


PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, Dr. Rakesh Kumar [Name] CMO/CMS
have perused the documents presented before me by Sri [Name
of the Officer]., ID No. UP6240 . Designation ADJ. P.O. Court Distt. Sonbhadra
and place of posting OR on his behalf by
Sri Chandea veer Singh . . Relation with the officer E/o. Amit. veer Singh, ADJ
Phone No. 9412582525 . .

- I. I have personally examined Sri/Smt./Sushri. Chandea veer Singh
who is suffering from the disease/syndrome/disability CAD (D.V.D.) E stenting to LAD
[Name of the disease] and in my opinion he/she may require (25/10/2023)
frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. Chandea veer Singh is
suffering from the disease/syndrome/disability/disorder CAD (D.V.D.) E stenting to LAD
[Name of the disease] and the disease(s) find(s) mention at
paragraph no. XI of the Annexure-I enclosed herewith.
- III. In my professional opinion and assessment, I am convinced that the
treatment/management of the above-mentioned disease/syndrome/
disability/disorder in paragraph two above is possible at the districts
mentioned by the officer in his/her application submitted to Hon'ble
High Court.
- IV. The treatment/management of the above-mentioned disease/
syndrome/disability/disorder in paragraph two above is also available
at the districts namely lucknow, Prayagraj, Kanpur, Varanasi, New Delhi, etc.
- V. I am aware that this document may be presented by the competent
authority/applicant for further use by a competent Medical Board.
- VI. This document shall be valid only for October - 24 months only.

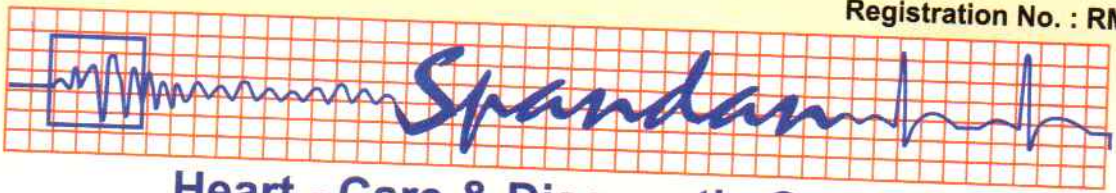
Rakesh Kumar Jan
डा० रीश कुंर
परिष्ठ पराग इंडिया हृदय रोग विशेषज्ञ
जिला चिकित्सालय, मुजफ्फरनगर


Signature with seal
(C.M.O./C.M.S.)

Name: Dr. Rakesh Kumar
ID No.:
Designation: CMS
Telephone No. 9454455282
Mobile No.

Chief Medical Superintendent
District Hospital [Mate]

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.



Heart - Care & Diagnostic Centre

41-A, Main Road, Sadar Bazar, Muzaffar Nagar (U.P.)-251001, Ph. : 0131-2635353, 9411646066 Fax No. : +91-0131-2635263

Ref. No.

Medical & Fitness Certificate

Dated : 16/02/2024

To Whom It May Concern

C.S.
14
19-02-2024

This to certify that Mr Chandraveer Singh aged about 77yrs S/O Late Shri Bhanwar Singh R/O 3-A Mundate House Pachenda Road Muzaffarnagar (UP) whose signature is attested below is under my treatment since 20-07-2022 as a case of NSTEMI (non ST elevation myocardial infarction).

He was referred to GB Pant hospital New Delhi where his PTCA and stenting (two stents) was done 25-10-2023 and since then he is under my follow up and treatment.

Signature Attested

16/02/2024
Dr. R.B. Singh
Senior Consultant Cardiologist
Spandan Heart Care & Diagnostic Centre
Muzaffarnagar

16/02/2024
Dr. R.B. Singh
Senior Consultant Cardiologist
Spandan Heart Care & Diagnostic Centre
Muzaffarnagar

Senior Consultant Cardiologist

For Spandan Heart Care & Diagnostic Centre

41-A, Main Road, Sadar Bazar

Muzaffarnagar (251001)

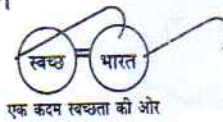
Counter Signed

19/02/2024
Chief Medical Officer
Muzaffarnagar

19/02/2024

DEPARTMENT OF CARDIOLOGY

गोविन्द बल्लभ पन्त स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
 GB PANT INSTITUTE OF POST GRADUATE MEDICAL
 EDUCATION & RESEARCH (GIPMER)
 (GOVT. OF NCT OF DELHI)



DISCHARGE SUMMARY

CONSULTANT Dr. Jamal UNIT II

नाम Chandrasis Singh उम्र 77y लिंग M वा.रो.वि.सं. OPD No.

भर्ती की तिथि 15/10/22 छुट्टी की तारीख 26/10/23 सी.आर.नं. 560767 वार्ड नं. 11
 Date of Admission Date of Discharge CR No. Ward No.

निदान CAD / Au / ANTERIOR / CAD-DVD / HTN / CHA (2021) / EF 60%
 Diagnosis

कार्डिएक कैथ नं. ANGIO No. A1 1958 तारीख 25/10/23
 Cardiac Cath No. Date

पेसमेकर Date टाइप Type पी.एम.सी.नं. PMC No.
 Pacemaker

क्लीनिकल नोट chest pain
 Clinical Notes
PR - 80/min DM
BP - 160/80 HTN
SpO₂ - 98% RA smoking
CVS - S, S₂ ⊕
RS - B/LAF ⊕

अस्पताल में भर्ती के दौरान इलाज PTCA to (1) mLAD (2.75 x 3.8) / (2) pr-mLAD (3 x 1.8). (ultimaster)
 Treatment given & course during Hospital stay

डिस्चार्ज के समय अवस्था pt is haemodynamically stable
 Condition at Discharge Local site ⊕
NO ongoing chest pain.

पी.टी.ओ.
 P.T.O.

GIPMER

जाँच / INVESTIGATIONS



हिस्ट्री
History

Hb - 11.4
 TLC - 6,200
 DLC - 67/28/3/2
 ESR
 BL Sugar - F-87.6
 BL Urea - 13.6
 S Cholesterol
 HDL Cholesterol
 S. Triglyceridel
 S. Uriacid
 Trop T
 CPK
 CPK MB

ELECTROLYTES

एन/ए/ N.A.
के/ K

PLT - 1.65 L
 S. Creatinine - 1.3
 SGOT/PT
 ASO/CRP
 BL Culture
 BL Group
 HBs Ag
 CT
 OT

पेसाब
URINE

RE
MICRO

URINE C/S

अन्य
Others

Tridot (+) - NA
 Covid - NA

CXR

ECG

E.F.% 60%

ECHO

TMT

HOLTER

EPS/INTERVENTION

CATH & ANGIO

LMCA

100% Bif

RCA

DN reat 50%

LAD

79% , open 95%

LVEF

LCx

100%

Lvedp

TREATMENT ADVISED

etc diet

- 1. Escoprin 75mg on 10PM
- 2. Atenolol 40mg on 10PM
- 3. pantop 40mg on 10PM
- 4. Aspirin 75mg on 10PM
- 5. atorvastatin 20mg on 8AM
- 6. deplat 75mg on 8AM
- 7. ELAVIX A 0.145 75/75

FOLLOW UP : TO ATTEND CARDIOLOGY CLINIC (ROOM NO. 431) ON Mon. (Wed.) Fri./Tue./Thurs./Sat. 10 AM

JR - RESIDENT

SENIOR RESIDENT

In case of Emergency contact: 23235453 (CCU)



21

Angioplasty Report Department of Cardiology

Name: Chandrarvir Singh Age/Sex: 77Y Consultant I/c: Dr. Jamal

Team (SR/Staff) _____

Cath No: _____ Angio No: 1958 Date: 25/10/23

Clinical Diagnosis: _____

Risk Factors: _____ EF% _____

CAG Profile: _____

Procedure: _____

Route: PFA Guiding Catheter: JR/32 Anaes: LA Heparin: 7000

Guide Wire used: Whisper

Predilatation balloons: _____

Stent: PFA → M LAD LAO: M LAD 99%
→ PFA → M LAD Distal 95%

Postdilatation balloons: _____

Intracoronary drugs: _____ LEO: N

End result: TIMI 3 flow REA: M LAD 90%

Post Procedure orders:

- Immobilize limb, Pulse & B.P. Checkup
- Continue Antibiotic
- ECG monitoring
- Remove Check flow when ACT < 180 Sec



Senior Resident

Consultant

PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, Dr. Rakesh Kumar [Name] CMO/CMS,
have perused the documents presented before me by Sri [Name
of the Officer]., ID No. UP6240. Designation ADJ PCCO Court, Distt. Sonbhadra
and place of posting OR on his behalf by
Sri Smt. Pushpa Singh Relation with the officer Mother of Sh. Amit Vee Singh, ADJ
Phone No. 9627954141

- I. I have personally examined Sri/Smt./Sushri. Pushpa Singh
who is suffering from the disease/syndrome/disability (CAD C. Stenting to LAD CABG
[Name of the disease] and in my opinion he/she may require (21-7-2022)
frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. Pushpa Singh is
suffering from the disease/syndrome/disability/disorder (ADJ Stenting to LAD CABG
[Name of the disease] and the disease(s) find(s) mention at (21/7/22)
paragraph no. 8 & 8 of the Annexure-I enclosed herewith.
- III. In my professional opinion and assessment, I am convinced that the
treatment/management of the above-mentioned disease/syndrome/
disability/disorder in paragraph two above is possible at the districts
mentioned by the officer in his/her application submitted to Hon'ble
High Court.
- IV. The treatment/management of the above-mentioned disease/
syndrome/disability/disorder in paragraph two above is also available
at the districts namely lucknow, Prayagraj, Kanpur, Varanasi, New Delhi, etc.
- V. I am aware that this document may be presented by the competent
authority/applicant for further use by a competent Medical Board.
- VI. This document shall be valid only for months only.

20/7/2025

Rakesh Kumar Jais
डा० बी० के० जैन
द्वितीय परामर्शदाता (हृदय रोग विशेषज्ञ)
दिल्ली चिकित्सालय, मुजफ्फरनगर

21.02.24

Signature with seal
(C.M.O./C.M.S.)

Name: Dr. Rakesh Kumar
ID No.:
Designation: CMS
Telephone No. 945445202
Mobile No.

Chief Medical Superintendent
District Hospital (Male)
Muzaffarnagar

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.



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Ref. No.

Dated : 16/02/2024

Medical & Fitness Certificate

To Whom It May Concern

C.S.
(14)
19-02-2024

This to certify that Mrs Pushpa Singh aged about 72 years W/O Mr Chandraveer Singh R/O 3-A Mundate House Pachenda Road Muzaffarnagar (UP) whose signature is attested below is under my treatment since 20-01-2022 as a case of HTN, DMT2, CAD, NSTEMI (non ST elevation myocardial infarction).

She was referred to higher centre (Max Hospital Dehradun) where her PTCA and stenting was done twice 31-01 2022 stent to LAD and PTCA stent ISR LAD on 16-05 2022 and again developed chest pain and CAG revealed restenosis for which her CABG was done at Max Hospital Saket Delhi on 21-07-2022.

Since then she is under my follow up and treatment.

पुष्पा सिंह

Signature Attested

Dr. R.B. Singh
Senior Consultant Cardiologist
Spandan Heart Care & Diagnostic Centre
Muzaffarnagar

(Dr. R. B. Singh)
Senior Consultant Cardiologist
Spandan Heart Care & Diagnostic Centre
Muzaffarnagar

Senior Consultant Cardiologist

For Spandan Heart Care & Diagnostic Centre

41-A, Main Road, Sadar Bazar

Muzaffarnagar (251001)

Counter Signed

Chief Medical Officer
Muzaffarnagar
19/02/2024

Patient Name: Mrs. Pushpa Singh
 Age / Sex: 72 year(s) 7 month(s) 29 day(s) / Female
 MaxId: SKMS.543509
 Doctor Name: Dr. Rajneesh Malhotra
 Department: Cardiac Surgery

Location: Saket (DDF)
 Date: Wednesday, August 30, 2023 2:36 PM
 Invoice No: SKCS4225141
 Referred By: SELF
 Speciality: Cardiac Surgeon.

Allergy: No Known Allergy

BP 136/76, HR 71

Past History

CABG x 4 on Beating Heart (LIMA to LAB, RSVG to Diagonal, OM1 and OM2) on 21.07.2022
 CAME FOR ROUTINE FOLLOW UP

1 FROZEN Shoulder

Medicine Advised

Sno	Medicine	Schedule	Instruction	Route	Days
1	STARPRESS-XL 25MG TAB (1X15) (METOPROLOL 25 MG)	TWICE IN A DAY	9AM-9PM	ORAL	<i>90 180</i>
2	RASTROL GOLD 20MG TAB (1X10) (ASPIRIN 75 MG + CLOPIDOGREL 75 MG + ROSUVASTATIN 20 MG)	ONCE IN A DAY <i>≡</i>	9PM	ORAL	<i>90 180</i>

Pain 3, Tabs NUCOXIA MR 1 Tab x 1 BD x 3 days

CP / SOS -

4. Contractubax

Dr. Rajneesh Malhotra
 Vice Chairman & Head- CTVS
 DMC No. :6598

(CONTRACTUBAX) ointment

Rajur

5. Continue antidiabetics

6. Follow up

after 3 months

on SOS

- Investigations to be done** *above*
- CBC
 - SERUM UREA/CREATININE
 - SERUM SODIUM/POTASSIUM
 - URINE-R/M
 - LFT
 - BLOOD SUGAR-FASTING/PP
 - HBA1C
 - LIPID PROFILE
 - URIC ACID
 - PT/APR
 - TSH
 - ECG
 - 2D ECHO
 - XRAY CHEST (PA-VIEW)

Rajur





Dr. Mukesh Jain

CONSULTANT ORTHOPAEDIC SURGEON

Dr. Anubhav Jain

CONSULTANT ORTHOPAEDIC &
JOINT REPLACEMENT SURGEON

Dr. Siddhant Jain

TRAUMA & ARTHROSCOPY SURGEON

C.S.
14
19-02-2024

Date 14/02/2024

To whom so ever it may concern.

This is to certify that Mrs. Pushpa Singh age 70yrs/F W/O Mr. Chandra Vir Singh R/O H.no. 3, A- Mundati House Pachanda Road Muzaffarnagar (U.P.) as a case of L4- L5 Spinal Listhesis was admitted in our hospital on 09.07.2021 & D.O.S. 11/07/2021 and Discharged on 16/07/2021. Patient is under my treatment regularly.

Dr. Mukesh Jain

M.S.

Regd No 20828

Counter Signed

190224

Chief Medical Officer

Muzaffarnagar 19/02/2024

Spinal fusion → 2yr back

Candax Bupron - 1yr Back
Mrs. Pankha Singh 72

① In Denusinal spc One in 6 med ✓
Ind dose on 8/8/2023

② Rock Bone daily ✓

③ Divin wooly ✓

o Shoulder exo ✓ + Sued

o Foot pain ✓

o Ted ultraet semi

o Neurolyse R idly

8/8

Ino Jain

14/11. Back Exo, Kuroel

Tai Proximal 1.0 AD

Ino Jain

As per the documents
presented, Patient's
surgery of spine (Decompression
& post. stabilization) was
done on 11.07.21. She is
being followed up there
as per (Dr. Mukesh Jain)
the certificate
dated - 14.02.24

Dr. Urvashi
21.02.24

डा. उर्वेश सिद्धीकी

वरिष्ठ ऑर्थो. सर्जन
जिला अस्पताल (पुरुष), मु.नगर

स्वामी कल्याण देव राजकीय जिला चिकित्सालय

जनपद - मुजफ्फरनगर

बाह्य रोगी टिकट



पंजीकरण संख्या- 0027361

दिनांक- 21-Feb-2024

रोगी का नाम- CHANDER VEER SINGH

समय- 11:18:39

आयु- 77

कमरा संख्या- 00

लिंग- Male

भुगतान- Paid

मोबाइल नंबर-

दिनांक	उपचार
	<p>Dr. R.K. Jami 21.2.24</p> <p>According to reports of G.S. Pant Jellie of 25.10.23 he is a case of (HBM) & MSTEMI & PAST LAD & needs life long domoitory treatment & regular checkups.</p> <p>डा. री. के. जैल बरिष्ठ पत्रकारिता (हृदय रोग विशेषज्ञ) जिला चिकित्सालय, मुजफ्फरनगर</p>

स्वास्थ्य विभाग आपके शीघ्र स्वास्थ्य लाभ की कामना करता है।

नोट: यह पर्ची केवल 15 दिन तक मान्य है।