PROFORMA - I

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

- 1. I have personally examined Sri/Smt./Sushri. Master. Faraz Akhtar who is suffering from the disease/syndrome/disability Autism. Spectrum pisorote [Name of the disease]. ASD. and in my opinion he/she may require frequent hospitalization for treatment/management/continous therapies,
- II. I also verify that Sri/Smt./Sushri/Master. Faraz Akhtari is suffering from the disease/syndrome/disability/disorder. Autism Spectrum [Name of the disease]. ASD. and the disease(s) find(s) mention at paragraph no. Xiv. of the Annexure Lenclosed 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 . LUCKNOW., GHAZIARAD, NO.IDA.....
- 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 .11.-24... months only.

डॉ. सौरमे अहलावत एम०बी०बी०एस०, एम०डी० मानसिक रोग विशेषज्ञ बलरामपुर विकित्सालय, लखनऊ राजि० नं०—15055

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BY

Signature with seal (C.M.O./C.M.S.)

Name: डा० मनोज अग्रवाल ID No.: मुख्य चिकित्सा अधिकारी Designation: लखनऊ Telephone No. Mobile No. 6394411842

Concerned District Judge/Officers in equivalent rank to get these matter expedited
The CMOZOME

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.