

PROFORMA - I

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

I, Dr. M. K. Mathur [Name] CMO/CMS, ems. Pandit Deendayal Hospital Aligarh have perused the documents presented before me by Sri Sandeep [Name of the Officer], ID No. UP. 2112 Designation Chief Judicial Magistrate and place of posting Aligarh OR on his behalf by Sri _____ Relation with the officer _____ Phone No. _____

- I. I have personally examined Sri/Smt./Sushri Sandeep who is suffering from the disease/syndrome/disability Chronic Calcific Pancreatitis [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 Sandeep is suffering from the disease/syndrome/disability/disorder Chronic Calcific Pancreatitis [Name of the disease] and the disease(s) find(s) mention at paragraph no. Not Fit in any Para 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 Aligarh & Higher Centre.
- 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 Six month months only.

M
23/2/2024
Signature with seal
(C.M.O./C.M.S.)
Name: Dr. M. K. Mathur
ID No.: _____
Designation: C.M.S.
Telephone No. 9837026595
Mobile No. _____

- 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.



UHID: 20240045168

Pt Deen Dayal Upadhyay Joint Hospital Aligarh
Ram ghat road Quarsi, Aligarh

CONSULTING ROOM NO : 1,2,4,6,8,9,10,11,12, TOKEN NO : 624
Clinic Medicine OPD
Days: MON, TUE, WED, THU, FRI, SAT

OUT PATIENT RECORD

Name : MR. SANDEEP

Department : Medicine

Dept No. : 2024/072/0023678

Date of Registration : 23-02-2024 12:27:05 PM

Unit : UNIT-1

Age : 65Y

Billing Type : General

Mobile No :

Address : MODI NAGAR , Ghaziabad, UTTAR PRADESH, INDIA
Patient Type: NON MLC

Fee : 1.00

Sex : Male

S/O PEETAM SINGH

Occupation : OTHER

Prepared by: Mr. Abdul Samad Khan

Date and Time of initial assessment :

Clinical History :

KCO. ch. calcific formation

Examination Findings :

A is still calcified in various
Hooper's

Investigation :

23/02/24

Diagnosis :

Treatment :

Follow-up advice :

Doctor's Name
Signature / Date

बेटी बचाओ बेटी पढ़ाओ

यह पर्चा 15 दिन मान्य है

आयुज्जन लाभार्थी (हाँ / नहीं)