

From,
Mohd. Sapheek,
Spl Judge S.C/S.T. Act,
Sitapur.

To,
Registrar General,
Hon'ble High Court,
Judicature at Allahabad,

Through,
District Judge,
Sitapur.

Subject- **Representation regarding transfer.**

Respected Sir,

It is most humbly prayed that applicant has taken over the charge of Special Judge Scheduled Castes and Scheduled Tribes Prevention of Atrocities Act, Sitapur in compliance of notification no. 898/Admin(Services)/2024 (13April 2023) read with notification no. 1387/Admin(Services)/2024 (15/04/2024). Applicant prays as under regarding transfer from Sitapur to another district-

01- That the applicant's wife Mrs. Siddiqa Tahira was under abdominal pain and after investigation it revealed that she has a large cyst in her abdomen. She was operated on 06/05/2023 in Ashraf Memorial Hospital Shohratgarh Siddharthnagar. After operation once again she felt pain in her abdomen and after diagnosis it was cleared that another cyst is developed in her abdomen and she requires operation once again. After consultations with doctors my wife got operated second time in Fatima Hospital, Faizabad(Ayodhya) on 23/12/2023. Doctor has suggested that simultaneously developing of cyst in abdomen may be dangerous in future. So that applicant wanted to treat his wife in any higher centre of New Delhi.

02- That my daughter Sara Sapheek is studying abroad and pursuing her M.B.B.S. Applicant has to go to see off and receive her daughter from New Delhi Airport when she came and there is no better rail connectivity is available from Sitapur to New Delhi.

03- That the applicant originally belongs to Kunda District- Pratapgarh and there is no direct railway connectivity is available from Sitapur to Kunda, Pratapgarh. So applicant has a trouble to move his parental home.


04- That the applicant is seeking his transfer from Sitapur to another station like Bareilly, Moradabad, Amroha, Rampur , Hapur which are on direct railway track to his native district and from where he could reach easily to New Delhi to treat his wife.

It is therefore applicant so humbly prayed to place his representation before the hon'ble court and also prayed to get it allowed. Applicant will be ever grateful to the hon'ble court.

Dated- 24/04/2024

With regards

Enclosure
As above


24.04.24
(Mohd. Sapheek)
Special Judge, S.C/S.T. Act,
Sitapur.

OFFICE OF THE DISTRICT JUDGE
SITAPUR
NO 1285/2024 DATE 24.04.2024
FORWARDED
District Judge
Sitapur
24/04/24

Diagnostic Centre

Ali Mandir, Daudpur, Gorakhpur
8429965528



Dr. (Mrs.) Sarwat

MBBS, D
KEM Hospital Mu
Consultant Radiol

ID-UX2304

REPORT

PATIENT NAME- MRS.SIDDIQA TAHERA

04 NOVEMBER 2023

REF BY- P.H.C.BANSI. SIDDHARTHANAGAR

AGE/SEX 47Y/F

USG: WHOLE ABDOMEN & TVS

Liver -Enlarged in size (15.5 cm). Inhomogeneous echo texture. No IHBR dilatation / focal SOL is seen.

Gall bladder - Partially distended. No calculus in lumen. Wall thickness is normal.

CBD -normal. PV - 11.0 mm (normal). porta - normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (11.0 cm) and echotexture. No focal lesion is seen.

Diaphragmatic movements are within normal limits on both side.

Right kidney- normal in size (10.0x3.9 cm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal. Ureter - normal

Left kidney- normal in size (10.0x4.7 cm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal. Ureter - normal

Urinary bladder is partially filled. Wall is smooth and regular. Lumen is echofree.

Uterus is postoperative status.

A 7.6x6.9x5.0 cm well defined cystic lesion is seen in left adnexa. Multiple smooth septation seen within. Multiple small papillae is seen. No evidence of solid component is seen.

Retroperitoneal vessels are normal. No retroperitoneal or mesenteric lymphnodes are seen. Psoas muscles are normal.

No evidence of ascitis is seen in abdomen.

IMPRESSION

- Mild hepatomegaly with fatty liver (grade II).
- A well defined cystic lesion is seen in left adnexa. Multiple smooth septation seen within. Multiple small papillae is seen. No evidence of solid component is seen. These features are s/o complex left ovarian cyst / peritoneal inclusion cyst (ORADS-4) . Correlation with CA125 is suggested.

Dr.Sarwat Ali
M.B.B.S.DMRD



Always Ahead

ARYAVART 1.5T MRI & 64 SLICE CT CENTRE

SUNANDA TOWER, BANK ROAD, GORAKHPUR Mob. : 8935001307

REPORT

I.D. NO	M23K04-S	November 4, 2023
PATIENT NAME	SIDDIQA TAHIRA	AGE/SEX 47Y/F
REF. BY	PRABHARI CHIKATSHA ADHIKARI CHC (BASHI)	ENC FILMS 04

CEMRI OF THE PELVIS

The urinary bladder does not show any focal abnormal wall thickening.

Uterus is postoperative status.

Vaginal stump appears normal. No focal lesion is seen on T1 & T2 wt images.

A 7.1x6.9x5.7 cm well defined cystic lesion is seen in left adnexa on T1 & T2 wt images. Multiple smooth septation seen within. Multiple small papillae is seen. No evidence of solid component is seen. Hyperintense area seen within on T1 wt images s/o hemorrhage within. Mild enhancement is seen in septation & wall of lesion on contrast study.

No evidence of free fluid or lymphadenopathy is seen in the pelvis.

IMPRESSION:

- A well defined cystic lesion is seen in left adnexa on T1 & T2 wt images. Multiple smooth septation seen within. Multiple small papillae is seen. No evidence of solid component is seen. Hyperintense area seen within on T1 wt images s/o hemorrhage within. Mild enhancement is seen in septation & wall of lesion on contrast study. These features are s/o complex left ovarian cyst (ORADS-MR-3) / peritoneal inclusion cyst. Correlation with CA125 is suggested.

DR. VIKRANT AGRAWAL
D.M.R.D, DNB

DR. SARWAT ALI
D.M.R.D

(Consultant Radiologist)

THANKS FOR THE REFERRAL

THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE. ANY MEDICAL QUERY OR TECHNICAL ERROR SHOULD BE CONSULTED IMMEDIATELY.

Timings : 8.00 a.m. to 9.00 p.m. | Ambulance Available | Emergency Services : 24 Hours

सुविधाएँ • PET/CT- कैंसर जांच की अत्याधुनिक सुविधा
• GAMMA CAMERA

सुविधाएँ • एम आर आई (1.5 T) • इलास्टोग्राफी/एआरएफआई
• कम्प्यूटराइज्ड डिजिटल एक्स-रे • 4D कलर डॉपलर • बी एम डी.
• 64 स्लाइस सी टी • अल्ट्रासाउण्ड • पैथोलॉजी • ई सी जी • ईईजी



DISHA DHRUV DIAGNOSTICS

दिशा ध्रुव डायग्नोस्टिक

3/64, JAWAHAR LAL NEHRU ROAD, BALSON CROSSING, ALLAHABAD

Pt. Name. Siddhika

47 Yrs/ Female

Date: 06.12.2023

Advised By Dr: Prabhari Chikitsa Adhikari

U.S. Scan ABDOMEN (FEMALE)

LIVER : Normal size, Surface is smooth. Echotexture is homogeneous. **Echogenesity of Parenchyma is increased.** No Hypochoeic area or echogenic foci seen in Parenchyma. Biliary Cholangioles are normal. PORTAL VEIN & IVC are normal.

GALL BLADDER: No echogenic Foci suggestive of Calculas are seen. CBD is normal caliber, echo-free content.

SPLEEN : Normal size .CAPSULE & Parenchyma are normal. SPLENIC VEIN is NOT dilated.

PANCREAS : Normal size, Contour & echo-texture. PANCREATIC DUCT is NOT dilated.

RIGHT KIDNEY: Measures 97.3 mm in length, 42.3 mm in breadth with normal Renal Parenchyma. No Renal Calculas or dilated renal collecting system seen. Ureter not dilated.

LEFT KIDNEY : Measures 105.9 mm in length, 48.4 mm in breadth with normal Renal Parenchyma. No Renal Calculas or dilated renal collecting system seen. Ureter not dilated.

URINARY BLADDER: Normal outline, wall, content.


UTERUS : Not visualized (Post - Operative).

Ovaries: Right ovary not visualized. Left ovary has thin walled anechoic cyst of 66.3 mm x 54.1 mm x 60.4 mm.

OPINION: Fatty Liver (Grade - 2) / Left Ovarian / Adenexal Cyst /Clinical Correlation.

Acid Peptic disorders, Appendicitis, Early Pancreatitis, & Intestinal Pathology may appear normal in sonogram.

Kindly co-relate clinically.


Dr. Prateek. Shukla
RADIOLOGIST
M.B.B.S, D.M.R.D.

Dr. D.N. Shukla
SONOLOGIST
BSc, M.B.B.S, D.M.R.D.
CT/MRI (AIIMS)

THIS IS A PROFESSIONAL OPINION AND NOT THE FINAL DIAGNOSIS, KINDLY CORRELATE CLINICALLY AND INVESTIGATE FURTHER IF REQUIRED.
REPORT IS NOT MEANT FOR MEDICO-LEGAL USE.
Discrepancies due to technical or typing errors should be reported for correction within seven days.
No compensation liability stands.



Fatima Hospital

Hauslia Nagar, Civil Lines, Near D.M. Residence, Faizabad-Ayodhya

Mob.: 9415846482, 8858708695

DISCHARGE CARD

Patient Name: Mrs. Siddiqua Taliba M/s. Mohd. Shafeeq Age/Sex: 47Y/F

Address: Tikariya Bujurg Kaurara Thaura Kaurda Pratapgaon Ward: PM-3

Doctor Incharge: Dr. Meera Ahmad Khan (MBS, MS) Referred by: Procedure: Cystectomy

Diagnosis: U. ovarian cyst D.O.P: 23.12.2023

D.O.A: 23.12.2023 D.O.D: 25.12.2023

Treatment advised

Tab- Oratill CV 500 BD

Tab- Metrogyl ER 600 BD

Cap- Vizylac rich BD

Cap- Pantop DSR OD

Tab- Ondem MD₄ SOS

Tab- Lincce 500 BD

Syp- Sorboline 5ml BD

हम कामना करते हैं कि आप स्वस्थ रहें।

Meraj Ahmad Khan

MBBS (K.G.M.U.)

MS (Surgery)

FMAS, FIAGES

A. Professor- MRAMC(Ambedkar Nagar)

Laparoscopic & Uro Surgeon

Member- Association of Surgeons of India

Timing : 10:00 AM to 12:00 PM

Sunday - Emergency Services

डॉ. मेराज अहमद खान

एम.बी.बी.एस. (के.जी.एम.यू.)

एम.एस. (सर्जरी)

एफ.एम.ए.एस., एफ.आई.ए.जी.ई.एस.

पूर्व ए. प्रोफेसर : एम.आर.ए.एम.सी. (अम्बेडकर नगर)

लैपरोस्कोपिक एवं यूरो सर्जन

मेम्बर- एसोसिएशन ऑफ सर्जन्स ऑफ इण्डिया

समय : 10:00 AM to 12:00 PM

रविवार - आकस्मिक सेवा

Patient Name..... Mrs. Siddiqua Tahira Age..... 48 Y M/F..... F.....

Date..... 25.12.2022

Pulse 84 bpm

Blood Pressure 128/78 mmHg

SPO2 98%

Temperature 97.6

FBS / RBS

Bx

Drugs:

Inj- Pipzo 4.5 gm IV T
Inj- Amikacin 500 IV T
Inj- Metrogyl 100 IV T
Inj- Pantop 40mg IV
Inj- Tranexa 1gm IV (slow)
Inj- Kaplin 1amp IM
Inj- Emsel 4mg IV
Inj- Tramadol 1amp IV

यह पर्चा कानूनी कार्यवाही के लिए मान्य नहीं है।

24 घंटे इमरजेंसी सेन्टर

• वेन्टिलेटर (कृत्रिम सांस लेने की मशीन) • दूरबीन विधि द्वारा पित्त की पथरी का ऑपरेशन। • दूरबीन विधि द्वारा हार्निया, अपेन्डिक्स, प्रोस्टेट ग्लैंड का ऑपरेशन। • बिना चीरा के बच्चेदानी का ऑपरेशन। • नार्मल एवं ऑपरेशन द्वारा डिलिवरी की सुविधा। • एक्टोपिक प्रेग्नेन्सी का ऑपरेशन। • दूरबीन विधि द्वारा गुर्दा पथरी, गुर्दा नली पथरी एवं पेशाब थैली पथरी का ऑपरेशन। • एनल फिशर, फिस्टुला, पाइल्स (बवासीर) का ऑपरेशन। • आँत का ऑपरेशन। • सभी प्रकार के ऑपरेशन। • पीडियाट्रिक्स सर्जरी। • पैथोलॉजी।



फातिमा हॉस्पिटल
LAPAROSCOPY, NEONATAL, PEDIATRICS AND MATERNITY CENTRE

1/13/15ए, हौसिला नगर, (मोदहा-गद्दोपुर के बीच)
सिविल लाइन्स, फैजाबाद, अयोध्या
मो.: 9415846482, 8858708695

DISCHARGE SUMMARY

UHID No. 2290 Bill No. 2907
Patient Name Mrs. SIDDIQA TAHERA Age & Sex 48 Y F
S/o, W/o, D/o Mr. MOHD. SAPHEEK
Address J.I. JUDGES COLONY BANSI SIDDHARTH NAGAR
Date of Admission 06/05/2023 Date of Operation 06/05/2023
Date of Discharge 08/05/2023
Physician/ Surgeon Dr. TARANNUM NASIM (M.B.B.S., D.G.O)

Diagnosis :- LEFT PELVIC CYST (POST TAH)

Investigation Data :-

INCLOSE

Operative Procedure/ Treatment :-

LAPAROSCOPY CYSTECTOMY

Condition on Discharge :- Cured / Relieved / Expired / LAMA / DOPR / Referred ✓

Discharge Medication :-

Rx
TAB. BIGCEF CV BD
CAP. GASOLAC LS BD
TAB. ZERODOL TDS
CAP. Q.LIAC BD
TAB. CLONAPAX 0.25 BD

Discharge Instruction :-

Follow up Appointments :-
AFTER 5 DAYS

[Handwritten Signature]
Dr. Tarannum Nasim
Signature