

From,

Vivek Kumar Singh-Ist
Civil Judge(S.D.),
Jalaun at Orai.
Officer I.D.-U.P.2083.

To,

Respected Assistant Registrar (Services),
Hon'ble High Court of Judicature at Allahabad.

Through,

Respected District Judge.
Jalaun at Orai.

Subject:- Representation for pre-mature transfer.

Respected Sir,

With reference to your C.L. No. 23/Admin (Services) 2019 Dated; September 23, 2019, RE; Annual transfer 2020, it is most humbly and respectfully prayed that the applicant had been transferred by Hon'ble High Court vide notification No.3370/Admin (Services)/2019 Dated 06 September 2019 from district Ramabai Nagar(Kanpur Dehat) to District Jalaun at Orai in the mid-session(in the month of September 2019). The applicant's wife was pregnant with five months of pregnancy at the time of the applicant transfer. The applicant had to face a lot of difficulty in packing and shifting. The applicant's wife is at present staying with the applicant's father and mother at Lucknow. The applicant's wife is having high risk pregnancy and is consulting Gynecologist Dr. Chavi Shukla at Gomati Nagar Lucknow(Consultation papers of applicant's wife with Dr. Chavi Shukla and ultra sound report are attached as enclosure). The applicant's father and mother are too old and applicant father is having many ailments like type II Diabetes Mellitus., Hyper Tension, Heart Problem, Pace Maker Installed, Sick Sinus Syndromes, Hypothyroidism etc (consultation papers of applicant's father at Medanta Hospital Gurugram are attached as enclosure). Apart from my parents there is no one to look after the applicant's wife. The applicant's wife expected date of delivery is in the month of January 2020. After delivery the applicant's wife and new born child would need extra care and protection for next Six months. Except applicant, there is no one to look after them and take care of them. It would be more convenient for the applicant to look after them, if the applicant is transferred/re-allocated to any adjoining district of Lucknow district, preferably within 100 K.m. of Lucknow district.

Therefore it is most humbly and respectfully prayed that kindly place the applicant's representation for pre-mature transfer before the Hon'ble Court for kind consideration. The applicant would be highly obliged forever for your act of kindness.

Thanking you.

Enclosures:-

As above(Total in no.13)

Date:-28.11.2019

Your sincerely

Vivek Singh 28-11-19
(Vivek Kumar Singh-Ist)
Civil Judge(S.D.)
Jalaun at Orai
Officer I.D.-U.P.2083.

Apal

Stuti

30/6/19

31/7/19

G₁

POG - 9⁺³ wks.

wt - 68 kgs.

BP - 120/74 mmHg

KMP - 29/4/19

LEDD - 5/2/20

Adv.

• Lab Folwite sup OD

CBC

HbA_{1c} - PSS(F)

• Lab DUPHASTON 10mg

• In. creat.

~~BD~~ x 7 days →
STOP.

7/6/19

• In. TSH - 2.61 μU/ml

• R/v after 4 wks

22/6/19

SLEF - 7⁺⁴ wks

(D = U)

Family Hist $\left\{ \begin{array}{l} (M) - DM \\ (F) - HT \end{array} \right.$

Chhavi

24 HRS. BLOOD BANK WITH COMPONENT

self attended
with papers
Chhavi
26.11.19

Dr. Devanshu Shukla

M.B.B.S., M.D. PEDIATRICS
Formerly at :
Holy Family Hospital, (New Delhi)
Max Hospital, (New Delhi)
Mob : 9918039932

APCS

Dr. Chhavi Shukla

M.B.B.S., D.N.B.(OBS & GYNAE)
Formerly at :
Holy Family Hospital, (New Delhi)
Hindurao Hospital, (New Delhi)
Mob : 9648563425

Patient Name : Stuti Age/Sex : 31yrs/F Dated 27/7/19

G₁

POG - 12th wks.

wt - 71.4kg BP - 139/84
meds

LMP - 29/4/19
EDD - 5/2/20

Adv.

Tab FOLVITE sup OD

*Tab FAA₂₀ / LIVOGEN /
LUPIHEME OD*

25/7/19

pl. reaching
Os

SZF - 12th wks
NO G₁CA

self attested wife's paper.
Chhavi
28.11.19

Tab DUPHASTON RD
10mg

Tab SHECAL - HD₁₂ OD

R/v after 4 wks

Chhavi

Dr. Chhavi Shukla

MBBS, D.N.B. (OBS & GYNAE)

Formerly at:
Holy Family Hospital, (New Delhi)
Hindurao Hospital, (New Delhi)

Contact : +91-9848663425



Dr. Devanshu Shukla

MBBS, M.D. PEDIATRICS

Formerly at:
Holy Family Hospital, (New Delhi)
Max Hospital, (New Delhi)

Contact : +91-9918039932

Name

Stuti

Age / Sex

31 yrs / F

Date / Time

7/9/19

G₂

POG - 18th wks

FMs ✓

LMP - 29/4/19

EDD - 5/2/20

wt - 78.9 kgs BP - 112/76

P/A - 18 wks

Fasting

Quadruple
Test - Low
risk

TIFFA

Adv.

Tab. ~~Aspirin~~ OD

DUPHASTON ~~100mg~~ BD

SHELCEL ~~1000~~ OD

POLVITE ~~1000~~ OD

ASTYMIN ~~1000~~ TE

PROTEINEX / NUTRA ~~1000~~ BD

Pro-PL-D . Rivaster

Self attended. ~~patient's~~
paper.
18-11-19.

- OD - Once a day
- BD - Twice a day
- TDS - Thrice a day
- QID - Four times a day
- HS - In the night
- PP - Post Prandial
- PRN - As & when required
- SOS - As required
- L/A - Local Application

Dr. Devanshu Shukla

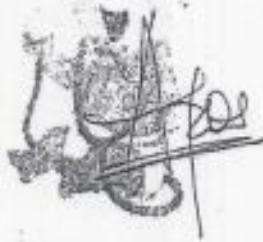
M.B.B.S., M.D. PEDIATRICS

Formerly at :

Holy Family Hospital, (New Delhi)

Max Hospital, (New Delhi)

Mob : 9918039932



Dr. Chhavi Shukla

M.B.B.S., D.N.B.(OBS & GYNAE)

Formerly at :

Holy Family Hospital, (New Delhi)

Hindurao Hospital, (New Delhi)

Mob : 9848563425

Patient Name : Dr. Stuti Age/Sex : 31yrs / F Dated : 9/11/19

G₁

POG - 27⁺³ wks

FMU ✓

wt - 85.1 kgs B/P - 106/73

P/A - 28 wks

FHS + reg.

EDD - 5/2/20
(D E U)

8/11/19

(F)

BS - 87-8 up %

(PP) 123-8 up %

Hb - 11.3 gm %

Self attended with papab.
Lsial
16.11.19.

Adv. : Inj. TT 1st dose in stat
2% LOX + PREMARIN vag.
cream

L/A

FAA₂₀ + DUPHASTON_{10mg} BD

+ FOLVITE OD + EVION₆₀₀ OD

+ ASTYMIN-M-FORTE BD

to continue

R/v after 3 wks

Consultation by Appointment

2/97, Viram Khand, Gomti Nagar, Lucknow

[Signature]



LITHO URO CENTRE
DEPARTMENT OF UROLOGY
KING GEORGE MEDICAL UNIVERSITY, LUCKNOW.



PATIENT: -Dr.R B Singh

AGE/SEX: -71 Y/M

DATE: 08-02-19

PERABDOMINAL UROSONOGRAPHY

Per abdominal urosonography performed using 3.0 and 3.5 MHz probes and following observations were made-

KIDNEYS:

	SIZE (cm)	SHAPES	POSITION	CORTICAL THICKNESS	CMD	CORTICAL ECHOES
RIGHT	10.56X4.38X3.97	Normal	Normal	0.91 CM	Maintained	Normal
LEFT.	10.04X3.45X3.40	Normal	Normal	0.90 CM	Maintained	Normal

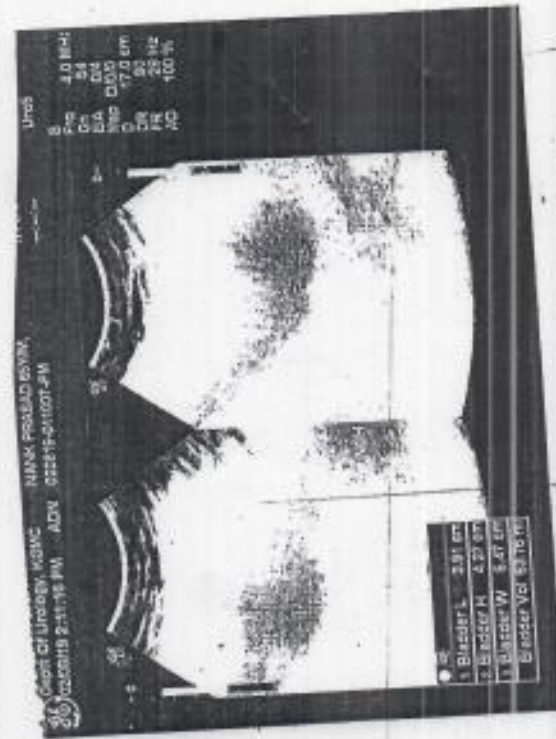
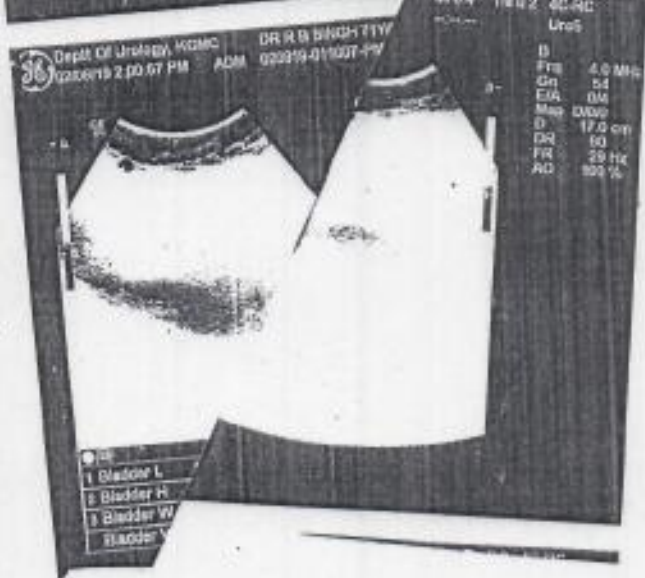
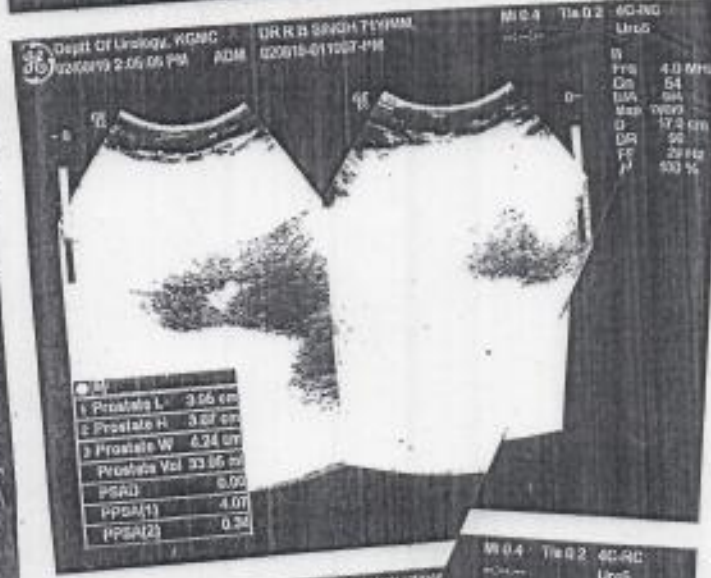
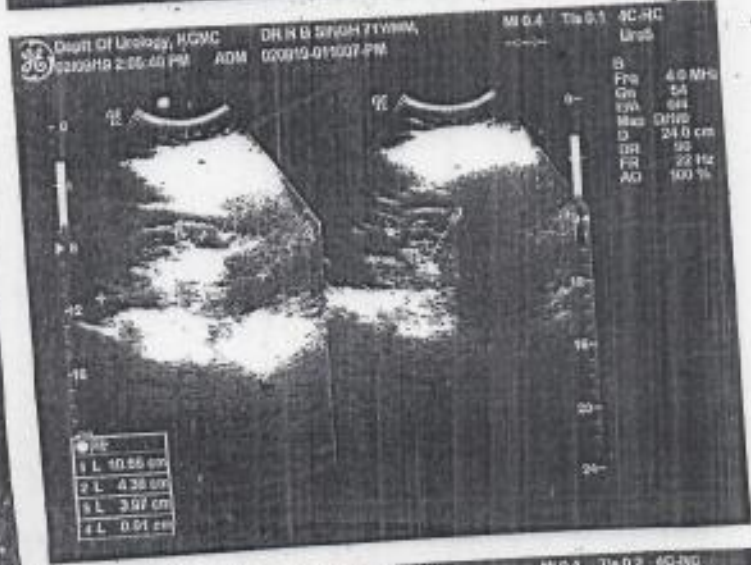
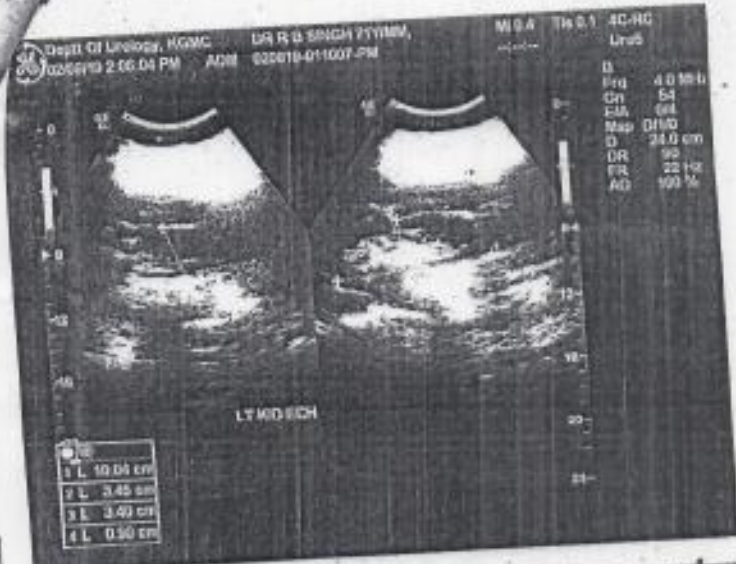
Both the kidneys appear mildly echogenic with maintained CMD. Outline of kidneys and psoas shadow are normal. No perinephric collection. No mass /stone/hydronephrosis/cyst is seen in both kidneys.

- URETERS** : Both ureters are not visualized.
- BLADDER** : Prevoid capacity is 247 ml. Bladder walls appear to be normal. PVRU is 64ml. No diverticulum/stone/growth is seen.
- PROSTATE** : Prostate size is 3.95X3.87X4.24 cm. Shape is normal. Capsule is intact. Volume is 33.95 cc. Median lobe is prominently enlarged. No mass/calcification/cyst is seen.
- IMPRESSION** : **Bilateral mildly echogenic kidneys.**
Enlarged prostate with prominent median lobe with significant PVRU.

self attested father papers
RB
RB.11.19.

Sr. Resident

Important: Only for clinical correlation of Urology Department, not for medico-legal purpose.



self altered-faltem papers
Asing
28.11.19.

Medication Advised:

Drug Name	Dose	Route	Frequency	Duration	Remarks
1. LOSAR-H		oral	1 tab once	od, -	m
2. CARBITO	15mg	oral	1 tab once	od, -	m
3. ROLITEN (Toltrudine)	1mg	oral	1 tab once	od, -	N
4. SELODOL-D	8mg	oral	1 tab once	od, -	N
5. THYRONORM	100mg	oral	1 tab once	od, -	m before breakfast
6. PAN	40mg	oral	1 tab once	od, -	m 1/2 hr before breakfast
7. Benadepine (lugit).	4mg		od		
(nephro consult)					
Carbitol 110mg BID					

INVESTIGATIONS

- Plan: CBC
- KFT
- LFT
- Advic: S. Lipid Profile
- B. Sugar F & PP
- HbA1C
- Vitamins B&D Levels
- S. Uric Acid
- T3, T4, TSH
- Date & Time: Echo / Stress Echo
- Next follow-up: ___ / ___ / ___

self attended. fasting papers.
Resig.
28.11.19.



Medanta

Global Health Pvt. Ltd.

Discharge Summary

Patient Name	: Dr. R B Singh	Patient UHID	: MM00580487
Age	: 67Y	Gender	: Male
Admission Date	: 12/06/2015 13:36	Location	: East-8th Floor NU 1
Encounter Type	: Inpatient	Encounter ID	: 12556982
Consultant Incharge	: Dr Vijay Chopra	Specialty	: Cardiology

Discharge Summary

Date Of Discharge	: 15/06/2015 10:18
Bed No	: 4813
Reason for admissions	: Procedure/Surgery *
Diagnosis & Co-morbidities	: HYPERTENSION TYPE II DIABETES MELLITUS CORONARY ARTERY DISEASE HYPOTHYROIDISM
Allergies	: Not Known
Procedure or Surgery	: PERMANENT PACEMAKER IMPLANTATION WAS DONE ON 12/06/2015

Dr. R. B. Singh
Sick sinus syndrome

Medical History & Presenting Complaints

: Dr. R B Singh 67 years old hypertensive & diabetic male patient, is a known case of ~~GAD~~ hypothyroidism, presented here with complaints of left sided chest pain, radiating to left arm and temporary black out vision for 30 min since april 2015. He was admitted here for further evaluation & management.

Physical & Systemic Examination : On Admission pulse was 60 min, BP 110/60mmHg and general, physical examination and systemic examination were unremarkable.

Investigations

Laboratory : Attached
Course in Hospital

: Patient was admitted with the above mentioned complaints for which investigations were done. He underwent PERMANENT PACEMAKER IMPLANTATION (Medtronic -Sn- PZK723306S) on 12/06/2015 and programming was done on 13/06/2015. The procedures were uncomplicated and well tolerated. He responded well to given treatment. Now he is being discharged in stable condition with following advice.

Significant Medication Given :
Condition at Discharge : Stable

Advice on Discharge

Discharge Medication :
Tab Ceftum 500mg twice daily x 5 days (cefuroxime) 10Am - 10pm
Tab Cresar H 40/12.5mg once daily (telmisartan) 10Am
Tab Thyronorm 75mcg once daily (levothyroxine sodium) 6Am
Tab Alfuzosin D once daily 10pm
Tab Cordarone 200mg twice daily (amlodarone) 9Am - 9pm

Diabetic medications advised by Endocrinologist

self attested father's papers
brief
12.11.19.

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6/15/2015



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Discharge Summary

Patient Name	: Dr. R B Singh	Patient UHID	: MM00580487
Age	: 67Y	Gender	: Male
Admission Date	: 12/06/2015 13:36	Location	: East-8th Floor NU 1
Encounter Type	: Inpatient	Encounter ID	: 12556982
Consultant Incharge	: Dr Vijay Chopra	Specialty	: Cardiology

Diet : As Advised

WHEN TO OBTAIN URGENT CARE:

In case of any problem like:-

1. Fever
2. Loose stools/motions/vomiting or passing black stools like coal tar.
3. Bleeding from any site
4. Chest pain, breathing difficulty, profuse sweating, giddiness, pain in abdomen.
5. Reduced urine output.
6. Severe weakness/severe mouth ulcers.
7. Rash over skin, swelling over body.

Contact:-

Or any other medical problem for which you think urgent attention is required report to emergency at Medanta-The Medicity at the earliest possible. (0124-4141414, Ext.No. 2404 & 2406).

For Ambulance Call [9560398953/0124-4141414, Ext.No. 2411 & 2197]

Follow up : Review with Dr. Vijay Chopra in Cardiology OPD with prior appointment 9891255221 (Meera) /0124-4141414

DR. VIJAY CHOPRA
DIRECTOR
HEART FAILURE PROGRAMME

REGISTRAR/RESIDENT/CMO
Date 15/06/15

To follow up using video conference, phone or email please login at <https://eopd.medanta.org>. For assistance to schedule tele-consultations call 0124-4855017 or write to tele.medicine@medanta.org. Please note that this is NOT for medical emergencies.

You can access your Laboratory and Radiology reports at <https://reports.medanta.org> or send a request at reports@medanta.org with a scanned copy of an Id proof to have your reports emailed to you.

*self attended, father's papers,
Singh
18.11.19.*

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Global Health Pvt. Ltd.

Discharge Summary

Patient Name	: Dr. R B Singh	Patient UHID	: MM00580487
Age	: 67Y	Gender	: Male
Admission Date	: 12/06/2015 13:36	Location	: East-8th Floor NU 1
Encounter Type	: Inpatient	Encounter ID	: 12556982
Consultant Incharge	: Dr Vijay Chopra	Specialty	: Cardiology

Investigations**Laboratory Results**

Date / Time	Event	Value
12/06/2015		
	Blood Group & S	
14:03	ABO Grouping	B Specimen Type: Blood (EDTA)
14:03	Rh Factor	POS Specimen Type: Blood (EDTA)
14:03	Irr Ab Scrn	Antibody Negative Specimen Type: Blood (EDTA)
14:03	HBsAg	0.09 Non-Reactive Specimen Type: Serum
Comment:		
Interpretation: Non-reactive: 0.00 - 0.89 Border Line: 0.90 - 0.99 Reactive: >=1.00 Method: ECI		
14:03	Anti HCV	0.02 Non-Reactive Specimen Type: Serum
Comment:		
Interpretation: Non-reactive: 0.00 - 0.89 Border Line: 0.90 - 0.99 Reactive: >=1.00 Method: ECI		
14:03	HIV I&II	0.07 Non-Reactive Specimen Type: Serum
Comment:		
Interpretation: Non-reactive: 0.00 - 0.89 Border Line: 0.90 - 0.99 Reactive: >=1.00 Method: ECI		
14:54	RBS	117 mg/dl Specimen Type: Sodium Fluoride(R)
Comment:		
> 200 mg/dl High		
Methodology Used: GOD/POD, colorimetric		
	S.Electrolytes	
14:54	Sodium(S)	136 mmol/L Abnormal (137-145) Kindly correlate clinically Specimen Type: Serum
Comment:		
(Method Used: Direct Ion sel electrode)		
14:54	Potassium(S)	4.2 mmol/L (3.5- 5.1) Specimen Type: Serum

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Corporate Identity Number - U65116/2015

*Self attested.
 Patient paper binding
 18.11.19*



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Global Health Pvt. Ltd.
Discharge Summary

Patient Name	: Dr. R B Singh	Patient UHID	: MM00580487
Age	: 67Y	Gender	: Male
Admission Date	: 12/06/2015 13:36	Location	: East-8th Floor NU 1
Encounter Type	: Inpatient	Encounter ID	: 12556982
Consultant Incharge	: Dr Vijay Chopra	Specialty	: Cardiology

Comment:

[Method Used: Direct Ion selective electrode]

14:54	Chloride	105 mmol/L (98-107) Specimen Type: Serum
14:54	Blood Urea	51 mg/dl Abnormal (10-50) Specimen Type: Serum

Comment:

[Method Used: Urease with indicator dye]

14:54	S.Creatinine	1.50 mg/dl (0.80- 1.50) Specimen Type: Serum
-------	--------------	-----------------------------------------------

Comment:

[Methodology Used: Enzymatic (creatinine amidohydrolase)]

PT & INR		
14:54	PT	11.9 Sec (8.8- 12.3) Specimen Type: Blood (Sodium Citrate 1:9)
Comment:		
14:54	INR	1.14 Specimen Type: Blood (Sodium Citrate 1:9)
CBC + DIFF		
14:54	Hemoglobin	12.1 gm/dl Abnormal (13.0- 17.0) Specimen Type: Blood (EDTA)
14:54	WBC	6.47 10 ³ /uL (4.00- 10.00) Specimen Type: Blood (EDTA)
14:54	Neutrophil	63.5 % (40.0- 80.0) Specimen Type: Blood (EDTA)
14:54	Lymphocyte	22.9 % (20.0- 40.0) Specimen Type: Blood (EDTA)
14:54	Eosinophil	2.0 % (1.0- 6.0) Specimen Type: Blood (EDTA)
14:54	Monocyte	11.4 % Abnormal (2.0- 10.0) Specimen Type: Blood (EDTA)
14:54	Basophil	0.2 % (0.0- 2.0) Specimen Type: Blood (EDTA)
14:54	Platelet Count	150 10 ³ /uL (150-410) Specimen Type: Blood (EDTA)
14:54	RBC Count	3.59 Miln/Cumm Abnormal (4.50- 5.50) Specimen Type: Blood (EDTA)
14:54	PCV	34.8 % Abnormal (40.0- 50.0) Specimen Type: Blood (EDTA)
14:54	MCV	96.9 fL (83.0- 101.0) Specimen Type: Blood (EDTA)
14:54	MCH	33.7 pg Abnormal (27.0- 32.0) Specimen Type: Blood (EDTA)
14:54	MCHC	34.8 % Abnormal (31.5- 34.5) Specimen Type: Blood (EDTA)
14:54	RDW	14.40 % Abnormal (11.60- 14.00) Specimen Type: Blood (EDTA)

Authorized By	:	Signature
Last Modified By	:	Signature
Print Date / Time	: 15/06/2015 10:17	Logged User : CARDIO_MT

*Self attested
paper
using
28.11.19;*

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