PROFORMA - I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers
I, DR. TRIVENDRA CHUMBAK I, DR. TRIVENDRA CHUMBAK [Name]
of the Officer] V. ID No. 3415 Designation Add Civil Judge (J.D.)
and place of posting LAKHIMPUR KHERI OR on his behalf by
Sri Relation with the officer
Phone No
I. I have personally examined Sri/Smt./Sushri. MAHIP SINGH who is suffering from the disease/syndrome/disability . C.V.A. E. IVH [Name of the disease] and in my opinion he/she may require frequent hospitalization for treatment/management.
II. I also verify that Sri/Spat./Syshri. MAHIP SINGH is suffering from the disease/syndrome/disability/disorder .C.V.A.Z. JVH [Name of the disease] and the disease(s) find(s) mention at paragraph no. III 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/ber 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 . G.H.A.Z.I.A.B.A.D.,
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 months only.
डा० त्रिवेन्द्र चुम्बक

डा० त्रिवेन्द्र चुम्बक
Dr. Trivendra Chumbak
(मुख्य चिकित्सा अधिकारी प्रभारी)
(Chief Medical Officer Incharge)
डब्ल्यू.यू.एस हेल्थ सेन्टर (पश्चिम)
W.U.S. Health Center (West)
दिल्ली विश्वविद्यालय
University of Delhi

- 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.