

PROFORMA - I

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

I, Dr. P.K. [Name] Sanyal CMO/CMS, Dist. Hospital, Fatehpur have perused the documents presented before me by Sri Vinay [Name] Tiwari of the Officer] ID No. UP 2740 Designation Additional District Physician and place of posting Fatehpur OR on his behalf by Sri Relation with the officer Phone No.

I. I have personally examined Sri/Smt./Sushri. Vinay Tewari who is suffering from the disease/syndrome/disability and in my opinion he/she may require frequent hospitalization for treatment/management.

II. I also verify that Sri/Smt./Sushri. Vinay Tewari is suffering from the disease/syndrome/disability/disorder Labile HTN, B2, B3 and the disease(s) find(s) mention at paragraph no. X of the Annexure-1 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 MEERUT, BAREILLY, GAZIABAD

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 06 months only.

Signature with stamp of Chief Medical Superintendent (C.M.O./C.M.S.)

Name: Dr. PRAKHA KANT SINGH ID No.: Designation: C.M.S. Telephone No. 8707723308 Mobile No. 8707723308

- 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 placcd before them for issuance of this document for future reference.