



PROFORMA - I

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

I, Sunil Kumar [Name] . CMO . . . . . CMO/CMS, . Hapur . . . . .  
have perused the documents presented before me by Srimati Preeti Matha  
of the Officer]. . . . ., ID No. 2377 . Designation . CIVIL JUDGE (SD) I<sup>st</sup>  
and place of posting . . . . . Hapur . . . . . OR on his behalf by  
Sri . . . . . Relation with the officer . . . . .  
Phone No. . . . .

- I. I have personally examined ~~Sri/Smt./Sushri~~ . . . Shree Bhardwaj,  
who is suffering from the disease/syndrome/disability . Seizure disorders &  
[Name of the disease] . . . . . and in my opinion he/she may require moderate Autism,  
frequent hospitalization for treatment/management.
- II. I also verify that ~~Sri/Smt./Sushri~~ . . . Shree Bhardwaj is  
suffering from the disease/syndrome/disability/disorder . . . . .  
[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 . . . Ghazipur, New Delhi .
- 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.

  
Dr. SAMRENDRA RAI  
Medical Officer  
Govt. Hospital, CHC Hapur  
Reg. No. 56796

  
Signature with seal  
(C.M.O./C.M.S.)  
Name: . . . Sunil Kumar  
ID No.: . . . 719792 . . . . .  
Designation: . . . CM मुख्य चिकित्सा अधिकारी  
Telephone No. . . . . हापुड़  
Mobile No. . . . . 9810978954

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.

**Professor Veena Kalra**

MD, FIAP, FNAMS, FNASc  
 Prof. & Ex HOD (Pediatrics), AIIMS  
 Sr. Pediatric Consultant, Apollo

Dr. Veena Kalra's

**The Child Center**  
 Rise to Potential



Dr. Nandita Mehrotra  
 Holistic Child Health

KASHIPUR, UTTARAKHAND

NAME - SHREE BHARDWAJ (M) AGE - 4 YRS 14/01/2024  
 WT - 16.5 KGS HT - 101 CMS

*Intrae Epilepsy*  
*myod arate*  
*+ Febr seiz*

*currently - Jerk free - Nov 23*

- Epilepsy & Seizures
- Cerebral Palsy
- Developmental Delay
- Learning Disabilities
- Autism / ADHD
- Speech & Language

- No seizures in fevers
- Develop - walking, pull to stand, unsteady
- Feeds self
- Speech ~ 3 words, recog family,
- Poor eye contact - Poor socialisation
- Sleep - 12 Mid night - 10 AM

**Services Available**

- Physiotherapy
- Occupational Therapy
- Speech Therapy
- Behavior Therapy
- Special Education
- Psychological Evaluation
- Nutrition Advice

*On - Cloba 2.5 ml H.S.*  
*Lev - 3 ml BD*  
*ZNS 25 - 50mg*  
*SV 6 - 6ml*

*Concern*  
*HA*  
*Autistic Tr*  
*1) Sep. Cloba 2 wks 2 ml H.S.*  
*After 2 mths 1.5 ml H.S.*  
*1 mth - STOP 3 ml*  
*2) Leveva 3 - 50mg*  
*3) Zonisep 25 - 6 ml*

**Laboratory Facilities**

- EEG / Video EEG
- EMG / NCV
- BAER / VEP
- Metabolic Testing
- Pathological Tests
- Genetic Tests

*Dep-3-49*  
*ISAA-104*  
*DSM V - Combined (+5) # Tab. Acepta Inspiral*  
*type 9AM - 1/4 (5mg) once x 1wk*  
*9AM - 4PM - 1/4 1/4 x 1wk*  
*Continue - 1/2 1/4 tab*

**For Appointments**

(011) 49126658  
 7042868536  
 9910463549  
[www.vkcc.in](http://www.vkcc.in)  
[childcentre3@gmail.com](mailto:childcentre3@gmail.com)

On-line Consultations also Available

*Diet - Sugar / sweets*  
*(Meenakshi) Juice 3x1*  
*- C.T. / Speech Review x 2mls*  
*Kabe*

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Sr. Pediatrics Consultant, Apollo

Dr. Veena Kalra's

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Child  
Center**

Rise to Potential



Dr. Nandita Mehrotra  
Holistic Child Health

HAPUR, UP

**NAME - SHREE BHARDWAJ (M) AGE - 3 1/2 YRS 04/11/2023**

**WT - 16.5 KGS**

**HT - 99.5 CMS**

*Intrae Epilepsy  
Myoclonic Seizure  
+ febr seizure*

- Epilepsy & Seizures
- Cerebral Palsy
- Developmental Delay
- Learning Disabilities
- Autism / ADHD
- Speech & Language

*seen Aug '23  
On Clopa 3 ml HS*

*Valp 6 — 6mls*

*Levera 3.5 — 3.5mls*

*ZNS 25 — 50mg*

*Had 1 seizure  
- walks indep.  
- Not speaking*

*sentences, only some words*

*- Not recog parents by name, resp to name*

### Services Available

- Physiotherapy
- Occupational Therapy
- Speech Therapy
- Behavior Therapy
- Special Education
- Psychological Evaluation

*↓ 1) Clopa — 2.5mls HS*

*↓ 2) Levera 3 — 3mls*

*3) Zovsep 25 — 50mg*

*4) Valparin 6 — 6mls.*

### Laboratory Facilities

- EEG / Video EEG
- EMG / NCV
- BAER / VEP
- Metabolic Testing
- Pathological Tests
- Genetic Tests

*- OT - Speech therapy  
- Diag mild Autism  
x 2 mths  
Kabe  
Cont Aqua Omega*

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On-line Consultations  
also Available

RiSE Bungalow-4, Vinobapuri ( Adj to Lal Sai Temple,) Lajpat Nagar II, Ring Road, New Delhi-110024 (India)

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Prof. & Ex HOD (Pediatrics), AIIMS  
Sr. Pediatric Consultant, Apollo

Dr. Veena Kalra's

**The  
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Rise to Potential



Dr. Nandita Mehrotra  
Holistic Child Health

HAPUR, UP

**NAME - SHREE BHARDWAJ (SHRIYANSH (M)) AGE - 3 +YRS 09-08-2023**

**WT - 17.2 KGS**

**HT - 99 CMS**

Intra Epilepsy  
Myoclonic Astasia + GE  
+ Fibr. sec

Last FU June '23

- Epilepsy & Seizures
- Cerebral Palsy
- Developmental Delay
- Learning Disabilities
- Autism / ADHD
- Speech & Language

Sig improvement (no jerk) x 2 mths

Lev. Cinn 36mg x ↓

Clobal - 3 ml H.S.

Lev - 3.5 ml BD

- Valp - 6 ml BD.

ZNS - 25 — 50mg

- NO A.D.R.

- NO excess sleep.

Develop - Walk +

- Speech - Few words

- Underst - Better

## Services Available

Physiotherapy

Occupational Therapy

Speech Therapy

Behavior Therapy

Special Education

Psychological Evaluation

Nutrition Advice

## Laboratory Facilities

- EEG / Video EEG
- EMG / NCV
- BAER / VEP
- Metabolic Testing
- Pathological Tests
- Genetic Tests

## For Appointments

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7042868536

9910463549

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[childcentre3@gmail.com](mailto:childcentre3@gmail.com)

On-line Consultations  
also Available

- 1) cloba — 3 ml H.S.
- 2) Valparin 6 — 6 ml
- 3) Levera - 3.5 — 3.5 ml
- 4) (Etonisamide)  
ZNS - 25 — 50 mg  
Review x 2 mths

Kalra  
←

RISE Bungalow-4, Vinobapuri ( Adj to Lal Sai Temple,) Lajpat Nagar II, Ring Road, New Delhi-110024 (India)

## PROFORMA - I

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

I Sunil Kumar [Name] . . . CMO . . . . . CMO/CMS, . . . Hapur . . . . .  
 have perused the documents presented before me by Sri Mah. PREETI MAHA  
 of the Officer]. . . . ., ID No. 2377 . . . Designation CIVIL JUDGE (SD) J<sup>ST</sup>  
 and place of posting . . . Hapur . . . . . OR on his behalf by  
 Sri . . . . . Relation with the officer . . . . .  
 Phone No. . . . .

- I. I have personally examined Sri/Smt./Sushri. Siddhi Bhardwaj,  
 who is suffering from the disease/syndrome/disability Delayed motor, langu-  
 [Name of the disease] . . . . . and in my opinion etc he/she may require  
 frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. Siddhi Bhardwaj is  
 suffering from the disease/syndrome/disability/disorder . . . . .  
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Sam  
 Dr. SAMRENDRA RAI  
 Medical Officer  
 Govt. Hospital, CHC Hapur  
 Reg. No. 56796

Sunil Kumar  
 Signature with seal  
 (C.M.O./C.M.S.)  
 Name: . . . Sunil Kumar  
 ID No.: . . . 719792  
 Designation: . . . CMO मुख्य चिकित्सा अधिकारी  
 Telephone No. . . . . हापुड़  
 Mobile No. . . . . 9.810178907

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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.



# GRACE HOSPITAL

NH-1, D-BLOCK, PREET VIHAR, HAPUR-245101



IJHID : 32183

BILL NO: O-005268

DATE : 21/10/2023

Doctor Name : DR DEEPAK KUMAR

Department : PHYSIOTHERAPIST

PATIENT NAME: BABY SIDDHI

S/O W/O D/O : MR NITIN SHARDAWAJ

ADDRESS : PREET VIHAR, HAPUR

AGE: 2 years

SEX: FEMALE

MOBILE NO: 9999993170

*Motor delay*

*90 Ankle drop Rt*

*pt needs physiotherapy for longer time. improvement will depend on general condition of pt.*

19/10/23

20/10/23

21/10/23

*today*

*600 paid, Bill*

23/10/23 paid Bill

25/10/23 200 paid Bill

26/10/23 - 200 paid Bill

27, 28, 29, 30 - 800 paid, Bill

6/11/2023 - 750 paid cash.

08/11/23 - paid adv. 6/11/23

**DR. DEEPAK KUMAR**  
PHYSIOTHERAPIST  
BPT, MPT (ORTHO.)  
REG. NO. 2173

*Dr.*

9001:2015  
ISO CERTIFIED

(NOT FOR MEDICOLEGAL PURPOSE)

Website : [www.gracehospitalhapur.com](http://www.gracehospitalhapur.com) | Email : [gracehospitalhapur@gmail.com](mailto:gracehospitalhapur@gmail.com)

Mobile : 9027285912, 7890090025

3/11/23 - paid <sup>adv.</sup> 06/11/23

10/11/23 - paid adv - 06/11/23

21/11/23 - 150 paid

22/11/23 - 150. ~~Balance paid~~ ①

25/11/23 - 150 ~~Balance paid~~ ②

28/11/23 - 150 paid ③

05/12/23 - 150 paid - ④

08/12/23 15 Paid ⑤

11/12/23 - ③ Adv. ③

28/Nov 23  
1500 ADV for 10 Days. EXER

DR. DEEPAK KUMAR  
PHYSIOTHERAPIST  
(ORTHO)  
NO. 277