

भारतीय गैर न्यायिक

दस
रुपये
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10 NOV 2023



TEN
RUPEES
Rs.10

INDIA NON JUDICIAL

उत्तर प्रदेश UTTAR PRADESH

79AE 333798

Serial No. 1148
Date 21/02/24

शपथ पत्र

समक्ष-सक्षम अधिकारी ।

शपथ पत्र द्वारा स्वप्न आनन्द पुत्र अजय कुमार शुक्ल मुख्य न्यायिक मजिस्ट्रेट ID

No.UP1929 जनपद गाजीपुर (उ0प्र0) में कार्यरत हूँ।

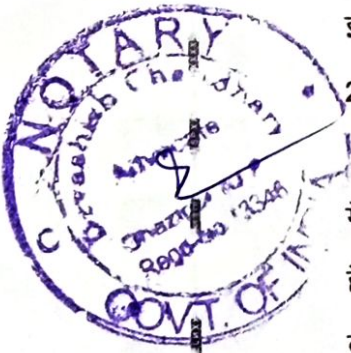
- 1- मैं सशपथ बयान करता हूँ कि हम शपथकर्ता उपरोक्त पते पर कार्यरत है ।
- 2- मैं सशपथ बयान करता हूँ कि मेरे द्वारा वार्षिक स्थानान्तरण के सम्बन्ध में ई-पोर्टल पर तथा प्रार्थना-पत्र दिनांकित 19.02.2024 एवं प्रार्थना-पत्र दिनांकित 21.02.2024 द्वारा दी गयी सभी सूचनाएं एवं दस्तावेज सही एवं सत्य है ।

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21.2.24

3/21/24

मैं स्वप्न आनन्द तस्दीक करता हूँ कि उपरोक्त शपथ पत्र मेरी जानकारी में सही है इसमें कोई बात असत्य नहीं है । इसका सत्यापन आज दिनांक 21.02.2024 को कचहरी गाजीपुर में किया गया ।



NOTARY
GHAZIPUR (U.P.)

ह0

21.2.24

3/21/24

19/2/2024 4481

रवण आनंद 510 अजय कुमार शुक्ल मुला भाईक
निलदेर गाजीपुर

जमा अहमद
जमाल अहमद
स्टाम्प विक्रेता सां 10-60
कि अवधि 31 मार्च 2025
दीवानी कचहरी गाजीपुर

रवण आनंद
अजय कुमार शुक्ल
सी. जे. एम. गाजीपुर
19/2/24

S Ad
21/2/24

Guilias
रवण आनंद

NOTARY
District- Ghazipur (U.P.)
21.2.24



From,
Swapna Anand
C.J.M.,
Ghazipur
ID No. UP1929

To
The Registrar General
Hon'ble High Court Allahabad,
Prayagraj

Through
The District and Sessions Judge
Ghazipur

**Subject : Submission of documents in support of grounds mentioned
in transfer/ stay application**

Respected Sir,

With all humility, I have to say that I have applied for the stay of transfer from my present place of posting i.e. Ghazipur under guidelines given in C.L. No. 28/Admin. (Services)/2023, dated 30.09.2023. By Letter No.73/Admin.(services)/2024 dated 08.02.2024 and by Letter No.94/Admin.(services)/2024 dated 19.02.2024, documents and information in support of grounds have been called for. In this connection, I have to say following things:

- i My mother has been suffering from Parkinson Disease(PD). It is well known that presently medical science has no cure for the disease and treatment is limited to alleviating the symptoms only. The disease has caused permanent disability to my mother. As such, she constantly needs an escort to medically and physically support her. Further, special arrangements have to be made in the house to suits her daily requirements. Albeit, she is not financially dependent on me, but after retirement of my father in January 2022, my parents have been living with me and I am duty bound to support my mother.
- ii It is important to mention that Parkinson disease is listed in the schedule of The Rights of Persons With Disabilities Act, 2016. As per the transfer policy of Uttar Pradesh Government No.5/2023/262/Samanya/47-ka-4-2023 dated 7.6.23 a personnel having dependent disabled family member shall be exempt from general transfer. As per the said policy, transfer of such personnel can be made only when there are serious complaint or when there are some other unavoidable reason.
- iii My niece Prashansha about 4 years of age is suffering from Ependymoma – a rarest of rare brain cancer. She was operated at Fortis Hospital, Gurugram, Haryana in February,2023 and her follow up treatment is going on at SGPGI, Lucknow. She is not financially dependent on me as her father i.e. my brother is Judicial officer in Bihar Judicial Service. However, as the cost of her treatment is


enormous and continuous, I also contribute financially in her treatment. Moreover, as my brother is servicing in Bihar and the follow up treatment is going on at SGPGI, Lucknow, I have to provide assistance and care as her case is very serious and rare.

Thus my old mother is disabled and my young niece is suffering from deadly cancer. Condition of both are such where treatment is very limited and cure is almost impossible. My family is going through a tough phase. In such situation I want peace and stability and therefore, I entreat to exempt me from general annual transfer due in April/May of 2024, so that I may perform my official and personal responsibilities in perfect balance. Therefore, I request your goodself to put my application before Hon'ble Court for kind and sympathetic consideration of my earnest prayer to allow me to stay at Ghazipur which is near to my native place Ballia, for just one year. For this act of kindness, I shall be grateful.

With profound regards,

Dated: 21.02.2024

Yours faithfully


Swapna Anand

Annexures

- 1- Remarks of CMS on prescribed proforma
- 2- Copy of Disability certificate of mother, verified by CMO.
- 3- Copy of medical papers of Niece Prashansa, verified by CMO
- 4- Affidavit in support of application.

372/ख
कमांक..... दिनांक..... 22.02.24
अग्रसारित
मु. न. ग. उ. च.
22.02.24
1/2 जनपद न्यायाधीश
गाजीपुर
22.02.2024

INVESTIGATION: All investigations were handed over to the patient.

PROCEDURE: MLSOC + Tumour excision was done under GA on 17.02.2023

COURSE IN THE HOSPITAL: Child was admitted and evaluated in detail. Relevant investigations were done. Child was started on IV fluids, IV antibiotics, nebulization and other supportive measures. CBC showed Hb: 14.2, TLC 13.28, PLT 355, SGOT 33, SGPT 9, GGT 10, total bilirubin <0.15, ALP 252, BUN 14, creatinine 0.44, sodium 137, potassium 3.51 and chloride 107, PT 12.5, INR 1.10 and APTT 28.5, RBS 88, hepatitis B and C were negative. MRI brain with whole spine screening done which showed evidence of mass lesion in the 4th ventricle, measuring 3.3 x 4.2 x 4.9cm. It appears heterogeneously hyperintense on T2/FLAIR images and hypointense on T1W images. On DWI, focal area of diffusion restriction is noted within the lesion. Focal area of susceptibility changes is noted within the lesion to suggest microvasculature. The lesion is seen to extend to the right CP angle and the IAC through the foramina of Iuschka on both sides (right > left). It is also seen encircling the medulla and upper cervical cord on the right side and pushing the tonsil inferiorly. On post contrast study shows heterogeneous enhancement. It is causing obstruction to the ventricular system with upstream dilatation of the 3rd and lateral ventricles with periventricular ooze. Neurosurgery consultation was taken and advice followed.

DISCUSSION: Attendants were explained about the management options, and the prognosis of the condition. Attendants were informed regarding the nature of disease, close proximity of the tumor to critical neurovascular structures, risk of permanent neurological deficit, risk of post-operative prolonged ventilation, need for tracheostomy were discussed with the patient's attendants. After understanding the pros and cons of surgery, she underwent MLSOC +tumour excision under GA on 17.02.2023. She tolerated the procedure well. Post procedure she was shifted to PICU for further care. On POD 5 she was shifted to ward for further care. Postoperatively patient developed irritable, cry and mutism which is now gradually resolving. Patient has developed tongue paresis which is resolving, patient is able to swallow small bits of food. Her vitals, input and output were closely monitored. MABGIS team consultation was taken for constipation, and advice followed. CVP line was removed on 27.02.2023. Multiple sessions of physiotherapy were given. The child is being discharged in stable condition. patient requires radiation therapy for further management of the tumour. Patient is referred to center of attendants choice (SGPGI Lucknow) for further adjuvant radiotherapy.

MEDICATIONS GIVEN:

- Inj. Supacef
- Tab. Lanzol Junior
- Syp. Levera
- Zytex Ointment
- Syp. Ibugesic Plus
- Inj. Emeset
- Inj. Dexa
- Syp. Cremaffin
- Dulcolex Suppository
- Tab. Dexa
- Tab. Emeset
- Tab. Diamox

दायालु निवासित
मुख्य चिकित्साधिकारी
गजीपुर

Self Attested
[Signature]

OPERATION NOTES

PATIENT'S NAME : BABY AMBE PRASHANSHA UID: 12295924
AGE : 3 YEARS IPID: 36419/23/1111
GENDER : FEMALE DATE OF ADMISSION: 15.02.2023
BED NO : 440 DATE OF OPERATION: 02.03.2023
ADDRESS : PRANPUR BALIYA PANCHFORA KHURD BALIA
TELEPHONE NUMBER: 8544426749

PRIMARY CONSULTANT: NEUROSURGERY TEAM - 1.

DIAGNOSIS:

- 4th Ventricle SOL ? Ependymoma

PROCEDURE: MLSOC + Tumour excision was done under GA on 17.02.2023

POSITION: Prone

OPERATIVE FINDINGS:

- Patient was positioned prone, head was fixed with no 3 pin head holder.
- Posterior vertical midline incision made frominion to C2
- Suboccipital bone and C1 vertebra were delineated
- Craniotomy performed and C1 laminectomy was done
- Y shaped Dural opening done
- CSF was released from the Cerebellomedullary cistern and the 4th ventricle
- Tumor Was Soft Suckable extraaxial lesion in the 4th ventricle reaching the right and left CP angles
- Moderately vascular , greyish yellow lesion
- Gross total excision of tumour done
- Aqueduct was seen and free flow of CSF seen
- 4th ventricle flow was free of tumour
- Dura was closed with local fascial graft and augmented with tisseal glue
- Skin And muscle were closed in layers

TREATING CONSULTANT
DR. RANA PATIR / DR MANBACHAN SINGH BEDI

Self Attested

गुरुग्राम मेमोरियाल रिसर्च इंस्टीट्यूट
मुख्य निमित्त अधिकारी

बाजपुर

DEPARTMENT OF NEUROSURGERY
DISCHARGE SUMMARY

PATIENT'S NAME : BABY AMBE PRASHANSHA UID: 12295924
AGE : 3 YEARS IPID: 36419/23/1111
GENDER : FEMALE DATE OF ADMISSION: 15.02.2023
BED NO : 440 DATE OF DISCHARGE: 02.03.2023
ADDRESS : PRANPUR BALIYA PANCHFORA KHURD BALIA
TELEPHONE NUMBER: 8544426749

PRIMARY CONSULTANT: NEUROSURGERY TEAM - I.

DIAGNOSIS:

- 4th Ventricle SOL: Ependymoma with Global loss of H3K27me3, CNS WHO grade 3

CHIEF COMPLAINTS:

- Headache x 5-6 days
- Gait ataxia x 3 days
- Increased irritation x 3 days

HISTORY OF PRESENT ILLNESS: Child was apparently asymptomatic 6 days back when she developed headache for 5-6 days. Child also had complaints of gait ataxia and increased irritation for 3 days. There was no history of fever, drooping of eye lids, deviation of mouth, trauma, difficulty in swallowing or seizure. The child was brought to FMRI and admitted for further management.

FAMILY HISTORY: Nothing significant

PAST HISTORY: Nothing significant.

EXAMINATION ON ADMISSION:

Weight: 12 kg
Temp: 98.4 °F
Heart Rate: 112 /min
Respiratory Rate: 28 /min
BP: 103/45 mmHg
SpO2: 98% at room air.

No pallor, icterus, clubbing, cyanosis, lymphadenopathy or edema.

Oral Cavity and Throat:

Respiratory System: Bilateral vesicular breath sounds. No adventitious sound.

Cardiovascular System: S₁S₂ normal, no murmur.

Abdomen: Not distended, soft, no tenderness, no organomegaly, bowel sounds heard.

Central Nervous System: No focal neurological deficit.

डा. अमित कुमार (MC) गजपुर
मुख्य चिकित्साधिकारी
गजपुर

Self Attended
A

Department of Radiotherapy
Regional Cancer Centre
Sanjay Gandhi Post Graduate Institute
of Medical Sciences

Raibareli Road, Lucknow - 226 014

Follow-Up Booklet

Name : Prasansha

Age 03 Gender CF

CR No 2023189860

RT - No. 549 / 2023

Date of Registration : 15 / 03 / 2023

Renewal Valid till : 11 / 03 / 2024

Consultant Dr. Shaleen KUMAR

OPD DAYS

Monday / Tuesday / Wednesday / Thursday / Friday

मुख्य चिकित्सा अधिकारी
राजीपुर

FOLLOW UP BOOKLET

Date	Treatment Prescribed
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31/7/2023

- MRI Brain (T1)
 - Report - LFT after treatment to see trend.

no. 4 of 6/11/2023.

[Signature]

25/10/23

file please *[Signature]*

25/10/23

con on Shagu Ma'an

Adv clinically NED

NV - 7/2/24 c LFT to see trend.

[Signature]

~~6/10/23~~

06/10/23

Send file to OPD

नाम प्रमाणिका
 मुख्य चिकित्साधिकारी
 बाजीपुर

[Signature]

FOLLOW UP BOOKLET

Date

Treatment Prescribed

~~06/02/24~~

→ ~~No~~ symptoms
↳ Mild imbalance

→ No progression of imbalance

→ Gradually improvement in walking

Nov. 13/05/24 *

Next MRI in October

सिद्धार्थ ठोकरकर
Specialist
मुख्य चिकित्सकीय अधिकारी
मस्तिष्क

