

To,

The Registrar General,  
Hon'ble High Court of Judicature at Allahabad (U.P.)

Through,

The District and Session's Judge,  
Farrukhabad.

**Subject:** Application for pre-mature transfer from the present place of posting in view of medical emergency through which mother of the applicant is going through who has been diagnosed with advance stage Cancer.

Sir,

Most respectfully it is submitted that in pursuance of notification no. 3435 /Admin. (Services)/2019 pursuant to Government Notification/Appointment No. 597/II-4-2019- 32(1)/2019 T.C.-II dated 11.09.2019, the applicant was appointed as Direct Recruit from the Bar to U.P. Higher Judicial Service U/r 22(1) of U.P.H.J.S. Rules, 1975 and posted as Additional District & Sessions Judge, Farrukhabad in the newly created court created vide G.O. No. 10/2016/870/Saat-Nyay-2-2016-85G/2012 dated 06.07.2016. In pursuance thereof the applicant joined her services on 28.09.2020.

Most respectfully this is to inform you that widowed mother of the applicant is an old lady of more than 73 years and is totally dependent on the applicant. Earlier also through an application date 24.08.2020 the applicant had requested for the change of present place of posting at nearby stations to Gautam Budh Nagar stating the health related complication of her mother as the mother of the applicant is an old patient of extreme high sugar, high blood pressure and is under treatment and observation for nearly last 15 years in the hospitals at Gautam Budh Nagar.

*NAG*

It is humbly submitted that recently a wound/ bump form bowl has emerged in the head of the mother of the applicant which was causing lot of pain. The Doctors after the Contrast-Enhanced Computed Tomography (CT SCAN) report dated 15.01.2021 and other tests have diagnosed her with advance stage cancer. She is currently under treatment of Dr. C.K.Durga and other doctors at Dr Ram Manohar Lohia Hospital, Delhi.

The present place of posting at Farrukhabad is at a distance of approximately 400 Kms from Greater Noida, Gautam Budh Nagar and 430 km from delhi and therefore it is not possible to provide the best health and medical facility which she has been availing at Greater noida, Gautam Budh Nagar for the last 14 to 15 years and also. Now the recently diagnosed cancer is also being treated by the doctors by the Doctors of Ram Manohar Lohia Hospital Delhi.

Under these circumstances the applicant most respectfully requests for an early change of present place of posting at nearby stations to Gautam Budh Nagar so as to look after the health issues of her old mother.

It is therefore, most respectfully and submissively prayed that this representation application may kindly be places before the Hon'ble High Court, Allahabad for kind consideration and to transfer the applicant from the present place of posting Farrukhabad to some nearby station of Gautam Budh Nagar.

With regards.

Date- 22.01.2021

Naseema  
(Naseema) 22-01-2021

Addition District Judge,  
Farrukhabad.

Enclosure:-

1. CT Scan dated 15.01.2021
  2. Medical Report Dr Ram Manohar Lohia Hospital Dated 04.01.2021,
- Patient Name:- Zarina Begum.

नाथन खनपन न्यायाधीश  
नं०- 245/J दिनांक- 22-01-2021  
अनुमति  
नथन न्यायाधीश  
०२.०१.२०२१





Patient Name	: ZARINA BEGUM	UHID	: 483345
Age/Gender	: 70 Yr/Female	Dept Ref No	: 517085
Referred By	: DR-RAM MANOHAR	Bill Date	: 12/01/2021
		Scan Date	: 13/01/2021
Receipt No	: 88697	Result Date	: 15/01/2021

**CECT THORAX & ABDOMEN**

Both kidneys are normal in size, shape and attenuation and show normal contrast enhancement. Cortical thickness is maintained. Pelvicalyceal system is normal. No calculus or mass lesion is seen.

Urinary Bladder is normal in shape, outline and distension.

Uterus and both ovaries are post menopausal in appearance. Endometrium appears thin.

Stomach and visualised bowel loops are normal.

Hiatus hernia is seen.

No evidence of retroperitoneal or mesenteric adenopathy.

No free fluid is seen in peritoneal cavity and pelvis.

Visualized lumbar spine show spondylotic changes with posterior osteophytes at L5-S1.  
No evidence of spondylolysis or spondylolisthesis.

**IMPRESSION:**

- No mass or active infection identified in chest and abdomen.
- Hiatus hernia.
- Degenerative changes in dorsolumbar spine.

Dr Swati Paliwal.  
MD Radiodiagnosis  
Head of Department  
Radiology & Imaging

Dr Saurabh Banthia  
MBBS, DMRD, DNB  
Consultant Radiologist

Dr Chetan Bharaj  
MD Radiodiagnosis  
Consultant Radiologist

Dr Ziaur Rahman  
MD Radiodiagnosis  
Sr. Consultant Radiologist

A unit of Yatharth Hospital & Trauma Care Services Pvt. Ltd.

Yatharth Super Speciality Hospital

Sector Omega





Patient Name	: ZARINA BEGUM	UID	: 483345
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### CECT NECK

**Protocol of Study:** Serial contiguous helical sections were taken from the base of skull to the superior mediastinum with 0.6 mm recons after administration of 6 Cl Omnipaque 350 mg I/ml, IV, and 3D recons.

#### Sequential images reveal:

Spaces of suprahyoid neck including bilateral parapharyngeal space, pharyngeal mucosal space, parotid space, masticator space, carotid space, posterior cervical space, prevertebral and retropharyngeal spaces are unremarkable.

Epiglottis is normal in size and attenuation. Bilateral aryepiglottic folds are normal in size and attenuation. Preepiglottic fat is preserved.

Bilateral pyriform sinuses are normal.

Vallecular spaces and vestibule of larynx is normal

Bilateral false and true vocal cords are normal in size and CT attenuation.

Trachea is central in position.

Bilateral thyroid glands are normal in size, outline and density. Small hypodense lesion measuring 12 mm in maximum diameter with smooth wall and no extra-thyroid extension is seen in right lobe – Suggest USG correlation.

Thyroid / cricoid / laryngeal cartilages are normal.

Muscles of both side of neck are normal. Bilateral sternocleidomastoid muscles are normal.

No evidence of significant cervical lymphadenopathy.

Deviated nasal septum towards right side is seen.

Advanced spondylotic changes are seen in the cervical spine in the form of anterior as well as posterior osteophytes at C4-5 and C5-6. No evidence of any fracture / dislocation. Endplate sclerosis with subchondral cystic changes are also seen at C4-5.

#### IMPRESSION:

- No definite mass / focus of infection seen in neck.
- Right lobe thyroid nodule as described above.

*Swati*  
Dr Swati Pathwal  
MD Radiodiagnosis  
Head of Department  
Radiology & Imaging

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**Yatharth Super Speciality Hospital**

📍 Sector Omega-1, Greater Noida, Uttar Pradesh - 201308, India  
 ✉ admin@yatharthhospitals.com 🌐 www.yatharthhospitals.com

**Helpline Numbers**  
08826447777, 08800447777





## DEPARTMENT OF RADIOLOGY & IMAGING

Patient Name	: SARINA BEGUM	UHID	: 483345
Age/Gender	: 70 Yr/Female	Dept Ref No	: 517085
Referred By	: DR-RAM MANOHAR	Bill Date	: 12/01/2021
		Scan Date	: 13/01/2021
Receipt No	: 88697	Result Date	: 15/01/2021

### CECT THORAX & ABDOMEN

**Protocol of Study:** Serial contiguous helical sections were taken from the Apices to the Pubic Symphysis with 1 mm thin recons and HRCT Protocol recons after administration of oral contrast & 6 Cl Omnipaque 300 mg I/ml, IV.

#### Sequential images reveal:

##### CHEST:

Subtle inter- & intralobular septal thickening is seen in medial basal segment of right lower lobe likely sequelae of old infection.

Rest of the bilateral lung parenchyma show normal attenuation.

Mediastinal vascular structures are normal.

Mediastinal lymph nodes are subcentimetric.

Tracheobronchial tree is normal.

No e/o any pleural effusion.

Extrapleural soft tissues are normal.

Visualised dorsal spine multilevel disc desiccation with presence of intradiscal gas and endplate sclerosis at D11 & D12 vertebral level. The spine show diffuse osteopenia, however no evidence of any collapse / fracture.

##### ABDOMEN:

Liver is normal in size, shape and attenuation. No focal parenchymal lesion seen. IHBR and portal radicles are normal in caliber and patency.

Gall Bladder well distended, normal in wall thickness. No evidence of hyperdense calculus (calculi are best appreciated on USG/MRCP). No pericholecystic collection detected. CBD normal.

Pancreas is normal in size, shape, and attenuation. No focal lesion is seen. Pancreatic duct is normal in caliber. No peripancreatic inflammation or collection noted.

Spleen is normal in size, shape and attenuation. No focal lesion seen.

Continue on page 2.

A unit of Yatharth Hospital & Trauma Care Services Pvt. Ltd.

**Yatharth Super Speciality Hospital**

📍 Sector Omega-1, Greater Noida, Uttar Pradesh - 201308, India

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**Helpline Numbers**

08826447777 08800147777



Patient Name	: ZARINA BEGUM	UHID	: 483345
Age/Gender	: 70 Yr/Female	Dept Ref No	: 517085
Referred By	: DR-RAM MANOHAR	Bill Date	: 12/01/2021
		Scan Date	: 13/01/2021
Receipt No	: 88697	Result Date	: 15/01/2021

## CECT HEAD

**Protocol of Study** Serial contiguous 1 mm thin sections obtained from the base of Skull to the vertex after administration of 6 Ci Omnipaque 350mg/ml, IV.

### Sequential images reveal:

There is a well-defined large mass lesion measuring 6.5 x 2.5 x 5.5 cm (TR x AP x CC) involving the occipital region predominantly on the left side, however it is also crossing the midline with multiple permeative lytic areas involving the occipital as well as parietal bones bilaterally. The moth-eaten appearance of the bones as well as large soft tissue component with necrosis of the mass is suggestive of high grade malignancy. Histopathology is advised for further evaluation. In view age of the patient and involvement of cancellous bone lymphoma and metastasis are the more likely differentials. Advised biopsy and histopathology correlation. There is evidence of small extradural extension of the mass with breach of inner cortex of the occipital bone, however no evidence of dural sinus thrombosis. No intraparenchymal lesion of the brain is seen.

Mild diffuse cerebral atrophic changes are seen in the form of atrophic gyri, prominent sulci and prominent ventricular system.

Old lacunar infarct seen in left basal ganglia.

Bilateral cerebral parenchyma show normal attenuation. Gray-white matter differentiation is maintained. No focal lesion noted.

No abnormal leptomeningeal enhancement noted.

The posterior fossa structures are normal except for the changes in the bone and soft tissue as described above.

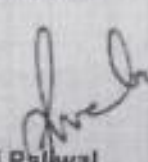
The IVth ventricle is normal in size, shape and is in midline.

Brainstem, basal ganglia and thalami are normal.

Supratentorial ventricles are normal in size, shape and position.

Bilateral sylvian fissures and cortical sulci are defined.

No midline shift.

  
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डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली  
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

चिकित्सा विभाग  
DEPARTMENT OF RADIO-DIAGNOSIS

दूरभाष } 23365525  
फ़ोन } Ext 4425 4627  
4633

एम.आर.आई./सी.टी. स्कैन रिपोर्ट  
MRI / C.T. SCAN REPORT

दिनांक 4/1/21  
Date

रोगी का नाम Name of Patient Zarina Begum सी.टी. स्कैन रिपोर्ट नं. C.T. Scan No. 201  
उम्र Age 89y लिंग Sex F पु./म M/F  
के.एच.नं. C.R. No. CGHS/Free/Paid

किस अस्पताल दिया गया Plan contrast given

रेफर करने वाले डॉक्टर का नाम डॉ. Referred by Dr. (NCCT - Head)

वैद्यकीय निदान Clinical Diagnosis

जांच का वह भाग जिसकी जांच की गई Part examined

रिपोर्ट : Report CMO

- Lytic lesion involving outer and inner table of skull in occipital region with soft tissue component and central necrotic area within.

- Age related arthritic changes with small well ischaemic changes noted.

चिकित्सा विभागी  
Radiologist

RML token Presented



DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI - 110 001  
Registered By: SANTOSH PARCHIA RML  
Aadhaar No.:  
Mobile:  
Dept Reg No.: 2021002000751

माह्य पंजीकरण कार्ड  
OPD Registration Card



OPD Regd No.

OPD Regd No.

CGHS Token No.

Registration No.

20210005565

04-Jan-2021 10:53:14 AM

OPD Unit

SURGERY NON\_CGHS

Room: 38 / Queue: 101

OPD No.

Non-CGHS Surgery-S1

Age

MON

Sex

Sex

Female

निदान ZARINA BEGUM

84 years

Female

Diagnosis:

4to  
Lumbar (1)

4to swelling in the occipital  
Region - (1) month

4to on TI  
(a) in the  
area

Yesterday's RBS - 7300

4to  
Hypertension  
(a) heeding

4to: - 4x4cm firm swelling in the  
occipital Region of head  
- mild tenderness (+)  
- no erythema / temperature

Dr  
4to  
4to  
4to

RBS - 395mg/dL

4to  
4to  
4to  
4to

Note: Always bring this card with you when you come to Hospital.  
Smoking is Injurious To Your & Others Health.  
The Facility of referral of EWS Patients to private hospital for free treatment is available here.  
Equivalent Generic Medicines can also be issued.

वृद्धर पैदा न होने दें।  
बुखार को सप्ताह में एक बार साफ करके सुवाए।  
पानी की टकियों व झीदियों को बरकन सही प्रकार से बंद करें।  
विशियों के पानी पीने के बरान का पानी प्रतिदिन बदलें।  
बुखार पैदा/बनी बरान का पानी प्रति सप्ताह बदलें।  
बुखार पैदा, टकरी, टूटे बरान न कबाड़ बरि विगने  
बरान का पानी एक सप्ताह है, बुखार न न ररें।



डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली - 110 001  
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI - 110001



बाह्य पंजीकरण कार्ड  
OPD Registration Card

Dr. Ekta Yadav  
9310287800  
Sugny SR

OPD Regt No

6088

दिनांक/Date 4/1/21

CGHS Token No.

E/2130

विभागीय/Class

सुविधा/Sl

Patient Name Zorina begum

वय/Age 39y

वर्ष/Year

माह/Month

लिंग/Sex: Female

रिपोर्ट  
Diagnosis :

H/o Head trauma

c/o Swelling in the Occipital Region x 1 inch

Also

- hospitalisation in R70

- 4. mega or 625 mg TMs

- 4. chymolol 1 tab 3 times

- 1. paracetamol 1 tab 3 times

SOFTEN 900, 1 cap 3 days

kindly do compression during

Endocrinology opinion

WV-16

Dr. Kishan

Dr. Par

[Dr. Lambert]

नोट : जब भी अस्पताल जाए इस कार्ड को अपने साथ अवश्य लाएं।  
Note : Always bring this card with you when you come to Hospital.  
धूम्रपान आपके एवं अन्यो के स्वास्थ्य के लिए हानिकारक है।  
Smoking is injurious To Your & Others Health.  
निजी अस्पतालों में मुफ्त इलाज के लिए ई कर्ग्यू एस रोगियों को भेजने की सुविधा यहाँ उपलब्ध है।  
The Facility of referral of EWS Patients to private hospital for free treatment is available here.  
समस्त वैज्ञानिक दवाओं को भी जारी किया जा सकता है।  
Equivalent Generic Medicines can also be issued.

सबसे पैदा न होने दें।  
सूखों को सफाई में एक बार साफ करके सुखाएं।  
पानी की टॉकेटों व सोपियों के बजाय सही प्रकार के कपड़े।  
विशियों के पानी पीने के बजाय का पानी प्रोटीन बनाने।  
पेंगपुई पीछे/मनी प्लेट का पानी प्रति सफाई बदलें।  
पुराने किचन, टायरों, टूटे गायलों व जवाबक आदि जिनसे  
बुराबों का पानी निक सकता है, दूरने में न रहें।

Case Study SP Q. 2. 2. 2 of Dr. Raghav (P2)

5/1/21

chronically over the occipital region - 1 month

swelling occurred after the fall. (traumatic trauma)

- No H/O SOB / chest pain / dyspnoea / melena / blood in stool / blood in urine /
- No bleed / lump anywhere in the body / skin change / weight loss /
- altered bowel habits / jaundice / nipple discharge.

- H/O DM -> 15-20 year -> insulin ROHA. & HTN on antihypertensives.

- No H/O any neurological in the past.

PE: Patient conscious & oriented, skin wound, nails -> (N)

UE: A nodule swelling, firm swelling over the occipital region? hematomatous?

PA: Soft, non-tender, no organomegaly.

No lump palpable

DE: Normal, no growth palpable.

Ref: ALACE

CVS: S10S 20

CNS: No focal neurological deficits.

NCCT: Lytic lesion in occipital region = soft tissue component & sclerol

nerotic area.

Δ -> lytic lesion of skull ? metastasis. ? Penetration involving into bone.

Plan:

- 1) R/E -> Hb, PCV, Rft count, T/C, O/C, urine R/E, RFT, LFT, HBA, C, S albumin, & protein, S. electrolyte & S. Ca<sup>++</sup>, Serum electrophoresis
- 2) FNAC of swelling over occiput.
- 3) CECT head & neck. chest abdomen & pelvis
- 4) Rest symptomatic medication as previously advised.
- 5) Review & report

*[Signature]*  
Dr. Raghav  
5/1/21



Q  
2nd →

Lytic lesion in occipital  
region with soft tissue  
contents & central necrotic area  
Advised Contrast Study

Dr R. Shilpa (SK)