

From,

Toolika Bandhu,
Secretary D.L.S.A
Aligarh.

To,

Hon'ble Registrar General
Hon'ble High Court of Judicature at
Allahabad

Through

Hon'ble District Judge
Aligarh

Subject- **Request for stay of transfer beyond normal tenure of three years**

Respected Sir,

With due respect it is submitted that my transfer is due in the annual chain of transfer in 2020 on completion of three years of normal tenure in Aligarh Judgeship.

It is further submitted that my mother-in-law Smt. Madhu Singh is residing with me only. She is suffering from severe eye-infection which is causing damage to her Ratina. She is under going treatment in an advanced eye-hospital namely as Gandhi Eye- Center Aligarh (a hospital run by a charitable trust). The Doctor advised a regular and long treatment for the same. She is to under go regular medical check-up at the interval of fifteen days.

It is humbly submitted that a treatment will adversely affected if undersigned is transferred from Aligarh Judgeship in the year 2020. Therefore, in the light of the above mentioned situation, it is most expedient to stay transfer to undersigned at Aligarh Judgeship for one year beyond the normal tenure of three year.

I, therefore, humbly request you to kindly place my representation before the Hon'ble Court for its kind consideration. I will be highly obliged to the Hon'ble Court.

With profound regard.

Date- 27.11.2019
Enclosure: As above

Yours faithfully,

B. Toolika
27/11/19
(Toolika Bandhu)
Secretary D.L.S.A,
Aligarh.



Gandhi Eye Hospital, Aligarh

(General Receipt)

No. 35288

Date: 20-5-18

arge

Received with thanks from: Maelhu

Address: 812

the sum of Rupees Twenty four hundred only

On account of against: LE LASER ALNIT R.

By Cash / Cheque / Draft No. 100

Rs. 20000/-

Dated: 01

This Receipt is valid subject to encashment of cheque/draft

Treatment at discharge: 00 21/5/19

Apobans PD ed Ed day re

Haridie ed HS ure

Maxo3 PD ed ow re

Haridie ed HS re

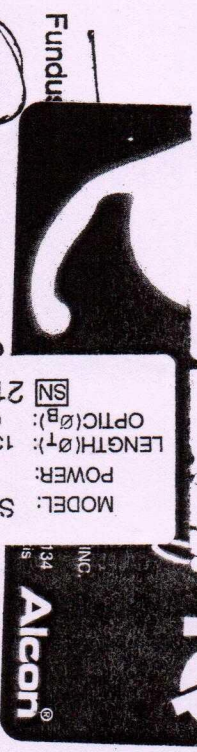
Tak allabak 130

Tak papatip plus 130 / 5 day

cap 20 rella 65 re 100

For Gandhi Eye Hospital

Cashier



MODEL: SNE
POWER:
LENGTH (L): 13.0
OPTIC (B): 6.0m
SN 21225

Instructions:

Signature of consultant/Resident

Sign. Ward I/C

Date:

Follow up: O.P.D. Days... Chakravyaj Aligarh
1 week on mon Wed / Friday

MOHAN LAL MEMORIAL GANDHI EYE HOSPITAL ALIGARH - 202001 (U.P.)

Working timing : 8.00 a.m. to 3.00 p.m.
MONDAY TO SATURDAY
Rs. 70/- Valid for 10 days



OPD : 9219445002
Office : 9219445004, 9219445005
C.M.O. Office : 0571-2507682 (Fax)
E-mail : gandhieye@rediffmail.com
Website : www.gandhieyehospitalaligarh.in

Donation is covered u/s 80 (G) on Income Tax act 1961

Reg. ID 11994 / 14-Jun-19
Name of Patient
Father's / Husband Name MADHU
Address **

Age 60 / F Sex

Phone / Mob. **

Dr.'s Name

Room No. 21

DIAGNOSIS RE

LE

INVESTIGATIONS

B.P.

Fl stain

Syringing R.E.

L.E.

Tn R.E.

L.E.

Conj. Smear

Blood Sugar

Fasting

P.P.

Blood Iib%, TLC, DLC, ESR

Urine

Fluorescein Angiography

Contact Lens

Auto Ref.

Orthoptic

X-Ray

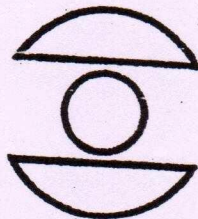
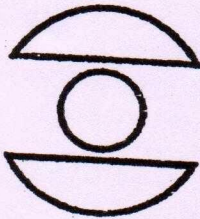
Autoperimetry

USG

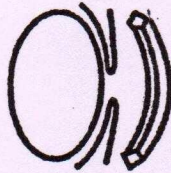
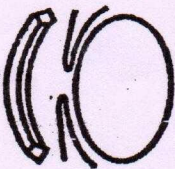
V.T.

Complaints

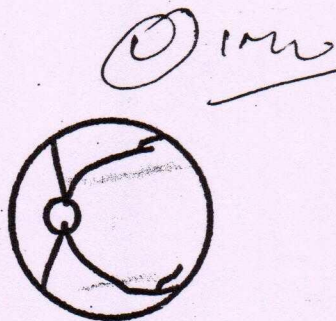
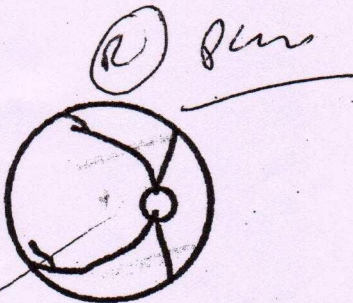
Examination



S.L.



Fundus



Refraction

R -1.50 D29.0 C1CP
L -1.50 D29.0 C1CP
Rth BL +2.50

10

JHAN LAL MEMORIAL GANDHI EYE HOSPITAL

ALIGARH - 202001 (U.P.)

Timing : 8:00 am to 3:00 pm
 SUNDAY TO SATURDAY
 Rs. 70/- Valid for 10 days

Donation is covered u/s 80 (G) on Income Tax act 1961



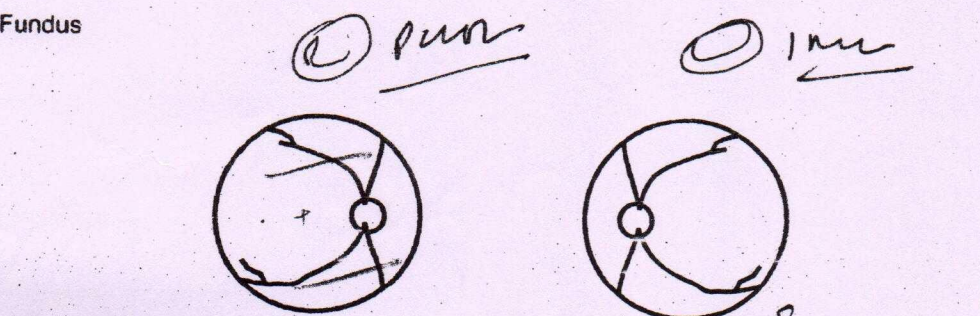
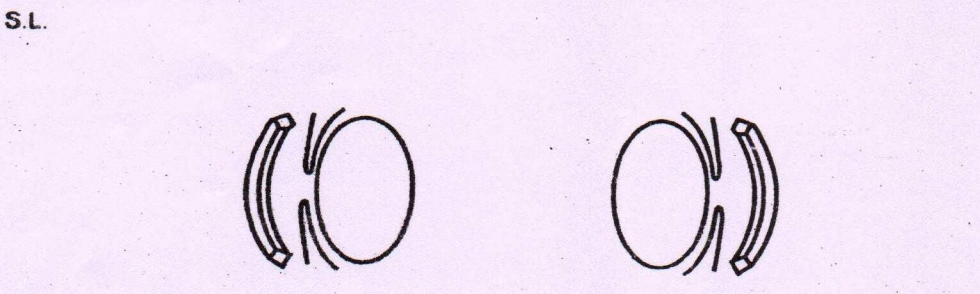
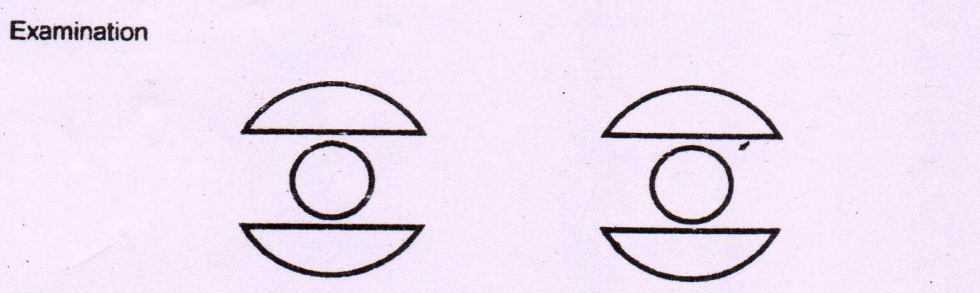
OPD : 9219445002
 Office : 9219445004, 9219445005
 C.M.O. Office : 0571 - 2507682 (Fax)
 E-mail : gandhieve@rediffmail.com
 Website : www.gandhievehospitalaligarh.in

Reg. ID 25730 / 17-Sep-19
 Name of Patient MADHU
 Father's / Husband Name ***
 Address SAMAD ROAD
 ALIGARH

Age 60 / Sex
 Phone / Mob. ***
 Dr's Name
 Room No. 15

DIAGNOSIS RE _____ LE _____ INVESTIGATIONS

V.T.
 Complaints *Dr*
② IN ST -



Refraction
 S + 2.25
Ry - 5.75 - 2.95 / 19
L - 6.25
Rho + 2.5h

B.P.
 Fl stain
 Syringing R.E.
 L.E.
 Tn R.E.
 L.E.
 Conj. Smear
 Blood Sugar
 Fasting
 P.P.
 Blood Iib%, TLC, DLC, ESR
 Urine
 Fluorescein Angiography
 Contact Lens
 Auto Ref.
 Orthoptic *Dr*
 X-Ray = *retomax*
len
 Autoperimetry *hyper*
len
 USG *len*

SINGHAL EYE HOSPITAL

PITAL



सिंघल आई हॉस्पिटल

अतरीली बस अड्डा, रामघाट रोड, अलीगढ़, मो0 - 98378-92161

240445005

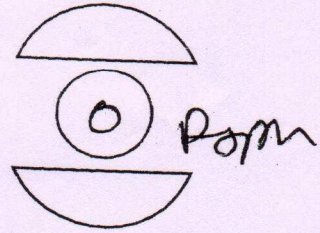
Dr. Ankur Singhal
M.B.B.S., D.O.M.S., D.N.B.(1)
Ex- Ophthalmic Surgeon-
Gandhi Eye Hospital, Aligarh
Reg. No. 23280

डा अंकुर सिंघल
एम.बा.बी.एस. डी.ओ.एम.एस., डी.एन.बी.(1)
भूतपूर्व सर्जन-
गांधी नेत्र चिकित्सालय, अलीगढ़
रजि. सं. 23280

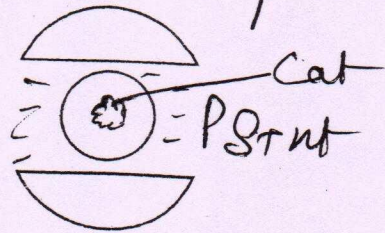
Name : Shri Madhu Singh Goyal Age 48 Date 13/11/19
Address : 98 Ramad Road Aligarh

Co - Pain & Redness
Watering
Dov - 10d

Vision 6/36
R



Vision 1/2/60
L



विवार सारं अवकाश

सुबह : 9:30 से 2:30
समय : शाम : 5:30 से 7:30

Dr. MOHAN LAL MEMORIAL GANDHI EYE HOSPITAL ALIGARH - 202001 (U.P.)

Morning timing : 8:00 am to 3:00 pm

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E-mail : gandhieye@rediffmail.com

Website : www.gandhieyehospitalaligarh.in

Reg. ID 32920 / 13-Nov-19
 Name of Patient MADHU SINGH Age 60 Sex F
 Father's / Husband Name PREM SINGH Phone / Mob. **
 Address SAMAD ROAD ALIGARH Dr's Name
 Room No. 18

DIAGNOSIS RE LE INVESTIGATIONS

V.T. B.P.

Complaints - DM & TL FI stain

Examination uncontrolled Diabetes Syringing R.E.
 L.E.

S.L. - Discharge Tn R.E.
 f' L.E.

Fundus Conj. Smear
 Blood Sugar
 Fasting P.P.

Refraction Computerized Blood Hb%, TLC, DLC, ESR

Physian opinion Urine Adv
 Fluorescein Angiography 3 QID

Auto Ref. OR

Orthoptic OR

X-Ray Q TOL SP

Autoperimetry under
 USC of DM/HT.
 Rev. 2nd & 3rd reports
 Dr.