

T. Ex. Case No- 10 of 2011

Order no. 69

Dated. 18.12.2017

The date is fixed for passing order over an petition dated 05.08.2017. Accordingly, the record is taken up for passing order.

On perusal of the case record, it appears that the Decree holder filed a Misc. Case no. 05 of 2011 under order 22 Rule 35 and 97 of C.P.C for execution with Police assistance. This Court vide its order dated 18.05.2013 allowed the said Miscellaneous case and directed the bailiff to execute the writ with help of Police personnel as per the schedule of the said application. Decree holder was directed to pay the cost of police assistance. A letter was written to the Superintendent of Police, Rural seeking information regarding the cost of police assistance. The reply of the said letter was received and accordingly, the Decree holder was directed to pay Rs. 13,362/- for engagement of 02 S.I, 02 A.S.I, 06 Constable and 04 Lady Constable at the time of execution of the Decree holder. Decree holder filed receipts showing deposit of the cost through Treasury Challn Form no. 7. Later on 07.03.2015, the order for issuing writ for delivery of possession was passed. On 06.04.2015 was fixed for delivery of possession and 16.04.2015 was fixed for E.R.

Bailiff could not execute the writ on the date so fixed due to the death of of near relative of Decree holder and prayed for fixing another date. Next date for execution was fixed for 25.01.2016. In the mean time, Judgement Debtor/Opposite Party no. 1 expired on 20.12.2015 and his legal heirs had been substituted and further 11.03.2016 was fixed for delivery of possession.

A further date for execution was fixed on 10.04.2017. This time a report from S.I, Gaur Hari Bera, Panchla P.s forwarded by O/C, Panchla received that on 10.04.2017, the process-server Kartick Paul went to the Police Station and asked for Police assistance but they could not assist due to non-service of any copy of Court's order and as police cost was not deposited.

From the record, it appears that cost of Police assistance had already been deposited by the Decree holder as per the assesment given by the S.P. Rural vide his Memo no.1817/E, dated 30.08.2013 for 02 S.I, 02 ASI, 06 Constable and 04 Lady Constable amounting to total 13,362/-. Therefore, I find that cost of police assistance has already been deposited through T.R no.7. The xerox copy of the same is already on record.

Accordingly, the petition dated 05.08.2017 is allowed.

O/C, Panchla is therefore directed to provide police assistance for proper execution of the writ on the date and time fixed herein under.

Office is directed to issue writ for delivery of possession at once.

A copy of this order along with schedule of the suit property be sent to O/C, Panchla.

Fix **30.01.2018**, at 11.00 am, for delivery of possession with police assistance and .. **05.02.2018**....for E.R.

খতিয়ান ও দাগের তথ্য Khatian & Plot Information

LIVE

মৌজা পরিচিতি (Mouza Identification): Must See
জেলা (District): যশোর
ব্লক (Block): পাঁচলা
মৌজা (Mouza): পাঁচলা

চয়ন করুন (Options):

- খতিয়ান নং অনুযায়ী
(Search By Khatian)
 দাগ নং অনুযায়ী
(Search by Plot)

খতিয়ান নং (Khatian No): 8664 / Submit

(Live Data As On 18/05/2017,23:34:21)

জে.এল নং (J.L No.): 024 থানা (P.S.): পাঁচলা

খতিয়ান নং (Khatian No):	8664
রাযকের নাম (Owner Name):	মোশারফ হোসেন মোল্লা
পিতা স্বামী (Father/Husband):	সেখ আব্দুল মতলেব
ঠিকানা (Address):	নিজ
জমির পরিমাণ (Total Land):	0.34 (একর/Acre)
দাগের সংখ্যা (Total Plot):	5

দাগ নং	দাগের নাম	জমির পরিমাণ (একর)	দাগের পরিমাণ (একর)	সামান্যের ব্যবহার
5480	পথ	0.2500	0.0200	সামান্যের ব্যবহার
5481	ডাঙ্গা	0.5000	0.1900	Nil
5482	মসজিদ	0.3125	0.0100	অনুমতি
5564	পুকুর	0.2500	0.0500	Nil
5565	বাগ	0.5000	0.0700	Nil

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ACCESSION DATE : 15/03/2024 11:00 AM
ACCESSION NO : S047XC025286
PATIENT NAME : MUSHRAP A. M. MULLA
REFERRED BY : SELF
CLIENT/PATIENT ID :

REPORTING DATE : 15/03/2024 02:00 PM
FORM ID : MUSHM1503585047A
AGE / SEX : 66 Years / Male
CENTRE : CS00004924
KIKABHAI HOSPITALS-SION[1]

EIA-ENDOCRINOLOGY

TEST	RESULT	BIOLOGICAL REFERENCE RANGE	UNIT
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N S TROPONIN I, SERUM

TROPONIN-I
METHOD : CMIA

10656.41 High Below 34.2 pg/mL

Comments : Kindly correlate clinically and with ECG findings.
Advised serial monitoring as clinically indicated.

This highly sensitive test when used alongside other clinical and diagnostic findings, can not only diagnose a heart attack but also help identify future cardiac risk in people without symptoms.

1) RISK STRATIFICATION

The following cut-off points may be used to aid in stratifying the risk of cardiovascular disease in asymptomatic individuals.

Troponin Level	Male (pg/mL)	Female (pg/mL)
LOW	< 6	< 4
MODERATE	≥ 6 - ≤ 12	≥ 4 - ≤ 10
ELEVATED	> 12	> 10

Risk stratification testing results need to be correlated with the clinical picture, and ECG changes. Results should be correlated with clinical advice and followed up with repeat serial testing if required.

2) ACUTE CORONARY SYNDROMES

Cardiac troponin is the preferred biomarker for acute myocardial infarction (AMI) diagnosis. The recent development of high-sensitive cardiac troponin (hs-troponin) assay permits the detection of very low levels of troponin.

Using the hs-troponin assay improves the overall diagnostic accuracy in patients with suspected AMI, while a negative result also has a high negative predictive value.

The gain in sensitivity may be particularly important in patients with a short duration from symptom onset to admission.

Measurement of cardiac troponin with the hs-troponin assay is used as an aid in diagnosing MI and in assessing the risk of future heart disease in apparently healthy individuals. It may provide strong prognostic information in patients with acute coronary syndromes, stable coronary artery disease, heart failure, and even in the general population.

New high-sensitivity troponin assays will reduce the threshold for the diagnosis of myocardial infarction (MI).

High-sensitivity troponin will also allow earlier diagnosis of MI, but serial testing is required for adequate specificity. hs-troponin will convey prognostic information in both MI & other acute conditions.

Interpretation of troponin results must be in combination with a full assessment of the clinical context. New, high-sensitivity troponin assays represent an important advance with added sensitivity for cardiac myocyte necrosis, but there remains a need for judicious interpretation of these tests.

The following Table illustrates rise, peak and fall of cardiac enzymes in case of ACS

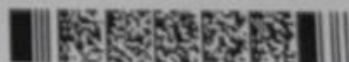
Markers	Time of initial elevation	Time of peak elevation	Time of return to normal
CK-MB	4-8 h	12-24 h	72-96 h
Myoglobin	2-4 h	8-10 h	24 h
Troponin I	4-6 h	12 h	3-10 days

Reference: 1. Geriatr Cardiol. 2013 Mar;10(1):102-109. 2. J of American Heart Association; High Sensitivity Troponin Assays: Evidence Indications, & Reasonable Use; Matthew W Sherwood, MD; Kristin Newby, MD, MHS, 3. Asia-Pacific consensus statement on the optimal use of high-sensitivity troponin assays in acute coronary syndromes (diagnosis: focus on hs-TroI, A. High-Sensitivity Troponin I and Incident Coronary Events, Stroke, Heart Failure Hospitalization, and Mortality in the ARIC Study, 5. High-Sensitivity Cardiac Troponin, Statin Therapy, and Risk of Coronary Heart.

****End Of Report****

Dr. Geetha Chandrashekhar,
MD
Consultant Pathologist

Report Printed On: 15/03/2024 02:38 PM





Pathology | Digital X-Ray | Sonography | ECG | 2D Echo | Anomaly Scan | Doppler Studies | Health Checkup

Patient Name : MR. MUSHARRAF MULLA

Scan to Validate

Referral : Dr. ANIL SAWANT

Age / Gender : 64 years / Male



Collection Time : 05/09/2024, 08:28 AM

Mobile No. : 9820773724

Reporting Time : 05/09/2024, 04:41 PM

Patient ID : 9242

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
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BLOOD GLUCOSE LEVEL FASTING & PP

BLOOD GLUCOSE LEVEL (FASTING)

Blood Sugar Fasting	177.0	Normal : < 110 Impaired glucose tolerance : 110-125 S/o diabetes mellitus : > 125	mg/dl
Urine Sugar Fasting	No sample	Absent	
Urine Ketones Fasting	-	Absent	

BLOOD GLUCOSE LEVEL - PP (POST PRANDIAL)

Blood Sugar PP	249.0	upto 140 mg/dl	mg/dl
Urine Sugar PP	No sample	Absent	
Urine Ketones PP	-	Absent	
Method	GOD-PGD		

Interpretation

Trace (< 0.25 gm %)

1 + (0.25 gm %)

2 + (0.50 gm %)

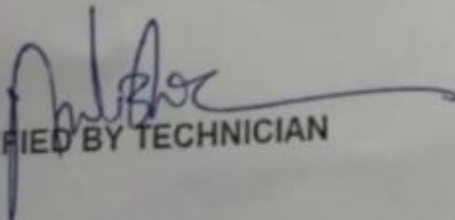
3 + (1.0 gm %)

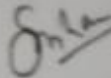
4 + (2.0 gm %)

Remark

Kindly Correlate Clinically

Advised - Glycosylated Hb testing for diagnosing DM and measuring Glycemic control.


 VERIFIED BY TECHNICIAN


 Dr. S. M. H.
 MD PATH (M)
 Regn. No. 20

OBUS MEDICAL CENTRE



Phonology | Digital X-Ray | Sonography | ECG | 2D Echo | Anomaly Scan | Doppler Studies | Health Checkup

Patient Name : MR. MUSHARRAF MULLA

Age / Gender : 64 years / Male

Mobile No. : 9820773724

Patient ID : 9242

Scan to Validate

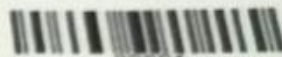


Referral : SELF

Collection Time : 22/07/2024, 11:43 AM

Reporting Time : 22/07/2024, 04:38 PM

Sample ID :



33521

Test Description

Value(s)

Reference Range

Unit(s)

CREATININE

Result

Method

1.49

0.7 - 1.4

mg/dl

Spectrophotometry

Remark

Rechecked

VERIFIED BY TECHNICIAN

Dr. S. M. HASSA
MD PATH (MUM)
Regn. No. 2012/08/2