

DISABILITY PENSION IN INDIAN ARMY

[Action Taken by the Government on the Observations and Recommendations of the Committee contained in their 121st Report (17th Lok Sabha)]

MINISTRY OF DEFENCE

PUBLIC ACCOUNTS COMMITTEE
(2025-26)

FORTY SECOND REPORT

EIGHTEENTH LOK SABHA



LOK SABHA SECRETARIAT
NEW DELHI

PAC NO. 2448

F O R T Y S E C O N D R E P O R T

PUBLIC ACCOUNTS COMMITTEE
(2025-26)

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Presented to Lok Sabha on: 1.4.2026

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L O K S A B H A S E C R E T A R I A T
N E W D E L H I

April 2026/ Chaitra1948 (Saka)

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**COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE
(2025-26)**

Shri K. C. Venugopal - Chairperson

MEMBERS
LOK SABHA

2. Shri T. R. Baalu
3. Dr. Nishikant Dubey
4. Shri Jagdambika Pal
5. Shri Jai Parkash
6. Shri Ravi Shankar Prasad
7. Dr. C. M. Ramesh
8. Shri Magunta Sreenivasulu Reddy
9. Prof. Sougata Ray
10. Smt. Aparajita Sarangi
11. Dr. Amar Singh
12. Shri Tejasvi Surya
13. Shri Anurag Singh Thakur
14. Shri Balashowry Vallabhaneni
15. Shri Dharmendra Yadav

RAJYA SABHA

16. Shri Ashokrao Shankarrao Chavan
17. Shri Shaktisinh Gohil
18. Dr. K. Laxman
19. Shri Praful Patel
20. Shri Sukhendu Sekhar Ray
21. Shri Tiruchi Siva
22. Dr. Sudhanshu Trivedi

Secretariat

1. Smt. Mamta Kemwal - Joint Secretary
2. Smt. Archna Pathania - Director
2. Shri Alok Mani Tripathi - Deputy Secretary
3. Shri Vijay Mishra - Executive Officer

INTRODUCTION

I, the Chairperson, Public Accounts Committee (2025-26) having been authorised by the Committee, do present this Forty-second Report (Eighteenth Lok Sabha) on Action Taken by the Government on the Observations/Recommendations of the Public Accounts Committee contained in their One Hundred and Twenty First Report (Seventeenth Lok Sabha) on 'Disability Pension in Indian Army' relating to Ministry of Defence.

2. The One Hundred and Twenty First Report was presented to Lok Sabha/laid in Rajya Sabha on 08.02.2024. Replies of the Government to all the Observations/Recommendations contained in the Report were received. The Committee on Public Accounts considered and adopted the draft Report at their Sitting held on 27.03.2026. Minutes of the Sitting are given at Appendix I.

3. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in **bold** in the body of the Report.

4. The Committee also place on record their appreciation of the assistance rendered to them in the matter by the Committee Secretariat and the Office of the Comptroller and Auditor General of India.

5. An analysis of the action taken by the Government on the Observations/Recommendations contained in the 121st Report (17th Lok Sabha) is given at Appendix-II

NEW DELHI
27 March, 2026
06 Chaitra, 1948 (Saka)

K. C. VENUGOPAL
Chairperson,
Public Accounts Committee

CHAPTER – I

REPORT

This Report of the Public Accounts Committee deals with the action taken by the Government on the Observations/Recommendations of the Committee contained in their One Hundred and Twenty First Report (17th Lok Sabha) on "**Disability Pension in Indian Army**" based on Para 2.3 of C&AG Report No. 6 of 2023, pertaining to Ministry of Defence.

2. The One Hundred and Twenty First Report was presented to Lok Sabha and laid in Rajya Sabha on 08th February, 2024. The Report contained four Observations/Recommendations. Action Taken Notes on all the Observations/Recommendations have been received from the Ministry of Defence and are categorized as under:

i. Observations/Recommendations which have been accepted by the Government:

Para Nos. 1, 2, 3, and 4

**Total: 04
Chapter – II**

ii. Observations/Recommendations which the Committee do not desire to pursue in view of the replies received from the Government:

NIL

**Total: 0
Chapter – III**

iii. Observations/Recommendations in respect of which replies of the Government have not been accepted by the Committee and which require reiteration:

NIL

**Total: 0
Chapter – IV**

iv. Observations/Recommendations in respect of which Government have furnished interim replies/no replies:

NIL

**Total: 0
Chapter –V**

3. The Action Taken Notes furnished by the Ministry of Defence on the Observations/Recommendations of the Committee contained in their One Hundred and Twenty First Report (Seventeenth Lok Sabha) have been reproduced in the relevant chapters of this Report. In the succeeding paragraphs, the Committee have dealt with the Action Taken by the Government on some of their Observations/Recommendations which either need reiteration or merit comments.

4. The Committee desire the Ministry of Defence to furnish Action Taken Notes in respect of Observations/Recommendations contained in Chapter I within three months of the presentation of the Report to the Parliament.

Observation/Recommendation No.2

5. The Committee in their original Report No. 121 (17thL.S) had recommended as under:-

“ The Committee note that the officers retiring with disability to the total retirees ranged between 36 per cent and 40 per cent whereas disability pension in case of PBORs ranged between 15 per cent and 18 per cent during the same period. The Committee note from the reply of the Ministry that the average age of retirement of an officer is 54 years that of PBOR is 35 years (37- 45 yrs) and most of the disabilities encountered during retirement have their onset in later years of life including Hypertension, Diabetes, Coronary Artery Disease (CAD) etc., as these are constitutional disorders which occur with called periodic Medical examination (PME) is conducted only after 35 years of age for all ranks. Since most soldiers retire around this age, the detection of medical ailments in 40s and 50s is higher in officers. Further analysis of disability data as furnished by the PCDA (P) revealed that 21.69 per cent and 13 cent disability pension out of all disability pensions were granted to Offices and PBORs respectively, exclusively on the ground of lifestyle diseases viz. Primary Hypertension and Diabetes mellitus (DM-II). The Committee note from the reply of the Ministry that as per the Fifth National Family Health Survey the prevalence of hypertension in India is 28.1% that of Diabetes Mellitus is 16.1, however, in the Armed Forces, prevalence of hypertension and diabetes, according to the data from Indian Navy, is 3.25% and 2.14% and in Indian Air Force is 5% and 3.38%. The Committee, however, are of the view that 40 % officers retiring with disability and one fifth of these being on the ground of lifestyle diseases does not speak well for the armed forces

where physical fitness is a mandatory requirement. The committee desire to be apprised of the percentage of prevalence of hypertension and diabetes in Indian Army personnel and the remedial measures suggested by the Army Medical Corps for checking these life style diseases in order to bring them to the minimum. Further, the Committee desire that a root cause analysis be undertaken to remedy this situation.”

Action taken

6. The Ministry of Defence in their Action Taken reply stated as under:-

“ DGMS (Army)

1. Prevalence of Hypertension and Diabetes Mellitus Type-II in JCOs & OR calculated on the basis of data received from Record Offices of Arms and Services of Indian Army upto 31 Dec 2023 is as under :-

Ser No	Disability	% Prevalence in Indian Army	% Prevalence in India as per national Family Health survey-5 (NFHS-5)
(i)	Hypertension	9.61%	18.3%
(ii)	Diabetes mellitus	2.78%	4.9%

2. The data depicted above indicates that the prevalence of both Hypertension and Diabetes mellitus is nearly half of the prevalence in rest of the country. These rates are a result of constant health promotion and activities, advisories and policies focusing on prevention and control of Life Style Diseases. The following measures have been instituted for prevention and control of life style diseases:-

(a) Observance of Health Days. Health days are observed to raise awareness and understanding about life style disease amongst serving pers and mobilize support for action from local administrative measures. List of important Health Days observed every year for promotion of health and prevention of life style diseases are as under :-

- (i) World obesity Day
- (ii) World heart Day
- (iii) International yoga Day
- (iv) world Hypertension Day
- (v) World Cancer Day

(vi) World Health Day

(vii) World Diabetes Day

(b) **Information, Education and Communication (IEC) Activities by SHOs/DADH/SEMO/SMO.** Regular IEC activities are conducted round the year by OC SHO, DADsH, Medical officers & Specialist Officers from Field Hospitals and Military Hospitals in their respective AOR regarding prevention and control of these health issues.

3. Directions have been issued to implement provisions of DGAFMS memoranda on the subjects of Essential Hypertension, Diabetes Mellitus and other life style disease like Cancer and Heart Diseases. Also policy letters have been issued for prevention and control of Obesity in Indian Army.

4. The number of officers discharged from service (Superannuation / PMR/ Release/ Invalidment) with disability between 01 Jan 2021 to 31 Dec 2023 are as under :-

(a) AMC (MO)	-	374
(b) AMC (NT)	-	36
(c) AD Corps	-	26
(d) MNS	-	224

DGMS (Navy)

5. Prevalence of Hypertension and Diabetes in Indian Navy personnel is as follows :-

Ser No	Diagnosis	No of officers in LMC	Prevalence (per 100 officers)	No of sailors in LMC	Prevalence (Per 100 sailors)
(a)	Hypertension	384	3.25%	999	1/32%
(b)	Diabetes	252	2.14%	466	0.61%

6. LMC data in r/o officers of Indian Navy (Branchwise) is as follows :-

Ser No	Branch	Hypertension		Diabetes		Obesity		Dyslipidemia	
		Number	Prevalence	Number	prevalence	Number	prevalence	Number	prevalence
(a)	Executive	188	3.07%	154	2.50%	105	1.70%	94	1.53%
(b)	Technical	173	3.74%	84	1.80%	102	2.20%	73	1.57%
(c)	Medical	23	2.03%	14	1.60%	05	0.50%	07	0.83%

DGMS (Air)

7. Present percentage of the cases of hypertension & diabetes Mellitus amongst Air Force personnel is as follows :-

- (a) Hypertension - 4.05%
- (b) Diabetes Mellitus - 2.85%

8. In view of increasing prevalence of lifestyle disease in IAF, a detailed programme has been implemented on “Lifestyle Modification and Intervention Programme” to facilitate a multi spectral approach. A comprehensive list of activities for lifestyle modification in stations consists of following :-

- (a) physical Fitness and Exercise Regimen – Regular PT with additional customized physical fitness and exercise regimen based on individual’s health.
- (b) Work place health Corner at Every unit/ Establishment to develop “Work place health Corners” with basic minimum facilities.
- (c) Information, Education and Communication (IEC) for health education and awareness about various lifestyle disease modification and intervention.
- (d) Life style disease clinic – establishment of Life style disease clinic is approved to provide scientific, systemic, tailor made, stepwise physical activity and diet modification advice and strict supervision.
- (e) organization of sports clubs in stations is encouraged for football, volleyball, basketball etc with dedicated captain/ OIC.
- (f) lifestyle and health card for archival of medical record (Preferably IT compatible) for each high risk individual.
- (g) Nutrition and lifestyle modification E-Service – A pan IAF dietician/ nutritionist helpline started at hospitals / establishment with defined mandate.
- (h) Investment in ‘Role Models’ – to enhance motivation and aspire the individuals to achieve desired standards.
- (i) Alternate system of medicine like meditation, yoga, art of living, pranik healing by suitably trained person.
- (j) Rationing of liquor – is discouraged for overweight/ obese and for individuals suffering from lifestyle disease.
- (k) Psychological counselling to address underlying stress and promote motivation to resolve latent factors which contribute to lifestyle disease.

9. Number of officers in IAF with disability, as on 13 Sep 2023, are as under:-

(a) Diabetes Mellitus	-	635
(b) Hypertension	-	718
(c) Obesity	-	244
(d) IHD (Ischemic heart Disease)	-	170

Vetting Comments of Audit

7. Audit in their vetting comments stated as under:-

“ Ministry has not provided percentage of prevalence of Hypertension and Diabetes in officer cadre of Indian Army.

Further, as desired by the Committee, report on root cause analysis may be submitted to them.”

Updated Action taken reply of the Ministry

8. The Ministry of Defence in their updated Action Taken reply stated as under:-

(a) “The prevalence of Hypertension and Diabetes is as depicted below:-

Ser no	Category	Hypertension (Numbers)	Hypertension (%)	DM Type-II (Numbers)	DM Type-II (%)
(i)	AMC	190	3.40%	67	1.20%
(ii)	AMC(NT)	25	7.53%	6	1.81%
(iii)	AD Corps	17	2.53%	7	1.04%
(iv)	MNS	68	1.45%	50	1.07%
	Total	300	2.66%	130	1.15%

(b) The top ten disabilities for which officers in Army were in LMC constituted 71% of total count of disabilities. The list with the % prevalence is as follows :-

Ser NO	Disabilities	% Prevalence	Proportion of all Disabilities (%)
1.	Hypertension	2.66	19.04%
2.	Fractures	1.78	12.67%
3.	Pregnancy	1.68	11.90%
4.	Obesity	1.62	11.54%
5.	Others (Communicable disease,	1.24	8.83%

	connective tissue and auto immune disorders, menstrual disorder, cholelithiasis, hernia		
6.	Diabetes	1.15	8.32%
7.	Sprains	1.07	7.63%
8.	Disease of the Spine	1.01	7.19%
9.	Cardio Vascular Disease	0.74	6.68%
10.	Disease of Thyroid	0.86	6.12%

Root Cause Analysis

- (a) Officers superannuate of a comparatively much higher age (56 years) as compared to PBORs (34-37 years).
- (b) As per latest scientific evidence, Lifestyle Diseases are known to increase with age. Hence, Officers and PBORs, who continue to serve for a longer duration are more prone to develop Lifestyle Disease due to their increasing age.
- (c) Further, Officers and PBORs, who continue to **serve for a longer duration are also exposed to unique stressors of the Military Services** for a much longer duration.
- (d) The life style disease has multifactorial causation thus, to give a root cause analysis with limited accessible data will not be possible. However, the decadal trend in Indian Air Force (IAF), Indian Army (IA) and Indian Navy (IN) is showing increasing trends similar to national data. The lower rates in Armed Forces as compared to national data is suggestive of better work and life style environment focusing on preservation of quality of life.”

Comments of the Committee

9. **The Committee in their original recommendation had expressed concern over the relatively high proportion of officers retiring with disability, particularly noting that lifestyle diseases such as hypertension and diabetes accounted for a significant share of these disabilities. The Committee further sought comprehensive data on the prevalence of these diseases among Indian Army personnel, as well as remedial measures undertaken to mitigate their incidence. The Committee had also requested a root cause analysis to better understand and address the underlying factors.**

In their Action Taken replies, the Ministry provided data reflecting that the prevalence of hypertension and Diabetes Mellitus Type-II among Indian Army officers and personnel is substantially lower than that observed in the general

population, indicating the positive impact of health promotion activities and regular medical monitoring within the Armed Forces. The Ministry also enumerated a wide range of proactive measures including health awareness days, Information, Education, and Communication (IEC) campaigns, lifestyle modification programs, and clinical interventions across all three services aimed at prevention and control of lifestyle diseases.

The Committee note the Ministry's explanation that lifestyle diseases tend to increase with age, and that officers' longer tenure and exposure to military-specific stressors contribute to the observed incidence of these conditions. The Committee also note that a comprehensive root cause analysis is complex due to multifactorial causation.

The Committee further note that the decadal trend in Indian Air Force (IAF), Indian Army (IA) and Indian Navy (IN) is showing increasing trends similar to national data. While acknowledging the Ministry's efforts and the relatively better health profile of Armed Forces personnel compared to the civilian population, the Committee emphasize the need to sustain and strengthen preventive health initiatives, particularly focusing on early detection and intervention among officers who tend to retire at a higher age.

The Committee desire to obtain a comprehensive report from the Ministry on the effectiveness of the remedial measures and any new strategies adopted to reduce the prevalence of lifestyle diseases in the Armed Forces.

Observations/Recommendation No.3

10. The Committee in their original Report No. 121 (17thL.S) had recommended as under:-

"The Committee note that the percentage of Medical officers granted disability pension was significantly higher as compared to other officers in Indian Army. The Committee note from the reply of the Ministry that the Medical officers have irregular working hours, are unable to adopt healthy lifestyles, and, therefore, are relatively more prone to developing lifestyle disorders, Further, by virtue of domain knowledge, they report early and are detected in larger numbers. The ministry has further stated that an analysis of medical officers having higher percentage of disabilities due to lifestyle disorders than other officers needs to be compared realistically as a subset since this composite figure includes officers of

the MNS and non-technical officers. However, preventive steps have been taken and a policy has been promulgated that Release Medical Boards of medical officer will be conducted only in hospitals commanded by a Brigadier and above and also in a different geographical location outside the area of responsibility to eliminate any such perception. The Committee while noting that the figures as pointed out by the Audit are composite, desire to be apprised of the disability data in respect of all categories of officers separately in the Armed Forces along with an analysis of the disease they are suffering from and the average age of the onset of these diseases.”

Action taken

11. The Ministry of Defence in their action taken reply stated as under:-

“Since implementation of SPARSH, all relevant disability data i.e. category, disease name etc. are being captured and available in data base of SPARSH but pensioner age of the onset of that disease is not being captured ; since this detail does not affect the sanction of disability PPO.”

Vetting Comments of Audit

12. Audit in their vetting comments stated as under:-

“The PAC may be apprised about the disability data in respect of all categories of officers along with an analysis of the diseases they were suffering from.”

Updated Action taken reply of the Ministry

13. The Ministry of Defence in their Updated Action taken reply stated as under:-

“All categories of Officers along with an analysis of the diseases they were suffering from is produced below:-

For Army:-

(a) The strength of officers AMC, AMS (NT), AD Corps & MNS are as follows :-

Ser No	Category	Strength	% Strength
1.	AMC	5581	49.49%
2.	AMC(NT)	332	2.94%
3.	AD Corps	673	5.97%
4.	MNS	4690	41.59%
	Total	11276	100%

(b) State of officers in Temporary and Permanent LMC is as under :-

Ser No	Category	Number of officers in LMC (Permanent + Temp)	% Prevalence
1.	AMC	678	12.15%
2.	AMC (NT)	63	18.98%
3.	AD Corps	69	10.25%
4.	MNS	580	12.37%
	Total	1390	12.33%

(c) 190 female officers were in LMC for pregnancy and its related effects which formed 13.66% of all LMC officers. This physiological condition will get upgrade in due time.

(d) It was observed that 4.56% of total strength of officers were in LMC for two or more disabilities.

Ser No	Category	Number of officers in LMC with 02 or more disabilities	% of total strength of officers in LMC for or or more disabilities
1.	AMC	277	4.96%
2.	AMC (NT)	23	6.93%
3.	AD Corps	20	2.97%
4.	MNS	194	4.14%
	Total	514	4.56%

(e) Officers in LMC for two or more disabilities form 36.98% of all officers in LMC.

Ser No	Category	Number of officers in LMC with 02 or more disabilities	Total number of Officers in LMC	Proportion of LMC Officers with 02 or more disabilities viz-a-viz total LMC
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				Officers (%)
1.	AMC	277	678	40.86%
2.	AMC (NT)	23	63	36.51%
3.	AD Corps	20	69	28.99%
4.	MNS	194	580	33.45%
	Total	514	1390	36.98%

(f) The prevalence of Hypertension and Diabetes is as depicted below:-

Ser No	Category	Hypertension (Numbers)	Hypertension (%)	DM Type II (Numbers)	DM Type II
1.	AMC	190	3.40%	67	1.20%
2.	AMC (NT)	25	7.53%	6	1.81%
3.	AD Corps	17	2.53%	7	1.04%
4.	MNS	68	1.45%	50	1.07%
	Total	300	2.66%	130	1.15%

(g) The top ten disabilities for which officers in Army were in LMC constituted 71% of total count of disabilities. The list with the % prevalence is as follows :-

Ser NO	Disabilities	% Prevalence	Proportion of all Disabilities (%)
1.	Hypertension	2.66	19.04%
2.	Fractures	1.78	12.67%
3.	Pregnancy	1.68	11.90%
4.	Obesity	1.62	11.54%
5.	Others (Communicable disease, connective tissue and auto immune disorders, menstrual disorder, cholelithiasis, hernia etc)	1.24	8.83%
6.	Diabetes	1.15	8.32%
7.	Sprains	1.07	7.63%
8.	Disease of the Spine	1.01	7.19%
9.	Cardio Vascular Disease	0.74	6.68%
10.	Disease of Thyroid	0.86	6.12%

For Navy:-

RANK-WISE DISTRIBUTION OF OFFICERS WITH DISABILITIES DUE TO LIFESYTL E DISEASES

Rank	Number	LMC due to lifestyle diseases	LMC Percentage due to Lifestyle Disease
SLt	883	Nil	Nil
Lt	1663	06	0.4%
Lt Cdr	4022	43	1.1%
Cdr	3163	271	8.6%
Capt	1232	228	18.5%
Cmde	410	77	18.8%
RAdm & VAdm	103	11	10.7%
Overall	11476	636	5.6%

For Air Force:-

The lifestyle related disease specific prevalence rates (per thousand) for all officers in IAF are highest for Hypertension followed by Diabetes Mellitus, Obesity and Ischemic Heart Disease. The data is as under :-

Disease Specific Rates	Flying*	Ground Duty**	Medical	Total
Diabetes Mellitus (DM)	3.37	6.28	1.90	4.93
Hypertension (HTN)	3.30	7.28	2.70	5.53
Obesity	0.79	2.80	0.68	1.93
Ischemic Heart Disease (IHD)	1.05	1.60	0.79	1.36

* Flying Branch includes Flying (Pilot) and Flying (Navigator) streams.

** Ground Duty branches include Aeronautical Engineering (mechanical), Aeronautical Engineering (Electronics), Adm/ Air Traffic Control, Adm/ Fighter Control, Adm, Accounts, Metrology, Education, Logistics.”

Comments of the Committee

14. The Committee had earlier noted the significantly higher percentage of Medical Officers were granted disability pension compared to other officers in the

Indian Army and had sought detailed data on disabilities across all categories of officers along with an analysis of the diseases involved and the average age of onset.

The Ministry's updated response provides comprehensive data on the strength and disability prevalence among different categories of officers within the Army Medical Corps, Army Dental Corps, and Military Nursing Service, as well as rank-wise distribution of officers with lifestyle-related disabilities in the Navy and disease-specific prevalence rates in the Air Force. The Committee appreciate the detailed breakdown showing the proportion of officers affected by multiple disabilities and the leading causes such as hypertension, fractures, pregnancy-related conditions, obesity, and diabetes.

The Committee also note the Ministry's explanation that the SPARSH system effectively captures relevant disability data, though pensioner age at disease onset is not recorded as it does not affect pension sanction. While this clarifies the data limitations, the Committee believes that understanding the age of onset remains important for effective preventive healthcare planning.

The Committee acknowledge the Ministry's emphasis on lifestyle and occupational factors contributing to higher disability rates among Medical Officers, including irregular working hours and difficulty in maintaining healthy lifestyles. The measures introduced to address perceived biases in Release Medical Boards by conducting assessments at higher command levels and outside the immediate area of responsibility are also noted.

The Committee emphasize the importance of continuing focused health surveillance and preventive interventions tailored to different officer categories, particularly Medical Officers, to reduce the incidence of lifestyle and occupational diseases. The Committee desire the Ministry to explore enhancements in data capture that could better support targeted health programs and early interventions for the Armed Forces personnel.

CHAPTER – II

OBSERVATIONS/RECOMMENDATIONS OF THE COMMITTEE WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

Observation/Recommendation No.1

The Committee note that PCDA(P) did not furnish to the Audit, category wise data in respect of Officers and 2671 PBORs and also did not enter the nature of disease in the database. The Committee also note from the reply of the ministry that the category was not mentioned in all cases as earlier the category field was not a mandatory input to be filled in the database. Further, it was stated that name of disease is blank in the master database in respect of these cases. The Committee while opining that absence of input in vital fields of database the very purpose of creating a database. In this regard, **the Committee recommend the Ministry to ensure that complete database of pensioners with all relevant information is maintained and validated by senior officers to ensure that data is complete and available for meaningful analysis on the causes of disability among the defence forces and possible remedial measures to bring down such cases.**

[Observations/Recommendation No.1 of 121st Report of the Public Accounts Committee (17th Lok Sabha)]

Action Taken

PCDA(P) is intimated that since implementation of SPARSH from 2021 the requisite disability details viz. Category of disability, name of disability, attributability/aggravation aspect, duration of disability, percentage of disability, composite percentage of disabilities, broad banding benefit and clause of discharge are being captured on the system. In this regard, three sample PPOs (PPO No. 101202300001, 501202300154 and 301202300204) in respect of Commissioned Officers and four sample PPOs (PPO No. 220202301203, 202202300306, 220202300295 and 223202300168) in respect of PBORs are attached herewith for ready reference.

Vetting Comments of Audit

As disability details are captured in the SPARSH system, a detail analysis on cause of disability among the defence forces and possible remedial measures to bring down such cases may be carried and submitted to the PAC.

Updated Action taken reply of the Ministry

Root Cause Analysis

- (a) Officers superannuate of a comparatively much higher age (56 years) as compared to PBORs (34-37 years).
- (b) As per latest scientific evidence, Lifestyle Diseases are known to increase with age. Hence, Officers and PBORs, who continue to serve for a longer duration are more prone to develop Lifestyle Disease due to their increasing age.
- (c) Further, Officers and PBORs, who continue to **serve for a longer duration are also exposed to unique stressors of the Military Services** for a much longer duration.
- (d) The life style disease has multifactorial causation thus, to give a root cause analysis with limited accessible data will not be possible. However, the decadal trend in Indian Air Force (IAF), Indian Army (IA) and Indian Navy (IN) is showing increasing trends similar to national data. The lower rates in Armed Forces as compared to national data is suggestive of better work and life style environment focusing on preservation of quality of life.

Remedial measure to bring down such disabilities

(a) **Observance of Health Days.** Health days are observed to raise awareness and understanding about life style disease amongst serving pers and mobilize support for action from local administrative measures. List of important Health Days observed every year for promotion of health and prevention of life style diseases are as under :-

- (i) World obesity Day
- (ii) World heart Day
- (iii) International yoga Day
- (iv) world Hypertension Day
- (v) World Cancer Day
- (vi) World Health Day
- (vii) World Diabetes Day

(b) **Information, Education and Communication (IEC) Activities by SHOs/DADH/SEMO/SMO.** Regular IEC activities are conducted round the year by OC SHO, DADsH, Medical officers & Specialist Officers from Field Hospitals and Military Hospitals in their respective AOR regarding prevention and control of these health issues.

(c) Directions have been issued to implement provisions of DGAFMS memoranda on the subjects of Essential Hypertension, Diabetes Mellitus and other life style disease

like Cancer and Heart Diseases. Also policy letters have been issued for prevention and control of Obesity in Indian Army.

physical Fitness and Exercise Regimen – Regular PT with additional customized physical fitness and exercise regimen based on individual's health.

(d) Work place health Corner at Every unit/ Establishment to develop “Work place health Corners” with basic minimum facilities.

(e) Information, Education and Communication (IEC) for health education and awareness about various lifestyle disease modification and intervention.

(f) Life style disease clinic – establishment of Life style disease clinic is approved to provide scientific, systemic, tailor made, stepwise physical activity and diet modification advice and strict supervision.

(g) organization of sports clubs in stations is encouraged for football, volleyball, basketball etc with dedicated captain/ OIC.

(h) lifestyle and health card for archival of medical record (Preferably IT compatible) for each high risk individual.

(i) Nutrition and lifestyle modification E-Service – A pan IAF dietician/ nutritionist helpline started at hospitals / establishment with defined mandate.

(j) Investment in ‘Role Models’ – to enhance motivation and aspire the individuals to achieve desired standards.

(k) Alternate system of medicine like meditation, yoga, art of living, pranik healing by suitably trained person.

(l) Rationing of liquor – is discouraged for overweight/ obese and for individuals suffering from lifestyle disease.

(m) Psychological counselling to address underlying stress and promote motivation to resolve latent factors which contribute to lifestyle disease.

Observation/Recommendation No.2

The Committee note that the officers retiring with disability to the total retirees ranged between 36 per cent and 40 per cent whereas disability pension in case of PBORs ranged between 15 per cent and 18 per cent during the same period. The Committee note from the reply of the Ministry that the average age of retirement of an officer is 54 years that of PBOR is 35 years (37- 45 yrs) and most of the disabilities encountered during retirement have their onset in later years of life including Hypertension, Diabetes, Coronary Artery Disease (CAD) etc., as these are constitutional disorders which occur with called periodic Medical examination (PME) is

conducted only after 35 years of age for all ranks. Since most soldiers retire around this age, the detection of medical ailments in 40s and 50s is higher in officers. Further analysis of disability data as furnished by the PCDA (P) revealed that 21.69 per cent and 13 cent disability pension out of all disability pensions were granted to Offices and PBORs respectively, exclusively on the ground of lifestyle diseases viz. Primary Hypertension and Diabetes mellitus (DM-II). The Committee note from the reply of the Ministry that as per the Fifth National Family Health Survey the prevalence of hypertension in India is 28.1% that of Diabetes Mellitus is 16.1, however, in the Armed Forces, prevalence of hypertension and diabetes, according to the data from Indian Navy, is 3.25% and 2.14% and in Indian Air Force is 5% and 3.38%. The Committee, however, are of the view that 40 % officers retiring with disability and one fifth of these being on the ground of lifestyle diseases does not speak well for the armed forces where physical fitness is a mandatory requirement. **The committee desire to be apprised of the percentage of prevalence of hypertension and diabetes in Indian Army personnel and the remedial measures suggested by the Army Medical Corps for checking these life style diseases in order to bring them to the minimum. Further, the Committee desire that a root cause analysis be undertaken to remedy this situation.**

[Observations/Recommendation No.2 of 121st Report of the Public Accounts Committee (17th Lok Sabha)]

Action Taken

DGMS (Army)

1. Prevalence of Hypertension and Diabetes Mellitus Type-II in JCOs & OR calculated on the basis of data received from Record Offices of Arms and Services of Indian Army upto 31 Dec 2023 is as under :-

Ser No	Disability	% Prevalence in Indian Army	% Prevalence in India as per national Family Health survey-5 (NFHS-5)
(i)	Hypertension	9.61%	18.3%
(ii)	Diabetes mellitus	2.78%	4.9%

2. The data depicted above indicates that the prevalence of both Hypertension and Diabetes mellitus is nearly half of the prevalence in rest of the country. These rates are a result of constant health promotion and activities, advisories and policies focusing on prevention and control of Life Style Diseases. The following measures have been instituted for prevention and control of life style diseases:-

(a) **Observance of Health Days.** Health days are observed to raise awareness and understanding about life style disease amongst serving pers and mobilize support

for action from local administrative measures. List of important Health Days observed every year for promotion of health and prevention of life style diseases are as under :-

- (i) World obesity Day
- (ii) World heart Day
- (iii) International yoga Day
- (iv) world Hypertension Day
- (v) World Cancer Day
- (vi) World Health Day
- (vii) World Diabetes Day

(b) **Information, Education and Communication (IEC) Activities by SHOs/DADH/SEMO/SMO.** Regular IEC activities are conducted round the year by OC SHO, DADsH, Medical officers & Specialist Officers from Field Hospitals and Military Hospitals in their respective AOR regarding prevention and control of these health issues.

3. Directions have been issued to implement provisions of DGAFMS memoranda on the subjects of Essential Hypertension, Diabetes Mellitus and other life style disease like Cancer and Heart Diseases. Also policy letters have been issued for prevention and control of Obesity in Indian Army.

4. The number of officers discharged from service (Superannuation / PMR/ Release/ Invalidment) with disability between 01 Jan 2021 to 31 Dec 2023 are as under :-

- (a) AMC (MO) - 374
- (b) AMC (NT) - 36
- (c) AD Corps - 26
- (d) MNS - 224

DGMS (Navy)

5. Prevalence of Hypertension and Diabetes in Indian Navy personnel is as follows :-

Ser No	Diagnosis	No of officers in LMC	Prevalence (per 100 officers)	No of sailors in LMC	Prevalence (Per 100 sailors)
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(a)	Hypertension	384	3.25%	999	1/32%
(b)	Diabetes	252	2.14%	466	0.61%

6. LMC data in r/o officers of Indian Navy (Branchwise) is as follows :-

Se r N o	Branc h	Hypertension		Diabetes		Obesity		Dyslipidemia	
		Numb er	Prevale nce	Numb er	prevale nce	Numb er	prevale nce	Numb er	prevale nce
(a)	Executi ve	188	3.07%	154	2.50%	105	1.70%	94	1.53%
(b)	Techni cal	173	3.74%	84	1.80%	102	2.20%	73	1.57%
(c)	Medica l	23	2.03%	14	1.60%	05	0.50%	07	0.83%

DGMS (Air)

7. Present percentage of the cases of hypertension & diabetes Mellitus amongst Air Force personnel is as follows :-

- (a) Hypertension - 4.05%
- (b) Diabetes Mellitus - 2.85%

8. In view of increasing prevalence of lifestyle disease in IAF, a detailed programme has been implemented on “Lifestyle Modification and Intervention Programme” to facilitate a multi spectral approach. A comprehensive list of activities for lifestyle modification in stations consists of following :-

- (a) physical Fitness and Exercise Regimen – Regular PT with additional customized physical fitness and exercise regimen based on individual’s health.
- (b) Work place health Corner at Every unit/ Establishment to develop “Work place health Corners” with basic minimum facilities.
- (c) Information, Education and Communication (IEC) for health education and awareness about various lifestyle disease modification and intervention.
- (d) Life style disease clinic – establishment of Life style disease clinic is approved to provide scientific, systemic, tailor made, stepwise physical activity and diet modification advice and strict supervision.
- (e) organization of sports clubs in stations is encouraged for football, volleyball, basketball etc with dedicated captain/ OIC.
- (f) lifestyle and health card for archival of medical record (Preferably IT compatible) for each high risk individual.

- (g) Nutrition and lifestyle modification E-Service – A pan IAF dietician/ nutritionist helpline started at hospitals / establishment with defined mandate.
- (h) Investment in ‘Role Models’ – to enhance motivation and aspire the individuals to achieve desired standards.
- (i) Alternate system of medicine like meditation, yoga, art of living, pranik healing by suitably trained person.
- (j) Rationing of liquor – is discouraged for overweight/ obese and for individuals suffering from lifestyle disease.
- (k) Psychological counselling to address underlying stress and promote motivation to resolve latent factors which contribute to lifestyle disease.

9. Number of officers in IAF with disability, as on 13 Sep 2023, are as under:-

(a) Diabetes Mellitus	-	635
(b) Hypertension	-	718
(c) Obesity	-	244
(d) IHD (Ischemic heart Disease)	-	170

Vetting Comments of Audit

Ministry has not provided percentage of prevalence of Hypertension and Diabetes in officer cadre of Indian Army.

Further, as desired by the Committee, report on root cause analysis may be submitted to them.

Updated Action taken reply of the Ministry

Action Taken:

(c) The prevalence of Hypertension and Diabetes is as depicted below:-

Ser no	Category	Hypertension (Numbers)	Hypertension (%)	DM Type-II (Numbers)	DM Type-II (%)
(i)	AMC	190	3.40%	67	1.20%
(ii)	AMC(NT)	25	7.53%	6	1.81%
(iii)	AD Corps	17	2.53%	7	1.04%

(iv)	MNS	68	1.45%	50	1.07%
	Total	300	2.66%	130	1.15%

(d) The top ten disabilities for which officers in Army were in LMC constituted 71% of total count of disabilities. The list with the % prevalence is as follows :-

Ser NO	Disabilities	% Prevalence	Proportion of all Disabilities (%)
1.	Hypertension	2.66	19.04%
2.	Fractures	1.78	12.67%
3.	Pregnancy	1.68	11.90%
4.	Obesity	1.62	11.54%
5.	Others (Communicable disease, connective tissue and auto immune disorders, menstrual disorder, cholelithiasis, hernia)	1.24	8.83%
6.	Diabetes	1.15	8.32%
7.	Sprains	1.07	7.63%
8.	Disease of the Spine	1.01	7.19%
9.	Cardio Vascular Disease	0.74	6.68%
10.	Disease of Thyroid	0.86	6.12%

Root Cause Analysis

- (a) Officers superannuate of a comparatively much higher age (56 years) as compared to PBORs (34-37 years).
- (b) As per latest scientific evidence, Lifestyle Diseases are known to increase with age. Hence, Officers and PBORs, who continue to serve for a longer duration are more prone to develop Lifestyle Disease due to their increasing age.
- (e) Further, Officers and PBORs, who continue to **serve for a longer duration are also exposed to unique stressors of the Military Services** for a much longer duration.
- (f) The life style disease has multifactorial causation thus, to give a root cause analysis with limited accessible data will not be possible. However, the decadal trend in Indian Air Force (IAF), Indian Army (IA) and Indian Navy (IN) is showing increasing trends similar to national data. The lower rates in Armed Forces as compared to national data is suggestive of better work and life style environment focusing on preservation of quality of life.

Comments of the Committee
Please see Para 9 of Chapter I for comments

Observation/Recommendation No.3

The Committee note that the percentage of Medical officers granted disability pension was significantly higher as compared to other officers in Indian Army. The Committee note from the reply of the Ministry that the Medical officers have irregular working hours, are unable to adopt healthy lifestyles, and, therefore, are relatively more prone to developing lifestyle disorders, Further, by virtue of domain knowledge, they report early and are detected in larger numbers. The ministry has further stated that an analysis of medical officers having higher percentage of disabilities due to lifestyle disorders than other officers needs to be compared realistically as a subset since this composite figure includes officers of the MNS and non-technical officers. However, preventive steps have been taken and a policy has been promulgated that Release Medical Boards of medical officer will be conducted only in hospitals commanded by a Brigadier and above and also in a different geographical location outside the area of responsibility to eliminate any such perception. **The Committee while noting that the figures as pointed out by the Audit are composite, desire to be apprised of the disability data in respect of all categories of officers separately in the Armed Forces along with an analysis of the disease they are suffering from and the average age of the onset of these diseases.**

[Observations/Recommendation No.3 of 121st Report of the
Public Accounts Committee (17th Lok Sabha)]

Action Taken

“Since implementation of SPARSH, all relevant disability data i.e. category, disease name etc. are being captured and available in data base of SPARSH but pensioner age of the onset of that disease is not being captured ; since this detail does not affect the sanction of disability PPO.”

Vetting Comments of Audit

“The PAC may be apprised about the disability data in respect of all categories of officers along with an analysis of the diseases they were suffering from.”

Updated Action taken reply of the Ministry

“All categories of Officers along with an analysis of the diseases they were suffering from is produced below:-

For Army:-

- (b) The strength of officers AMC, AMS (NT), AD Corps & MNS are as follows :-

Ser No	Category	Strength	% Strength
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1.	AMC	5581	49.49%
2.	AMC(NT)	332	2.94%
3.	AD Corps	673	5.97%
4.	MNS	4690	41.59%
	Total	11276	100%

(b) State of officers in Temporary and Permanent LMC is as under :-

Ser No	Category	Number of officers in LMC (Permanent + Temp)	% Prevalence
1.	AMC	678	12.15%
2.	AMC (NT)	63	18.98%
3.	AD Corps	69	10.25%
4.	MNS	580	12.37%
	Total	1390	12.33%

(c) 190 female officers were in LMC for pregnancy and its related effects which formed 13.66% of all LMC officers. This physiological condition will get upgrade in due time.

(d) It was observed that 4.56% of total strength of officers were in LMC for two or more disabilities.

Ser No	Category	Number of officers in LMC with 02 or more disabilities	% of total strength of officers in LMC for or or more disabilities
1.	AMC	277	4.96%
2.	AMC (NT)	23	6.93%
3.	AD Corps	20	2.97%
4.	MNS	194	4.14%
	Total	514	4.56%

(e) Officers in LMC for two or more disabilities form 36.98% of all officers in LMC.

Ser No	Category	Number of officers in LMC with 02 or more disabilities	Total number of Officers in LMC	Proportion of LMC Officers with 02 or more disabilities viz-a-viz total LMC Officers (%)
1.	AMC	277	678	40.86%
2.	AMC (NT)	23	63	36.51%
3.	AD Corps	20	69	28.99%
4.	MNS	194	580	33.45%
	Total	514	1390	36.98%

(f) The prevalence of Hypertension and Diabetes is as depicted below:-

Ser No	Category	Hypertension (Numbers)	Hypertension (%)	DM Type II (Numbers)	DM Type II
1.	AMC	190	3.40%	67	1.20%
2.	AMC (NT)	25	7.53%	6	1.81%
3.	AD Corps	17	2.53%	7	1.04%
4.	MNS	68	1.45%	50	1.07%
	Total	300	2.66%	130	1.15%

(g) The top ten disabilities for which officers in Army were in LMC constituted 71% of total count of disabilities. The list with the % prevalence is as follows :-

Ser NO	Disabilities	% Prevalence	Proportion of all Disabilities (%)
1.	Hypertension	2.66	19.04%
2.	Fractures	1.78	12.67%
3.	Pregnancy	1.68	11.90%
4.	Obesity	1.62	11.54%
5.	Others (Communicable disease, connective tissue and auto immune disorders, menstrual disorder,	1.24	8.83%

	cholelithiasis, hernia etc)		
6.	Diabetes	1.15	8.32%
7.	Sprains	1.07	7.63%
8.	Disease of the Spine	1.01	7.19%
9.	Cardio Vascular Disease	0.74	6.68%
10.	Disease of Thyroid	0.86	6.12%

For Navy:-

RANK-WISE DISTRIBUTION OF OFFICERS WITH DISABILITIES DUE TO LIFESYTL E DISEASES

Rank	Number	LMC due to lifestyle diseases	LMC Percentage due to Lifestyle Disease
SLt	883	Nil	Nil
Lt	1663	06	0.4%
Lt Cdr	4022	43	1.1%
Cdr	3163	271	8.6%
Capt	1232	228	18.5%
Cmde	410	77	18.8%
RAdm & VAdm	103	11	10.7%
Overall	11476	636	5.6%

For Air Force:-

The lifestyle related disease specific prevalence rates (per thousand) for all officers in IAF are highest for Hypertension followed by Diabetes Mellitus, Obesity and Ischemic Heart Disease. The data is as under :-

Disease Specific Rates	Flying*	Ground Duty**	Medical	Total
Diabetes Mellitus (DM)	3.37	6.28	1.90	4.93
Hypertension (HTN)	3.30	7.28	2.70	5.53
Obesity	0.79	2.80	0.68	1.93
Ischemic Heart Disease (IHD)	1.05	1.60	0.79	1.36

* Flying Branch includes Flying (Pilot) and Flying (Navigator) streams.

** Ground Duty branches include Aeronautical Engineering (mechanical), Aeronautical Engineering (Electronics), Adm/ Air Traffic Control, Adm/ Fighter Control, Adm, Accounts, Metrology, Education, Logistics.”

Comments of the Committee
Please see Para 14 of Chapter I for comments

Observation/Recommendation No.4

The Committee note from the submission of the Ministry that the Entitlement Rules 2023 have strengthened the process of award of disability compensation, thereby facilitating seamless processing of entitlements while preventing any misuse, misinterpretation and dilution of disability compensation policies/ frame work. These rules aim to encourage personnel to remain physically and medically fit and at the same time ensure that all genuine disability cases are suitably compensated as per Govt. regulations. Further, the new rules do not impact any widows or war wounded personnel and veterans in any manner. **The Committee while acknowledging the efforts made by the Ministry to strengthen the process of award of disability compensation recommend that actively engaging with the army personnel will go a long way in addressing their apprehension for the new rules and for this, awareness and outreach programmes and interactive sessions may be conducted to dispel any doubts in the minds of the Army personnel, serving or retired.**

[Observations/Recommendation No.4 of 121st Report of the
Public Accounts Committee (17th Lok Sabha)]

Action Taken

“The information and awareness regarding GMO 2023 and Entitlement Rules 2023 is being regularly disseminated to the environment in the form of monthly lectures at Retiring Officer seminars, regular lectures and interactive sessions being delivered at OTC, AMC Centre & College, Lucknow for Medical Officers undergoing basic, middle, senior and executive level courses. In addition, lectures, both in physical and by video conferencing mode, have been conducted by respective Medical Dtes of the three Services to enhance awareness and to dispel any doubts in the minds of the Armed Forces Personnel/ Veterans.”

Audit vetting comments on Ministry’s ATNs

“No further comments.”

CHAPTER III

**OBSERVATIONS/RECOMMENDATIONS WHICH THE COMMITTEE DO NOT
DESIRE TO PURSUE IN VIEW OF THE REPLIES RECEIVED FROM THE
GOVERNMENT**

NIL

CHAPTER IV

**OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF THE
GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE AND WHICH
REQUIRE REITERATION**

NIL

CHAPTER V
OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH GOVERNMENT
HAVE FURNISHED INTERIM REPLIES/NO REPLIES

NIL

NEW DELHI:
27th March, 2026
6, Chaitra, 1948 (saka)

K.C. VENUGOPAL
Chairperson,
Public Accounts Committee

**MINUTES OF THE TWENTY THIRD SITTING OF THE PUBLIC ACCOUNTS COMMITTEE
(2025-26) HELD ON 27th MARCH, 2026.**

The Public Accounts Committee (2025-26) sat on Friday, the 27th March, 2026 from 1500 hrs to 1610 hrs in Samanvay-3, Parliament House, New Delhi.

PRESENT

Shri K. C. Venugopal - Chairperson

MEMBERS

LOK SABHA

2. Shri Jagdambika Pal
3. Shri Jai Parkash
4. Dr. C M Ramesh
5. Smt. Aparajita Sarangi
6. Dr. Amar Singh
7. Shri Anurag Singh Thakur

RAJYA SABHA

8. Shri Shaktisinh Gohil
9. Dr. K Laxman
10. Shri Sukhendu Sekhar Ray
11. Dr. Sudhanshu Trivedi

LOK SABHA SECRETARIAT

1. Smt. Mamta Kemwal - Joint Secretary
2. Smt. Archana Pathania - Director
3. Shri Alok Mani Tripathi - Deputy Secretary
4. Shri Pankaj Kumar Sharma - Deputy Secretary
5. Ms. Malvika Mehta - Deputy Secretary
6. Dr. Faiz Ahmad - Deputy Secretary

OFFICERS OF THE OFFICE OF THE COMPTROLLER AND AUDITOR GENERAL OF INDIA

1. Shri Anand M. Bajaj - Dy. C&AG
2. Shri Pravir Pandey - Addl. Dy. C&AG
3. Shri Samar Kant Thakur - Addl. Dy. C&AG
4. Shri Biren Parmar - Director General
5. Ms. Reena Saha, - Director General
6. Shri Mukul Jamloki - Dy. Director

PART A

XXXXX	XXXXX	XXXXX	XXXXX
XXXXX	XXXXX	XXXXX	XXXXX
XXXXX	XXXXX	XXXXX	XXXXX

PART B

Thereafter, for the second agenda of the Sitting – consideration and adoption of Draft Reports, the Hon'ble Chairperson invited suggestions of the Members on the following Draft Reports:-

- (i) XXX XXX
- (ii) XXX XXX
- (iii) XXX XXX
- (iv) XXX XXX
- (v) **Draft Report on Action taken by the Government on Observations/ Recommendations of the Public Accounts Committee contained in their 121st Report (17 LS) on “Disability Pension in Indian Army”;**
- (vi) XXX XXX
- (vii) XXX XXX

2. After some deliberations, the Committee adopted six Draft Reports at Sl. Nos. i-iii and Sl. Nos. v-vii with slight modifications and authorised the Chairperson to finalise the Reports in the light of factual verification done by the Audit.

The Committee then adjourned.

APPENDIX-II

(Vide Paragraph 5 of Introduction)

ANALYSIS OF THE ACTION TAKEN BY THE GOVERNMENT ON THE OBSERVATIONS/RECOMMENDATIONS OF THE PUBLIC ACCOUNTS COMMITTEE CONTAINED IN THEIR ONE HUNDRED AND TWENTY FIRST REPORT (SEVENTEENTH LOK SABHA)

(i)	Total number of Observations/Recommendations	04
(ii)	Observations/Recommendations of the Committee which have been accepted by the Government: Para Nos. 1, 2, 3 and 4	Total: 04 Percentage: 100
(iii)	Observations/Recommendations which the Committee do not desire to pursue in view of the reply of the Government: Para No. – NIL	Total: 0 Percentage: 0
(iv)	Observations/Recommendations in respect of which replies of the Government have not been accepted by the Committee and which require reiteration: Para No. – NIL	Total: 0 Percentage: 0
(v)	Observations/Recommendations in respect of which the Government have furnished interim replies: Para No. – NIL	Total: 0 Percentage: 0