release medical board will be carried out well in time, even if the affected individuals refuse to co-operate and undergo the release medical board by refusing to sign the relevant documents. The following precaution and action will be ensured:-

(a) Special and specific mention to convey that release medical board has been held in absentia, is prominently brought out on all the relevant documents.

(b) A certificate from the unit Commanding Officer is attached to convey that the individual has refused to receive the Show Cause Notice issued to him alongwith the supporting signature of two witnesses from the unit of the individual only if his unit is located locally near that hospital, but in the event of his unit being located outside that area, the same may be completed with the signatures of any two witnesses from any other local unit/ local Station HQ in support of such a statement.

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(c) Commanding Officer/ Commandant of the concerned hospital will issue a separate certificate giving the brief details or the special and compelling circumstances which justify and necessitate the holding of release medical board, assessment of disability percentage and various documentation in this regard, to be conducted, in absentia. This will, also be attested by two officers from the affected individual's unit, in addition.

(d) Release medical board is carried out as per the instructions and guidelines contained in AO 3/89 as far as feasible.

1221. **Low Medical Cat while in Service.** Wef 01 Jan 2006, Low Med Cat pers, who retire from service voluntarily or seek disch from service at own request have also been made eligible for any award on account of disability, provided they have been retained in service despite disability which is found attributable or aggravated by mil service and have foregone lumpsum compensation in lieu of that disability.

**Auth:-** IHQ of MoD (Army) letter No B/40502/Appeals/2009/AG/PS-4 (Imp-II) dt 14 May 2010.

1222. Personnel belonging to units/ formations located in operational area, will, in future, be sent by hospital on discharge to their respective unit/ formation. The employment restrictions recommended by the medical board at the time of discharge of an individual from the hospital, will be taken into account by the Commanding Officer of Battalion while considering the question of suitably employing them. If Commanding Officer of Battalion feels that it is not feasible to employ the individual in a way with the restriction imposed by the medical board would be satisfied, the individual could be sent to The Madras Regiment Centre (Depot Coy).

**Auth:-** AO 46/80.

**Employment of Battle Casualties Permanently Disabled**

1223. References AO 3/2001.

1224. Battle casualties who have been disabled but based on medical opinion can work in sheltered appointments and are volunteers to serve, will be given all assistance to continue in service. Suitable appointments will be identified for such battle casualties in respective Battalions. On the move of the units to field/ hard area, the turnover of such personnel when so warranted may be done under unit arrangements. Such battle casualties meriting extension of tenure in a particular station/ appointment beyond 10 years will be projected with suitable recommendations of Head of Arms to the AG's Branch for approval.

1225. Cases for inter Arms transfer will be projected to Integrated HQ of MoD (Army) for sanction in exceptional circumstances duly supported by a statement of case, through staff channel. Seniority of such battle casualties transferred to other Arms and Services will be regulated as per the existing rules and regulations.

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**Auth:-** IHQ of MoD (Army) letter No 74113/Policy/Inf-6 (Pers) dt 21 Jun 89.

**Retention/ Disposal of JCOs/ OR Suffering from Pulmonary Tuberculosis/ Leprosy**

1226. JCOs/ OR suffering from Pulmonary Tuberculosis/ Leprosy will be given 12 months free sanatorium treatment with full pay and allowances by the hospital authorised to treat them, provided such treatment is within their colour or already extended colour service. Before expiry of said 12 months period or colour/ extended colour service, the individual will be brought before a medical board. The individual will then be disposed off as under:-

- (a) If he is not found fit for retention in service, he will be invalided out of service from the date of completion of the entitled period of 12 months treatment or from the date he completes his colour/ extended colour service whichever occurs earlier.
- (b) If he is found fit and is eligible for retention in service, he will be returned to his unit in medical category SHAPE-3 temporary for employment against sheltered appointment for an initial period of 12 months .

1227. JCOs/OR, placed in temporary low medical category within the period of 12 months sanatorium treatment, will be given sheltered appointment for an initial period of 12 months. Such individuals will be reviewed by the medical board well before due date as their retention in service beyond 12 months sheltered appointment is irregular unless their medical category is upgraded. To avoid objection from audit authorities, while directing the individual to nearest military hospital, factors like availability of radiological/ laboratory facilities and the likely hospitalisation period to be taken for review, will be kept in mind. Based on the findings of the review medical board, the individual will be disposed off as under:-

- (a) If the medical board does not upgrade his medical category, he will be invalided out before expiry of 12 months period of sheltered appointment. No procedural delay in the finalisation of invaliding medical board is accepted in audit.
- (b) If however, his category is upgraded, he will continue to be retained in service against a sheltered appointment.

1228. If a relapse of the disease or down gradation of medical category occurs at any time during the initial period of 12 months of sheltered appointment, he will be invalided out before expiry of 12 months period. If relapse or down gradation of medical category occurs subsequently at any time from the date, he first resumed duty (within the five years period of observation), he will be invalided out immediately. No sick leave will be admissible in such cases.

1229. On expiry of five years service in a sheltered appointment, the individual will be governed by the normal terms and conditions of service.

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1230. Lepromatous cases of leprosy will be invalided out of service immediately on confirmation of the disease by the medical board. They will, however, be required to be discharged from hospital only after they become non effective subject to a maximum of 24 months treatment or till medical/ surgical finality is reached, whichever is earlier.

1231. Units/ Formations will ensure that the occurrences of admission to hospital and ultimate transfer to TB Hospital in respect of their personnel are notified without delay in their Part II Orders.

1232. Recruits who are suffering from TB/ Leprosy will be invalided out of service. They may however, be afforded free treatment for a maximum period of six months.

1233. On receipt of intimation, regarding hospitalisation of an individual on account of TUBERCULOSIS/ LEPROSY, Record Office will ensure that confirmatory medical board is held within 60 days. On receipt of confirmatory medical board proceedings, they will initiate case of grant of PEA (Pending Enquiry Award) and inform hospital concerned when it is sanctioned by Principal Controller of Defence Accounts (Pension), Allahabad for information of individual concerned. In case the individual is subsequently absorbed against sheltered appointment in category 'SHAPE-3' the PEA (Pending Enquiry Award) sanctioned by Principal Controller of Defence Accounts (Pension), Allahabad will be cancelled. They will ensure that progress of each case is watched closely and unit be advised to take prompt and correct action whenever necessary. Such individual must be either placed in medical category 'SHAPE-3' or invalided out of service within colour/ extended colour service or 12 months period of sanatorium treatment whichever occurs earlier. Cases where the individuals are placed in medical category 'SHAPE-3' and absorbed against sheltered appointment are also required to be watched. They should be either upgraded to medical category 'SHAPE-2/ SHAPE-1' or invalided out of service within the period of the service limit/ before expiry of the period of their 12 months sheltered appointment. If a relapse of the disease or down gradation in medical category occurs, he should be immediately invalided out of service.

1234. After confirmatory medical board, units/ formations will publish the personal occurrence for posting of individual on supernumerary strength to Depot Coy, The Madras Regt Centre and forward the following documents to them:-

(a) IAFF-958, IAFF-3013, AFMSF-2A and other service documents if held.

(b) 'No Demand Certificate' for use when the individual is discharged from service.

1235. The Madras Regt Centre will take such patients on their supernumerary strength and discharge them (if invalided out of service) wef the due date.

1236. In case where surgical/ medical finality for invalidment is reached earlier, the individual will not be allowed to complete the maximum permissible period of 12 months treatment. He will be invalided out of service immediately.

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1237. An individual who completes his age/ service limit/ terms of engagement during the period of 12 months, sanatorium treatment will be invalidated out of service on the due date. His period of service/ engagement will not be extended beyond that date.

**Note:-**

Cases where the individual(s) complete their colour/ extended colour service after 'Provisional' medical board (i.e. the board which places him in category 'SHAPE-3' for one year), pay and allowances will be admitted till the date of completion of colour service or for 12 months from the date of 'Provisional' Medical Board whichever is earlier.

Cases where colour service had already been extended prior to individual's admission to hospital and such extended colour service date falls within 12 months of the date of 'Provisional' Medical Board, pay and allowances will be admissible only for the extended date of colour service.

Cases where the individual had already been permitted to continue in service for an indefinite period, pay and allowances will be admissible only till the extended date of colour service.

Cases where colour engagement expires before admission to hospital but after the declaration of the emergency and therefore, no formal notification of extension was required (because of the ban on discharge), pay and allowances will be admitted for a period of 12 months from the date of 'Provisional' Medical Board or the period of emergency, (if the emergency expire within 12 months from the date of Provisional Medical Board), whichever is earlier.

1238. In case of NCOs, pay and allowances will not be admitted in any case beyond their service limit.

**Auth:-** Army Orders 150/75 and 36/87.

**Management of JCOs/ OR in LMC for Alcohol Dependence/ Drug Abuse**

1239. Alcohol dependence and drug abuse are incompatible with military service/ ethos and all such cases should be dealt with as per Paras 21 and 22 of AO 3/2001.

1240. In view of the above the following instructions for disposal of alcohol dependence/ drug abuse cases may be strictly adhered to:-

(a) Alcohol dependence/ drug abuse cases will be observed in temporary LMC S3 (T-24) initially, if showing favourable response to treatment.

(b) If during the period of observation, his condition relapses or there is a derogatory AFMSF-10 initiated, he should be invalidated out of service.

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- (c) After six months of observation in LMC S3 (T-24), if AFMSF-10 is complimentary and patient on adequate observation in hospital shows signs abstinence (there should not be any symptom/ sign of withdrawal when no alcohol/ drug are allowed to be used in psychiatric ward), then patient should be upgraded to medical category S2 (T-24).
- (d) After six months of observation in S2 (T-24), AFMSF-10 is complimentary and patient shows signs of abstinence, he should be upgraded to S-1.
- (e) During this period of observation in S2 (T-24), if CO of patient refers him to psychiatrist with adverse remarks and patient shows signs of relapse, then also he should be invalidated out.
- (f) If after upgradation to S-1, the patient shows any time any sign of relapse and referred by CO/ MO to psychiatrist which adverse remarks in AFMSF-10, then also the patient should be invalidated out of service.

**Relinquishment of Acting Ranks**

1241. Patients holding acting rank/ appointment will relinquish the same under the provisions of Para 2 of Army Instruction 84/68.

**SPECIAL INSTRUCTIONS FOR MEDICAL BOARDS/ AMAs**  
**REGARDING CATEGORISATION OF JCOs/ OR**

1242. The medical category of an individual can be downgraded only by a duly constituted medical board. However, in the case of individual placed in temporary low medical category, upgradation of category or continuation of award of existing temporary low medical category either on a temporary or a permanent basis can be done by the officer-in-charge (Med) of troops (AMA) on the basis of opinion of concerned specialist.

1243. 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 six months. If at the end of six months, his category remains unchanged, that category should be awarded to him on a permanent basis. However, he can be reviewed periodically by the concerned specialist if required. In exceptional case and where the specialist feels that the medical category of the individual is likely to be upgraded after one year, the period of temporary medical category may be extended to one year.

1244. Persons placed in temporary low medical categories will be referred to concerned specialist by AMA on expiry of the period for which temporary category was awarded. Persons placed in permanent low medical categories will appear before medical boards every two years for review/ re-categorisation, However, if the AMA considers at any time that the existing permanent low medical category of an individual needs further down gradation, he will arrange to bring him before a medical board immediately, irrespective of the time completed by the individual in the existing medical category.

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1245. Records of medical categorisation of personnel will be completed on form AFMSF-15/15A in duplicate by medical board/ AMA. The board proceedings will be perused by OC hospital/ SEMO. One copy of this form will be sent to the individual's unit and the other copy to his Record Office, by the auth examining/ categorising the individual.

1246. When a JCOs/ OR, who is in permanent low medical category '2' or '3' in any SHAPE factor, reports to hospital or medical board, consequent to issue of orders for this discharge/ release from service, in accordance with the prescribed policy, the medical board will ensure that the individual is examined for release purpose only and his existing medical category is not changed.

1247. In cases of temporary low medical category personnel reporting for release medical board/ medical examination consequent to issue of release order, if his clinical condition is stable and the disease has regressed/ recovered completely, such cases should be considered for upgradation. In case the individual cannot be upgraded, he will be placed in appropriate permanent Low Medical Category and released in the same category.

1248. While placing a JCOs/ OR in a low medical category, the medical board will ensure compliance with following requirements:-

(a) They must clearly state in the board proceedings whether or not the disease/ disability of the individual is attributable to service. They will also bring out aggravation, if any. In formulating opinion about attributability or non-attributability, all medical officers comprising the medical boards and the approving/ perusing authorities must follow the guidelines given by the Government in the publication "GUIDE TO MEDICAL OFFICERS MILITARY PENSIONS" 1980.

**Note:-** Details of any disability or defects of locomotion will be invariably recorded in the Health Record Card for reference in case of future pension claims. This record is of utmost importance both to the individual and the State.

(b) They must record in clear and precise terms, their recommendations, in Part II of AFMSF-15, regarding restrictions to be observed in the employment of the individual owing to his disease/ disability for the guidance of Commanding Officer unit. The employment restrictions will also be entered in Health Record Card of the individual by the Medical Officer who has handled the case.

1249 to 1257 Blank.

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**Appendix AAG**

(Refers to Para 1205 (a) of ROI)

**PHYSICAL STANDARDS FOR CATEGORISATION OF SERVING JCOs/OR**

1. Serving JCOs/OR will be placed in five categories of 'SHAPE' profile denoted by numerical 1,2,3,4 and 5 depicting their physical fitness/functional capacity in descending order. Detailed standards/requirements for each medical category are given in the succeeding Paragraphs.

2. **Category '1'**. An individual, who is fit in all respect for general service in any area/ theatre of war, will be placed in medical category '1', even though he may have some minor (remediable) disability. When a JCOs/ OR does not come up to the standards laid down for category '1', he will have to be placed in an appropriate lower medical category. To determine the exact category applicable to the individual, his physical fitness will be assessed by testing his functional capacity under five factors as shown below:-

(a) **Psychological (S1)**. Can withstand severe mental stress, may have recovered from a psychological condition with no likelihood of further break down. The disposal of alcohol dependence/ drug abuse cases will be done as per Part IV (b) AO 3/2001.

(b) **Hearing (H1)**. Has an excellent hearing in both ears viz with back to the examiner can hear forced whisper at the distance of 6 meters with each ear separately.

(c) **Appendages (A1)**. Has full functional capacity, though may be having minor impairments like the following:-

(i) Loss of terminal phalanx of anyone of 5<sup>th</sup>, 4<sup>th</sup> or 3<sup>rd</sup> fingers.

(ii) Loss of terminal phalanges of 3<sup>rd</sup> and 4<sup>th</sup> fingers of left hand in a right handed person provided he has a good grip in the left hand also.

(d) **Physical (P1)**. Has full functional capacity and physical stamina but may have minor impairments.

(e) **Eye Sight (E1)**. Good eye sight. May have corrected vision with conventional spectacles (Myopia or manifest hypermetropia not exceed to 7 diopters).

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**Appendix AAG (Contd)**

<b><u>Better Eye</u></b>		<b><u>Worse Eye</u></b>
(i) 6/6	OR	6/36
(ii) 6/9	OR	6/24
(iii) 6/12		6/12

3. When an individual is placed in different low medical categories for different disability factors, each category, indicating the period, will be recorded separately. The composite medical category of such an individual will be lowest category awarded.

4. **Category '2'**. An individual will be placed in medical category '2', who has only a moderate degree of disability, which does not interfere with the performance of normal work and whose functional capacity, assessed under the five factors defined in Para 1 above conforms to the standard given in column 1 of the table given below. The employability restrictions applicable to personnel in this category, depending on the nature of their disability are shown in column 2 of the table.

<b><u>Functional Capacity</u></b>	<b><u>Employability Restrictions</u></b>
(a) <b><u>Psychological (S2)</u></b> . Can withstand moderate stress. Have mild psychological disturbances of temporary nature. Likelihood of break down under severe mental stress can not be ruled out.	Fit for normal duties anywhere including overseas except for actual/close combat. May have restrictions for the following:-
(b) <b><u>Hearing (H 2)</u></b> . With his back to the examiner can hear conversational voice at a distance of 6 mtrs with one ear and three meters with the other (The ear not being tested should be closed by an assistant).	(a) Duties involving independent posts at isolated location (Applicable only to (a) under coln 1).  (b) Patrol/ sentry duties which demand keen hearing acuity of both ears. (Applicable only to (b) under coln 1).
(c) <b><u>Appendages (A2)</u></b> .  (i) <b><u>Upper Limb (A2U)</u></b> . Has slight defects of upper limbs but these in no way incapacitate him from making normal movements of daily work.	(c) Not fit for duties at altitude above 2500 meters and extreme cold areas (Applicable to (a), (c), (i) and (d) of coln 1).
(ii) <b><u>Lower Limb (A2L)</u></b> . Has slight defects of locomotion but these do not incapacitate him from normal movements of daily work.	

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**Appendix AAG (Contd)**

<b>Functional Capacity</b>	<b>Employability Restrictions</b>
(d) <b><u>Physical Capacity (P2)</u></b> : Has only mild degree of disability which does not interfere with the performance of normal work. Suffered from constitutional/ metabolic/ in-fective diseases/ operative procedures, but now well stabilised. Can undergo exertion not involving severe strain.	(d) Not fit for duties at hilly terrain altitude above 2500 meters and extreme cold areas (Applicable to (a), (c) (ii) and (d) of column 1).
(e) <b><u>Eye Slight (E2)</u></b> . Can see for ordinary purposes in the fighting area (sub shooting std) but may be called upon to fight under exceptional circumstances. Visual standards are as given below :  (i) LE=6/36 and RE=6/12 OR (ii) 6/18 each eye	No Restriction

**Note** : These visual standards are applicable to Right handed persons and should be reversed in Left handed person.

**One eyed person**: Those with normal vision in Right eye without correction.

(f) **Aphakia**. Unilateral with correction 6/12 or better, other eye 6/9 or better with correction medical category '2'.

**Note** : In addition to normal classification in medical category '2', Specialists, Technicians, regular, reservists and specially enlisted men who are required for definite duties may be acceptable in this category provided the MO considers them capable of performing the duties for which they are required, e.g. a man might be acceptable in medical category '2' provided he could see for ordinary purposes and only had a moderate degree of disability for defects of locomotion.

5. **Category '3'**. Personnel, whose defects/ disabilities are of a higher degree than those acceptable for category '2', as in the preceding Para, but who are considered fit for duties in Unit/ Formations located in LOC areas and Unit/ Formation HQ in Operational Areas (provided such duties do not involve severe stress and strain) will be placed in category '3'. Such personnel must possess functional capacity under the five factors mentioned in Para 1 above, according to the standards given in column 1 of the table given below. The corresponding employability restrictions are given in column 2 of the table:-

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**Appendix AAG (Contd)**

<b>Functional capacity</b>	<b>Employability Restrictions</b>
<b>1</b>	<b>2</b>
(a) <b><u>Psychological (S3)</u></b> . Has limited tolerance to stress. Has recently recovered from acute where psychoneurosis and toxic confessional states and Not fit acute psychotic reaction of temporary nature as 2500 meters. A result of external cause unrelated to alcohol or involving independent drug addiction	Fit for routine duties (except sentry duties) under supervision in areas hospital facilities exist nearby. For duties at altitude above 2500 meter. Not fit for duties. Responsible task, (eg I/C Kote, drawing money from bank and independent command).

**Note:** JCOs/ OR can be placed in category A'3' on a temporary basis for a maximum period of one year only. He cannot be placed in category S'3' (Permanent). If at the end of one year of S '3' temporary, an individual's medical category cannot be upgraded, he will be downgraded to medical category S'5' and invalidated out.

(b) <b><u>Hearing (H3)</u></b> . Is partially deaf in both the ears viz with his back to examiner, can hear a conversational voice at a distance of 3 meters with both ears.	Fit for routine duties anywhere not requiring good hearing standards. Not fit for guard/ sentry duties.
(c) <b><u>Appendages (A3)</u></b> .  (i) <b><u>Upper Limb (A3U)</u></b> . Has major disability or disease in one area like complete loss of one hand including fingers or amputation through wrist or through metacarpal or a disease/ disability of shoulder on one side.	Not fit for combat duties but fit for routine duties anywhere except in extreme cold climates.
(ii) <b><u>Lower Limb (A3L)</u></b> . Has a disease or disability above knee on one side, including pelvic girdle. Should be able to walk upto 5 km at his own pace.	Fit for sentry duties only. Not fit for duties at hilly terrain and extreme cold climates.

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Functional capacity	Employability Restrictions
1	2
<p>(a) <b><u>Physical Capacity (P3)</u></b>. Has moderate Fit for sedentary duties in areas where disablement with limited physical capacity and hospitals with appropriate specialist stamina, can undergo exertion not involving facilities is available nearby. May severe strain, have restrictions in employability in hilly terrain and in extreme cold climates.</p>	<p>Fit for sedentary duties in areas where hospitals with appropriate specialist facilities are available nearby. May have restrictions in employability in hilly terrain and in extreme cold climates.</p>
<p>(e) <b><u>Eyesight (E3)</u></b>. Can see for ordinary purposes. Corrected vision with conventional spectacles or contact lenses.</p> <p>(i) <b><u>LE</u></b> <b><u>RE</u></b> 6/12 6/36</p> <p><b><u>OR</u></b></p> <p>(ii) 6/24 each eye</p>	<p>Fit for garrison duties in India. Fit for duties not requiring good visual acuity.</p> <p>-do-</p>
<p>(f) <b><u>One Eyed Personnel</u></b></p> <p>(i) Those with normal vision in left eye without correction.</p> <p>(ii) Those with corrected vision in Right or Left eye upto 6/12 or better.</p>	

6. **Category 4.** An individual who is under medical care in hospital or on sick leave, pending his final categorisation and disposal (i.e. a person who is temporarily unfit for service) will be placed in category '4'.

7. **Category 5.** Person who is considered permanently unfit for further military service under any of the SHAPE factor will be placed in medical category '5':-

**S5 -** Mentally unable on account of Psychological/ Psychiatric Disorders/ Psychopathic personality.

**H5** - Hearing acuity below E3 stds.

**A5** - Severe derangement of functional efficiency.

**P5** - Gross limitation in physical capacity and stamina.

**E5** - Visual acuity below E 3 grade, Bilateral aphakia.

**Note:** Some terminologies used in the above schedule are amplified below:-

(a) **"Hilly Terrain"**. Denotes such areas where a person has to climb up and down the heights, which is likely to aggravate or put to difficulty persons with cardiac, respiratory, arthritic or such disabilities.

(b) **"Extreme Cold Climate"**. Where temp, remains below 7 degrees for 6 months or more.

(c) **"Cold Climate"**. Climate like that prevailing in Punjab or other areas in Western Command, where an individual in category '2' or '3' should normally be able to work.

8. The following should be taken as a guide for medical categorisation of individual for disability caused by loss of teeth which will be categorised under 'P' factor:-

'1' - When efficient mastication of food is possible.

'2' - When partial mastication of food is possible.

'3' - When no mastication of food is possible.

'4' - When patient is undergoing treatment of fractured jaws while the jaws are immobilised.

**Note:** Presence of well fitting dentures will be taken into account while assessing the effectiveness of the mastication apparatus.

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**Appendix AAH**

(Refer to Para 1213 (b) of ROI)

**INVALIDMENT OF PERMANENT LOW MEDICAL CATEGORY (BATTLE CASUALTIES WILLING TO CONTINUE IN SERVICE – BY OC UNIT (PART I))**

1. No, Rank and Name of individual :
2. Unit/ Div/ Comd :
3. Dependent MH :
4. Dates of:-
  - (a) Enrolment :
  - (b) Promotion to present rank :
  - (c) Pension :
  - (d) Superannuation :
  - (e) Downgradation of med cat :
5. Med cat and brief nature of disability :
6. Brief circumstance under which injury occurred including general area of operations \_\_\_\_\_
7. Whether certificate for willingness to continue in service attached.
8. Whether sheltered appointment available or not :
9. Whether implications of pensionary/AGI benefits explained to the individual. :
10. No of permanent LMC held in the unit:-

		Nos	% of Holding Strength
(a)	BC	-	_____
(b)	Non BC	-	_____
(c)	Total	-	_____

Date :

(Signature of Commanding Officer)

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**Appendix AAH (Contd)**

**PART II-COMMENTS/ RECOMMENDATIONS OF  
OIC RECORDS**

1. No of Permt LMC held in the Corps/ Regiment:-

	Nos		% of Holding Strength
(a) BC	-	_____	_____
(b) Non BC	-	_____	_____
(c) Total	-	_____	_____

2. Sheltered appointment is available/ not available in the Corps/ Regt.
3. Recommended / Not recommended for invalidment.

Date : (Signature of OIC Records)

**PART III-DECISION OF HEAD OF ARM/ SERVICE**

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**Appendix AAJ**

(Refers to Para 1213 (b) of ROI)

**WILLINGNESS/ UNWILLINGNESS CERTIFICATE**

I, No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
Unit having been placed in permanent low medical category \_\_\_\_\_  
am willing/ unwilling to continue in service for so long army services are required.

Station:

(Signature of the individual)

Dated :

**RECOMMENDATION OF OC UNIT**

The above mentioned individual is recommended/ not recommended for retention in public interest. Certified that the individual has been/ has not been provided with sheltered employment suitable to his low medical category.

Station:

(Signature of OC unit)

Dated :

**CERTIFICATE FROM OIC RECORDS**

Certified that the continued retention of the above mentioned individual is in public interest considering the overall manpower position of his trade/ category in the Regiment as a whole wef \_\_\_\_\_

Station:

(Signature of OIC Records)

Dated :

**RESTRICTED**