## PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers
I, DR-REHA AGRAWAL CMO/CMS, DCH. GRHAGAR
have perused the documents presented before me by Sri . MenAPAHYManle
of the Officer] ID No. 96412 Designation . A.O.J
and place of posting . S.R. HASAR OR on his behalf by
Sri Relation with the officer
Phone No
I. I have personally examined Sri/Smt./Sushri. Mana. Para. Para. Range of the disease syndrome disability. I R.D U.C.  [Name of the disease] and in my opinion he/she may require frequent hospitalization for treatment/management.
II. I also verify that Sri/Smt./Sushri. Mary
III.In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is possible at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
IV. The treatment/management of the above-mentioned disease/ syndrome/disability/disorder in paragraph two above is also available at the districts namely Alims DELMI
V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
VI. This document shall be valid only for 3 months only.
Signature with seal (C.M.O./C.M.S.) Name: (झा० रेजा अग्राचात्न) ID No.: मुख्य चिकित्सा अधीकक Designation: CM खोजकीय जिला संयुक्त चिकित्सालर
Telephone No

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited

Mobile No. . . . 9.5.8279300 4

2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.