

Proforma-I

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Inter district transfer of Judicial Officer

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

I, DR. S. K. GOYAL [Name] CMO/CMS Distt ASMC - SULTANPUR have perused the documents presented before me by Sri **PAWAN KUMAR SHARMA-I** (ID No **UP2405** Designation **A.D.J. (POCSO), Sultanpur OR** on his behalf by Sri X...X Relation with the officer X Phone No.

- I have personally examined Sri/Smt./Sushri NIRUPA SHARMA who is suffering from the disease/syndrome/disability Chronic kidney/renal failure [Name of the disease] and in my opinion he/she may require frequent hospitalization for treatment/management.
- I also verify that Sri/Smt./Sushri NIRUPA SHARMA is suffering from the disease/syndrome/disability/disorder CKD - chr. Renal Failure [Name of the disease] and this disease is mentioned at paragraph no. 8 of the Annexure-I enclosed herewith.
- 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 ONLY at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court. -LUCKNOW
- The treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely KANPUR
- I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
- This document shall be valid only for Six months only.

Signature with seal
(C.M.O./C.M.S.)
28/2/24
Name: DR. S.K. GOYAL
ID No: SA-9755
Designation: CMS
Telephone No. 9454451424
Mobile No. मुख्य चिकित्सा अधिकारी
जिला चिकित्सालय
सुलतानपुर

1. Concerned District Judges/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

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