

PROFORMA – I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, Dr. Hazendra . Kumar CMO/CMS, US . NAGAR
have perused the documents presented before me by Sri . . . Akhil . Kumar
Nighawan, ID No. UP.3212 Designation . Civil . Judge . Jr. Division .
and place of posting . Pharenda . Maharij . Ganj OR on his behalf by
Sri . Gaurav . Rawat . . . Relation with the officer . . . family . friend
Phone No. . . 94.5.6.7.7.0844

I. I have personally examined Sri/Smt./Sushri . Arvind . Nighawan
who is suffering from the disease/syndrome/disability . A . C.O.P.D
. and in my opinion he/she may require
frequent hospitalization for treatment/management.


II. I also verify that Sri/Smt./Sushri . Arvind . Nighawan . . . is
suffering from the disease/syndrome/disability/disorder . A . C.O.P.D
. and the disease(s) find(s) mention at
paragraph no. IX of the Annexure-I enclosed herewith.

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 . Barzilly ., . Hapur ., . Gauram . Budh . Nagar

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: Dr. Hazendra Kumar.
ID No.
Designation: . CMO
Telephone No.
Mobile No. . . 0630018423

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
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.


कार्यालय मुख्य चिकित्सा अधिकारी, ऊधम सिंह नगर।

पत्रांक:-एम-01 / 2023-24 / 1802

दिनांक:-21.02.2024

चिकित्सा परीक्षण प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री अरविन्द निझावन पुत्र श्री निखिल, नि0-शान्ति विहार, रूद्रपुर, ऊधम सिंह नगर, उम्र-69 वर्ष द्वारा अपने उपचार से सम्बन्धित प्रपत्र उपलब्ध कराये गये, जिनका परीक्षण किया गया। उपलब्ध कराये गये चिकित्सा उपचार के प्रपत्रों के आधार पर श्री अरविन्द निझावन
ΔCOPD.....से ग्रसित हैं। इन्हें नियमित उचित देखभाल तथा फॉलोअप की सलाह दी गयी है। यह प्रमाण पत्र श्री अखिल कुमार निझावन को उनके स्थानान्तरण हेतु किये गये आवेदन के क्रम में जारी किया जा रहा है।


मुख्य चिकित्सा अधिकारी,
ऊधम सिंह नगर।
मुख्य चिकित्सा अधिकारी
ऊधम सिंह नगर