

PROFORMA - I

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

I, Dr. Suresh Palta, [Name] CMO/CMS, Kushinagar have perused the documents presented before me by Sri. Rameshwar [Name of the Officer], Dayal, ID No. U.P.2374 Designation Civil Judge (S.D.) F.T.C. and place of posting Kushinagar at Padrauna. OR on his behalf by Mr. Vineeta Bhatti, Relation with the officer wife (C.S.P.A.S.), Phone No. 7017708507

- I. I have personally examined Sri/Smt./Sushri. Vineeta Bhatti who is suffering from the disease/syndrome/disability . . .migrain [Name of the disease] and in my opinion he/she may require frequent hospitalization for treatment/management. (Headache)
II. I also verify that Sri/Smt./Sushri. Vineeta Bhatti is suffering from the disease/syndrome/disability/disorder . . .migrain [Name of the disease] . . . and the disease(s) find(s) mention at paragraph no. of the Annexure-I enclosed herewith. NOT mention in paragraph No I- XV
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 Every where
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 . 02 weeks months only.

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

Name: . . . Dr. Suresh Palta
Designation: C.M.O.
Telephone No.
Mobile No. . . . 8005192674

- 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.

Annexure-I

- I. **Cancers:** All types of cancers leading to permanent disability of more than 40%. The term cancer includes Leukaemia, Lymphoma and Hodgkin's Disease.
- II. Degenerative & Progressive Neurological disorders.
- III. **Paralytic Stroke (Cerebra Vascular Accidents):** CVA including Cerebral Haemorrhage, Cerebral Thrombosis and Cerebral embolism causing more than 40% Total Permanent Disability.
- IV. **Motor Neuron Disease:** Irreversibly progressive Motor Neuron Disease confirmed by a Neurologist. It should be duly supported by MRI, EMG and Nerve Conduction studies.
- V. **Parkinson's Disease:** Slowly Progressive degenerative neurological disorder causing Tremors, Rigidity and disturbance of balance and must be confirmed by a Neurologist.
- VI. **Cerebellar Ataxia and Neuropathies** leading to more than 40% disability.
- VII. **Person living with HIV AIDS (PLHA):** A person diagnosed with HIV AIDS and undergoing treatment.
- VIII. **Chronic Renal Failure:** Chronic Renal Failure with irreversible damage to both kidneys requiring RRT. Haemodialysis/ R. T and it must be well documented with relevant lab investigations.
- IX. **Chronic Respiratory Failure:** Chronic Respiratory Failure with irreversible damage to both lungs requiring demiceler oxygen or ventilator support.
- X. **Heart Diseases leading to Chronic Heart Failure:** Coronary Artery Disease and Valvular Heart Diseases which may be treated by CABG or Valve Replacement Surgery three years from the date of actual open heart surgery (Only till three years from the date of the procedure)
- XI. **Cases involving non-surgical techniques** like Angioplasty will be eligible for one year from the date of intervention. Unsuccessful surgery or Fardiomopathies leading to Heart Failure will also be included in this category.
- XII. **Thalassaemia Major and other Blood Dyscrasia:** All Blood Dyscrasias including Thalassaemia major requiring recurrent Blood Transfusions. Diabetes with complications:
 - a) Chronic Renal Failure;
 - b) Permanent loss of vision;
 - c) Cellulitis requiring Amputation of limbs;
 - d) Cerebro Vascular Accidents;
 - e) Coronary Artery Disease;
- XIII. Any other disease leading to more than 40% Physical or Permanent disability certified by the Medical Board with latest records/reports within past three months.
- XIV. Any other disorder with Mental disability of 40% or more as certified by the Medical Board & accompanied by UDID Card.
- XV. Acid attack victims.



KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW
Gandhi Memorial & Associated Hospitals



UHSID: 20230804715 (6.5.17 2024)
VINEETA BIHARI F/30Y 2M 13D

Medicine 7, 517 & Medicine 099

MEDICAL O P D
K G M U. LUCKNOW
Doctor Room No. 6
Patient Serial No. 7119

Misra
Re
Rx
Tab. Maxpro - 500 CB
Tab. Napret 500
Tab. Minderpro 500
Slt. Retoran CB
Tab. Carnent Plus CB
Start at 2005

Vaidya
28/1/24

मुख्य चिकित्सा अधिकारी
कृष्णनगर



KING GEORGE'S MEDICAL UNIVERSITY, U.P. LUCKNOW

Gandhi Memorial & Ass



UHID: 20230584716

King George's Medical University
1 Shama's Road, Chowk,
Lucknow

CONSULTING ROOM NO. (Casualty Room)
CLINIC: Trauma and Emergency, TOKEN NO: 191

UHID: 230004197126348

Name: **Ms. VINETA SHARMA**
Department: **TRAUMA AND EMERGENCY**
CR No: **2023/057/011928**
Date of Registration: **06/12/2023 07:44:01 PM**
User: **CMO**
Age: **35Y**
DOB: **15/05/1988**
Sex: **F**
Address: **RD: 6455, 650 (ANARPOLE), Muzaffarpur, UTTAR PRADESH**
Home: **911**

Fee: **0.00**
Ref: **Female**
WD: **RAMESHWAR DAVAL**
Occupation: **CHEF**
Phone: **9952685511**

Prepared by: **Dr. Anil Kumar Shrivastava**
Investigation:

Presenting Complaints:

PR
Migraine
DR

Examination:

DR on call
PR: Migraine 2/3
DR: Headache 2/3
DR: Milder 2/3
DR: Restless 2/3

Adm
Review of 2 weeks

DR
DR

DR
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Physician's Name:
Signature of Doctor



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 Gandhi Memorial & Assn



UPHIS 20180712004

King George's Medical University
 1 Sharnag Road, Chowk,
 Lucknow

EXAMINING ROOM NO. 4, Gandhi Bldg
 UPHIS - Lucknow and Lucknow, UPHIS NO - 100

UPHIS ID: 13000000000000000000

CASE ATTY

Name: Ms. VINETA BHARTI
 Department: Trauma AND Emergency
 UPHIS No: 202100704100044
 Date of Examination: 25-11-2021 11:45 AM
 Age: 37Y
 Billing Type: Casual
 Mobile No: 9999999999
 Address: BTL 2292, 9th FLOOR, Lucknow, UTTAR PRADESH, INDIA
 Hospital No: 100

Fee: 0.00
 Sex: Female
 DO: RAMESHWAR DIXIT
 Occupation: OTHER
 Patient Type: SCIN MLC

Prepared By: Mr. Anil Kumar Ghosh

Prescribing & dispensing

Investigation

HR
 Migraine
 16

- 15. Migraines - 10
- 15. Headache - 10
- 15. Migraine - 10
- 15. Maxipax - 500
- 15. Pan - 10

X-ray

[Signature]
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कुशीनगर

Doctor's Name
 By Signature/Date

UHID: 20230559660

Fees : Rs. 0.00 TOKEN NO : 128

DATE: 18-11-2023 12:55:30 PM

General

MS. VINEETA BHARTI

Age : 30Y (Female)

W/O Rameshwar dayal

Trauma and
Emergency/CMO/Casualty Room

S0674 480 Janakpuri, Bareilly, UTTAR PRADESH, INDIA



NON MLC
(Duplicate)

219. Very severe headache

ca? migraine episode

Anxiety Nervous -

R Diet - an adv - t exercise -

- Tab. migralax - 50 - 0
- Tab. Head set - 50 - 0
- Tab. mygrand - 50 - 0
- Tab. maxprox - 50 - 0
- Tab. Pan-D - 50 - 0
- Tab. Raloran - 200 - 0

X 2mls

Adv

Kindly advise the patient after 2 weeks on over the severe headache, need further follow up.

- MRC (Pharm) e CAD
- RBC
- TSH
- KFT
- CBC

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