

From,  
Mrs. Minati Nag  
Vill – Malancha  
PO – Rakhajungle  
Dist – Midnapore (West)  
State – West Bengal  
Pin - 721301

To,  
The Honorable Prime Minister of India  
South Block  
Raisina Hill  
New Delhi – 110011

### **REQUEST FOR RESTORING MY CHILD'S RIGHT TO LIFE**

Please refer PMOPG/E/2022/0260229. An appeal for reopening the complain was requested, but it has been closed with a partial opinion. It is very unfortunate to observe that key principles of justice i.e fairness, equality and access have not been given to me. In this case justification given by authorities of Air Force Station Jamnagar and AFWWA has been taken as true in nature whereas appeal by me has been leveled as baseless without taking views and evidences from both the parties.

In addition to this I am re-submitting this appeal to your high office to kindly look into the matter as I came to know that my son is being regularly harassed in his office. If you scrutinize the matter you can easily reveal that the matter is being willfully turned into medical channel where the earlier mentioned threat for sending my son to psychiatric ward for giving a lesson, (by some portfolio holder at AFWWA Jamnagar) is getting placed. As I have got to know from my son that since long he is being continuously ordered to go SMC for any reason, let it be regarding my daughter in law's case or even in occasion of submitting an application for immediate discharge from service. I personally observed some abnormality while my son got Dengue fever in the month of October 2022 and was getting treated at SMC Air Force Jamnagar. So he gave unwillingness for further treatment there and we came at our hometown immediately and he got recovered soon. It is pertinent to mention that I have continuously kept my son under observation since he was diagnosed with PIVD at L4-L5 S1 level in the year 2016 itself. There was contradictory opinion by service doctor and civil doctor at Govt Hospital on the same case. However he is bound to perform all toilsome physical activities as the service medical authorities did not opine to take any restrictions whereas it was opposite to the advice of orthopedic surgeon at Govt Hospital. Unfortunately it resulted in additional pressure in the spine and MRI report in the year 2020 revealed that he has got wedge compression fracture at C5-C6 level. Presently he has got nerve compression in the PIVD case. In view of the above he is unwilling to get any treatment from service medical institutions. I think any Indian Citizen has the right to get any of his treatment done in his/her desired place. It is pertinent to mention that I am not writing this to raise any complaint against

anyone. Being a civilian it is not always possible to closely monitor the ongoing issues happening to my son inside the Air Force Station. Additionally I have come to know that my son has been given a show cause notice for my previous appeal at this forum. As an Indian citizen it is very unfortunate to witness that my son is being questioned for my independent approach to your high office.

I am re-submitting my appeal to the grace of your highest office with a great faith to put light on the issues mentioned above with multi angle evidences to establish the fact. I will be available if I asked to give my views and evidences in support to my appeal. I will request your highness for a fair chance to me for establishing the facts and proving my appeal. I am sure this will enable my son to get restored his right to life with dignity and to have a healthy and happy life.

Yours faithfully



Date : 06/12/2022

Place: Kharagpur , West Bengal , India

## Details for registration number : PMOPG/E/2022/0260229

<b>Name Of Complainant</b>	Minati Nag
<b>Date of Receipt</b>	28/09/2022
<b>Received By Ministry/Department</b>	Prime Ministers Office
<b>Grievance Description</b>	
Respected Hounourable Prime Minister of India you are humbly requested to view the attached application and provide my child a life to live	
<b>Current Status</b>	Case closed
<b>Date of Action</b>	11/11/2022
<b>Remarks</b>	
<p>Dear Smt Mrs Minati Nag ji,</p> <p>1. Your grievance was examined.</p> <p>2. It has been intimated that the allegations levelled by you, being the mother of Cpl Animesh Nag, against the authorities of Air Force Station Jamnagar and Air Force Wives Welfare Association (AFWWA) have been found to be baseless.</p> <p>3. It is pertinent to highlight that AFWWA is an association for the welfare of spouse and children of air warriors. In the present case, when the spouse of an air warrior approached AFWWA in distress with respect to marital discord, the AFWWA tried to resolve the matter amicably by providing access to a professional counsellor hired by Air Force Station Jamnagar and who is working as a Station Counsellor. The allegation of "planning to make your son a psychiatric patient and any wicked intention" have been found to be incorrect and unsubstantiated. Further, the allegation of harassment and denying any fundamental rights to your son, Cpl Animesh Nag, have also been found to be unfounded and hence are denied.</p> <p>Regards</p>	
<b>Rating</b>	<input type="text" value="1"/>
<b>Rating Remarks</b>	ISSUENOTRESOLVED
<b>Appeal Details</b>	
<b>Appeal Number</b>	DMAFF/C/A/22/0000475
<b>Date of Receipt</b>	11/11/2022
<b>Appeal Text</b>	ISSUENOTRESOLVED
<b>Current Status</b>	Appeal Closed
<b>Date of Action</b>	14/11/2022
<b>Remarks</b>	Dear Smt Mrs Minati Nag ji, 1. Your grievance was examined. 2. It has been intimated that the allegations levelled by you, being the mother of Cpl Animesh Nag, against the authorities of Air Force Station Jamnagar and Air Force Wives Welfare Association (AFWWA) have been found to be baseless. Regards
<b>Officer Concerns To</b>	
<b>Officer Name</b>	Col AS Khimta (Dir Coord Air)
<b>Organisation name</b>	AIR WING
<b>Contact Address</b>	Room No 1230Ashoka HotelNew Delhi
<b>Email Address</b>	arvindkhimta.955x@gov.in
<b>Contact Number</b>	01120863693

**DEPT OF CLINICAL RADIOLOGY, INTERVENTION AND IMAGING**  
**BASE HOSPITAL DELHI CANTT**  
**MRI REPORT**

Report No. : 5262/2018

Date : 04-10-18

Rank & Name : CPL ANIMESH NAG

Age : 27 Yrs, Sex : M

Refd By :

Diag : Low back ache

**MRI LUMBO-SACRAL SPINE**

**MR Protocol:**

Sag T2FRFSE, T1FSE  
Tra T2FRFSE  
Cor STIR  
Myelo Cor & Sag

**Findings:**

- Lumbar lordotic curvature is maintained.
- Vertebral bodies are normal in height, alignment and signal intensity.
- L4-5 and L5-S1 levels: Mild diffuse disc bulge seen causing thecal sac indentation with no significant neural compromise.
- Rest of the IV discs are normal in height and signal intensity.
- Facet joints appear normal.
- Cord ends at L1 and shows normal signal characteristics.
- MR Myelogram is confirmatory.
- Both SI joints appear normal in morphology on coronal STIR images.
- No abnormal pre or paravertebral soft tissue signal intensity seen.

**IMPRESSION: No significant abnormality.**

Prateek Awasthi  
Maj  
Resident (Radiology)

  
Sreen Sheoran  
Lt Col  
Gd Spl (Radiology)

**DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF WEST BENGAL  
OPD Patient Card**

Kharagpur S. D Hospital

Post - Kharagpur, Dist. - Paschim Medinipur

Name : ANIMESH NAG	Age : 27	Yrs. Months Days	Day : Saturday	Paid Rupees 2.00
Sex : Male			Reg. No. : [OR18107834/H	
Ref. From :			Reg. Date : 03-Nov-2018	
Visit No. : 1	Department : ORTHO OPD	Visit Date :	Card No. : RG18128773	
Doctor/Unit Name (DOW) :	Dr. DIBAKAR PATRA [Saturday/Friday]	Entry No. : 03-Nov-2018	Time : 13:25	
Room No. :				

Visit No. : 2	Visit No. : 3	Visit No. : 4
Visit Date : Tm.	Visit Date : Tm.	Visit Date : Tm.
Department :	Department :	Department :
Doctor/Unit :	Doctor/Unit :	Doctor/Unit :
Entry No. :	Entry No. :	Entry No. :

**Clinical Notes**

04/11  
Cob 1 bnd  
reduction to  
22.

10/11  
MRE Report  
2 04/11/18

Gen. disc bridge  
at L4-L5 (12)

1 bnd. recs & neural  
foraminal narrowing  
on bnd sides at  
L4-L5.

1 m12 sections

DR. Dibakar Patra  
Medical Officer (Orthopedic)  
Sub-Divisional Hospital  
Kharagpur  
Regd. No. 41224

**ADVICE**

Adv: -

2/5 Spine

Belvis & bnd  
Aip Star

MRE of 2/5 Spine

Star (40) - 1602

Star (40) - 1000

PCar - 1000

Adv: -

Cont. me all

No wear 4/5 Cord when  
out of bed.

Avoid:-

1) Bowing bending

2) Lifting

3) Squatting

4) Prolong walking

04/11/18

03/11/18





# MIDNAPORE SCAN CENTRE PVT. LTD.

KERANITOLA, MIDNAPORE - 721 101, TEL : (03222) 266610/267398

ISO 9001 : 2008 CERTIFIED



Patient Name :- Mr. Animesh Nag.

Age :- 27 Yrs.

Sex :- Male.

Ref. By :- Dr. Dibakar Patra. MS (Ortho.)

Date :- 04/11/2018.

## MRI OF LUMBO-SACRAL SPINE (PLAIN)

Sequences taken : Sagittal – T1, T2, STIR. Axial – T1, T2 Coronal – T2.

- ❖ MRI of lumbo-sacral spine reveals loss of normal lordosis.
- ❖ Mild scoliosis of lumbar spine with convexity towards left.
- ❖ Normal shape, size, contour, alignment & signal intensity of the vertebrae.
- ❖ Intervertebral discs show normal signal intensity.
- ❖ Generalised disc bulge is seen at L4-L5 level causing compromisation of anterior thecal space.
- ❖ Lateral recesses are narrowed on both sides at L4-L5 level.
- ❖ Neural foramina are narrowed on both sides at their inferior aspect at L4-L5 level.
- ❖ Visualised cord and conus region appear normal.
- ❖ Neural arch elements appear normal.
- ❖ Visualised pre/para vertebral soft tissue appear normal.
- ❖ AP diameter of spinal canal at different disc levels in mm are :-  
L1-L2 = 14.    L2-L3 = 16.    L3-L4 = 14.    L4-L5 = 12.    L5-S1 = 15.

IMPRESSION: - Plain MRI of lumbo-sacral spine suggests :-

- 1) Generalised disc bulge at L4-L5 level.
- 2) Lateral recess and neural foraminal narrowing on both sides at L4-L5 level.
- 3) Mild scoliosis of lumbar spine with convexity towards left.

Dr. M. Sarkar.  
DMRD. MD.

Dr. Subrata Kr. Biswas.  
MBBS. MD ( Radiodiagnosis )  
I.P.G.M.E & R.  
Asst. Professor.  
( Consultant Radiologist.)

Dr. Supriyo Ghoshh.  
MD.



PATIENT NAME	:Mr. ANI MESH NAG	AGE/ SEX	:30.01 YRS / M
LAB SERIAL NO	:312108140014	REGISTERED	:14-Aug-2021 12:18PM
REFERRED BY	:Dr. DIVYA PRASTHA HOSPITAL	COLLECTED	:
SAMPLE ID	:3114014	REPORTED	:14-Aug-2021 05:15PM

MRI

### MRI CERVICO-DORSAL SPINE WITH CONTRAST

#### STUDY PROTOCOL:

SPINECHO T1W, FAST SPIN ECHO T2 W AND T1+C SAGITTAL IMAGES OF CERVICAL AND DORSAL SPINE WERE OBTAINED ON DEDICATED QUADRATURE NECK COIL AND CORRELATED WITH T1W, T2W, T2FFE AND T1+C AXIAL IMAGES. STIR CORONAL IMAGES ALSO OBTAINED.

#### FINDINGS:

There is straightening of the cervical and dorsal spine curvature ? *due to muscle spasm.*

**Early degenerative spondylotic changes with marginal osteophytes, Schmorl's nodes and disc dessication are seen at multiple levels.**

**Mild diffuse disc bulge is seen at C5-C6 IV disc level indenting upon the thecal sac. No neural foramen compromise seen.**

**There is anterior wedging and mild reduction in height of D3 vertebral body with marrow edema- *suggestive of acute wedge compression fracture.* No retropulsion of posterior vertebral body into spinal canal seen. Posterior elements are normal at this level. AP canal diameter measures 13.0 mm.**

Rest of the cervical and dorsal vertebrae appear normal in height, signal intensity and show normal alignment.

The cervical and dorsal cord does not show compression/signal change. No evidence of cord

*(Kanika Bhambri)*  
DR. KANIKA BHAMBRI  
MBBS, MD (RADIO DIAGNOSIS)  
DMC. NO. 69193

\*\*\* End of Report \*\*\*

★ Clinical correlation is essential for final diagnosis. ★ If test results are unsatisfactory please contact personally or on phone.

★ This report is for perusal of doctors only. ★ All disputes are subject to delhi jurisdiction only. ★ Not for medico legal case.

14-Aug-21 06:17 PM ★ All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.

★ Our liability is limited to the invoice amount only

Page 1 of 2





PATIENT NAME	: Mr. ANIMESH NAG	AGE/ SEX	: 30.01 YRS / M
LAB SERIAL NO	: 312108140014	REGISTERED	: 14-Aug-2021 12:18PM
REFERRED BY	: Dr. DIVYA PRASTHA HOSPITAL	COLLECTED	:
SAMPLE ID	: 3114014	REPORTED	: 14-Aug-2021 05:15PM

**MRI**

expansion/ atrophy.

**No e/o any abnormal contrast enhancement.**

Craniovertebral junction is normal. The cervicomedullary junction appears normal.

Bony spinal canal is normal in dimensions.

Pre-vertebral and bilateral para-vertebral region reveals normal appearance.

**IMPRESSION:**

- Early degenerative spondylotic changes with marginal osteophytes, Schmorl's nodes and disc dessication at multiple levels.
- Acute wedge compression fracture of D3 vertebral body with marrow edema.

**Kindly correlate clinically.**

*(Kanika Bhambri)*  
DR. KANIKA BHAMBRI  
MBBS, MD (RADIO DIAGNOSIS)  
DMC. NO. 69193

\*\*\* End of Report \*\*\*



**DEPARTMENT OF RADIODIAGNOSIS  
SHRI M.P. SHAH MEDICAL COLLEGE,  
G.G.HOSPITAL, JAMNAGAR**

NAME	ANIMESH NAG	AGE/SEX	31YRS/M
REG.	375640	DATE	12.08.2022
REF BY	DR N N SHAH	Contact no.	9851803132

DR. REEMA (R3)

**EXAMINATION: MRI STUDY OF LUMBO-SACRAL SPINE WITH WHOLE SPINE SCREENING**

**CLINICAL PROFILE:** Complain of lower back pain radiating to bilateral (right > left) lower limb since 4 years (no history of trauma, TB; air force officer)

**EXAMINATION PROTOCOL:**

MRI study of lumbosacral spine was performed using T1W, T2W sagittal and T2W axial without contrast. STIR coronal and MR Myelography coronal and sagittal images. Whole spine screening was performed using T2W sagittal images.

**OBSERVATION:**

- L4-L5 IV disc level- Disc desiccation and mild diffuse disc bulge is noted causing narrowing of central and bilateral lateral canal with resultant minimal abutment over right exiting nerve roots. (Spinal canal diameter:12.8 mm)
- L5-S1 IV disc level- Diffuse disc bulge is noted. however no evidence of neurological compression. (Spinal canal diameter:13.3 mm)
- L1-L2 IV disc level- Normal. (Spinal canal diameter: 17.3mm)
- L2-L3 IV disc level- Normal. (Spinal canal diameter: 15.8 mm)
- L3-L4 IV disc level- Normal. (Spinal canal diameter: 15.3 mm)
- On MR Myelography, no evidence of extradural indentation is noted.
- Spinal cords ends at upper border of L1 vertebrae.
- Schmorl's node is noted involving inferior endplate of L4 vertebra.

Rest of vertebral bodies and IV discs are normal in size, shape, alignment and signal intensity.

No abnormal marrow signal is noted

No definite fracture, erosion, sclerosis or collapse of vertebra seen.

Axial images do not reveal abnormality in pedicle, lamina, transverse process and spinous process.

No joint effusion or hypertrophy seen.

No prespinal or paraspinal soft tissue abnormality seen.

**Whole spine screening**


- Loss of cervical lordosis is noted.
- Schmorl's node is noted involving inferior endplate of D9 and D10 vertebra and superior end plate of D11.

Screening of images of rest of cervical and dorsal intervertebral discs and vertebral bodies show normal alignment and signal intensity.  
The spinal cord reveals normal signal intensity.

**IMPRESSION:** Above MRI findings are suggestive of-

- Changes of lumbar spondylosis involving L4-L5 IV disc level as described above.

*Clinical co-relation suggested.*



DR GAURAV PARMAR  
MD (ASSI. PROF)



DR. S.L.CHUDASAMA  
M.D. (ASSO.PROF.)