

## कार्यालय मुख्य चिकित्सा अधिकारी, लखनऊ।

पण्डित दीन दयाल उपाध्याय भवन, 4- पण्डित नगर, चकबस्त रोड, कैसरबाग, लखनऊ-226018  
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पत्रांक- मु0चि0अ0/2024 / 2495

दिनांक- 19/02/2024

### प्रमाण-पत्र

अभिलेखों के आधार पर प्रमाणित किया जाता है कि -

1. नाम- Arun Kumar Rai
2. आयु- 55 yr / M.
3. उपचार करने वाले चिकित्सक/चिकित्सालय का नाम SGPGIMS, Lucknow
4. बीमारी का नाम- Hypertension  
Dilated Cardiomyopathy  
L.V.E.F. 25-30%  
Rt. Hydronephrosis  
V. U. reflux (Gr. III - IV)

19/02/2024  
मुख्य चिकित्सा अधिकारी,  
लखनऊ।  
अपर मुख्य चिकित्साधिकारी  
लखनऊ

**PROFORMA - I**

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

I, <sup>KUMAR</sup> D.R. RAJESH [Name] ..... CMO/CMS, ... <sup>CMO</sup> .....  
have perused the documents presented before me by Sri ARUN KUMAR [Name  
of the Officer] . . . . ., ID No. <sup>UP1527</sup> . Designation <sup>Additional Principal Judge Family Court</sup>  
and place of posting . . . <sup>BAHRAICH</sup> . . . . . OR on his behalf by  
Sri . . . . . Relation with the officer . . . . .  
Phone No. . . <sup>9451106710</sup> .

- I. I have personally examined Sri/Smt./Sushri. . . <sup>Arun Kumar Rai</sup> . . . . .  
who is suffering from the disease/syndrome/disability . . . <sup>C.V.D. renal failure</sup> . . . . .  
[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. . . <sup>Arun Kumar Rai</sup> . . . . . is  
suffering from the disease/syndrome/disability/disorder . . . <sup>C.V.D. renal failure</sup> . . . . .  
[Name of the disease] . . . . . and the disease(s) find(s) mention at  
paragraph no. <sup>8, 10</sup> 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 . . . . . <sup>Meerut, Noida, Ghaziabad, Dist Dehli</sup> . . . . .
- 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 . . . <sup>4. Three</sup> . . . months only.

**Signature with seal**  
**(C.M.O./C.M.S.O. Medical Officer)**  
Name: . . . <sup>DR. RAJESH KUMAR</sup> . . . . .  
ID No.: . . . <sup>41375</sup> . . . . .  
Designation: . . . <sup>CMO</sup> . . . . .  
Telephone No. . . <sup>9565920710</sup> . . . . .  
Mobile No. . . <sup>0127236564</sup> . . . . .

- 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.