

अनुरोध - पत्र

सेवा में,

श्रीमान निदेशक,

आयुर्वेदिक एवं सुनानी सेवाएं, उत्तराखण्ड शासन

द्वारा:- उचित माध्यम।

विषय:- दाम्पत्य नीति के अंतर्गत दुर्गम स्थल से दुर्गम स्थल हेतु स्थानान्तरण के लिये अनुरोध।

महोदय,

सर्वप्रथम निवेदन है कि मैं डा० राकेश कुमार अग्रवाल, सै० अधिकारी राज० आयु० चिकित्सालय, लल्लूखाल, टि० ग० एवं मेरी पत्नी डा० अंजू अग्रवाल, वरिष्ठ चिकित्सकीय अधिकारी, आयुष वि० महिला विला चिकित्सालय, पौड़ी गढ़वाल में कार्यरत हूँ।

मेरे माता-पिता वर्तमान में आगरा, उ० प्र० में निवासरत हैं। मेरी माताजी को दि० 17/04/2025 को Brain में Hemorrhage हो गया था जिस कारण वो पूर्णरूप से अपने दैनिक कार्य करी करने में असमर्थ हो गयी हैं (ब्रोजन की Discharge Room में R.N.R से देना बंद रह रहे हैं) मेरे पिताजी का भी विगत वर्ष 12.10.2024 को Upper Head Fracture हो जाने के कारण Unplanned हुआ था जिससे वो भी पूर्ण रूप से अपने दैनिक कार्य करने में सक्षम नहीं हैं। वर्तमान में उनके पास उनकी उचित देखवाल हेतु कोई नहीं है। (समस्त साक्ष्य संलग्न)

अतः आपसे अनुरोध है की दाम्पत्य नीति एवं मेरी इफ़रोंक पारिवारिक परित्यागियों को ध्यान में रखते हुए मेरे वर्तमान तैनाती स्थल से संलग्न स्थानान्तरण आवेदन-पत्र में मेरे द्वारा दिये गये दुर्गम कार्यस्थल विकल्पों में से किसी एक स्थल पर स्थानान्तरित करने की कृपा करें जिससे मैं अपने शासकीय दायित्वों के साथ-पारिवारिक कर्तव्यों का भी निर्वहन कर सकूँ।

धन्यवाद

दिनांक:- 08/05/2025

Rakesh Agrawal
08/05/2025
डा० राकेश कुमार अग्रवाल
प्रभारी चिकित्साधिकारी
राजकीय आयुर्वेदिक चिकित्सालय
लल्लूखाल (टि० ग०)

**आयुर्वेदिक एवं यूनानी सेवायें, उत्तराखण्ड
जनपद-**

दिनांक- 08/05/2025

पत्रांक संख्या-

स्थानान्तरण हेतु आवेदन पत्र।

01. आवेदक का नाम- डा० राकेश कुमार अग्रवाल
02. पिता/प्रति का नाम- श्री उमेश चन्द अग्रवाल
03. पदनाम- स्निग्धताधिकारी
04. नियुक्ति का प्रकार- नियमित
05. वर्तमान तैनाती का स्थान- राज० आयु० चिकित्सालय, लखीखाल, टि० गढ़
06. वर्तमान तैनाती की तिथि- 13/07/2022
07. पूर्व में तैनात कार्यालयों का विवरण-

क्र० सं०	तैनाती का स्थान	तैनाती की अवधि	दुर्गम/अति दुर्गम/सुगम	टिप्पणी
1.	रा० आयु० चिक०, लखीखाल	22/08/2013	26/08/2018	सुगम
2.	लखीखाल			
3.	रा० आयु० चिक०, आयुषी	27/06/2018	12/07/2022	दुर्गम
4.	अखौली, टि० गढ़			
5.	रा० आयु० चिक०, लखीखाल	13/07/2022	अब तक	दुर्गम
6.	टि० गढ़			
7.				
8.				
9.				
10.				

08. श्रेणी जिसमें स्थानान्तरण चाहते हैं- (कोई भी एक विकल्प चुने)

- ☐ सुगम से दुर्गम
 ☒ अनुरोध
 ☐ दुर्गम से सुगम
 ☐ स्थानान्तरण से छूट
 ☐ स्थानान्तरण नहीं चाहते हैं (केवल दुर्गम में तैनात कार्मिकों हेतु)

09. स्थानान्तरण से छूट चाहने वाले कार्मिक (साक्ष्य संलग्न किया जाना अनिवार्य) -

- ☐ वरिष्ठ कार्मिक
 ☐ दुर्गम में 10 वर्ष की सेवा पूर्ण
 ☐ गंभीर रोगग्रस्त/विकलांग कार्मिक
 ☐ पुत्र/पुत्री की विकलांगता
 ☐ अर्धसैनिक/सैनिक में तैनात कार्मिकों के पति/पत्नी

✓ अनुशेष रूप श्रेणी (साक्ष्य संलग्न किया जाना अनिवार्य) -

○ गंभीर रोग
प्रसूत/विकलांग

○ भावसिक
रूप से
निक्षिप्त
बच्चों को
माता-पिता

○ पुत्र/पुत्री
की
विकलांगता

✓ सत्ताराखण्ड
सारंगर में
गनर्यरत
पति-पत्नी

○ शिशुर/विधवा/
○ तलाकशुदा/वरिष्ठ
वर्गिक

✓ दुर्गम से दुर्गम

○ सुभंग से
दुर्गम

11. स्थानान्तरण के 10 विकल्प-

क्र.सं०	चिकित्सालय का नाम	श्रेणी (सुभंग/दुर्गम)
1	राज० आयु० चिकित्सालय, सत्याखाल, पौड़ी	दुर्गम
2	राज० आयु० चिकित्सालय, बाड़ा, पौड़ी	दुर्गम
3	राज० आयु० चिकित्सालय, पौड़ी मुख्यालय	दुर्गम
4		
5		
6		
7		
8		
9		
10		

12. संलग्न साक्ष्यों की पृष्ठ संख्या- 10
(साक्ष्य संलग्न किया जाना अनिवार्य है)

(नोट- ऐसे वरिष्ठ चिकित्साधिकारों जो जिला आयुर्वेदिक एवं यूनानी अधिकारी पद का प्रभार लिये जाने के इच्छुक नहीं हैं, अनिवार्य रूप से वेबसाइट में उपलब्ध घोषणापत्र भी इस्तादरित कर जमा करेंगे।)

हस्ताक्षर- Rakesh Kumar
नाम- डा० राकेश कुमार अग्रवाल
पदनाम- प्रभारी चिकित्साधिकारी
जनकीय आयुर्वेदिक चिकित्सालय
ललूडीखाल (टि०ग०)

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 **Shantived**
Institute of Medical Sciences
Super Speciality Tertiary Care Hospital



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Discharge Summary

Patient Name	: Mrs. MANJU AGARWAL	Age & Sex	: 69Y Female
DOA	: 17 th Apr 2025 11:45 AM	Admission ID	: A18321
DOD	: 30 th Apr 2025 06:47 PM	UHID	: P132418
Husband's Name	: Mr Umesh Chand Agarwal	Contact No.	: 8958039623
Consultant	: Dr. Udbhav Bansal		
Address	: R 1 Karm Yogi Enclave Kamla Nagar, AGRA, UTTAR PRADESH, INDIA		

FINAL DIAGNOSIS

LEFT CAPSULO GANGLIONIC BLEED WITH RIGHT HEMIPARESIS

REASON FOR ADMISSION

C/O: FALL DOWN IN BATHROOM IN MORNING
VERTIGO, DROWSINESS

VITALS AT ADMISSION

PR - 78 /min; BP- 140/80 mmHg; RR- 20/min; SpO2-99% ON ROOM AIR; TEMP-98.2°F; RBS: 106 mg/dl

SYSTEMIC EXAMINATION

ON ADMISSION

CNS - E4V5M5

CVS - S1, S2 +

CHEST - S/L AIR ENTRY ++

P/A - SOFT

COURSE IN HOSPITAL

PATIENT WAS ADMITTED AT SVIMS, AGRA WITH HISTORY FALL DOWN IN BATHROOM IN MORNING VERTIGO, DROWSINESS PATIENT EVALUATED & INVESTIGATED THOROUGHLY. CT S/O LEFT CG BLEED PATIENT WAS SHIFTED TO MICU FOR FURTHER MANAGEMENT AND OBSERVATION STARTED WITH I/V FLUIDS I/V ANTIBIOTICS, NUTRITIONAL SUPPORT ANTI EDEMA MEASURES AND SUPPORTIVE TREATMENT. PATIENT WAS GRADUALLY IMPROVED THEN PATIENT SHIFTED TO WARD. PATIENT WAS TREATED CONSERVATIVELY. PATIENT AND HER FAMILY WELL COUNSELLED REGARDING DISEASE CONDITION. NOW SHE HAS STABLE VITALS & GLASGOW COMA SCALE E4 V2 M6 & BEING DISCHARGED.

PATIENT CONDITION AT DISCHARGE

VITALS- STABLE

GCS - E4 V2 M6

POWER RIGHT UL: 1/5

POWER RIGHT LL: 2/5

POWER LEFT UL: 5/5

POWER LEFT LL: 5/5

PUPIL- NSRL

NUTRITIONAL ADVICE

AS ADVISED

PAST HISTORY

K/C/O: HYPERTENSION

H/O: CVA (2019)

TRIGEMINAL NEURALGIA SINCE 3 YEAR

SEIZURE

HISTORY SUBSTANCE ABUSE AND ADDICTION

NA

TREATMENT ADVICE

#	Medicine	Dosage	Frequency	Duration
01	TAB. LEVIPIL 500 MG	1	TWICE A DAY	7 DAYS
02	TAB. STROCIT PLUS	1	TWICE A DAY	7 DAYS
03	TAB. TELMA AM 40/5 MG	1	TWICE A DAY	7 DAYS
04	TAB. ASPIRIN + ATORVA 75/20 MG	1	ONCE A DAY	7 DAYS
05	SYP. DUPHALAC	30 ML	AT BED TIME	7 DAYS
06	PROTIHENZ HP WITH H2O POWDER	2 TSF	THRICE A DAY	7 DAYS
07	TAB. PANTOP 40 MG	1	ONCE A DAY	7 DAYS
08	TAB. APIXABAN 2.5 MG	1	TWICE A DAY	7 DAYS
09	RT FEED 250 ML / 2 HOURLY			
10	TAB. SHELICAL - XT	1	TWICE A DAY	7 DAYS

INVESTIGATIONS

CT - S/O LEFT CG BLEED

ALL REPORTS ARE HANDED OVER TO THE ATTENDANTS.

INSTRUCTIONS

ADVISED:

AIR BED

FREQUENT CHANGE OF POSTURE

RT CARE AS ADVISE

FOLEY'S CARE AS ADVISE

DVT STOCKING

UL/LL PHYSIOTHERAPY AND CHEST PHYSIOTHERAPY

FOLLOW UP ADVICE

REVIEW AFTER 7 DAYS IN OPD / ^{Signs} OF RAISED ICP EXPLAINED TO ATTENDANT

URGENT CARE INSTRUCTION

REPORT IMMEDIATELY AT HOSPITAL (EMERGENCY NO.8122222222), IF FOLLOWING PERSIST:

1. FEVER MORE THAN 100 DEGREE F.
2. VOMITING, LOOSE STOOLS/MOTION.
3. CHEST PAIN, BREATHING DIFFICULTY.
4. BLEEDING FROM ANY SITE.
5. REDUCED URINE OUTPUT.
6. FLATUS/STOOL NOT PASSED.
7. SEVERE WEAKNESS, RASHES OVER SKIN, SWELLING OVER BODY.

हमें सारी दवाइयो के बारे में समझा दिया गया है। (.....) परिचारक हस्ताक्षर.

हमने सारी दवाइयो के बारे में मरीज़ के साथ वालो को समझा दिया है। (.....) नर्स स्टाफ हस्ताक्षर.

Udbhav Bansal
Dr. Udbhav Bansal
M.B.B.S., M.S., M.Ch.
Neurosurgeon (Brain & Spine)
Regd. No.: UPMC 78958



DEPARTMENT OF RADIODIAGNOSIS

IPD/ OPD NO	P132418	DATE	17.04.2025
PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

NON CONTRAST CT SCAN OF BRAIN

Contiguous axial sections of 5 mm thickness were taken through the brain from base of skull till vertex

SUPRATENTORIAL: -

There is a 52.5 x 30.4 x 44.2 mm (AP x TR x CC) sized hyperdense area (HU 70-90) noted in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.

There is 4.1 mm sized mild midline shift towards right side noted.

Mild effacement of left lateral ventricle noted.

Few hypodense areas are seen in right centrum semiovale region.

Mild age related cerebro cortical atrophic changes noted in form of widening of sulci and gyri.

Bilateral periventricular hypodensities noted, suggestive of changes of small vessel ischemic demyelination.

Rests of the cerebral hemispheres show normal parenchymal architecture and attenuation. Grey-white matter differentiation is maintained.

Right basal ganglia, thalami, internal and external capsules appear normal.

Sylvian fissures and sulcal pattern appear normal.

Right lateral & 3rd ventricles are normal.

Supra sellar and prepontine cisterns are normal.

Sellar and parasellar regions are unremarkable.

INFRATENTORIAL: -

Bilateral cerebellopontine angles appear normal.

Both cerebellar hemispheres and brain stem appear normal.

IVth ventricle is normal in position and appearance.

Super Speciality Tertiary Care Hospital

All tests have technical limitations. Collaborative Clinicopathological / Radiological interpretation is mandatory. In case of disparity, test may be repeated immediately. In case of discrepancy due to machine error or typing, please get it rectified immediately. Not Valid for Medico-Legal Purpose.

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DEPARTMENT OF RADIODIAGNOSIS

IPD/ OPD NO	P132418	DATE	17.04.2025
PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

IMPRESSION: -

- Hyperdense area in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.
- Mild midline shift towards right side.
- Mild effacement of left lateral ventricle.
- Few hypodense areas in right centrum semiovale region - Possibly Old Lacunar Infarcts.
- Mild age related cerebro cortical atrophic changes in form of widening of sulci and gyri.
- Bilateral periventricular hypodensities, suggestive of changes of small vessel ischemic demyelination.

- *Suggested follow up.*


DR. VIGNESH BALASUBRAMANIAN, MBBS, MD
CONSULTANT RADIOLOGIST

Super Speciality Tertiary Care Hospital

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DEPARTMENT OF RADIODIAGNOSIS

IPD/ OPD NO	P132418	DATE	19.04.2025
PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

NON CONTRAST CT SCAN OF BRAIN

Contiguous axial sections of 5 mm thickness were taken through the brain from base of skull till vertex

SUPRATENTORIAL: -

There is a 52.4 x 30.4 x 44.1 mm (AP x TR x CC) sized hyperdense area (HU 70-90) noted in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.

There is 4.0 mm sized mild midline shift towards right side noted.

Mild effacement of left lateral ventricle noted.

Few hypodense areas are seen in right centrum semiovale region.

Mild age related cerebro cortical atrophic changes noted in form of widening of sulci and gyri.

Bilateral periventricular hypodensities noted, suggestive of changes of small vessel ischemic demyelination.

Rests of the cerebral hemispheres show normal parenchymal architecture and attenuation. Grey-white matter differentiation is maintained.

Right basal ganglia, thalami, internal and external capsules appear normal.

Sylvian fissures and sulcal pattern appear normal.

Right lateral & 3rd ventricles are normal.

Supra sellar and prepontine cisterns are normal.

Sellar and parasellar regions are unremarkable.

INFRATENTORIAL: -

Bilateral cerebellopontine angles appear normal.

Both cerebellar hemispheres and brain stem appear normal.

IVth ventricle is normal in position and appearance.

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IPD/ OPD NO	P132418	DATE	19.04.2025
PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

IMPRESSION: -

- Hyperdense area in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.
 - Mild midline shift towards right side.
 - Mild effacement of left lateral ventricle.
 - Few hypodense areas in right centrum semiovale region - Possibly Old Lacunar Infarcts.
 - Mild age related cerebro cortical atrophic changes in form of widening of sulci and gyri.
 - Bilateral periventricular hypodensities, suggestive of changes of small vessel ischemic demyelination.
- As compared to previous CT dated 17.04.2025, previously mentioned intraparenchymal hemorrhage in left capsuloganglionic region and midline shift appear similar in size and extent.
- Suggested follow up.


DR. VIGNESH BALASUBRAMANIAN, MBBS, MD
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIODIAGNOSIS

IPD/ OPD NO	P132418	DATE	26.04.2025
PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

NON CONTRAST CT SCAN OF BRAIN

Contiguous axial sections of 5 mm thickness were taken through the brain from base of skull till vertex

SUPRATENTORIAL: -

There is a 50.6 x 30.0 x 44.0 mm (AP x TR x CC) sized hyperdense area (HU 70-90) noted in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.

There is 3.8 mm sized mild midline shift towards right side noted.

Mild effacement of left lateral ventricle noted.

Few hypodense areas are seen in right centrum semiovale region.

Mild age related cerebro cortical atrophic changes noted in form of widening of sulci and gyri.

Bilateral periventricular hypodensities noted, suggestive of changes of small vessel ischemic demyelination.

Rests of the cerebral hemispheres show normal parenchymal architecture and attenuation. Grey-white matter differentiation is maintained.

Right basal ganglia, thalami, internal and external capsules appear normal.

Sylvian fissures and sulcal pattern appear normal.

Right lateral & 3rd ventricles are normal.

Supra sellar and prepontine cisterns are normal.

Sellar and parasellar regions are unremarkable.

INFRATENTORIAL: -

Bilateral cerebellopontine angles appear normal.

Both cerebellar hemispheres and brain stem appear normal.

IVth ventricle is normal in position and appearance.

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IPD/ OPD NO	P132418	DATE	26.04.2025
PT. NAME	MRS. MANJU AGARWAL	AGE/ SEX	69 YRS/F
REFERRED BY.	DR. UDBHAV BANSAL		

IMPRESSION: -

- Hyperdense area in left capsuloganglionic region - Suggestive of Intraparenchymal Hemorrhage - Likely Hypertensive Bleed.
 - Mild midline shift towards right side.
 - Mild effacement of left lateral ventricle.
 - Few hypodense areas in right centrum semiovale region - Possibly Old Lacunar Infarcts.
 - Mild age related cerebro cortical atrophic changes in form of widening of sulci and gyri.
 - Bilateral periventricular hypodensities, suggestive of changes of small vessel ischemic demyelination.
- As compared to previous CT dated 17.04.2025, previously mentioned intraparenchymal hemorrhage in left capsuloganglionic region and midline shift appear marginally reduced in size and extent.
- Suggested follow up.


DR. VIGNESH BALASUBRAMANIAN, MBBS, MD
CONSULTANT RADIOLOGIST

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NAME:	MANJU AGARWAL	AGE/SEX:	69 YRS / F
REF.BY:	DR. ALOK AGARWAL, MS, M.Ch	DATE:	11-May-25

NCCT OF BRAIN

TECHNIQUE: - A plain study of the brain was performed.

REPORT

INFRATENTORIAL

Cerebellar folia appears prominent - Age Related cerebellar atrophy.

Rest of the cerebellar parenchyma shows normal attenuation pattern.

Brain stem appears normal.

SUPRATENTORIAL

Resolving intraparenchymal hemorrhage measuring approx. $4.0 \times 1.8 \times 2.0$ cms is seen in left gangliocapsular region and thalamus with moderate surrounding edema. Edema is extending into the left parietal and temporal lobes. There is mass effect in the form of effacement of left lateral ventricle with midline shift of 7.0 mm towards right side.

Bilateral sylvian fissures & sulcal spaces are prominent. There is dilatation of both lateral & third ventricles - Mild age Related cerebral atrophy.

Hypodensities are seen in periventricular white matter of bilateral fronto-parietal lobes, suggestive of chronic ischemic changes.

Chronic lacunar infarcts are seen in right basal ganglia and corona radiata.

Fat density hypodense lesion measuring approx. 6.4×5.7 mm is seen along falx cerebri in anterior interhemispheric fissure - likely lipoma.

Rest of the cerebral parenchyma shows normal attenuation pattern.

- Please correlate clinically.

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All tests have technical limitations. Collaborative clinicopathological interpretation is mandatory. In case of disparity test may be repeated immediately.

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AMBULANCE SERVICE
AVAILABLE
FOR CT & MRI

DISCHARGE SUMMARY

Date : 10-10-2024 Regd. No. : 40738
 Patient's Name : Mr. Umesh Chandr Agarawal S/o Ballabh Lal Age/Sex : 74 Yrs/M

Address : Niyar Over Head Tank R-1, Karamyogi Enclave, Kamla Nagar, Agra
 Contact : 9412875234
 Consultant: Dr. Anup Khare
 DOA : 15-10-2024
 Date of Operation : 15-10-2024
 DOB : 19-10-2024
 Diagnosis : Intracapsular Fracture Neck Femur (Pathological) Gross Osteoporosis

Treatment : Bi Mentum Dual Mobility THR press fit
 Shell 52
 Liner 53/28
 Head 28 ceramic
 Stem : Corail 11

Investigation Reports : Attached with the file

Treatment on Discharge :

- INJ. CLEXONE 0.4ML S/C TWICE A DAY X 2 DAYS (19 And 20-10-2024)
- INJ. CLEXONE 0.4ML S/C ONCE A DAY X 4 DAYS (21,22,23 And 24-10-2024)
- TAB. ACITROM 4MG AT BED TIME (21-10-2024 TO CONTINUE)
- INJ. AMIKACIN 500 MG TWICE A DAY FOR 5 DAYS
- TAB. CEFTUM 500 MG TWICE A DAY
- TAB. DISPERZYME 1 TAB. THRICE A DAY (FOR PAIN & SWELLING)
- CAP. ULTRASET SEMI ONE CAP IF PAIN IS SEVERE
- PHYSIOTHERAPY AS ADVISED
- KEEP PILLOW IN BETWEEN THIGH AT NIGHT
- CAN TURN TO RIGHT SIDE KEEPING A PILLOW IN BETWEEN THIGH
- EXERCISES AS ADVISED

to Clex 0.25 (14) 11/9

Follow Up : REVIEW AFTER 10 DAYS / SOS
 REPEAT INR - PT / INR ON 26-10-2024.



Cap Pantocid 800 (1000)

Dr. Anup Khare