

PROFORMA - I

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

Dr Navin Kumar Giri Dycmo (Medical Board) [Name] CMO/CMS

have perused the documents presented before me by Sri CHANDRAPAL [Name of the Officer] ID No. U.P. 6072 Designation A:D J/Spl Judge (E-c Aca) and place of posting PRAYA GRAB OR on his behalf by Sri CHANDRAPAL Relation with the officer WIFE Phone No. 9870867660

- I. I have personally examined Sp/Smt./Sudri. KUSUM LATA who is suffering from the disease/syndrome/disability [Name of the disease] and in my opinion he/she may require frequent hospitalization for treatment/management.
II. I also verify that Sp/Smt./Sudri. KUSUM LATA is suffering from the disease/syndrome/disability/disorder Left sided Cholelis [Name of the disease] and the disease(s) find(s) mention at paragraph no. 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 MEERUT, GHAZIABAD, GAUTAM NAGAR
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 seal (C.M.O./C.M.S.)

Name: डा० नवीन कुमार गिरि
ID No.: नोटम प्रवक्तारी वेदिका बोर्ड
Designation: प्रयाग सिप्लिंग प्रवक्तारी
Telephone No.:
Mobile No.: 9450616616

- 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.