

July, August and
September 2025

MONTHLY NEWS LETTER

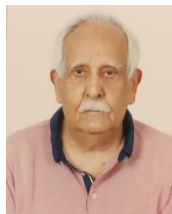


DISABLED WAR VETERAN (INDIA) REGD

डिसेबल्ड वॉर वेटरन्स (इंडिया) रजिस्टर्ड

FROM PRESIDENT DESK

DISABLED WAR VETERANS (INDIA) REGD (DIWAVE)
C6 18/1, SAFDARJUNG DEVELOPMENT AREA, NEW DELHI-110016



COL HN HANDA (RETD)
PATRON, DIWAVE

We all the War Disabled Soldiers / members of DIWAVE stand united to pursue our mission to enable Government & people to come forward to pay adequate attention in addressing the issues of War Disabled Soldiers / Battle Casualties.

Our mission is clear, to fight for the legitimate legal rights, welfare and rehabilitation of those who have sustained injuries and became disabled while fighting enemy on the borders, terrorist and while helping the civil authorities in Natural calamities. Every step we take together strengthens the cause of our War Disabled Veterans and reminds us of the true meaning of sacrifice.

Please find enclosed herewith highlights of issues taken up by DIWAVE during the last three months viz July, August and September 2025.

For more information contact us:

Phone - 011-41315492 / 9999011712

E-Mail - www.diwave.org

Jai Hind!

Col HN Handa (Retd)
Patron

War Disabled Soldiers / Battle Casualties have sacrificed while doing their duty

Now it is your turn to look after them



DIAV

Points and Issues taken up with DIAV On 05 May 2025. DIAV is yet to respond or give an appointment for discussion.

1. Recognition of the sacrifice of war disabled / battle casualties. Conspicuous looking badge and instead of war disabled they should be called as “**Veer Youdha**” for their recognition.
2. Implementation of order No. **200847/Pen-C/1971 dated 24 Feb 1972.**
3. Sparsh: the problems being faced by war disabled soldiers / battle casualties.
4. Priority
 - (a) Priority for reservation / preference to the wards of armed forces personnel by States/UT's for admission to medical/professional/ non-professional courses.
 - (b) Reversing the priority for wards of war disabled / battle casualty retained in service.
5. Revising the education grant.
6. Constant attendant allowance.
7. Liberalized pension for the widow of the war disabled.
8. Honorary rank for war disabled soldiers / battle casualties.
9. Home for the war disabled soldiers / battle casualties with specialized care by specially trained staff.
10. Issue of smart CSD card with orange strip to war disabled soldiers / battle casualties
11. Priority in employment for wards for war disabled soldiers in ECHS.
12. Awareness of the war disabled / battle casualties, invite and separate enclosures for war disabled / battle casualties in armed forces and national functions.
13. **Display of boards:** priority for the war disabled veterans / battle casualties and their spouses in all armed forces hospitals.
14. Transfer from one hospital to the other hospital: all arrangements should be done by the hospital as being then earlier.
15. Standby prosthesis.
16. More artificial limb centres time taken for prosthesis should be reduced for war disabled / battle casualties: empanelment of endolite.

17. Up-gradation of wards for the war disabled soldiers / battle casualties in armed forces hospitals & empanelled hospitals.
18. Parking of vehicle used by war disabled veterans / battle casualties, near the department or treatment place for the war disabled veterans / battle casualties.
19. Appointment of nodal officer in Army Headquarter/DGMS for immediate resolution of issues faced by war disabled soldiers / battle casualties.
20. Homage at National War Memorial India gate by war disabled veterans.
21. Matters related to guest room charges.
22. IT exemption for war disabled battle casualties.

Points Taken Up with HO ECHS and Reply Recd on 11 Jul 2025.

23. **Revision of Rates for Procurement of Hearing Aids.** The current ceiling of Rs. 9,000/- for hearing aids (vide CO ECHS letter No. B/49761/AG/ECHS/Medicine Policy/2022 dated 10 Jun 2022) is inadequate for procuring quality devices. Hearing aids are essential sensory aids with a 5-year usage life. A further upward revision is recommended to ensure veterans receive efficient, durable devices.

ECHS Reply. ECHS rates are aligned to CGHS rates. The downtrend noted is mainly due to technologies getting cheaper every year and wide distribution. The Govt prefers to permit purchase of only basic hearing aids to beneficiaries (CGHS or ECHS) and allowed to buy costlier hearing aids by the beneficiary by paying difference in cost.

24. **Local Purchase - Reimbursement of Bills.** All bills for NA medicines are pre-verified by ECHS Polyclinics. It is recommended to:-

- (a) Set definite timelines for bill reimbursements.
- (b) Intimate beneficiaries in advance in case of fund constraints. This ensures transparency and trust among the veteran community.

ECHS Reply. Noted for improvement.

25. **Display of Priority Boards for War Disabled Veterans.** As per DGAFMS letter No. 5515/Gen Comp/4E/DGAFMS/DG-A dated 08 Aug 2019, War Disabled Veterans and their spouses are to receive priority specialist consultations. A multilingual board in bold font should be displayed prominently in Armed Forces Hospitals and ECHS Polyclinics.

ECHS Reply. Instrs on the subject have already been promulgated. Fresh instrs have again been disseminated.

26. **Issue & Repair of Prosthesis.** Referral procedures for prosthetics through OTTOBOCK/ENDOLITE are complex. (Ref: DIWAVE/21/ECHS/2024-25/1176 dated 17 Dec 2024). Recommendation:-

- (a) Simplify guidelines to allow quick and practical access to prosthetic care and repair.

ECHS Reply. The guidelines for repair of prosthesis are based on DGAFMS guidelines and direct procurement and repair without opinion of a specialist is not in order and is likely to cause avoidable financial loss to exchequer. However, efforts are on to empanel more branches all over India to facilitate ease of access to prosthetic care.

27. **Upgraded Wards for War Disabled Soldiers and Spouses.** Recognizing their sacrifice, it is proposed to provide upgraded/semi-private wards for War Disabled NCOs/ORs and their spouses. An amendment to MoD/DESW letter No. 12D(04)/2010/WE/D(Res-1) dated 29 Dec 2017 may be considered to this effect.

ECHS Reply. All entitlement are as per rank while in service or thereafter. Necessary privileges as per act of bravery is suitably awarded while in service. War disabled / battle casualty and senior citizens are kept in special category to accord priority in treatment at service hospitals. Since, ward entitlement is linked to the substantive rank at the time of retirement of a beneficiary as per MoD policy, no change is possible presently.

(This issue is being taken up again with Ministry of Defence and AG's Branch)

28. **Strengthening ECHS Polyclinic Infrastructure.** Several polyclinics lack adequate space, staff, and equipment. A national-level infrastructure audit and funding support is proposed to modernize facilities with special care for aged/disabled veterans.

ECHS Reply. Various measures are being undertaken through HQs Comd and Equivalent for constr, upgradation and main of infra at PCs. Use of Stn Welfare fund for provisioning of better amenities at PCs is also being pursued.

29. **Additional Staff for Motorised Wheel Chair.** At a No of ECHS Polyclinics ramps are at high gradients and require the help of a staff for supporting the chair for Disabled Soldiers. It is proposed that the ramps for motorized /non motorized chairs be suitably constructed keeping safety issues in mind. In case of steep ramps, placing of staff Ex ECHS Polyclinic be examined.

ECHS Reply. Presently 212 PCs has availability of Ramps. Wheel chairs are available in the remaining polyclinics.

30. **Preventive health Check-up for ECHS Beneficiaries.** CO ECHS has issued necessary instructions regarding preventive health check up vide letter No. B/49770/AG/ECHS/Treatment /Policy dt 16 April 2019. It has been observed that the same be known to medical officers at ECHS polyclinics. The beneficiaries (war disabled in particular) may not remember all the tests and as a policy the MO should refer them for preventive health checkup as requested or as deemed medically appropriate.

ECHS Reply. Medical Examination/Health check up/screening tests as mentioned in Para 9 (h) of GOI, MoD letter No 24(8)/03/US(WE)/D(Res) dt 19 Dec 2003.

31. **Specialist Doctor Availability.** Due to specialist shortages, veterans face delays or long travel. Recommendations:-

- (a) Appoint visiting specialists on contract.
- (b) Enable tele-consultation linkups with service hospitals and empanelled experts.

ECHS Reply. Noted. Tele-consultancy through E-SeHAT is likely to be started soon.

32. **Specialist Treatment to War Disabled / Battle Casualties without Referrals at Empanelled Hospitals.** Be authorized as being permitted for veterans above 70 yrs by producing white ECHS Card (vide letter No. B/49769/AG/ECHS dated 04 Oct 2024). The War Disabled / Battle Casualties and their spouse are already being permitted specialist consultation directly at OPDs of Armed Forces Hospitals on OPD days without a referral from ECHS Polyclinics vide DGAFMS /MoD Letter No. 5515 /Gen Comp/4E/DGAFMS/DG-3A dt 08 Aug 2019. It is requested similar facility be accorded for empanelled hospitals by producing white ECHS Cards.

ECHS Reply. It is intimated that the subject case in respect of white card holders ha already been taken up with MoD for consideration. It will be implemented as and when it is approved.

33. **Timely Renewal of Empanelled Hospitals.** Delays in hospital empanelment result in patient inconvenience. Proposal:-

- (a) A centralized online system to track empanelment renewals and notify users of changes.

ECHS Reply. Automated system generated review of hospital emp status at BPA portal is in place. This system generated info would be visible to Dir Regional Centre, JD HS Regional Centre and JD Empanelment, CO ECHS minimum 90 days in advance before termination of the present duration of emp (MoA) for respective hospital.

34. **Medicine Availability at Polyclinics.** Shortages in chronic disease medications cause major inconvenience. Proposal:-

- (a) Implement a real-time stock tracking system.
- (b) Strengthen local purchase authorization for emergency meds.

ECHS Reply.

- (a) The O/o DGAFMSF procures medicines through 139 SEMOs across 456 PCs in the country. Medicine satisfaction varies between 50% to 60% due to vendor non compliance, delays by IFA, glitches on GeM and internally due to lack of capacity to receive and disburse stores at SEMO level as also deficiency in preparations of correct demands at PC level.

- (b) These are being remedied by various changes to policy and capacity building. The promulgation of CDL-2023 and E-CDL 2025 as an improvement is one such measures.

- (c) In such situations where life-saving and essential medicines are urgently required and not available at PC (due to non-supply by SEMO), such medicines may be procured through ALC as an interim measure. These ALC demanded medicines are expected to be delivered within 48 hrs.

Additionally, SEMOs are authorized to procure life-saving medicines for ECHS patients on an emergency basis, even if the medicines are not included in the CDL list, ensuring critical case.

(d) NA Medicines worth ₹ 230 Cr were bought last year. Last report is to purchase generic medicines only, in the interest of large number of beneficiaries.

(e) Beneficiaries should not insist on branded medicines prescribed by doctors in emp hosp as there is no proven for procurement of this Generic equivalent will be provided by one of the above means.

35. **Grievance Redressal Mechanism.** Veterans report difficulty in complaint resolution. Recommendations:-

(a) Establish dedicated grievance cells with defined timelines.

(b) Enable SMS/app-based complaint tracking.

ECHS Reply. Grievance module is under prep by SDCPL. With launch of module, each stakeholder will have resp to address the issue in a time bound manner. It is also confirmed that all efforts are being made to resolve the grievances in most effective ways in a time bound manner.

36. **Improvement and Awareness of ECHS Mobile App.** App usage is limited due to lack of features and awareness. Proposal:-

(a) Upgrade app to include appointments, referrals, and reimbursement status.

(b) Conduct user training at polyclinics.

ECHS Reply. Upgraded mobile app has been launched.

37. **Transport/ Ambulance Assistance for Senior/Disabled Veterans.**

Requisition of Ambulance with requisite Paramedical Staff from empanelled hospitals/ Service Hospitals during Golden Hours of Emergency (during MI, Brain Stroke, Pulmonary cases or medical emergency) by veterans who are old and living by themselves be allowed. Even payment for services by beneficiary patient's family may be considered for which CO ECHS may consider inclusion of desired clause in the ECHS MoU with empanelled /Service Hospitals.

ECHS Reply.

(a) Ambulance services for picking up patient on call in emergency is not part of any CGHS package rate. However, ambulance from empanelled hospital is mandatory only if patient is admitted in empanelled hospital and if patient required referral to higher hospital.

(b) However, with involvement of Stn HQs, local arng for bedridden or immobile patients can be made utilizing stn welfare funds/other non PF.

Issues Projected to 8th CPC

38. Points received from members for 8th CPC has been fwd to CPC by email dt 11 Jul 2025. These included the following:-

- (a) Modified Assured Carrier Progression (MACP).
- (b) Double Increment on Promotion to Next Rank.
- (c) Enhanced Rate of Family Pension (ERFP).
- (d) Additional Pension for over age from 65 years instead of 80 years.
- (e) Financial Benefits for Honorary Ranks.
- (f) Pay for JCOs and Pay Level.
- (g) Higher Rank Pay/Pension not less than lower Rank of Equal Service.
- (h) Military Service Pay.
- (j) Restoration of Disability/War Injury Pension and replace impairment Relief as defined in MoD letter dt 21 Sep 2023.
- (k) Restoration of Commutation Portion of Pension (CPP) from 15 years to 12 years.
- (l) Gratuity Weightage from 5 years to 10 year.
- (m) Draft Fixation of Basic Pay for all Rank in 8th CPC.

Ongoing Court Cases Status

39. Cases in AFT No. **248/13 & 431/14**, for implementation of Govt letter dated 24 Feb 1972. **Next date of hearing is 08 Jan 2026.**

40. Case for **"Priority For Admission In Professional Courses & Medical Colleges For Wards Of War Disabled Retained In Service"** filed in Hon'ble High Court Delhi in **WP No 3973/2022** dated **07 Mar 2022**. Next date of hearing is awaited.

41. **Enhanced / Liberalized pension for the Widows of War Disabled Soldiers / Battle Casualties** WP(C) **14747/2023**. The case was listed for hearing in Delhi High Court on 30 Oct 2025. This bench is fixing dates with 6 Months gap. The advocate is filling request to Chief Justice for the change of Bench.

42. **WP No 953/2019** dated **26 Jul 2019** on **"Exemption of Income Tax for War Disabled Soldiers / Battle Casualties retained in Service"** The matter was last fixed for hearing on 18/12/2024. Next date of hearing awaited.

DIWAVE – Follow Up Ongoing Issues.

43. **Constant Attendance Allowance .** **DIWAVE**, once again requested to Secretary, DESW to consider our War Disabled Veterans genuine concern and

recommend the Enhancement of CAA by 25% from the existing Rs. 6750/- to 8438/- per month with effect from 01 Jan 2024.

44. **Grant of Enhanced Pension Of 20% On Completion Of 79 Years Of Age.** The various AFTs & High Courts have issued orders that 20% enhanced pension should be granted on completion of 79 yrs of age instead 80 yrs of age. The Gauhati High Court on 15/03/2018 gave judgment to grant the same was challenged by Govt of India by filling SLP in Hon'ble Supreme Court and SLP was dismissed on 08/10/2019. **DIWAVE** has requested to Secretary, Defence Finance, for issue of directions to enhanced 20% pension of all soldiers on completion on 79 years at earliest.

45. **Special Vehicle Number Plates And Other Concession In Recognition, Respect And Honouring The Sacrifice Of War Disabled Soldiers / Battle Casualties.** DIWAVE once again requested that special vehicle number plates and other concession in recognition, respect and honoring the sacrifice of War Disabled Soldier / Battle casualties may please be considered. The minor gestures not only create respect honour and recognition of the sacrifice of the War Disabled Soldiers / Battle Casualties in the mind of public, also encourage the serving soldiers to perform their duty without fear and sends invite to the young to join Armed Forces.

Follow up Issues of Veterans.

46. **Grant Of War Injury Element In R/O No. 4184759k Hav Naayan Singh (Retd).** DIWAVE have received an application from No 4185759K Hav Nayan Singh (Retd) who is a 50% War Disabled Soldiers of 15 KUMAON. He has not been paid correct rate of War Injury Element. The individual was granted 40% War Injury Element (rounded of 50%) he has been paid disability element @ 5715/- instead of War Injury Element. DIWAVE again request to concerned department for the same.

47. **Application For The Grant Of Daughter's Marriage In R/O No. 3385990m Sep Shamsher Singh.** DIWAVE have received an application along with required documents for financial assistance for daughter marriage grant in r/o No 3385990M Sep Shamsher Singh of Sikh Regiment. DIWAVE has written to R & W section DIAV for the same. DIWAVE received confirmation from R & W Section vide letter no B/45391/Gen/AG/ R&W on 25 April 2025 His application is now being progressed for verification by section maintaining the database. Thereafter, his name will be included in payment list.

48. **Refund Of ECHS Amount.** DIWAVE has taken up case with PCDA (P) for the refund of ECHS amount charged from NO 2792078F NK Kakade Sanjay Vasant and No. 13621900P Hav Shaminder Singh.

49. **Revision Of War Injury Element.** DIWAVE has taken up a case regarding none reflecting War Injury Elements in the PPO of No 14804038Y Ex NK Aswar Ganesh Shriram with PCDA (P). A corrigendum PPO duly reflecting War Injury Element has been issued to the individual on 02 April 2025.

50. **Massive Deduction In Pension Without Intimating Reason.** DIWAVE have received an application from Ex Nk Farmaji Variva Regarding deduction in pension without intimating any reason. DIWAVE has approach all concerned departments for the same. Now he has received correct pension amount in his account for last months. He has donated Rs. 21001 /-as goodwill gesture.

51. **Grant Of State Government Concessions To War Disabled Soldiers No. 1392738 Ex Nk Mohammad Firoz Khan.** Ex NK Mohammad Firoz Khan was a Battle Casualty with 60% disability. He had sustained IED blast and his right leg below the knee has been amputated during his medical treatment to save his life. He was discharged from service in 01 Feb 2008 after completion of total service of 20 years 10 Months. However, authorities are not responding inspite of many letters written to Director Sainik Kalyan Vibhag Jaipur. In view of above DIWAVE wrote letters and requests concerned authorities for necessary action.