

From,

Devendra Singh II,
Principal Judge, Family Court,
Mahoba.

To,

The Registrar General,
Hon'ble High Court of Judicature
at Allahabad.

Letter No → 450/I-2023 Dated-22.12.2023

Subject: Representation regarding change of place of posting:-

Respected Sir,

Most humbly, it is to bring your kind notice that I, Devendra Singh II, Principal Judge, Family Court, Mahoba, have been transferred from the post of Presiding Officer, Motor Accident Claims Tribunal, Etawah to Mahoba as Principal Judge, Family Court vide Hon'ble Court's Notification No. 2726 /Admin.(Service)/2023 Dated: 18.11.2023 and in compliance of aforesaid directions, I have joined as Principal Judge, Family Court, Mahoba on 22.11.2023. I performed my duties as a judicial officer with full dedication and to my best knowledge in entire judicial service but I could face problems while serving in District Mahoba and would be difficult to do justice to my service and to myself due to following reasons.

(a) That I am the only son of my parents and my mother died when I was in class 12th and my father died in April, 2015 and I have to take care of my residential and agricultural properties at my domicile District Amroha. I have to go time and again to look after my property.

(b) That I had three sisters and two of them died due to ailment and I have to give support to them and to go to Amroha to take care of their children.

(c) That I have also been suffering from acute diabetes and needs family support at times.


(d) That my wife's sister Mrs Archana Gupta had been diagnosed with Cancer in year 2021 and has been under-going medical treatment since then in Delhi. I have to give support to them and to go to Delhi to take care of her as her children are not settled and her husband Mr Vijay Gupta is also suffering from acute Diabetes and other ailments and is also being medically treated.

(e) That my wife's brother-in-law Mr Deepak Gupta has been diagnosed with Cancer in year 2023 recently and has been under-going medical treatment since then in Delhi. I couldn't go to Delhi to take care of him and his children are not settled.



Recd (D) Sealed Reg. envelop

at 4:10 pm


22/12/23

(f) That my ailing mother-in-law is above 80 years who resides in District Amroha and needs love and care and it would be very difficult to periodically visit my mother-in-law from Mahoba. She also got very much affected due to this distant posting at this point of time.

(g) That Mahoba is approximately 575 kms from Amroha and Delhi and is not easily approachable place and due to my ailments sometimes I suffer psychological stress that compels me to go to Amroha and Delhi to look after my property as well as my aforesaid relatives.

(h) That I have already served full tenure in Maharajganj for 03 years and 09 months (2013-2017) and in Shahjahanpur for 04 years and in Etawah for 02 years and 07 months and it's my first representation in my entire judicial service and now I am requesting to give me a suitable place nearby Amroha and Delhi.

The Hon'ble Court may kindly be pleased to consider my request sympathetically.

I, therefore, request you humbly to kindly change my place of posting from Mahoba to some other place like that of-

- (1) Ghaziabad
- (2) Gautam Buddha Nagar
- (3) Hapur
- (4) Meerut
- (5) Bijnor

I would be highly obliged and thankful to the Hon'ble Court and to you to kindly consider my request and change my place of posting to any of the aforesaid places.

Dated: 22.12.2023

With due regards

Yours Sincerely

Devendra Singh
22.12.2023

(Devendra Singh II)

Principal Judge

Family Court, Mahoba.



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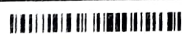
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SRF ID :	P10150886		
Registration No.:	102159679	Mobile No.:	9716659115
Patient Name:	Mrs. ARCHANA GUPTA	Registration Dt./Tm.:	17/12/2021 08:14:16
Age/Sex:	56 Yrs Female	Sample Col. Dt./Tm.:	
ID Card No.:		Report Dt./Tm.:	17/12/2021 19:12:01
Referred By:	Dr. Leena		
Referring Hosp.:	Rajiv Gandhi Cancer Institute & Research Centre		

WHOLE BODY FDG PET-CT SCAN

PROTOCOL:

WHOLE BODY PET-CT scan (base of skull to mid-thigh) was done after I.V. injection of ~ 7.2 mCi of ¹⁸F-FDG, using a whole body full-ring dedicated DISCOVERY 600 PET-CT SCANNER WITH 16 SLICE CT. CT based attenuation correction was done. Images were reconstructed using standard iterative algorithm (OSEM) and reformatted into transaxial, coronal and sagittal views. A 3D image and fusion images of PET & CT were obtained. No immediate contrast allergic reaction was noted. Serum glucose at the time of injection was 131 mg/dl. SUV values are in lean body mass.

Clinical history: - Carcinoma cervix with bladder involvement.

FINDINGS:

Physiological biodistribution of tracer noted in the brain, parapharyngeal region, liver, spleen, kidneys and urinary bladder.

Head and Neck

No focal abnormal FDG uptake is seen in the visualized bilateral cerebral or cerebellar hemispheres.

[Multiple streak artifacts seen obscuring the loco regional anatomy. Small lesions may not be detected by PET-CT scan. MRI / dedicated brain CT may be required for further evaluation].

Nasopharynx, oropharynx, hypopharynx and larynx appear normal with no abnormal FDG uptake seen in relation to them.

Right ethmoid sinusitis noted.

No enlarged cervical lymph nodes with increased FDG uptake are seen.

The thyroid gland shows homogeneous pattern on CT. No abnormal FDG uptake is seen in the thyroid.

Contd...2

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ON PANEL: DCCHS, MCD, ESI, ECHS, DGRHS
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Chest

Non FDG avid fibroatelectatic changes seen in left upper and lingular lobe of lung.

Rest of the lung parenchyma shows normal bronchovascular pattern. No pulmonary parenchymal lesion with increase FDG uptake is seen.

No enlarged mediastinal lymphnodes with FDG uptake are seen.

There is no evidence of pleural effusion.

Abdomen and Pelyvis

The liver is enlarged measuring ~ 168 mm in craniocaudal span with diffuse hepatic hypoattenuation suggestive of fatty infiltration. No focal intrahepatic lesion is noted. The intrahepatic biliary radicles are not dilated. The portal vein is normal. No abnormal FDG uptake is noted in the liver parenchyma.

Gall bladder: partially distended and shows no abnormal increased FDG uptake. (USG is the modality of choice for cholelithiasis).

The kidneys are normal in size, shape and configuration. No abnormal FDG avid lesion is appreciated.

Spleen: No splenomegaly / abnormal FDG uptake seen. Subcentimeter sized splenunculus seen.

Pancreas: No mass or ductal dilation / abnormal FDG uptake seen.

Bowel: Stomach is partially distended. No dilation or wall thickening or any abnormal increased FDG uptake is appreciated in relation to rest of the small / large bowel.

Bilateral adrenal glands show no nodular lesion / abnormal increased FDG uptake.

FDG avid lymph nodes are seen in aortocaval, right obturator, left internal iliac and bilateral external iliac region, largest short axis diameter ~ 19 mm in right obturator, SUVmax - 2.63.

Contd...3

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ON PANEL: CGHS, MCD, ESI, ECHS, DGEHS

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FDG avid ill-defined soft tissue density mass lesion involving cervix and lower 2/3rd of uterus and 1/3rd of vagina, measuring ~ 55 x 41 x 55 mm, SUVmax - 11.27. The mass lesion infiltrating into bilateral parametrium, closely abutting posterior wall of urinary bladder with loss of intervening fat planes. A single loops of small bowel is seen adhered to the mass within vesico-uterine pouch.

There is no ascites.

Rest of the urinary bladder is partially distended otherwise appears unremarkable.

Musculoskeletal

Degenerative changes noted in spine.

No FDG avid lytic / sclerotic lesion is appreciated.

IMPRESSION:

- **Metabolically active ill-defined soft tissue density mass lesion involving cervix and lower 2/3rd of uterus and 1/3rd of vagina, the mass lesion infiltrating into bilateral parametrium, closely abutting posterior wall of urinary bladder with loss of intervening fat planes as described - likely mitotic.**
- **Metabolically active lymph nodes in aortocaval, right obturator, left internal iliac and bilateral external iliac region- likely metastasis.**

Please correlate clinically / biochemical reports / Histopathology.

(Disclaimer): The science of diagnostic imaging is based on the interpretation of various shadows produced by both the normal and abnormal tissues and is neither complete nor accurate. Further pathological and radiological investigations with clinical correlations are required to enable the clinician to reach the final diagnosis. In case of any clinical/ other discrepancy, please contact. Hard copy is attached for review). FDG PET-CT scan is not tumor specific & sometimes cannot differentiate from infective etiology. Few of the malignant tumors like HCC, mucinous & signet cell carcinoma may appear metabolically inactive. For interpretation by Registered Medical Practitioner only. Not for medico legal cases.

Sidd
Dr. Umar Mohd Siddiqui
 M.B.B.S, D.R.M, FICMR
 Consultant Nuclear Medicine
 DMC Reg. No.: 17077

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ON PANEL: CGHS, MCD, ESI, ECHS, DGEHS
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Rajiv Gandhi Cancer Institute and Research Centre

A Unit of Indraprastha Cancer Society
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 Sector-V, Rohini, Delhi - 110 085
 Tel : 47022222 (30 Lines), 27051011 - 1015, Fax 91-11-27051037



CYSTOSCOPY REPORT

CR. No: 208842
 CR. Name: MRS. ARCHANA GUPTA
 Treating Doctor: Dr. Sudhir Rawal/ Amitabh/ Jiten/ Ashish

For Inpatients Only

No.
 d No.
 rd.
 JA.

Payment Details (OPD/ PVT/ IPT)

Cash Memo No
 Date
 Amount
 Charge Slip No
 Date
 Free Slip No
 Date

Sex: M F
 Unit / Doctor: Ph.

18/12/21

Instrument used

flexible / Rigid

Scope: 16 F

Lens: 0°

Meatus: (N)

Urethra: (N)

Anterior: / / /

Posterior: / / /

Veru: / / /

Prostate: / / /

Bladder - Rt U.O. (N) effluent clear

L.U.O. (N), effluent clear

Wall: Impression of cervical mass, masses - however (N).

Rest of UB (N).

Biopsy taken / not taken

Advice

(1) T. TECOCEF 500 mg BD - SD

(2) T. DOLD 650 mg SOS for pain

(3) Gt PENV DSR 1000 mg SD

[Signature]



RAJIV GANDHI CANCER INSTITUTE &

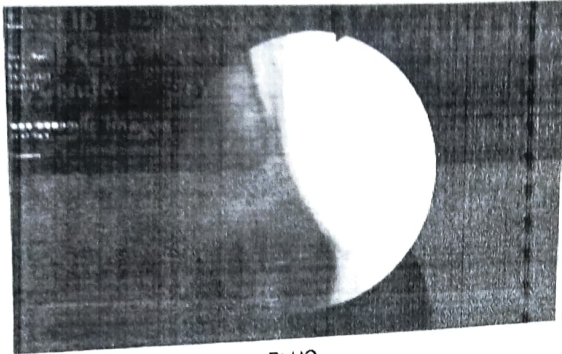
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Department of URO-ONCOLOGY

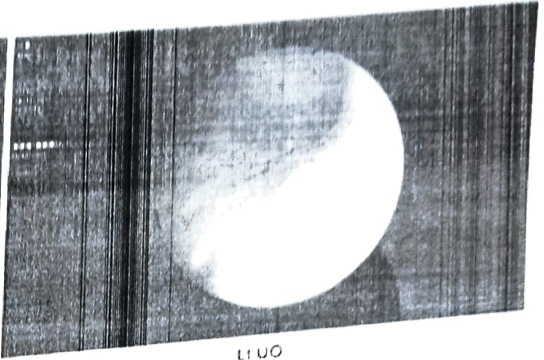
Patient ID : 298842
Patient Name : Archana Gupta
Age/Gender : 56Yrs. Female

Visit Date : 18-12-2021
Referred by :
Consulted by : Dr. Sudhir Rawal / Dr. Amitabh Singh/

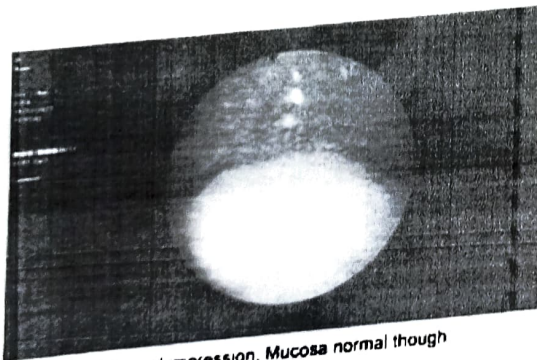
Diagnostic Images:



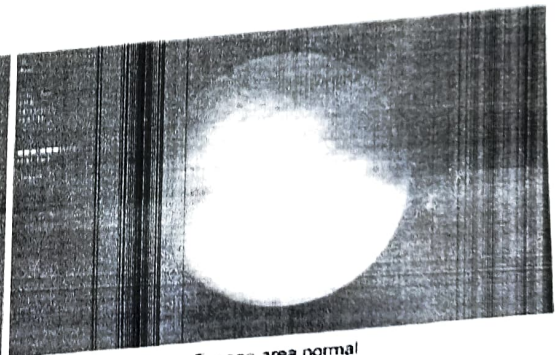
Rt UO



Lt UO



Cervical impression. Mucosa normal though



Trigone area normal

Visit Summary:


Dr. Sudhir Rawal / Dr. Amitabh Singh

PLATINUM IMAGING CENTRE



Name: _____ Age: _____ Referring Doctor: _____	FLEETMAN CHITRA SINGH M.D. (MBBS) FRCR (RADIOLOGY) FRCR (GASTROENTEROLOGY)	A/R: _____ Pathologist: _____ Gender: _____	Date: _____ Time: _____ (For use by imaging centre only)
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MR-CHOLANGIOPANCREATICOGRAPHY

GALL BLADDER is grossly distended and shows minimal hypointense sludge in its lumen. Wall thickness is normal. Common bile duct is significantly dilated in caliber measuring - 20 mm in diameter with evidence of cut off in the region of ampulla.

Moderate bilobar intra hepatic biliary radicle dilatation is seen. Main pancreatic duct appears significantly dilated measuring upto - 8 mm in diameter with cut off at ampulla. A suspicious T2W hypointense nodular area, measuring - 12 x 8 mm is noted in the region of ampulla without restricted diffusion on DWI.

Pancreas is normal in size, signal intensity and outline.

LIVER is mildly enlarged in size (15.7 cm), normal in shape, contours and signal intensity.

A simple cortical cyst measuring - 8.2 x 8 mm is seen in interpolar region of right kidney.

Rest of the visualized abdominal viscera appear normal.

No evidence of ascites / pleural effusion is seen. No abdominal lymphadenopathy noted.

Visualized retroperitoneal structures, gastrointestinal, myofascial and neurovascular elements in view are unremarkable.

Impression: MRI finding reveals:

- Mild Hepatomegaly.
- Grossly distended gall bladder with minimal sludge in its lumen, moderate bilobar intra hepatic biliary radicle dilatation, dilated common bile duct and main pancreatic duct showing cut off in the region of ampulla with suspicious nodular area in ampulla as described above - ? neoplastic etiology ? nature.
- Right renal simple cortical cyst.

• Endoscopic biopsy for further evaluation.

Shubham

SHUBHAM SUI ANIA
MRB (RADIODIAGNOSIS)



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ESIC HOSPITAL, SAHIBABAD, GHAZIABAD, U.P. 201005
BIOCHEMISTRY TEST REPORT

Name **Mr DEEPAK**
 Date **15/12/2023**
 Doctor **ESIC HOSPITAL**
 Sample

Age **56 Yrs**
 Sex **Male**
 Barcode **B8021512**
 Patient Type **ESIC HOSPITAL**

Sample Id **23121510**
 Reporting on **15/12/2023**
 Department **SOPD**
 Bed No

BLOOD SUGAR RANDOM HEXOKINASE	132.69		mg/dl	80 - 170
BLOOD UREA	21.22		mg/dl	10.0 - 50.0
SERUM CREATININE	0.43	L	mg/dl	0.5 - 1.17
SERUM URIC ACID	3.96		mg/dl	2.6 - 7.2
BILIRUBIN TOTAL	1.45	H	mg/dl	0.1 - 1.2
CONJUGATED (D Bilirubin)	0.73	H	mg/dl	0.00 - 0.4
UNCONJUGATED (I D Bilirubin)	0.72	H	mg/dl	0.00 - 0.70
TOTAL PROTEIN	7.70		gm/dl	6 - 8
ALBUMIN	4.17		gm/dl	3.5 - 5.2
GLOBULIN	3.53	H	gm/dl	2.3 - 3.5
AVG RATIO	1.18			1.1 - 2.5
SGOT	149.0	H	IU/L	0 - 48.0
SGPT	152.7	H	IU/L	0.0 - 49.0
ALKALINE PHOSPHATASE IFCC Method	920.92	H	U/L	35 - 129
SODIUM	140.2		mmol/L	137.0 - 145.0
POTASSIUM	4.3		mmol/L	3.5 - 5.5
CHLORIDE	104.8		mmol/L	96.0 - 106.0

**** End Of Report ****

Pls correlate & confirm symptoms

[Signature]
JITENDRA KUMAR GUPTA
MEDICAL LABORATORY TECHNOLOGIST

[Signature]
 Page 1 of 1

DR PINKI
PATHOLOGIST/BIO

This Report Only Effective For Current Sample

Date **15/12/2023 - 07 16**

