

PROFORMA - I

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

I, Dr. Vandana Srivastava [Name] CMO/CMS, JDH, Chitrakoot
have perused the documents presented before me by Sri Shushil Kumar
of the Officer] Kuma, ID No. 17.78 Designation . ADJ, Chitrakoot
and place of posting . Chitrakoot OR on his behalf by
Sri Sharda oleki Relation with the officer . . Mother
Phone No.

- I. I have personally examined Sri/Smt./Sushri. Sharda Devi
who is suffering from the disease/syndrome/disability . severe H T Ekt hemiparesis
[Name of the disease] and in my opinion he/she may require
frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri. Sharda Devi is
suffering from the disease/syndrome/disability/disorder S. H T Ekt hemiparesis
[Name of the disease] and the disease(s) find(s) mention at
paragraph no. of the Annexure-1 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 P.G.I. Lucknow
- 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 two months only.

Vandana
मुख्य चिकित्सा अधिकारी
Signature with seal
(C.M.O./C.M.S.)

Name: Dr. V. N. D. Srivastava SRI VASTAVA
ID No.: 32993
Designation: C.M.S.
Telephone No. 9415235382
Mobile No. -do-

SMCN-32993

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.

Instructions

- The Annexure - I and Proforma - I are to be printed using the print button as above.
- Applicants are required to present printouts of Proforma - I and Annexure - I before the CMO/CMS of the district concerned where they are posted, or if dependent is not residing with them, then the aforesaid Proforma - I and Annexure - I are to be presented before CMO/CMS of the district where the dependent(s) is/are residing.
- Documents/files should not be more than 10MB in size, and in PDF format only.
- Medical papers which are to be uploaded should not be more than 6 months old.