

To ,

The Registrar General

High Court of judicature at Allahabad

Prayagraj

Through ,

The District judge

Unnao

Respected sir ,

With due respect it is to be submitted humbly that undersigned is posted as Addl district judge Unnao. It is to be submitted that my mother has expired last year and after her death , My father aged about 83 years suffering from depression and heart related ailment with pace maker implanted and is under observation of expert doctors from Fortis Escort Delhi who are regularly consulted in view of his continuous ill health. It is not possible for him to reside with me as he needs frequent visits to take care of his health Moreover, my son Mohd Omair who has passed class 12 this year shall undergo a good coaching in Delhi so as to enable to persue his future career. Residing with me in Unnao shall adversely affect his future career .

in view of above, I humbly request the Hon'ble court to consider my premature transfer and place me near Delhi such as Meerut or Ghaziabad so that I may discharge the responsibility towards my father and son.

with profound regards,

*Mohd Aslam*  
Mohd Aslam Siddiqui 01/06/24

Addl District Judge Unnao

UP 6209

Enc:

1 Medical reports of father

2 certificate from Cmo Unnao

## Annexure-I

- I. **Cancers:** All types of cancers leading to permanent disability of more than 40%. The term cancer includes Leukaemia, Lymphoma and Hodgkin's Disease.
- II. Degenerative & Progressive Neurological disorders.
- III. **Paralytic Stroke (Cerebra Vascular Accidents):** CVA including Cerebral Haemorrhage, Cerebral Thrombosis and Cerebral embolism causing more than 40% Total Permanent Disability.
- IV. **Motor Neuron Disease:** Irreversibly progressive Motor Neuron Disease confirmed by a Neurologist. It should be duly supported by MRI, EMG and Nerve Conduction studies.
- V. **Parkinson's Disease:** Slowly Progressive degenerative neurological disorder causing Tremors, Rigidity and disturbance of balance and must be confirmed by a Neurologist.
- VI. **Cerebellar Ataxia and Neuropathies** leading to more than 40% disability.
- VII. **Person living with HIV AIDS (PLHA):** A person diagnosed with HIV AIDS and undergoing treatment.
- VIII. **Chronic Renal Failure:** Chronic Renal Failure with irreversible damage to both kidneys requiring RRT. Haemodialysis/ R. T and it must be well documented with relevant lab investigations.
- IX. **Chronic Respiratory Failure:** Chronic Respiratory Failure with irreversible damage to both lungs requiring demiceler oxygen or ventilator support.
- X. **Heart Diseases leading to Chronic Heart Failure:** Coronary Artery Disease and Valvular Heart Diseases which may be treated by CABG or Valve Replacement Surgery three years from the date of actual open heart surgery (Only till three years from the date of the procedure)
- XI. **Cases involving non-surgical techniques** like Angioplasty will be eligible for one year from the date of intervention. Unsuccessful surgery or Fardiomopathies leading to Heart Failure will also be included in this category.
- XII. **Thalassaemia Major and other Blood Dyscrasia:** All Blood Dyscrasias including Thalassaemia major requiring recurrent Blood Transfusions. Diabetes with complications:
  - a) Chronic Renal Failure;
  - b) Permanent loss of vision;
  - c) Cellulitis requiring Amputation of limbs;
  - d) Cerebro Vascular Accidents;
  - e) Coronary Artery Disease;
- XIII. Any other disease leading to more than 40% Physical or Permanent disability certified by the Medical Board with latest records/reports within past three months.
- XIV. Any other disorder with Mental disability of 40% or more as certified by the Medical Board & accompanied by UDID Card.
- XV. Acid attack victims.



**PROFORMA – I**

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

I, Dr. Hari Nandan Prasad [Name] CMO/CMS, ... UNNAO ... have perused the documents presented before me by Sri Mohd. Aslam Siddiqui [Name] of the Officer] . . . . ., ID No. UP.6209 Designation . . . ADJ. . . . . . and place of posting . . . . . UNNAO . . . . . OR on his behalf by Sri Mohd. Laique Siddiqui [Name] relation with the officer . . . . . father . . . . . Phone No. . . 9696991447

- I. I have personally examined Sri/Smt./Sushri. Mohd. Laique Siddiqui who is suffering from the disease/syndrome/disability . CHB. (LBBB+LAHB) [Name of the disease] CHB. and in my opinion he/she may require frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. Mohd. Laique Siddiqui is suffering from the disease/syndrome/disability/disorder CHB. (LBBB+LAHB) [Name of the disease] CHB. and the disease(s) find(s) mention at paragraph no. X. 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 . . . . . CARDIOLOGY . . . . . CENTRE
- 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 . . . Six . . . . . months only.

Signature with seal  
(C.M.O./C.M.S.) 31/5/2024  
Name: Dr. Hari Nandan Prasad  
ID No.: . . . . . 115602 (CHMS)  
Designation: . . . . . CMO  
Telephone No. 8931062539  
Mobile No. . . . . 8005192700  
मुख्य चिकित्सा अधिकारी  
उन्नाव

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.



# उमा शंकर दीक्षित जिला चिकित्सालय (पुरुष) उन्नाव, 3090



मात्र 1 रुपया

**वाह्य रोगी भ्रष्ट** वरिष्ठ नागरिक

रोगी का नाम

70712

पंजीकरण संख्या

दिनांक

01/4/2020 **अवस्था तथा उपचार**

**Rx**

Vi. dud w/o  
 cono  
 crowd  
 of pt  
 pace molo  
 v, chool, cepeker  
heer

Ref L U1 cardio by  
kanpu

**DR. SHOBHIT AGNIHOTRI**  
 SENIOR CHEST PHYSICIAN  
 NODAL OFFICER  
 D-DRTB CENTRE  
 UNNAO

**कोविड-19 से बचाव हेतु**

- 1- कृपया मास्क पहन कर रखें।
- 2- दो गज की दूरी बना कर रखें।
- 3- बार-बार साबुन से अपने हाथ धोएं।
- 4- चिकित्सालय में पान मसाला व धूपपान का सेवन न करें।
- 5- चिकित्सालय आपका है इसे साफ व स्वच्छ रखने में हमारा सहयोग करें।



medical certificate

certified that Mr. Laxit Srivastava  
Age 44 years is suffering from HT  
& CAD. (EKG + LBBB) to. for which  
he require continuous monitoring by  
cardiologist.

1  
①

6.5.24

A. K. Srivastava

Dr. Kaushendra Prakash

M.B.B.S., Chest Physician

Reg. No. - 11947

Distt. Hospital - Unnao

MR MOHD LAIQUE SIDDIQUE

REN NO - 394324D

AGE - 68 (M)

DATE - 17/07/10

DR SAMEER SHRIVASTAVA

## OUTPATIENT RECORD

1. Drugs allergic to :

2. Blood Group

RH

 **Fortis Escorts**  
HEART INSTITUTE

Okhla Road, New Delhi - 110 025



Regd No. \_\_\_\_\_  
Name \_\_\_\_\_

Treatment

DEVICE: ADAPTA DR (MDT)	
RA	KV/MV
FIR (mV)	4.0 (6.0)
Impedance (Ω)	584 772
Threshold (V/m)	0.25 0.5 0.4 0.4
Output (V/m)	1.0 1.0 0.4 0.4
Battery Status: 2.74V	

Investigations

20/03/14  
01 - VHR EPISODE

MADP = AAIR (L) DDDR

CR = 60 | 130 BPM

Asup = 89.5%

APVP = 10.5%

Estimated @ 3.57mA,  
Min @ 3.1mA,  
Max @ 4.57mA

21/3/14  
Dr. Akhilesh Kumar & Dr. M. S. Chidambaram  
Th - R (7 part)  
TA - 74  
LMA - 86  
(P) 14mm x 10.5  
DP - 219  
HDL - 5.9 ↑  
TFT - 2

Continued on next page  
Pain & Sore (R)  
Bathing good  
Took medicine AS

Regd No. \_\_\_\_\_  
Name Dr. Anil Kumar

Date & Time \_\_\_\_\_

Clinical Notes  
- DM-2  
- CABG  
- PPT (ADSR, MDT, July 2010)  
- DLVCL

Cardiovascular System Examination  
Asymptomatic

20/3/14  
BP - 130/70 mmHg  
HR - 72 bpm

Respiratory System Examination

20-3-14

Tab GUZID 10mg 2D → 60B

Tab FIBATOR 20 0D → 80pm

Tab CANCOR-H 2.5 0D → 80pm

Tab AMDEPIN 25 0D → 80pm

Tab POLYBION 100 200 → 80pm

Tab FOLIC ACID 100 100 → 80pm

Tab GLYCIPHAGE 50mg before dinner



Regd No 1912115

Name

Date & Time

Clinical Notes

Heart Rate

POV ECG

Blood Pressure

no LVD in A. LVBE SS?

Cardiovascular System Examination

- Tracer mL, Tracer RE ECG. Pacing lead in situ. 28mbg

TG-68  
LDL-68

- DDA (ACE)

(F) Glucose-123

Respiratory System Examination

PP-193  
HbA1c

(Dr. Santosh Kumar)

Dr. Mohan Kumar for blood sugar

Systemic Examination

[Signature]

Regd No 294324  
Name M K Siddiqui

Investigations

BP 100/70. Asymptomatic  
CEC-TMIS

EF=55%  
LVEF=55%

140 = No's wet / CRK / SSPT

Hb-12.5  
Platelets=138  
WBC=10-4  
BUN=17  
Na<sup>+</sup>=140  
K<sup>+</sup>=4.52

TC=101  
TG=86  
LDL=66  
Gluco (F)=124  
PPD=179

21/5/16  
[Signature]

S. Machine = 0.87, BUN=17

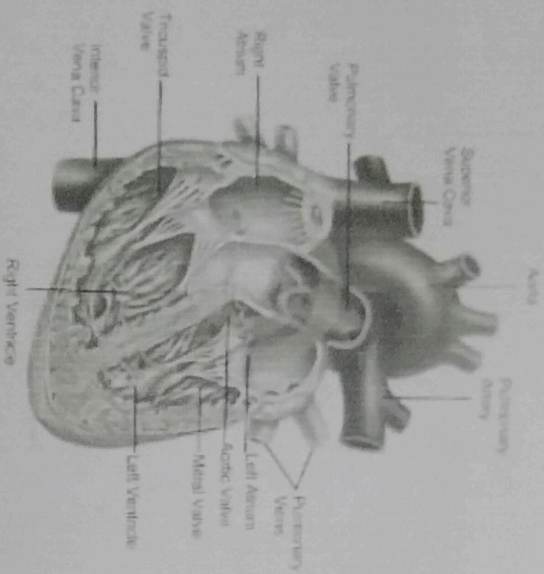
Dr. Mohan Kumar

Treatment

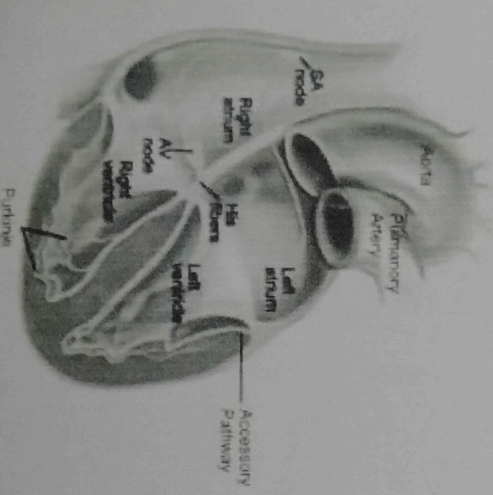
Peritoneal Dialysis

[Signature]





CHAMBERS AND VALVES OF THE HEART



THE CONDUCTION SYSTEM OF THE HEART

09/11/19

Fortis Escorts

name of patient: Mr. Akash Kumar, Kanque, Sanganai, Sangli, Dist. Solapur, Maharashtra Reg No: 3943240

Chief Complaints:   
 • HTN   
 • DM   
 • P/PTB (2010)   
 • KPI (R) - 2018   
 • (N) LV pain score (0-10)

BP:   
 Low  High  Within limits

Arterial Examination:

Investigations Advised:

Daily well -   
 • No BGRB C/O

D/E =   
 BP = 120/76   
 P = 60/min

HR 62 bpm   
 Atrial (M07)

Male VSK   
 15.6cm

RPR 60 bpm   
 23cm

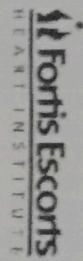
VP 99.5   
 0.53V   
 2.4V   
 AVR 0.4V

137cm

Consultant Sign:   
 ID No:



Regd. No. \_\_\_\_\_  
Name Mohd. Laique Siddique



Date & Time 14/03/2013

Heart Rate

Hb = 12.7

Blood Pressure =

TLC = 11360

Cardiovascular System Examination

Platelet Count = 0.78 Lacs/mm<sup>3</sup>

TG = 168

ECG = 135 / 76-162

Clinical Notes

1) Angina pectoris  
- Stable (100/100)  
- Angina = H. (2.5/100)  
- Angina pectoris (2.5/100)  
- Angina pectoris (2.5/100)  
- Angina pectoris (2.5/100)  
- Angina pectoris (2.5/100)

Respiratory System Examination

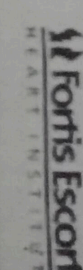
Systemic Examination

19/2/13  
BP = 120/80  
Pulsed - 8.76  
TLC = 119.8  
WBC = 10500

ECG = 135  
Sxns  
Low grade fever  
No I/II  
Hb = 12.7

Comb. Low grade  
Treatment

Regd. No. \_\_\_\_\_  
Name \_\_\_\_\_



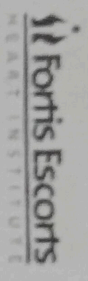
Investigations D/E 21/2/2013

Treatment As per report

→ to strong loose stool  
w/ 21/2/2013



Regid No 2315/12  
Name \_\_\_\_\_



Date & Time \_\_\_\_\_

Clinical Notes

Heart Rate

for of  
71 bpm

Blood Pressure

Post-PPE (DDDR-74/20/10)

Cardiovascular System Examination

- CHS  
N2 VEF (EF = 55.1%)

Weight (21/1/16)

HT = 12.5 gms

300/veed - 12

Wt = 86

LDL = 26

Good sugar - 129

Rln gunc - 2

CPM = 186

SLP7 = 18

not = 140

KT - 4.52

TSH = 2.56

LDL-CUMH  
NO PUMH  
VEF = 55.1%

Abnormal finding at  
device implant site

O/E - Pulst - 98/1 - -  
BP - 130/96

Card - 1 vns  
Local Pacer site  
+ leads

Systemic Examination

Adx  
① -> FIBRATOR (20) OD

② -> RANCOR-H (2.5) OD

③ -> ANOLEPIN (2.5) OD

Regid No \_\_\_\_\_  
Name \_\_\_\_\_

AVC: 90%  
NVP: 25%

model 200  
VVI 60bpm  
vvi 130bpm

W 60/130

TEST	DATE	RESULT
ECG (VVI)	30/11/16	300
TRIGGERS (bpm)		60
THRESHOLD (V)		0.5
DRIFT (mV)		0.5
DRIFT (mV)		0.5



Regd No \_\_\_\_\_  
Name \_\_\_\_\_

Date & Time

29/8/2016

Clinical Notes

Heart Rate  
88/130/70

Blood Pressure  
combine down 1/2

Cardiovascular System Examination

*[Signature]*

Hb - 12.2  
Chol - 104  
TG - 75  
HDL - 22  
LDL - 78  
FBS - 119  
PPG - 173  
UA, C - 69

Respiratory System Examination

Dr. Mohd Danish for blood system

28/11/13

DR. MOH DANISH

Systemic Examination

28/11/13 (MTR)

20/11/13

10/11/13

6.0

Regd No 28/11/13  
Name MOHD LAJOU SINDRAU

Investigations

Hb = 12.3 RBC = 17  
Platelet = 178, Count = 0.89

WBC = 8.28

TG = 103, LDL = 87, HDL = 21

Glucose (F) = 125, (PP) = 184

Uric Acid = 5.3

HbA1c = 6.0 Na<sup>+</sup> = 142  
K<sup>+</sup> = 4.12

Tg / TG / TSH = N

LVEF = 60%

AKP - 95.976

App - 4.12

Medic DDD

R. 20/130

APP - 120/70

Bailey, Statix

Esth level = 93 months

Admission = 10 months

Treatment

5. combination treatment

36/12/2012  
\* Real time MC = 41 (AKP)  
\* NO episodes

Adaptin ADDON (MTR)

> 56 Paed (MTR)

G10 762 n

0.25N 0.25N  
0.4 0.4

0.25N 0.25N  
0.4 0.4

0.25N @ 37 months



23-11-18

Name of Patient

KR. MOHS LAIQUE 51551001 Reg. No. 3943242

Salient Complaints

DM  
P-PP2 (July 2010)  
RUEF=60%

History

~~History~~  
x-ray Coronary Artery

no giddiness in off preceded by ghabrahat.

Weight: 75-800 kg B.P.:

Pain Score (0-10)

BMI:  Low  High  Within limits

Systemic Examination

M DT - DR

Investigations Advised

2-8 -

MOC - DDD  
LR - 60/11 30 PPM

581 402

AS - V P = 99%

65 67  
64 64

ary veins

Treatment Advised

Auto Auto

tery

BP = 130/80

PR = 70/min

No AOE  
No COE

6/K @ 4.0

MOM 4

2.63V

h

Tab Elizid-M 100

- Tab. Libator 2mg 100

- Tab Rencor-H (2.5mg) 100

Tab Vestin 8mg

- Tab Asomax (2mg) 100

1-0 100  
x 500

- Tab Polybion 100

100

Consultant Sign. :

ID No. :

*[Signature]*





Date 28/1/19

Name of Patient Mohd. Saique Siddique

Reg. No. 394324

Weight :

BP :

Pain Score (0-10)

BMI :  Low  High  Within limits

Systemic Examination

T2DM/HTN  
P/PTI (2010) / 2018  
EF-60%

Investigations Advised

No fresh complaints  
B.P-130/66 mmHg

mk

HbA1c

TSH

Cholesterol profile

Investigations advised / results

Urea/creat.

Patient informed about recall of advisory from Medtronic

Rx  
T. RAMCOR-14 (2.5) 10D  
T. FIBATOR 20mg OD  
T. ASOMEX 2.5mg OD  
Cap POLYBION 10D  
T. PANSEC (40) SOS

Treatment Advised

Attaching L&L. M05

NR @ 79 bpm (ASVP)

ASVP = 97.8%

ASVP = 2.2%

5.6mw Paced

5414 7791

Mode: DDD → VVIR

LR: 60/130 bpm as per recall

Ad: 150/120 bpm. recommen

0.5V	0.75V
0.14	0.14
Auto	Auto
0.14	0.14

Final Program

20/1/19

2.79V @ 13.54 year

Mode: VVIR

LR: 60/110 bpm

Consultant Sign. :

ID No. :

*[Signature]*

RANA



Date 28/4/18

Name of Patient MR. MOAD LAIQUI SIDDIQI Reg. No. 354324

Weight: 75 kg BP: Pain Score (0-10) 0

Systemic Examination:  Low  High  Within limits  
DM  
PIPP1 - July 2010 DDDR

EF: 60%

Investigations Advised: NO active complaint

R 72/min  
BP - 128/64  
CUS  
RTS - NNC

Investigations advised / results

Treatment Advised:

- Adv
- CCP (-TMJ)
- Echo
- CPK/SAPT
- NA<sup>+</sup>/K<sup>+</sup>
- Renal check

- T. fibrator 20 mg OD (H.S)
- T. Ren cor-H 2.5 mg OD (M)
- T. Acomax 2.5 mg OD (M)  
(Amlodipine)
- T. Polybion 100
- T. Cligid-M OD (M)

To be Reviewed!

Signature

Consultant Sign. :

ID No. :

Date 09/12/19

Name of Patient

Reg No

Weight

B P

Pain Score (0-10)

BMI:  Low  High  Within limits

Systemic Examination

Adm.

Investigations Advised

. ~~T~~ CORTICOR (5mg) ~~off~~

. T CALZID-1M (400) ~~OD~~

. T RAMCOR-H (2.5) ~~OD~~

Investigations advised / results

. T FIBATOR - (20) ~~OD~~

. T ASDMBV - (2.5) ~~OD~~

. Cap PolyBion - (2)

. T PANSEC - (40) ~~OD~~

Treatment Advised

*AS*  
11/12/19  
*Shah*

Consultant Sign

ID No





Tests done on 03/12/2013

Glucose (PP) = 224  
(F) = 139

Hb = 12.7  
TLC = 7.96  
Platelets = 181

SGOT = 13  
CPK = 99  
T3/T4/154 = (N)

Tests done on 28/10/2012

Hb = 13.1  
TLC = 10.76  
Platelets = 228  
SGPT = 14  
CPK = 79  
Glucose (F) = 186  
HbA1c = 7.8%

TG = 124  
VLDL = 75  
LDL = 13

Date: 08/10/2010

Fortis Escorts  
HOSPITAL

Name of Patient: MR. Mohd Laique Siddiqui No. 3943240

Weight: 82.5 Kg, BP: 147/91

SMI:  Low  High  Within limits Pulse: 89

Systemic Examination

- 2d S2 (F) 7.8%

- Hb 12.7

- KFT normal

- 2d S2 (F) 7.8%

- 2d S2 (F) 7.8%

- 2d S2 (F) 7.8%

- 2d S2 (F) 7.8%

- 2d S2 (F) 7.8%

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- 2d S2 (F) 7.8%

- 2d S2 (F) 7.8%

- 2d S2 (F) 7.8%

- 2d S2 (F) 7.8%

- 2d S2 (F) 7.8%

Device	all at 9 L
ECG (ms)	
Immunisation (D)	783
Throat (Wrig)	09/10
Output (V/m)	146
Battery	848V Good 11/13/10

Consultant Sign

Age 41/11/22

Fortis Escorts  
HEALTH INVESTMENTS

Name of Patient

Reg No

Height

B.P.

Pain Score (0-10)

MR  Low  High  Within limits

Dynamic Examination

M. of the shoulder MPT - DR

Investigations advised

XRD

—

CR - 60 ppm

702

VOL = 100 ml

OT

Investigations advised / results

Also

OK @ 25/11/22

Treatment Advised

Lossing & sensory N  
Bathing guard

10 ad  
6 months

Continue same #

4/11/22

4/11/22

4/11/22

4/11/22

4/11/22

4/11/22

Consultant Sign

ID No



OPPO F17



12/02/2002

Out - 1.11  
 FT, (N)  
 SE [1/41  
 U.E

Ther. - 7.3.1

-FT (N)

Ch. 1.09  
 -10.115  
 Km. 66

HB. 11.9  
 P/C. 1.22  
 -10.0. 312

12/02/2002

Name of Patient: Mr. Murali Lakshmi Siddaram  
 Height: 80kg  
 Weight: 80kg  
 BP: 120/80 mmHg  
 Pulse: 63 bpm  
 SPO<sub>2</sub>: 95.7%

Investigations Advised

No epistaxis

HR - 71 bpm (RP)  
 V1 R - 60 bpm  
 V5 R - 110 bpm  
 VP - 100/110

Investigations advised / results	Device	Arterial BP	Central Venous Pressure (CVP)
HR - 71 bpm (RP)	ECG	120/80 mmHg	10
V1 R - 60 bpm	ECG	120/80 mmHg	10
V5 R - 110 bpm	ECG	120/80 mmHg	10
VP - 100/110	ECG	120/80 mmHg	10

Treatment Advised

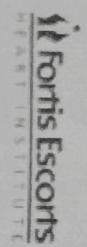
Muclo + 100 mg (200) (1000) (1000)

Paracetamol during lunch  
 No pain complaints

At 10



Regd No \_\_\_\_\_  
Name Mtd. Koirala



Date & Time 14/7/19

Heart Rate \_\_\_\_\_  
Blood Pressure \_\_\_\_\_

Clinical Notes  
L-CHB, intermittent  
- CABG + L-CHB

Cardiovascular System Examination

Admit emergency

Respiratory System Examination

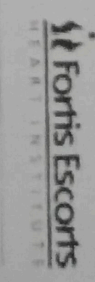
[Signature]

Pest 001

Systemic Examination

[Signature]  
Postoperative DMK  
Postoperative 14/7/2019

Regd No \_\_\_\_\_  
Name \_\_\_\_\_



Investigations

Treatment

4 T. Aggar (ang 01)  
T. Glycolphage (ang)  
1/2 = 01  
1. Patec 140g (01) x 2 (01)

[Signature]

22/9/11 Post PPI

BP-130/70

ECG-TMT

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1. Currently taking  
? Glycolphage (500) / 100g  
- Kanamycin - H (250/100)  
- Hydro (10/10)  
- Glycid (+) / 100mg  
- Amoxicillin (500) / 100g