

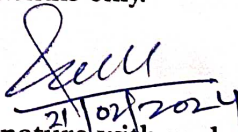
Inter district transfer of Judicial Officer

PROFORMA - I

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

I, DR. ASHARAM [Name] . . . C.M.O. . . . CMO/CMS, . . . MAHOBBA
have perused the documents presented before me by Sri SANJIV KUMAR TRIPATHI [Name
of the Officer]., ID No. V.P.1944. Designation . C. J. M. . MAHOBBA
and place of posting . District . . . MAHOBBA OR on his behalf by
Sri Relation with the officer
Phone No. 6388.689645

- I. I have personally examined Sri/Smt./Sushri. SANJIV. KUMAR TRIPATHI who is suffering from the disease/syndrome/disability Ankylosing spondylitis (Critical) [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. SANJIV. KUMAR. TRIPATHI is suffering from the disease/syndrome/disability/disorder Ankylosing spondylitis (Critical) [Name of the disease] and the disease(s) find(s) mention at paragraph no II . 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 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 6 months months only.


Signature with seal
(C.M.O./C.M.S.)

Name: DR. ASHARAM . . .
ID No.:
Designation: C.M.O. . Mahoba .
Telephone No.
Mobile No. 8005192679

- 1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS. **Chief Medical Officer Distt-Mahoba**
- 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.