

To,
**The Registrar General
High Court of Judicature
At Allahabad.**

Through- **The District Judge
Allahabad.**

Subject: In regard to sympathetic premature transfer.

Respected Sir,

with utmost regard at my part I seek your honour's permission to say that I am permanent resident of town Alapur, District-Badaun (U.P.) which is more than 500 Km. away from my place of posting District and Sessions Court Allahabad. My father died at the time when I was just one year old leaving behind my mother, elder brother and a sister. My elder brother therefore played a role of father in my life. Who is a Govt. Teacher and posted in a Primary Basic Education School in block- Miayun, Badaun. At the present movement he is seriously ill and is under going treatment at G.B.Pant Hospital and AIIMS, New Delhi. He has two sons elder one is in 12th standard and younger one is in 9th standard. Hence, being not mature they are unable to pursue his father's treatment in Delhi.

My mother has also expired in the year 2016. Therefore, it is my prime duty and I am morally bound to repay the services rendered by him in my broughtup since my infancy to accompany him from home town Badaun to G.B Pant Hospital, Delhi which I find very much difficult and time consuming to do from my place of posting in Allahabad for this purpose.

Therefore, it is humbly requested that The Hon'ble High Court shall be pleased to consider my this premature representation sympathetically and on humanitarian and moral grounds in any district near to Badaun from where I may easily control my genuine problem.


I shall highly be obliged.

With regards.

Date: 26.11.2020

Annexure- Medical Papers.

Your's faithfully

 26.11.2020

(ATEEQ UDDIN)

Addl. Special Judge

POCSO-I

District & Sessions Court

Allahabad

ID-U.P.-1533

12 Dr. Kishor

अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूमपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES



शरीरमार्ग चक्रु वर्तमानम्

एकक/Unit _____
विभाग/Dept. _____
नाम/Name _____

General
UHID: 103187002
Dept. Regn. 2017/015/0144620

Name: SAGHEERUDDIN
S/O TAHIR UDDIN, 58Y 11M, M
Ph: 9719162150
WARD NO. 15 TOWN ALAPUR BUDAUN, UTTAR
PRADESH, INDIA
Appt. ID: 2017112401060

DeptSeq: 51
Dept: Nephrology
Unit: Nephrology
Room: 12
Nephrology
N/6
Days: Tue, Fri
App. Date: 01/12/2017

OPR-6

144620/H

i. Regn. No. _____
पता/Address _____

निदान/Diagnosis

CAD / HTCA (2005) / COPD / Renal dysfunction (1/2)

दिनांक/Date

उपचार/Treatment

Lab - 15/12/17
BP - 130/80

URM-151217006 103187002
SAGHEERUDDIN SAGHEERUDDIN

- NTW-GF - Question
- Cardiology old
- Pulmonary old

H-90712
15/12/17

- Adm. 11 . S1 & dnet
- Gas Atoms (120xM)
- Gas Replatt - A (75/150) xM
- Gas Metax (50) xM
- Gas Cardiac (9) xM
- Gas Ransac (150) xM
- Gas Sheld (150) xM
- Av only 150/205
- Vep histoxic gaty
- Cop 2ent read

Signature

Signature



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल में अग्नि शिखरों को प्रोhibited है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

12 Dr. Kishor

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विभाग / Dept. _____
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OPR-6

144620/H

Appt. ID:



2017112401060

रिपोर्ट / Diagnosis

दिनांक / Date

Lab - 15/12/17

BP - 139/80

CAD / HTCA (2005) / COPD / Renal dysfunction (GFR)

उपचार / Treatment



SAGHEERUDDIN SAGHEERUDDIN

- NTW - Lt - Dressing
- Cardiology OPD
- Pathology OPD

H - 90712
15/12/17

[Signature]

- Adm. 1. S1 & duct
- 3-5 Atoms (100xMM)
- 3-5 Replatt - A (25/150) xMM
- 3-5 Metaxol (10) xMM
- 3-5 Candace (9) xMM
- 3-5 Ransoo (150) xMM
- 3-5 Shaled (5) xMM
- Advised 15/12/17
- Ref. histopathology
- Cop 2ent read

[Signature]

GOVIND BALLABH PANT HOSPITAL

1, Jawaharlal Nehru Marg, New Delhi-110002

गोविन्द बल्लभ पंत चिकित्सालय

नई दिल्ली-110002

OUT PATIENT REGISTRATION CARD

Unit I | Dr PROF S TYAGI / DR SAIBAL

NEW OPD BLOCK - Room No.: 105

Clinic : CARDIOLOGY (Tue 9AM Thu 9AM)

OPD REGN NO : 1553330

Patient's Name : SAGIRUDDIN

Father's Name : TAHIRUDDIN

Address : LAL KUA DELHI

C/O RAWAT CATH LAB GBPH

Age/Sex : 48 MALE

Category GENERAL

DATED : 10/11/2009 10:18:16 / Old
PROVISIONAL DIAGNOSIS : CAD/MI + AOE!
EXAMINATION / TREATMENT :

CAD/MI +
AOE!
EP60%

MRCIA SSI

7p RUA 75 Allergic to

PLS B, m RUA

Sharon
2.5%
6/11/09
Ge

INVESTIGATIONS :

- HAEMOGLOBIN
- TOTAL LEUCOCYTE COUNT
- DIFFERENTIAL LEUCOCYTE COUNT
- ESR
- BLEEDING TIME
- CLOTTING TIME
- PLATELET COUNT
- PROTHROMBIN TIME

- URINE (R/M)
- URINE (C/S)
- STOOL (R/E)
- STOOL (OCULT BLOOD)
- MSC

- LIVER FUNCTION TEST
 - B. BILIRUBIN T/D
 - AST /ALT
 - ALKALINE PHOSPHATE

- S. PROTEIN T/D
- S. AMYLASE
- HBsAg
- ANTI HBc
- KIDNEY FUNCTION TEST
 - B. UREA / S. CREATININE
- LIPID PROFILE
 - TOTAL CHOLESTEROL
 - HDL / LDL / VLDL / TG
- BLOOD SUGAR
 - FASTING / RANDOM / PP

- X-RAY
- ULTRASOUND
- CT SCAN
- MRI
- ECG
- 2D ECHO / DOPPLER
- TMT
- HOLTEN
- EEG / EMS

- * ① I. Escorpin 325mg 1 BD
- * ② I. teplate 75mg 1 BD
- ③ I. metolox 400mg 1 BD
- ④ I. Shovras 400mg 1 BD
- ⑤ I. Kamstan 2.5mg 1 BD
- ⑥ I. Prolitaki 1mg 1/2 + 1/2 BD

09/12/09

P. Kantae (50mg) 1 BD
CST
Bawathi

At

CARDIAC CATH. LAB.
G.B.PANT HOSPITAL, NEW DELHI-110002



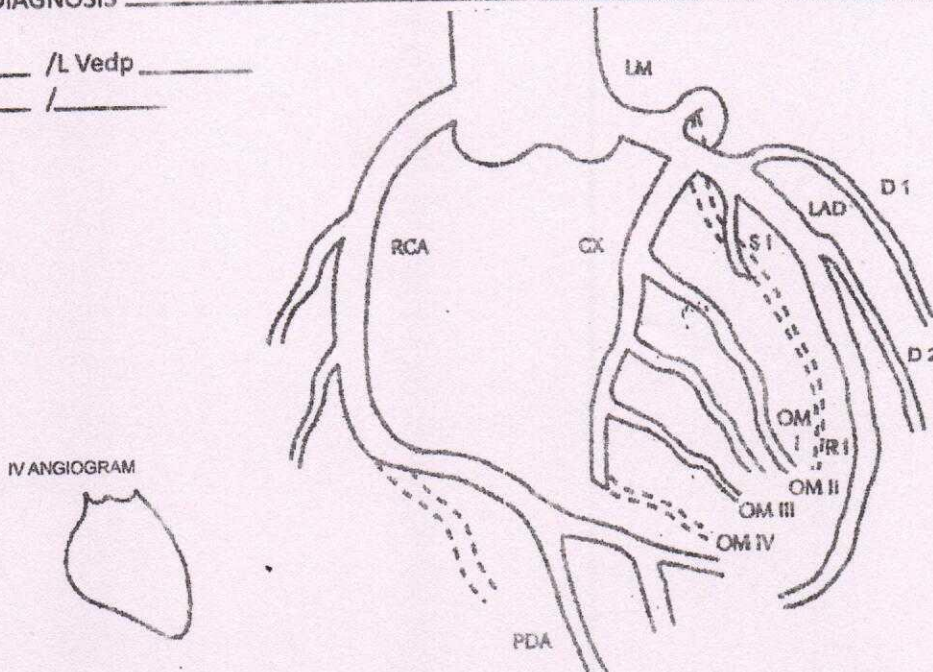
NAME Sajjad AGE _____ SEX _____ DATE 04/06/15

PERFORMED BY _____ & _____ UNIT _____

CATH NO. _____ ANGIO NO. 4833/CE2 CR.NO. _____

CLINICAL DIAGNOSIS _____

LV _____ /L Vedp _____
AO _____ / _____



LMCA : circ bifurcate LAD 10 DIAG: _____

RAMUS : _____ LCX & OM 2

RCA : to domit

LV. _____ EF % _____

Plan/post procedure instruction: 1. CHECK Pulse, B.P. Local site
2. Immobilize RLL/LLL

Advice

(S.R Signature)

3/28

CARDIAC CATH. LABORATORY

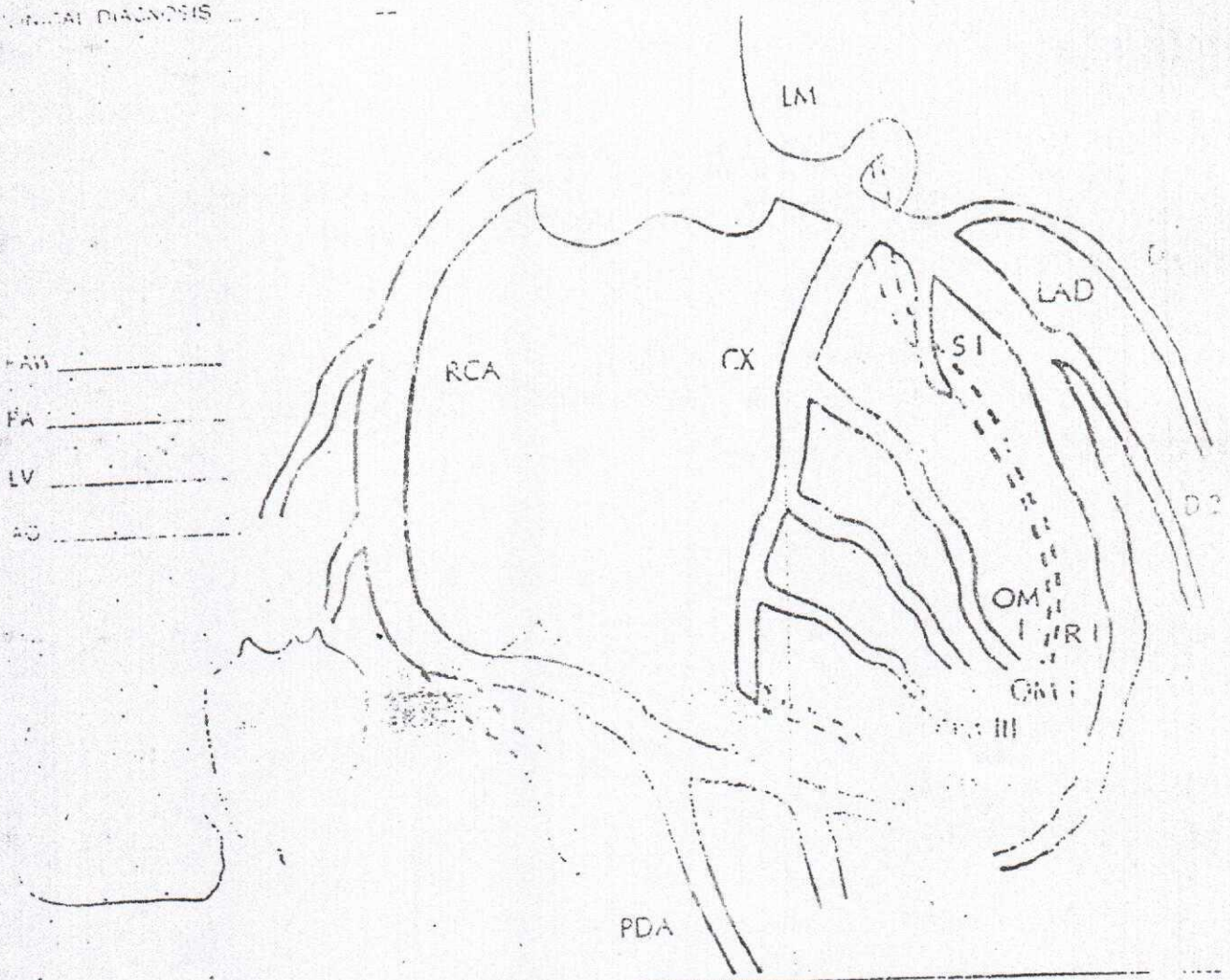
G.B. PANT HOSPITAL, NEW DELHI-110 002

NAME Sagoruddin AGE 48yr SEX M DATE 9/11/09

PERFORMED BY Dr. Jamal Ar. Sunil UNIT _____ HOSP NO _____
CATH NO _____ ANGIO NO 6602 P 3173

CLINICAL DIAGNOSIS _____

- RAO _____
- LAO _____
- LV _____
- AO _____



DIAG: _____ RAMUS: (N)

Notes: (N) in RCA 90% lesion filling R/G

ANGIO DIAGNOSIS:

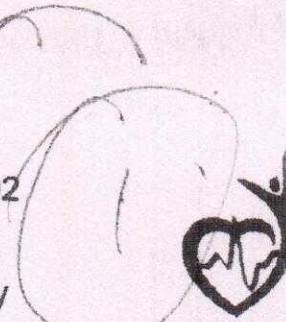
REMARKS

PLAN

Handwritten signature/initials



G. B. PANT HOSPITAL, NEW DELHI-110 002
 Department of Cardiology
 Echocardiography & Doppler Hemodynamic Laboratory



Name Sayir Age & Sex 55y/m OPD/CR No. 40123 Saibal Echo No. _____
 Operator Dr. Isham Wt./Ht. _____ Date 03/06/15
 Clinical Diagnosis _____

Measurements

LA/Ao	LVIDd/LVIDs	FS	<u>60%</u> EF (m-mode)
RVID	IVSd/IVSs	PWTd/PWTs	RA
SVC	IVCi/IVCx	MPA	LPA
RPA	As Ao	Des Ao	MVA
ASD/VSD/PDA		LV Mass	2D-LV Volumes
EF			

2D Echo Description

Valves
 Chambers
 Septa
 Segmental Wall Motion
 CO
 Mass/Veg/thrombus/other
 Others :
 Final Impression

No RLOMA at rest

E/A

RV systolic function

RV catheter steady

Doppler Dats

MV
 AV
 TV
 PV
 HR
 PA pressure

As

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI,

011-23 011-23



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GOVIND BALLABH PANT HOSPITAL

1, Jawaharlal Nehru Marg, New Delhi-110002

गोविन्द बल्लभ पंत चिकित्सालय

नई दिल्ली-110002



OUT PATIENT REGISTRATION CARD

Unit 1 | Dr SAIBAL

OPD BLOCK - Room No.: 0435

OPD REGN NO : 15300

Clinic : CARDIOLOGY (Tue 9AM Thu 9AM)

Patient's Name : SAGIRUDDIN
Father's Name : TAHIRUDDIN
Address : LAL KUA DELHI
C/O RAWAT CATH LAB GBPH

Age/Sex : 48 MALE

Category GENERAL

ATED : PROVISIONAL DIAGNOSIS :

30-6-2015 08:33:31 / Old
EXAMINATION / TREATMENT

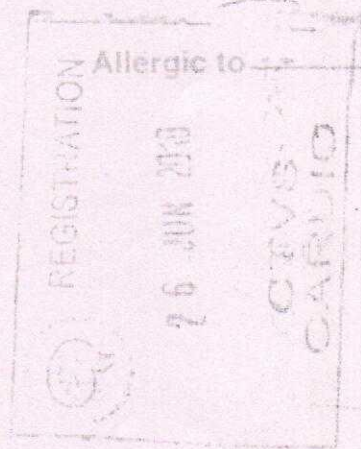
VESTGATIONS :-

- HAEMOGLOBIN
- TOTAL LEUCOCYTE COUNT
- DIFFERENTIAL LEUCOCYTE COUNT
- ESR
- BLEEDING TIME
- CLOTTING TIME
- PROTHROMBIN TIME
- PHOTOPHOBIN TIME

Area to PCA

- URINE (R/M)
- URINE (C/S)
- STOOL (R/B)
- STOOL (OCULT BLOOD)
- MISC
- LIVER FUNCTION TEST
 - S-BILIRUBIN TD
 - AST/ALT
 - ALKALINE PHOSPHATE
 - S-PROTEIN TD
 - S-AMYLASE
- KIDNEY FUNCTION TEST
 - S-UREA TD
 - S-CREATININE
- LIPID PROFILE
 - TOTAL CHOLESTEROL
 - HDL / LDL / VLDL TG
- BLOOD SUGAR
 - FASTING / RANDOM / PP

Smith



- T. Enox (150) 5to
- T. Clavix (150) 5to
- T. Avas (40) 500
- T. Met XL (25) 1to
- T. Pamy (2.5) 1to
- T. Sub (5) 500
- T. Nemo kind Gold 1to

2

A

जांच/INVESTIGATIONS

ELECTROLYTES

एन० ए०/Na
के/K

पेशाब
URINE

RE
MICRO

URINE C/S

अन्य
OTHERS

2.6

Sugar \leftarrow R+DG
L Urea \leftarrow PP 201
S Cholesterol
HDL Cholesterol
S. Triglyceride
S. Uric acid
Trop T
CPK
CPK MB

S. Creatinine - 1.5
SGOT/PT
ASO/CRP
BL Culture
BL Group
HBsAg - Negative
Antinuclear
CT
PT

CXR

ECG

ECHO

(N) Echo Study

E.F. % 60%

TMT

5/11/09 \rightarrow CAG \rightarrow mRCA 99% lesion filling R1G \rightarrow BED 3173
P1 RCA 45% lesion

HOLTER

EPS/INTERVENTION

P1S \rightarrow 8/11/09 \rightarrow BED 3187

CATH & ANGIO

FRONOVA \rightarrow 2.50 x 38mm

LMCA

P1S \rightarrow mRCA

RCA

LAD

LVEF

LCx

LVEDp

TREATMENT ADVISED

Rx T. Ecolpro 250 OD] NOT to be missed (0)
T. Depalt 25 OD] (0-0)
To review after 1 month. T. Metrok 500 (0) 7-00 AM
T. Pleolon 40ml. रात (0)
T. Ramitax 2.5 OD (0) 9:00
T. Ciprobid 500 BD x 3 days. (0-0) 3 दिन.

FOLLOW UP : TO ATTEND CARDIOLOGY CLINIC (ROOM No. 105) ON Mon./Wed./Fri./Tue./Thurs./Sat.

JR - RESIDENT

SENIOR RESIDENT

In case of Emergency Contact : 23235453 (CCU)



31/28

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DEPARTMENT OF CARDIOLOGY
G B Pant Hospital, New Delhi

PICA - STEENTING REPORT 6/11/09

Name: Sagiruddin Consultant: Dr. Jamal
Age/Sex: Dr. Shrikant

CR No / Dated:
Angio No. / Dated: A/E II 3187
Risk Factors:
Past History:
Clinical Diagnosis: CAD / A/E III / Front (A)

CAG Profile:
Previous PICA:
Current Lesion: Max R/L AS's lesion, in R/L 99% lesion.
Previous: AS - Max to in R/L

Guiding Catheter: JR 3.5, 5F
Guide Wire: B.P.

1.5x6 mm, 2x12 mm
- Rt system hooked to JR 3.5
lesion crossed to guide wire,
predilated to 1.5x6 mm & 2x12 mm
balloon, stent deployed. Final 3
flow achieved.

NOVA
EAN: (01)05060127240364
LOT: (10)KS911110830 2.50 x 38 mm
EXPIRY: (17)091130

✓

TAX INVOICE

(Original)

ar Concepts LTD

1, 2nd Floor,
Apartments, Bldg No. 66,
u Place,
Delhi - 110019.
(011) 41633027 / 28
Fax: (011) 41634634
PIN No: 07790239288
GST No: 29750054841.
DL NO : 14 (3113)

Consignee

**THE MEDICAL SUPERINTENDENT,
G.B.PANT HOSPITAL,
NEW DELHI.
IMPREST**

Doctor's Name : **DR.SAIBAL**
Patient Name : **Sagruddin Cr No:162383**
Date of use : **6-Nov-2009**

Invoice No.	Dated
DEL/011/01159/09-10	7-Nov-2009
Delivery Note	Mode/Terms of Payment
Supplier's Ref.	Other Reference(s)
Buyer's Order No.	Dated
Despatch Document No.	Dated
Despatched through	Destination
Terms of Delivery	
DEL1656/09-10	

SI No.	Description of Goods	Quantity	Rate	per	Disc. %	Amount
1	ProNova 2.5 x 38 (ProNova Drug Eluting Stent) Batch : KS24070924	1 No. 1 No.	62,500.00	No.		62,500.00
	VAT @ 4%			4 %		2,500.00
Total						1 No. 65,000.00

Amount Chargeable (in words)

Rs. Sixty Five Thousand Only

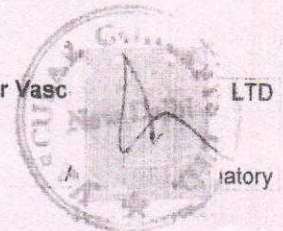
E. & O.E

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for Yasc

LTD



atory

This is a Computer Generated Invoice

Handwritten signature
26.11.2020