PROFORMA ~ 1

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

atong with verified/countersigned papers
I. Dr. Ret La (Name) . Rani CMO/CME, Diones gratial Probable
have perused the documents presented before me by Sirver Romfold Islams
of the Officer], ID No UP 28.7. Designation . Of com 1 Particle
and place of posting fate L.bur OR on his behalf by
Sri Relation with the officer
Phone No

- I. I have personally examined Sri/Smt./Sushri..... Rome State who is suffering from the disease/syndrome/disability Aregarany/ Lluby [Name of the disease] P/v... and in my opinion he/she may require frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. . Roma . Gwpta. is suffering from the disease/syndrome/disability/disorder 7 Manthaline groups [Name of the disease]. bleid and the disease(s) find(s) mention at paragraph no. . . . of the Annexure-l 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
- IV. The treatment/management of the above-mentioned disease/ syndrome/disability/disorder in paragraph two above is also available at the districts namely. fatalpur. A. Nearby fatalpur.
- 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 . S. ! months only.

(C.M.O./CMAS-) Fatehour Name: Dr. Rekha Rami

ID No.:...... Designation: ... 8.0.057.9272 D

Mobile No. . . . 8.0.0.51.92727

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

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.



AUTONOMOUS STATE MEDICAL COLLEGE FATEHPUR

GT ROAD ALLIPUR, FATEHPUR-212601, UTTAR PRADESH, INDIA

PHONE:9919484951

OPD CARD

CR No: 981212400387518

Patient Name: ROMA GUPTA

W/O: ABHISHEK SINGH

Age/Sex: 37 Yr/F

ABHA Address: NA

ABHA Number : NA

Address: FATEHPUR, UTTAR PRADESH, INDIA Category: General

Mobile: 7412321111 Fees: **E1.00/-**

For at HICICIAL STREET

Department/Room: Gynaecology / 6gf

Doctor/Unit: Unit 1

Visit Date: 22-Feb-2024 10:53

OPD Days : Mon,Tue,Wed,Thu,Fri,Sat

Valid Till: 08-Mar-2024

Payment Details/ Trans Id. : Cash /

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Lup = 20/8/23

for = 26 will sally

EDD- 27/05/24

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- Tb. Duradilen-Rame -OOD

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