

PROFORMA – I

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

I, Om Prakash [Name] CMO/CMS, have perused the documents presented before me by Sri Kamabesh Kumar Maurya [Name of the Officer] ID No. U.P. 01661 Designation A.D.J. and place of posting Ambedkar Nagar OR on his behalf by Sri Relation with the officer Phone No.

I. I have personally examined Sri/Smt./Sushri. Bal Gouind Maurya who is suffering from the disease/syndrome/disability Type 2 DM / H.T.N / CVA / Renal Disturbance [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. Bal Gouind Maurya is suffering from the disease/syndrome/disability/disorder Type 2 DM / H.T.N / CVA / Renal Disturbance [Name of the disease] and the disease(s) find(s) mention at paragraph no. III, X 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 Sikhar

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 12 months only.

Signature with seal Om Prakash 2024
(C.M.O./C.M.S.) मुख्य चिकित्सा अधीक्षक
Name: Dr. Om Prakash संयुक्त जिला चिकित्सालय
ID No.: अम्बेडकर नगर
Designation: C.M.S.
Telephone No.
Mobile No. 9415698471

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.



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Chief Medical Officer
Sultanpur, Uttar Pradesh



Certificate No.: UP4810619510167474

Date: 13/02/2024

This is to certify that I/we have carefully examined Shri **Bal Govind Maurya**, Son of Shri **Late Kamta Prasad Maurya**, Date of Birth **01/01/1951**, Age **73**, M, Registration No. **0948/00000/2402/0528747**, resident of House No. **Village Dhakhapur Post Tamarsepur Maharani Pachchhim Sultanpur Uttar Pradesh- 222303**, Sub District **Lambhua**, District **Sultanpur**, State / UT **Uttar Pradesh** whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **Hemiparesis Left Side**

(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his Hemiparesis Left Side as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

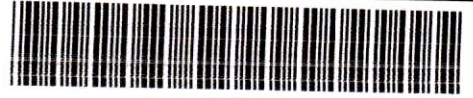
Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Chief Medical Officer
Sultanpur, Uttar Pradesh



UHID: 20230190289

LPS INSTITUTE OF CARDIOLOGY AND CARDIC SURGERY KANPUR
GT road Rawatpur Kanpur Uttar Pradesh

CONSULTING ROOM NO : Cardiology 1, TOKEN NO : 69
Clinic Cardiology OPD
Days: SAT

EHR ID : 23000825119754251

OUT PATIENT RECORD

Name : MR. BAL GOVIND

Department : CARDIOLOGY

Dept No. : 2023/073/0132558

Date of Registration : 18-11-2023 08:18:46 AM

Unit : 3 M M RAZI M SACHAN P SHARMA

Age : 72Y

Billing Type : General

Mobile No : *****747

Address : SARWODAY NAGAR, Kanpur(Nagar), UTTAR PRADESH, INDIA

Patient Type: NON MLC

Fee : 1.00

Sex : Male

S/O KAMTA PRASAD

Email :

Occupation : OTHER

Prepared by: Mr. GAURAV AGNIHOTRI

BP-130/80 MMHG

ECG: Normal Qd Hgic CVA
Anno Efuol. Renal dysfunction
(8/11/23)

- Actu Urbinum duo
- Aspirin 100mg (20-2) altus ml,
- metoprolol (50mg) altus x 20.
- Angiotensin (60mg) altus x 20
- Bynicor (10mg) altus x 20
- Rafar (10mg) altus x 20
- Rabduc 202 altus x 20

4m
A
E

प्रतिहस्ताक्षरित
sees
(Signature)

12/12/24
आरो को गुस्ता
अपर मुख्य चिकित्साधिकारी
अधिकृत अधिकारी स्वास्थ्य एवं आयु प्रमाण
ते मुख्य चिकित्सा अधिकारी
कानपुर नगर
उप नो-27770



कोरोना वायरस से रोकथाम के लिए दो व्यक्तियों के बीच में कम से कम 3 फीट की दूरी बना के रखें



UHID: 20230119771

LPS INSTITUTE OF CARDIOLOGY AND CARDIC SURGERY KANPUR
GT road Rawatpur Kanpur Uttar Pradesh

CONSULTING ROOM NO :Cardiology 1, TOKEN NO : 352
Clinic Cardiology OPD
Days:MON,TUE,THU,SAT

EHR ID : 23000855073390531

OUT PATIENT RECORD

Name : MR. BAL GOVIND MAURYA

Department : CARDIOLOGY

Dept No. : 2023/073/0084274

Date of Registration : 22-07-2023 11:03:54 AM

Unit : I S SINHA MM RAZI M SACHAN M JHA

Age : 28Y

Billing Type : General

Mobile No :

Address : SARVODAY NAGAR , Kanpur(Nagar), UTTAR PRADESH, INDIA

Patient Type:NON MLC

Fee : 1.00

Sex : Male

S/O KAMTA PRASAD

Email :

Occupation : OTHER

Prepared by:Mr. sandeep gupta

B.P. 150/90 mmHg

For 120ml normal Ad. drug CVA
Anom. EFUG. Renal dysfunction
(B/U/23)

- Ad
- 1. Rosebud. GAD (20mg) x 1 tab x 1
 - 2. Metaxal (50mg) x 1 tab x 3m
 - 3. Angiban (6.5mg) x 1 tab x 3m
 - 4. Bynicor (5mg) x 1 tab x 3m
 - 5. Raftar (10mg) x 1 tab x 3m
 - 6. Reclid x (60mg) x 1 tab x 3m
 - 7. Rabdio 252 x 1 tab x 3m x 3/3/1

प्रतिहस्ताक्षरितः
see
pen

12/2/24
S/O गुप्ता के गुप्ता
अपर मुख्य क्लिनिक्सिकारी
अधिकृत अधिकारी स्वास्थ्य एवं बायु प्रमज
से मुख्य चिकित्सा
कानपुर नगर
फोन नं-37770

2

कोरोना वायरस से संक्रमण के लिए दो व्यक्तियों के बीच में कम से कम 3 फीट की दूरी बना के रखें



LPS INSTITUTE OF CARDIOLOGY AND CARDIC SURGERY KANPUR
GT road Rawatpur Kanpur Uttar Pradesh

DISCHARGE SUMMARY

UHID :	20230055988	Department:	CARDIOLOGY
Patient Name:	Mr. BAL GOVIND	Unit::	1R THAKUR S SINHA MM RAZI M
Age /Sex:	78 Years 0 Months 1 Days 0 Hours / Male	Ward::	SACHAN M JHA
S/O :	LATE KAMTA PRASAD	Ward::	Emergency
Billing Type :	General	MLC Patient:	NO
IPD Admission ID ::	20235474	Discharge Type:	Normal Discharge
Treating Doctor:		Bed No:	F
Mobile No:	*****366	Drug Allergy :-	
Date of Admission:	08/04/2023 11:08:39 AM		
Operation Date:			
Date of Discharge :	09/04/2023 12:40:00 PM		
Address :	RAWATPUR, UTTAR PRADESH, INDIA		
Surgeon :		Asst.Surgeon :	
Procedure :		Operative Findings :	
Consulting Doctor :			

Diagnosis : DMT2/HTN/OLD HAEMORRHAGE CVA
/CAD/ ACS/ AWTMI (OWP) /LVEF 40%/ RENAL DYSFUNCTION

ICD Code:

Admitted For: Patient admitted with chest pain since 5 days

Physical Findings: Chest-B/L NVBS CVS-S1,S2 Normal P/A-soft,non tender CNS-WNL

Condition During Discharge : STABLE
REVIEW IN NEPHROLOGY OPD LLR KANPUR

Brief Summary of the Case: Patient was evaluated and diagnosed as above. Patient was managed conservatively. Patient is now being discharged on medical advice to follow up in Cardiology OPD No. 1 on MONDAY/SATURDAY after 4 weeks.

Category	Test Name	Observation
Note :	2D ECHO SUMMARY IVSD-1.3 Pwd-1.2LVID-5.3LA-3.3 AOR- 2.5 Aov max-1.2m/s Normal chamber size Conc. LVH+ Normal valve echo mild MR LAD Tx hypokinesia LVEF-35-40% No VEG / Clot /PE BLOOD INVESTIGATION HB-12.7g/dl TLC- 12300cells/mm3 Neutrophils-75% Lymphocytes-20% RBS-414mg/dl Serum creatinine -2.40mg/dl Serum urea-65mg/dl SGOT-105U/l SGPT-87U/l Anti-HCV-NR HIV-NR HBsAG-NR S.Na/K- 134.4meq/5.76meq/l	0

Treatment Given :

Cap Rosebed Gold 20 HS
Tab Metsun-XL 50 OD
Tab Oxiheart 6.4 mg BD
Tab Sorbitrate 5 mg s/l SOS
tab bynicor 10 bd
tab reclide xr 60 od
tab raftor 10 od
Cap Resi 40 DSR OD(BBF)
Tab Etizel 0.5 mg HS
syrup arylac 2 tsf hs

Advice on Discharge:

x 30 days

To come For follow up in Routine OPD on & Time

In specialist Clinics on & Time

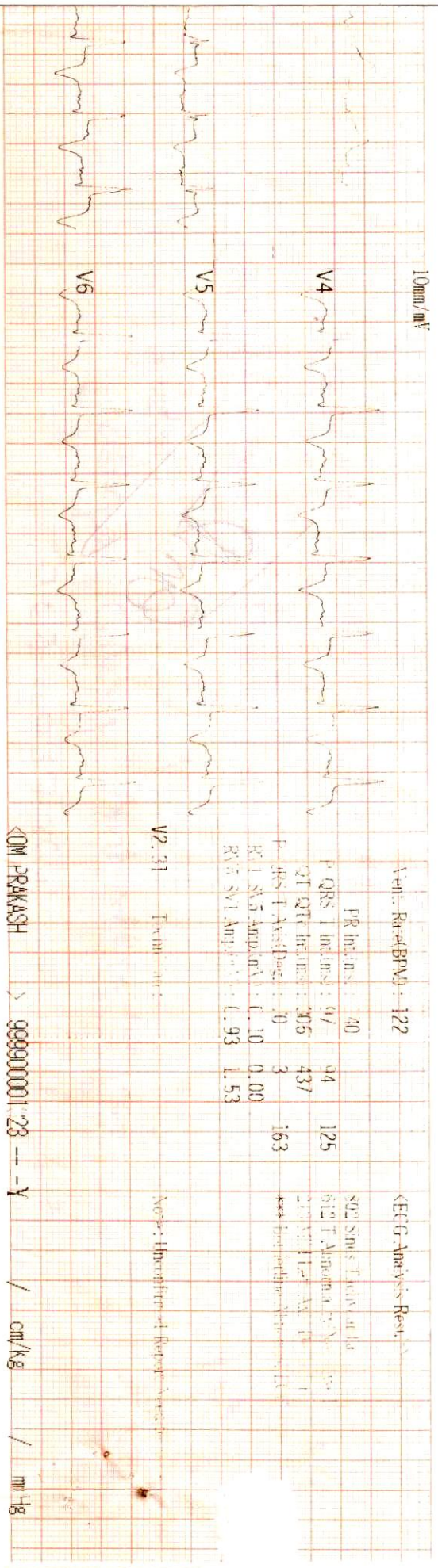
Senior Resident dr faraz

Signature Treating Doctor

Dr. M M RAZI

09/04/2023 12:40:00 PM

Date & Time



10mm/mV

Vent. Rate(BPM): 122

<ECG Analysis Report

PR Interval:	97	94	125
QRS Interval:	306	437	163
QT Interval:	306	3	0.00
QTc Interval:	10	3	0.00
ST-Segment Amplitude:	0.10	0.00	1.53
RT-Segment Amplitude:	0.93	1.53	

Note: Interpretation of ECG Report

<DM PRAKASH > 9999900001.23 -- -Y / cm/kg / mmHg

L.P.S. INSTITUTE OF CARDIOLOGY



KANPUR
24 HOURS PATHOLOGY LAB

Date : 08-Apr-2023 Reg/Ref: LPS-5516 / 323848
Name : MR. BAL GOVIND Age/Gender : /Male
Ref.By : Dr. EMERGENCY Phone : 0000000000 Ward : IPD/FREE
Receipt : NA
Requested Test : CAG, RBS, URE, CREAT, SGOT, SGPT, CBC, ANTI-HCV, HIV, HBsAG, Elec, HBAIC, LIPID P.
Coll Time : 08-Apr-2023 11:26 AM Validate : 08-Apr-2023 04:10 PM Prn. Time : 08-Apr-2023 05:07 PM

Investigation	Observed Values	Units	Biological Ref. Interval
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HAEMATOLOGY

Complete Blood Count

Haemoglobin	12.7	g/dL	13 - 17
Total Leucocyte Count (TLC)	12300	cells/mm3	4000 - 10000
Differential % Leucocyte Counts:			
Neutrophils	75	%	40 - 80
Lymphocytes	20	%	20 - 40
Eosinophils	03	%	1 - 4
Monocytes	02	%	2 - 8
Basophils	00	%	0 - 1
Platelet Count	1.95	lac cells/mm3	1.5 - 4.5
LPCR	44.9	%	13.0 - 43.0
MPV	12.1	fL	1.4 - 7.4
PDW	15.8	%	10.0 - 17.0
PCT	0.23	%	0.10 - 0.28
Total RBCs	4.00	million cells/mm3	3.8 - 4.8
MCV (Mean Cell Volume)	83.6	fl.	80 - 100
MCH (Mean Corpus. Haemoglobin)	31.8	pg	27 - 32
MCHC (Mean Corpus. Hb Conc.)	38	g/dL	32 - 35
PCV (Packed Cell Volume)	33.4	%	36 - 46
RDWA	50.9	fL	37.0 - 54.0
RDWR	12.5	%	11.5 - 14.5

प्रतिहस्ताक्षरित
08/04/23

डा० आर० के० गुप्ता
अपर मुख्य चिकित्साधिकारी
अधिकृत अधिकारी स्वास्थ्य एवं आयु प्रमाण
ते मुख्य चिकित्सा अधिकारी
कानपुर नगर
20-37770

Dr. SADHANA VERMA

610007 User: ANKUR (REGIS-PC)
Printed: 08-Apr-2023 5:07:47 PM

- 1-All test result are dependent on the quality of sample received by the laboratory.
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L.P.S. INSTITUTE OF CARDIOLOGY



KANPUR
24 HOURS PATHOLOGY LAB

Date : 08-Apr-2023 Reg/Ref: LPS-5516 / 323848
Name : MR. BAL GOVIND Age/Gender : /Male
Ref.By : Dr. EMERGENCY Phone : 0000000000 Ward : IPD/FREE
Receipt : NA
Requested Test : CAG, RBS, URE, CREAT, SGOT, SGPT, CBC, ANTI-HCV, HIV, HBsAG, Elec, HBAIC, LIPID P.
Coll Time : 08-Apr-2023 11:26 AM Validate : 08-Apr-2023 04:10 PM Prn. Time : 08-Apr-2023 05:07 PM

Investigation	Observed Values	Units	Biological Ref. Interval
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BIOCHEMISTRY

SUGAR (R)

Plasma Glucose Random (Enzymatic (GOD-PAP) - Colorimetric), Sample Type: FO RBS	414	mg/dL	< 140
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ELECTROLYTE

Serum Sodium (Na+) (ISC Method), Sample Type: Serum	134.4	meq/l	135 - 145
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Serum Potassium (K+) (ISC Method), Sample Type: Serum	5.76	meq/l	3.6 - 5.0
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Serum Ionic Calcium (ISC Method), Sample Type: Serum	4.24	mg/dL	4.5 - 5.5
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LIPID PROFILE

Serum Cholesterol (Enzymatic - Colorimetric (CHOD-PAP)), Sample Type: Serum	165	mg/dL.	130 - 200
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Serum Triglycerides (Enzymatic (GPO-PAP) - Colorimetric), Sample Type: Serum	138	mg/dL.	30 - 200
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HDL Cholesterol (Direct. Enzymatic - Liquid), Sample Type: Serum	40	mg/dL	40 - 60
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LDL Cholesterol (Colorimetric. Enzymatic - Liquid), Sample Type: Serum	85.5	mg/dL.	UP TO 150
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VLDL Cholesterol	27.6	mg/dL	12 - 30
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CHOL/HDL	4.12		
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LDL/HDL	2.1		
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प्रतिहस्ताक्षरित

sees
sees

12/2/23 गुप्ता
डा० आर० के० गुप्ता
अपर मुख्य चिकित्साधिकारी
प्रसिद्ध अस्पताल संस्था एवं शिशु प्रकाश
मुख्य चिकित्सा अधिकारी
एन० सी० ३०-३७७७०

Dr. SADHANA VERMA

610007 User: ANKUR (REGIS-PC)
Printed: 08-Apr-2023 5:07:50 PM

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L.P.S. INSTITUTE OF CARDIOLOGY



KANPUR
24 HOURS PATHOLOGY LAB

Date : 08-Apr-2023 Reg/Ref: LPS-5516 / 323848
 Name : MR. BAL GOVIND Age/Gender : /Male
 Ref.By : Dr. EMERGENCY Phone : 0000000000 Ward : IPD/FREE
 Receipt : NA
 Requested Test : CAG, RBS, URE, CREAT, SGOT, SGPT, CBC, ANTI-HCV, HIV, HBsAG, Elec, HBAIC, LIPID P.
 Coll Time : 08-Apr-2023 11:26 AM Validate : 08-Apr-2023 04:10 PM Prn. Time : 08-Apr-2023 05:07 PM

Investigation	Observed Values	Units	Biological Ref. Interval
Serum Creatinine (Colorimetric, Jaffe - Kinetic), Sample Type: Serum	2.40	mg/dL	0.8 - 1.3
Serum Urea (Enzymatic - UV. Kinetic (Urease UV)), Sample Type: Serum	65	mg/dL	21 - 67
SGOT (IFCC Method without pyridoxal phosphate, P-5-P), Sample Type: Serum	105	IU/L	< 40
SGPT (IFCC Method without pyridoxal phosphate, P-5-P), Sample Type: Serum	87	IU/L	< 45

HORMONE & IMMUNOLOGY ASSAY

ANTI-HCV

Anti-hcv Qualitative
Chemiluminescent microparticle Immunassay, Sample Type: STRL TUB.

Nonreactive

Anti-HCV Quantitative
Chemiluminescent microparticle Immunassay, Sample Type: STRL TUB.

0.13 S/CO

HIV

HIV Qualitative
Chemiluminescent microparticle Immunassay, Sample Type: STRL TUB.

Nonreactive

HIV Quantitative
Chemiluminescent microparticle Immunassay, Sample Type: STRL TUB.

0.13 S/CO < 1

HBsAG

HBsAG Qualitative
Chemiluminescent microparticle Immunassay, Sample Type: STRL TUB.

Nonreactive

HBsAG Quantitative
Chemiluminescent microparticle Immunassay, Sample Type: STRL TUB.

0.23 S/CO

Dr. SADHANA VERMA

प्रतिहस्ताक्षरित
12/12/23
जो आरु को गुप्ता
कार्य प्रमुख निमित्तकारिणी
श्रीमती अंजलि शर्मा एवं सती प्रकाश
ने गुप्ता निमित्तकारिणी
कानपुर नगर
फोन: 20-277720

610007 User: ANKUR (REGIS-PC)
Printed: 08-Apr-2023 5:07:52 PM

- 1-All test result are dependent on the quality of sample received by the laboratory.
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L.P.S. INSTITUTE OF CARDIOLOGY



MC-3552

KANPUR
24 HOURS PATHOLOGY LAB

Date : 08-Apr-2023 Reg/Ref: LPS-5516 / 323848
Name : MR. BAL GOVIND Age/Gender : /Male
Ref.By : Dr. EMERGENCY Phone : 0000000000 Ward : IPD/FREE
Receipt : NA
Requested Test : CAG, RBS, URE, CREAT, SGOT, SGPT, CBC, ANTI-HCV, HIV, HBsAG, Elec, HBAIC, LIPID P.
Coll Time : 08-Apr-2023 11:26 AM Validate : 08-Apr-2023 04:10 PM Prn. Time : 08-Apr-2023 05:07 PM

Investigation	Observed Values	Units	Biological Ref. Interval
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HbA1C	8.8	%	
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Interpretation:

HbA1c %	Degree of glucose control
> 8	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
< 7	Goal
< 6	Non Diebetic Level

प्रतिहस्ताक्षरित

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12/2/24

डा० आर० क० गुप्ता
अपर मुख्य चिकित्साधिकारी
अधिकृत अधिकारी स्वास्थ्य एवं आयु प्रमाण
ते मुख्य चिकित्सा अधिकारी
काशीपुर नगर
ता० न०-17770

Sadhana

Dr. SADHANA VERMA

Report Status : Final

"हम आपके शीघ्र स्वस्थ होने की कामना करते हैं"

End of

Reported By: , RAHUL (DESKTOP-6R7CH7E), RAHULSINGH (DESKTOP-6610007 User: ANKUR (REGIS-PC)-PC),
Collected By: Printed: 08-Apr-2023 5:07:57 PM

- 1-All test result are dependent on the quality of sample received by the laboratory.
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MEDICATION ADVICE :

DRUGS	DOSE	ROUTE	FREQUENCY
Tb UOGLINORM G-MR	1	P/O	BD \angle 0
Tb PANTODEC DSR	1	P/O	OD-0
Tb ZIFI CV	1	P/O	BD \angle 0
Tb COBRADEX LZK	1	P/O	OD-0
Tb CONFLAV	200mg	P/O	TDS \angle 0
Tb CLONAFIT PLUS	1/2 Tb	P/O	HS- \angle 0
Tb NIMICA PLUS	1	P/O	BD \angle 0
SYP LACTIHERP	20ml	P/O	HS- \angle 0
Tb MIRRA-BEG-S	2syr	P/O	OD- \angle 0
SYP SORBUN	2TbF	P/O	TDS \angle 0
Tb AUGMENTIN	625y	P/O	TDS \angle 0

NUTRITIONAL / REHAB / PREVENTION / EMERGENCY / ANY OTHER ADVICE :

Follow up Date : 21/7/22

In Case of Emergency

Please Contact Phone No. : 0512-4069513, 9838566664

RBS monitoring 6H04y

