

From,

**Shivendra Kumar Mishra,**  
Secretary,  
District Legal Services Authority,  
Deoria.

To,

**The Registrar General,**  
High Court of Judicature at  
Allahabad.

Through,

The District Judge,  
Deoria.

Subject: Annual Transfer Application 2021.

Sir,

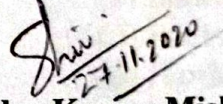
With reference to the Hon'ble Court's C.L. No. 10/Admin. (Services)/2020,  
Dated: September 17, 2020, on the above mentioned subject, I am enclosing my transfer  
application on premature transfer from district Deoria.

It is therefore, humbly requested that the application may kindly be placed  
before the Hon'ble Court for kind consideration.

Yours faithfully,

November 27, 2020

Encl. As mentioned above.

  
(Shivendra Kumar Mishra)  
Secretary  
District Legal Services Authority  
Deoria.  
ID No- UP2062

कार्यालय जनसुध न्यायाधीश देवरिया  
क्रमांक 1572/20 27-11-2020  
अप्रसारित  
जनसुध न्यायाधीश  
देवरिया  
27-11-2020



ID No.

UP 2062

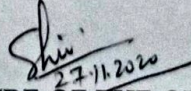
**PROFORMA OF TRANSFER/ STAY APPLICATION- 2020-2021**  
(SEE APPENDIX "A" TO THE APPLICATION)

1. NAME OF THE JUDGESHIP : DEORIA
2. FULL NAME OF THE OFFICER.: SHIVENDRA KUMAR MISHRA  
(In Block letters)
3. NAME & ID OF SPOUSE. : N/A  
(In case of Judicial Officer)
1. HOME TOWN OF THE OFFICER : MAHARAJGANJ
4. AT PRESENT POSTED AS : SECRETARY, District Legal Service Authority
5. Date of posting in the Judgeship : 17.04.2019
6. Places of posting during last 6 years with date : Allahabad, 17.03.2016 to  
15.04.2019
7. NATURE OF TRANSFER (Write "YES" in any one box against options given below)
- (A) **Due for transfer** (On completion of 3 years tenure at headquarter or 2 years tenure in an outlying court or at Sonbhadra by 31<sup>st</sup> May of the year)
- (B) **Stay of transfers** (after completion of normal tenure of 3 years in District or 2 years tenure in an outlying court or at Sonbhadra)
- (C) **Premature transfer** (before completion of normal tenure of 3 years in District or 2 years tenure in an outlying court or at Sonbhadra)
9. CHOICE OF STATIONS (as per guide lines)
- |               |               |
|---------------|---------------|
| (1) Lucknow   | (2) Barabanki |
| (3) Sultanpur | (4) Raebareli |
| (5) Unnao     | (6) Hardoi    |
10. Grounds in support request- Medical ground of my wife Amrita. She has been referred to King George Medical College , Lucknow for evaluation and proper treatment.
11. Places in U.P. where near & blood relations reside and carry on their business : KUSHINAGAR (U.P.)
12. Number & age of children along with places where they are receiving education : One child having aged about 4 years
13. REMARKS, if any- My home district is near to my Station Deoria but due to Medical ground I want premature transfer.

**DECLARATION**

I SHIVENDRA KUMAR MISHRA, read and understood the contents of appendix "A" to this application and do hereby declare that the facts mentioned above by me are correct, true and in conformity with the Guide lines laid down by the High Court.

DATED:

  
27.11.2020  
SIGNATURE OF THE OFFICER





17/9/20

Patient Name → Amrita Mishra Age - 29 years

Clm → 1/2 month Am Z spotted B&V

Obst → G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> ♂ LC - 4 yrs

By L.S.C.S.

MHK → L.M.P - 27/07/20

PIA -

no  
US of Uter  
App

Prognosis Explained  
D missed Abortion

PCV - Bleeding  
+nt

Ative

CBC, Sibi, HCV  
HIV, HBSAg, ABO

R<sub>2</sub>

① Admit for D&E

HIV  
HCV  
HBSAg } NR

② Tab Cytolog → 2 Tab HS  
To use Veg

③ Tab Kefodim 2w → BD 7 days

④ Tab methoxyg → TDS ③ days

BP - 128/87

⑤ Tab Dilona - SP → TDS ③ days

Pulse - 92b/m

⑥ Tab R.B. Cur 1 → OD ⑤ days

SpO<sub>2</sub> - 99%

⑦ Tab Pantet - 40 → OD ①

- Refer to KG MC, D&H, ob of Gynae for further evaluation

18/9/20

26/10/20

LMP - 24/10/20

- ① Tab Folvite .0D
  - ② Tab Azithromycin 100
  - ③ Tab Lysur-20 3 5
- refer to KPMC for further evaluation & treatment.

32



**DISTT WOMEN HOSPITAL, DEORIA (U.P.)  
DEPARTMENT OF RADIO-DIAGNOSIS.  
ULTRASOUND REPORT**

NAME..... Smt. Aninda ..... AGE..... 30 ..... SEX..... R  
 OPD/INDORE No..... W/D on shiverdus ..... Date..... 5.8.91  
 Consultant Dr./Ref. By..... Dr. Mala Sinha .....  
 Ultrasound Advised.....

Not valid for medico legal purposes. If is Professional opinion & not a diagnoses. It should be clinically interpreted.

**ANC**      EDD-  
                   EWT-  
                   (GM) ± 15%

*Doel*

- \* Single live intra uterine foetus seen.....
- \* Cardio activity present & regular. not seen
- \* Body & limp movement seen. u y
- \* Liquor adequate corresponding to gastranon age.
- \* Presentation
- \* Lie AS - 29.7 mm
- \* Placenta CRL 7.7 mm
- \* BPD..... H.C.....
- \* FL..... A.C.....
- \* Foetal Stomach.
- \* Foetal Spine.
- \* Foetal Kidney.
- \* Foetal Urinary Bladder.
- \* No congenial anamoly seen.
- \* Other.....

Impression..... Doel ..... Single live Intra-Uterine foetus/embrio of  
 avarage gastrational age..... 7 w o c ..... ± ..... 1 ..... wks.

↑  
**RADIOLOGIST**



**DISTT WOMEN HOSPITAL, DEORIA (U.P.)**  
**DEPARTMENT OF RADIO-DIAGNOSIS.**  
**ULTRASOUND REPORT**

NAME..... Amrita Mishra AGE..... SEX..... F  
 OPD/INDORE No..... 5517 Date..... 1/9/20  
 Consultant Dr./Ref. By..... Dr. Mala Sinha cms  
 Ultrasound Advised.....

Not valid for medico legal purposes. If is Professional opinion & not a diagnoses. It should be clinically interpreted.

ANC EDD-  
 EWT-  
 (GM)± 15%

- \* Single live intra uterine foetus seen.....
- \* Cardio activity present & regular. ✓
- \* Body & limb movement seen.
- \* Liquor adequate corresponding to gastranon age. ✓
- \* Presentation
- \* Lie GS. 9.7. mm
- \* Placenta
- \* BPD..... CRL - not seen
- \* FL..... A.C.
- \* Foetal Stomach.
- \* Foetal Spine.
- \* Foetal Kidney.
- \* Foetal Urinary Bladder.
- \* No congenial anamoly seen.
- \* Other.....

Impression..... Single live Intra-Uterine foetus/embrio of  
 avarage gastrational age..... 5 wks 0 d ±..... 1..... wks.

**RADIOLOGIST**





बेटी पढ़ाओ - बेटी बचाओ



# जिला महिला चिकित्सालय, देवरिया

## वाह्य विभाग

पंजीयन 55417

(पर्दा केवल 15 दिनों के लिए मान्य)

पंजीयन शुल्क 1 रुपया

रोगी का नाम :

अश्रुता मिश्रा

उम्र:

29y

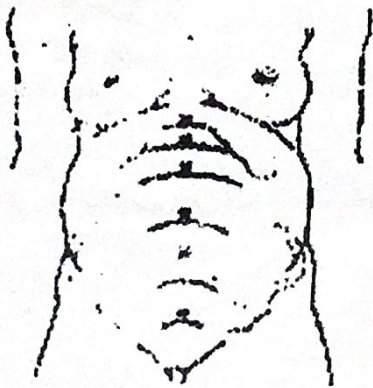
पिता/पति का नाम

दिनांक

1/9/2020

पता

जाँचें	परीक्षण
UPT.....	△ Therm. 96-6 Puls R. SPO.....
CBC.....	C/O 1- 6/0 Ann 5 weeks
Hb%.....	2- .....
Blood Group.....	3- .....
RBS.....	H/O Allergy/T.B./D.M./Asthama/Previous L.S.C.S.
LFT.....	O/E .....
KFT.....	Gen. Exam
Lipid Profile.....	Pallor/Oed/Janudice
Urine $\left\{ \begin{array}{l} \text{Albumin} \\ \text{Sugar} \end{array} \right.$	B.P. .... mm Hg, Pulse ..... /min
HBs Ag.....	Wt. .... Kg, Height ..... cm
HIV.....	Gravida G <sub>2</sub> - P <sub>1</sub> + 0
VDRL.....	L.M.P. 29/7/20 E.D.D. ....
T4, T3, T.S.H. ....	P/A.....
Ultrasound	Fundal Height ..... wks.
	Lie ..... Presentation.....
	F.H.S. ....
	P/V .....
	Others .....
	Next Followup date .....
	Rx
	USG - 5 weeks
	Rx - sisten (200) - 1 cap intra vaginal - 15 <sup>th</sup>
	* Tab folic acid - 1x - 30
	- Olic 5 <sup>th</sup>
	- Emerjal Pd - 1x/1 <sup>st</sup> 1 <sup>st</sup> 1 <sup>st</sup>
	- 2 <sup>nd</sup> cup HCG (5000) - 1 cap 1 <sup>st</sup> week



सिंग परीक्षण कानूनी अपराध है।

Rx - sisten (200) - 1 cap intra vaginal - 15<sup>th</sup>  
\* Tab folic acid - 1x - 30  
- Olic 5<sup>th</sup>  
- Emerjal Pd - 1x/1<sup>st</sup> 1<sup>st</sup> 1<sup>st</sup>  
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