PROFORMA - I

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

arong
I, Dr. Releben. [Name] CMO/CMS, Dist. Hospital. Fatesfor
La Cai Vahan / + Hoame
and place of posting fortshow OR on his behalf by
Srimoth Archana Tiens Relation with the officer. Wife
Phone No. Po a 5/9. 2.7.2.0.

- I. I have personally examined Sri/Smt./Sushri. Archana Tawari who is suffering from the disease/syndrome/disability [Name of the disease] and in my opinion ne/she may require frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushrimot. Aschana Tewari is suffering from the disease/syndrome/disability/disorder A.V.B. ... [Name of the disease] Abnormand 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 MEE RUT., . BAREILT., GAZIAB.AD.,
- 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 months only.

Signature with seal

(C.M.D.M.) Assenbur

Namey REEMA RA Wiehour

ID No...

Designation: CMS

Telephone No. 2005792720

Mobile No. 8005792720

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

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.